



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6110.14 CH-3
BUMED-M3
16 Jul 2012

BUMED INSTRUCTION 6110.14 CHANGE TRANSMITTAL 3

From: Chief, Bureau of Medicine and Surgery

To: Ships and Stations Having Medical Department Personnel

Subj: DOCUMENTING AND REPORTING INDIVIDUAL MEDICAL READINESS DATA

Ref: (a) BUMEDINST 6600.19

Encl: (1) Revised page 2, 7, and 9

1. Purpose

a. To remove language describing AHLTA Dental as the future readiness reporting system. AHLTA is no longer anticipated to replace DENCAS. Alternative means of readiness reporting are being pursued to align with the other services.

b. To reflect NAVMED 6600/13 as the correct form for documenting dental readiness in the hard record. The EZ 603.2 was cancelled per reference (a).

2. Actions. Remove page 2, 7, and 9 of the basic instruction and replace with enclosure (1) of this change transmittal.

3. Retain. For record purposes, keep this change transmittal in front of the basic instruction.

A handwritten signature in black ink, appearing to read "M. L. Nathan".

M. L. NATHAN

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DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6110.14 CH-2
BUMED-M3
28 Mar 2012

BUMED INSTRUCTION 6110.14 CHANGE TRANSMITTAL 2

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: DOCUMENTING AND REPORTING INDIVIDUAL MEDICAL READINESS DATA

Encl: (1) Revised page 3
(2) Revised page 7

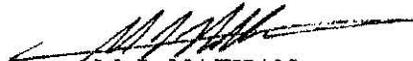
1. Purpose

a. To cancel the requirement for manual entry of test dates in the Medical Readiness Reporting System (MRRS) blood tab for Human Immunodeficiency Virus (HIV) Evaluation and Treatment Units for HIV positive service members. The entry in MRRS to indicate compliance with HIV disease specific testing for these service members is now automated.

b. To include overdue, or non-compliance with Post-Deployment Health Reassessment (PDHRA) as grounds for "Medical Readiness Indeterminate" status in MRRS and Individual Medical Readiness (IMR) reports.

2. Actions. Remove page 3 of the basic instruction and replace with enclosure (1) of this change transmittal. Remove page 7 of the basic instruction and replace with enclosure (2) of this change transmittal.

3. Retain. For record purposes, keep this change transmittal in front of the basic instruction.


M. L. NATHAN

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BUREAU OF MEDICINE AND SURGERY
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WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 6110.14 CH-1
BUMED-M3/5
16 June 2009

BUMED INSTRUCTION 6110.14 CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: DOCUMENTING AND REPORTING INDIVIDUAL MEDICAL READINESS
(IMR) DATA

Ref: (a) BUMEDINST 6224.8A

Encl: (1) Revised page 4
(2) Revised enclosure (1)

1. Purpose. To cancel the requirement for the tuberculin skin test tracking as part of the IMR since it is no longer given routinely to all Active Duty; it is performed only on those individuals deemed to be at risk of acquiring tuberculosis. This program change was made in reference (a).
2. Actions. Remove page 4 of the basic instruction and replace with enclosure (1) of this change transmittal. Remove enclosure (1) of the basic instruction and replace with enclosure (2) of this change transmittal.

A. M. Robinson, Jr.
A. M. ROBINSON, JR.

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DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6110.14
BUMED-M3/5
6 Feb 2009

BUMED INSTRUCTION 6110.14

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel
Subj: DOCUMENTING AND REPORTING INDIVIDUAL MEDICAL READINESS DATA
Ref: (a) through (m), see enclosure (1)
Encl: (1) List of References with Corresponding Titles, Dates, and Availability Information

1. Purpose. To establish Navy Medicine policy and procedures for assessing, documenting and reporting Individual Medical Readiness (IMR) in support of readiness requirements for Active Component (AC) and Reserve Component (RC) service members. While readiness is a commander's responsibility, Navy Medicine actively supports line commanders by performing periodic assessments and entering IMR data into approved electronic systems and the health record.

2. Background. IMR is an integral component of force health protection and reflects a Sailor's or Marine's ability to deploy rapidly. IMR is also a direct indication of a unit's capability to fulfill its mission. Tracking IMR benefits the service member and the unit by ensuring service members are protected against infectious and endemic diseases, can safely receive prophylaxis and treatments, have all required medical equipment, and are in a state of dental readiness. A joint service committee has established requirements for service level tracking and quarterly reporting of IMR data to the Assistant Secretary of Defense (Health Affairs) (ASD(HA)), as outlined in reference (a), and also established the minimum standards for overall force medical readiness. Reference (b) established the operational dental readiness (ODR) standard.

3. Definitions and Documentation Requirements. Reference (a) defines the six elements and four categories of IMR across the Department of Defense. It also provides guidance on the use of electronic data systems to capture, track and report IMR. The following paragraph provides guidance to minimize manual data entry and facilitate data exchange. It also describes Department of the Navy specific IMR requirements and standards.

a. Individual Medical Readiness Elements

(1) Periodic Health Assessment (PHA)

(a) The PHA is an annual assessment of the IMR of service members as directed by references (a) and (c). The PHA is the business process for annual review and identification of IMR status. During the PHA, data in the Medical Readiness Reporting System (MRRS) or the Shipboard Non-tactical Automated Data Processing Program (SNAP), Automated Medical System (SAMS) will be reviewed, verified, and updated appropriately. For AC service members, the PHA will be performed within 30 days of each service member's birth month

(unless precluded by operational contingencies), per reference (c), and is overdue if not accomplished within 30 days following the birth month. For example, (unless precluded by operational contingencies) an AC service member with a birth month of October can complete the PHA as early as 1 September and as late as 30 November. RC service members will have the PHA performed based on an annual requirement due date; the PHA is overdue if not accomplished by the last day of the month one year after the last PHA. For example, an RC service member's PHA performed in October of one year will be considered overdue on 31 October of the following year. The PHA clinical note will be documented in AHLTA as both an encounter and, when available, as an AHLTA readiness module entry. For locations without AHLTA access, the clinical note for PHAs will be documented on the NAVMED 6120/4, Periodic Health Assessment (PHA). To document the PHA visit for tracking purposes, the date must be manually entered in SAMS or MRRS, until the AHLTA Readiness Module allows for electronic transmission of this data. In all cases, per reference (c), DD Form 2766, Adult Preventive and Chronic Care Flowsheet will be updated in the electronic and/or paper health record. For the IMR report, all personnel will be considered 'Indeterminate' one year plus one month from the last PHA completion date.

(b) During the PHA, the provider will ensure the deployment health requirements have been assessed and updated in MRRS. Per reference (c), members who have deployed or re-deployed, will be assessed during the PHA to ensure the DD Form 2796, Post Deployment Health Assessment (PDHA), and DD Form 2900, Post Deployment Health Reassessment (PDHRA), from the most recent deployment, have been completed, as required by reference (d). If it is beyond 89 days since redeployment, it is not necessary to complete DD Form 2796, as DD Form 2900 will suffice. The PDHA and the PDHRA are conducted using the Navy's electronic Deployment Health Assessment (eDHA) program. The eDHA is accessible as noted in paragraph 7f of this instruction. The provider will also assess whether the service member has unresolved deployment-related health concerns or referrals pending. Members reporting current adverse signs or symptoms will be appropriately referred for care. The PHA is considered complete when required deployment health assessment forms are completed as required by reference (d), the provider and service member have discussed a plan for any necessary follow up, and required referrals have been entered into the appropriate electronic system.

(2) Dental Readiness. As indicated by the dental classification system outlined in reference (e), a service member who is dental class 1 or 2 is worldwide deployable. A service member who is dental class 3 or 4 is considered at increased risk to experience a dental emergency and is not deployable because dental emergencies during deployment compromise unit combat effectiveness.

(a) Dental classification is determined as part of the initial dental examination and again at all annual recalls (Type 2 dental examinations). The annual Type 2 dental examination should be synchronized to the greatest extent possible with the PHA and documented as part of the PHA. Dental classification is entered into the dental treatment record on the NAVMED 6600/13, Dental Examination, the Dental Common Access System (DENCAS), and MRRS.

(b) While there is an annual requirement for a service member's Type 2 dental examination, the member's dental examination remains current for one year and one month following the month of the last Type 2 dental examination. The one month grace period is added to allow for leave, temporary additional duty (TAD), deployments or other periods of non-availability. Therefore, the member's status remains current through the last day of the 13th month following the month of the last Type 2 dental examination, and is not considered delinquent until the first day of the 14th month following the month of the last Type 2 dental examination. Wherever possible, service members who are deploying with operational units without organic dental assets are expected to have a current annual Type 2 dental examination that projects their dental risk status (dental classification) through the anticipated duration of their deployment. Therefore, service members should not become Dental Class 4 during deployments.

(c) Dental Classification

Class 1 (Oral Health). Service members with a current dental examination who do not require dental treatment or re-evaluation. Class 1 service members are worldwide deployable.

Class 2. Service members with a current dental examination who require non-urgent dental treatment or re-evaluation for oral conditions that are unlikely to result in dental emergencies within 12 months. Class 2 service members are worldwide deployable.

Class 3. Service members who require urgent or emergent dental treatment. Class 3 service members are not worldwide deployable.

Class 4. Service members who require periodic dental examination, have an unknown dental classification, or have no dental record. Class 4 service members are not worldwide deployable.

(3) Readiness Laboratory Studies. The basic laboratory studies required for a service member to be deployable are: blood type and Rh factor, G6PD status (normal/deficient), DNA specimen on file (verified receipt at Armed Forces Institute of Pathology repository), and Human Immunodeficiency Virus (HIV) antibody. The HIV antibody test shall be repeated at the frequency outlined in reference (f) and is considered overdue for IMR reporting 30 days after the scheduled due date. Samples submitted for HIV testing, processed via a Navy Military Treatment Facility (MTF), and DNA specimens do not require manual entry into MRRS.

(a) HIV positive service members receive a clinical evaluation and HIV disease specific laboratory studies twice yearly at a designated HIV Evaluation and Treatment Unit (HETU), per reference (f). Routine HIV lab testing is not indicated for these personnel.

(b) Tuberculosis screening (including TB skin test as indicated as per reference (g)) is part of the Periodic Health Assessment process and is not required to be tracked separately in IMR.

(c) All readiness laboratory study results shall be documented in the health record and in an approved electronic system (AHLTA, MRRS, or SAMS). Readiness laboratory studies that are not documented in MRRS or SAMS will be reflected as deficient on IMR reports. If readiness laboratory studies are not documented in MRRS or SAMS, review the health record, and manually enter the studies until future electronic capabilities are available.

(4) Immunizations. During the PHA, immunization status will be updated to ensure all required booster immunizations coming due during the subsequent year are administered at the time of the PHA. The term booster refers only to routine periodic immunizations administered to maintain an immune status. This assumes successful completion of the initial immunization series. Individual vaccinations should be administered according to guidance found in reference (h). Do not administer any portion of an initial immunization series earlier than the prescribed interval. Per reference (a), immunizations are considered overdue for IMR reporting on their due date, with the exception of influenza vaccine, as described in paragraph 3a(4)(f) below. Immunizations are documented as an encounter in the electronic health record, AHLTA, and in the AHLTA Immunization Module. Immunizations properly entered in the AHLTA immunizations module, shall not be manually entered in MRRS or SAMS. If electronic sources are unavailable, the immunization encounter will also be documented on the NAVMED 6230/4, Adult Immunization Record. Further guidance regarding documentation of immunizations is found in reference (h). Immunizations given at locations without AHLTA will enter the data into either MRRS or SAMS for transmission to the Defense Enrollment Eligibility Reporting System (DEERS). MRRS has a capability that allows alignment of immunizations that appear in the DEERS repository without the need for manual entry. The "Align" option should only be used when it is possible to validate the immunizations with AHLTA, the paper record, or the CDC-731, International Certificate of Vaccination or Prophylaxis (formerly the PHS-731, yellow shot card). Per reference (a), service members shall have the following immunizations or have the appropriate medical and/or administration exemption documented in their health record. All exemption codes must be validated and entered in an approved electronic system. Do not enter immunization exemption codes that have not been validated.

(a) Hepatitis A (TWINRIX® may be substituted per CDC and manufacturer recommendations),

(b) Hepatitis B if initiated (TWINRIX® may be substituted per CDC and manufacturer recommendations),

(c) Polio Vaccine (IPV),

(d) Tetanus/diphtheria/pertussis (Tdap is a one time booster between ages 11–64 years) or Tetanus/diphtheria (Td),

(e) Measles, Mumps, and Rubella (MMR),

(f) Influenza. The influenza vaccination is required beginning 1 September and is overdue if not administered by 1 January of the current flu season.

(g) Per reference (h), service members may require additional immunizations based on geographic area of operation(s), occupational, or immediate superior in command (ISIC) specific requirements. Examples include yellow fever, typhoid, Japanese encephalitis virus, and anthrax and smallpox vaccines.

(5) Individual Medical Equipment

(a) Per reference (i), all service members who require vision correction are required to have two pair of glasses. It is recommended that members have two pair of military eye wear (one frame of choice and one standard issue) but one pair of personal eyeglasses may be substituted to meet this requirement.

(b) Those service members under orders for deployment who require corrective lenses will possess gas mask inserts for the model of gas mask in use at their deployment site. Prescriptive inserts for ballistic eyewear will be issued, if required.

(c) NAVMED 6150/5 (11/90), Medical Warning Tag Order, is used to order medical warning tags for service members with medical conditions, as noted in reference (j).

(d) All information regarding Individual Medical Equipment will be entered into MRRS or SAMS, until future AHLTA capabilities are available.

(6) Deployment Limiting Conditions. Deployment limiting conditions are those medical and dental conditions that would make a member unsuitable to perform their duties in a deployable status.

(a) A medical condition is considered deployment limiting if:

1. The condition is of such a nature or duration that an unexpected worsening or physical trauma is likely to have a grave medical outcome or negative impact on mission execution.

2. The condition is not stable and reasonably anticipated by the pre-deployment medical evaluator to worsen during the deployment, in light of physical, physiological, psychological, and nutritional effects of the duties and location.

3. It is anticipated that the condition will require ongoing health care or medications needed for the duration of the deployment that may not be available in-theater within the Military Health System for DoD personnel.

4. The condition requires medication that has special handling, storage or other requirements (e.g., refrigeration requirements/cold chain, electrical power requirements, etc.).

5. There is a need for, or anticipation of a need for duty limitations that preclude performance of duty or an accommodation imposed by the medical condition (the nature of the accommodation must be considered) that would hinder job performance.

6. There is a need for routine evacuation out of theater for continuing diagnostics or other evaluations. (All such evaluations should be completed before deployment).

(b) Service members on limited duty (LIMDU), under a Medical Evaluation Board Report (MEBR), or a Physical Evaluation Board Report (PEBR), per reference (k), are considered to have deployment limiting conditions. Service members hospitalized or convalescing from serious illness or injury expected to require greater than 90 days for full recovery shall be placed on LIMDU, per reference (k).

1. MEBR and PEBR data entered into the Medical Board Online Tri-service Tracking (MEDBOLTT) system will automatically transmit to MRRS.

2. Information for temporary deployment limiting conditions, such as pregnancy, not available in MEDBOLTT, must be manually entered into MRRS or SAMS.

(c) RC service members who are classified as Temporarily Not Physically Qualified (TNPQ), in Medical Retention Review (MRR) status (Navy), Not Physically Qualified status (Marine Corps and Navy), in Line of Duty (LOD-Navy) or Notice of Eligibility (NOE-Marine Corps) status, and/or Temporarily Not Dentally Qualified (TNDQ), are not medically ready for deployment.

(d) Service women who are pregnant or in the postpartum period, per references (k) and (l), are considered to have a deployment limiting condition. Per reference (l), women in the post-partum period are non-deployable for one year from the date of delivery, but are eligible for voluntary deployment six months after delivery.

(e) In all cases, additional medical and physical requirements unique to the service member's deployment theater assignment should be taken into account to determine deployability.

(f) In order to meet the respiratory protection program requirements found in reference (m) for active duty members, note whether the member is using or has used, a respirator and whether a medical condition exists that interfered with its use. Generally the ability to pass the Navy's Physical Fitness Assessment and absent a history of anosmia or claustrophobia interfering with past respirator use, the member is considered qualified for general respirator use and CBRNE related protective equipment during deployment.

b. Individual Medical Readiness Classification. The medical readiness of each service member will be classified as follows:

(1) Fully Medically Ready (FMR). Current in all six elements.

(2) Partially Medically Ready (PMR). Lacking any readiness laboratory studies, immunizations, or medical equipment.

(3) Not Medically Ready (NMR). Dental Class 3 or with a deployment limiting condition.

(4) Medical Readiness Indeterminate (MRI). Overdue PHA, PDHRA (Navy), or in a Dental Class 4 status.

4. Data Entry and Reporting

a. IMR Data Display or Reporting. Commanding officers of MTFs, officers in charge, and authorized medical department representatives are responsible for ensuring all IMR medical and dental data is recorded in an approved electronic system for uniformed service members in their service area of responsibility (AOR) including all new accessions. MRRS is the Navy's and Marine Corps' data display tool for IMR reports. Ideally, an individual's IMR status should be viewed using MRRS to ensure that MRRS data accurately reflects the service member's status.

(1) Electronic data systems currently approved include:

(a) MRRS is approved for use in documenting all IMR elements. Data that does not automatically transfer to MRRS must be properly entered when providing any IMR support services.

(b) SAMS, for version 8.03 or later releases, is approved for shipboard use in documenting all IMR elements. SAMS data must be properly entered when providing any IMR support services and submitted to Navy Medicine On-line (NMO). The information will be sent to MRRS by the Navy Medicine data broker.

(c) AHLTA is the electronic health record for those units for which it is available. IMR data will be entered in appropriate AHLTA modules, as discussed in paragraph 3a(1)(a) above.

(d) DENCAS, MRRS and SAMS are data entry tools for dental readiness data. Dental activities should ensure entries are made in DENCAS on all patients, including patients assigned to ships. Entries should reflect, at a minimum, date of examination and dental class at the time of care. DENCAS and SAMS transmit data to MRRS.

(2) The use of any electronic system not listed above, for recording or tracking IMR, is prohibited. MTF commanders are prohibited from the use of "homegrown" or locally developed clinical databases for the tracking of IMR.

(3) BUMED Medical Operations (M3/5) submits the DoD Quarterly IMR reports (January, April, July, and October) to the TRICARE Management Activity, Office of the Assistant Secretary of Defense (Health Affairs), per reference (a). Office of the Chief of Navy Reserve will provide Navy Reserve IMR quarterly reports, Headquarters Marine Corps will provide AC IMR, and Headquarters Marine Forces Reserve will provide RC Marine Corps IMR quarterly reports to BUMED Medical Operations (M3/5).

b. Reporting Exclusions. MRRS has the capability to exclude certain service members when producing reports. In order to standardize reporting and ensure comparability, the "yes" option shall be selected in the "exclude" field, when preparing reports. These excluded service members are those who fall within specific category, code, or duty status and therefore are not available for the command to correct IMR deficiencies.

5. Action. Each Navy Medicine region and command will have a trained IMR/MRRS subject matter expert as the designated person/team leader who is responsible for oversight of all medical readiness and deployment health activities. This individual/team will ensure adherence to IMR and deployment health policies, reporting of metrics, and will assist those in isolated or unique billets. Individuals providing IMR services shall have access to and be knowledgeable about all information and guidance found in references (a) through (m). Navy MTFs will also serve as a resource to Line commands as they gain MRRS access. Commanding officers of MTFs, officers in charge, and authorized medical department representatives will implement the program actions, if not already in place, within 60 days of the date of this instruction.

6. Points of Contact

a. The BUMED Medical Operations (M3/5) point of contact is the Deputy Director, Clinical Care & Public Health at (202) 762-3585 or DSN 762-3585.

b. For MRRS access, users can obtain a system access authorization form at: <https://mrts.sscno.nmci.navy.mil/mrrs> or by contacting the MRRS Program Office by e-mail at: MSSRPO@NAVY.MIL, or by telephone at (703) 695-3418, or DSN 765-3418.

c. Directions for uploading the SAMS Immunization Export and SAMS Backup File are located on the IMR Lite Web site at: [How to Upload Backup/DEERS File](#). Personnel with Navy Medicine Online (NMO) accounts may request access to IMR Lite at: <https://nmo.med.navy.mil/imr/>.

7. Forms

a. NAVMED 6600/13 (01-2010), Oral Exam is available for order from Naval Forms Online at: <https://navalforms.documentservices.dla.mil/Web.public.forms>, using stock number 0105-LF-128-1500.

b. NAVMED 6150/5 (11/90), Medical Warning Tag Order is available for order from Naval Forms Online at: <https://navalforms.documentservices.dla.mil/Web.public.forms>, using stock number 0105-LF-011-2500.

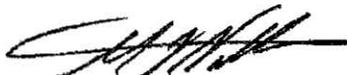
c. NAVMED 6120/4 (Rev. 03/2008), Periodic Health Assessment (PHA) is available on the Navy Medicine Web site at: <http://www.med.navy.mil/directives/Pages/NAVMEDEForms.aspx>; local reproduction is authorized.

d. NAVMED 6230/4 (Rev. 10-2007), Adult Immunizations Record, is available in electronic format at: <http://www.med.navy.mil/directives/Pages/NAVMEDEForms.aspx>; local reproduction is authorized.

e. DD Form 2766, Adult Preventive and Chronic Care Flowsheet. The hard copy DD Form 2766 and DD Form 2766C may be electronically-generated within an approved system, or the card stock format ordered through Navy Forms Online at: <https://navalforms.documentservices.dla.mil/Web.public.forms>, at the "forms" tab, check the "Commands" button, then select "BUMED" from the drop-down list, using S/N 0102-LF-984-8400 for the DD Form 2766 and S/N 0102-LF-984-9600 for the DD Form 2766C. The MRRS generated DD Form 2766 is available electronically from MRRS.

f. DD Form 2796, Post-Deployment Health Assessment (PDHA) and the DD Form 2900, Post Deployment Health Reassessment (PDHRA) are available through the electronic Deployment Health Assessment (eDHA) application. The eDHA application is accessed at: <https://data.nmcphc.med.navy.mil/edha/>. A user name and password are required to gain access. A passphrase, provided by the local administrator, is required for new users. For assistance, contact the NMCPHC HelpDesk at (757) 953-0717 or DSN: 377-0717.

g. CDC-731, International Certificate of Vaccination or Prophylaxis (formally the PHS-731, Yellow Shot Card) is available from the Government Printing Office Web site at: <http://bookstore.gpo.gov>, using National Stock Number (NSN) 017-001-00566-5 for packages of 100, or NSN 017-001-00567-3 for packages of 25, or by calling Toll Free (866) 512-1800.



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**LIST OF REFERENCES WITH CORRESPONDING TITLES, DATES, AND
AVAILABILITY INFORMATION**

References used in this instruction (references (a) through (m)) are listed below:

- (a) DoDI 6025.19 of 3 Jan 2006, Individual Medical Readiness (IMR),
<http://www.dtic.mil/whs/directives/corres/pdf/602519p.pdf>
- (b) ASD(HA) Policy Memo 07-011 of 25 Jul 2007, Policy on Space Available Dental Care, <http://mhs.osd.mil/Content/docs/pdfs/policies/2007/07-011.pdf>
- (c) SECNAVINST 6120.3 series, Periodic Health Assessment for Individual Medical Readiness, <https://doni.daps.dla.mil/Directives/06000%20Medical%20and%20Dental%20Services/06-100%20General%20Physical%20Fitness/6120.3.pdf>
- (d) DoDI 6490.03 of 11 Aug 2006, Deployment Health,
<http://www.dtic.mil/whs/directives/corres/pdf/649003p.pdf>
- (e) ASD(HA) Policy Memo 02-011 of 4 Jun 2002, Policy on Standardization of Oral Health and Readiness Classifications, <http://mhs.osd.mil/Content/docs/pdfs/policies/2002/02-011.pdf>
- (f) SECNAVINST 5300.30D of 3 Jan 2006, Management of Human Immunodeficiency Virus (HIV) Infection in the Navy and Marine Corps,
<https://doni.daps.dla.mil/Directives/05000%20General%20Management%20Security%20and%20Safety%20Services/05-300%20Manpower%20Personnel%20Support/5300.30D.pdf>
- (g) BUMEDINST 6224.8A of 12 Feb 2009, Tuberculosis Control Program,
<http://navymedicine.med.navy.mil/Files/Media/directives/6224-8A.pdf>
- (h) BUMEDINST 6230.15A of 29 Sep 2006, Immunizations and Chemoprophylaxis Chapter 1, <http://navymedicine.med.navy.mil/Files/Media/directives/6230.15A.pdf>
- (i) NAVMEDCOMINST 6810.1 of 1 Jan 1986, Ophthalmic Services (a Tri-service instruction), <http://navymedicine.med.navy.mil/Files/Media/directives/6810-1.pdf>
- (j) BUMEDINST 6150.35 of 8 Jul 91, Medical Warning Tag,
<http://navymedicine.med.navy.mil/Files/Media/directives/6150-35.pdf>
- (k) NAVMED P-117, MANMED Chapter 18, Medical Evaluation Boards,
<http://navymedicine.med.navy.mil/Files/Media/mmd/MMDChapter18.pdf>

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16 June 2009

(l) OPNAVINST 6000.1C of 14 Jan 2007, Navy Guidelines Concerning Pregnancy and Parenthood, <https://doni.daps.dla.mil/Directives/06000%20Medical%20and%20Dental%20Services/06-00%20General%20Medical%20and%20Dental%20Support%20Services/6000.1C.PDF>

(m) OPNAVINST 5100.23G of 30 Dec 2005, Navy Safety and Occupational Health (SOH) Program Manual, <https://doni.daps.dla.mil/Directives/05000%20General%20Management%20Security%20and%20Safety%20Services/05-100%20Safety%20and%20Occupational%20Health%20Services/5100.23G.pdf>