



DoW INSTRUCTION 6025.19

INDIVIDUAL MEDICAL READINESS PROGRAM

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Purpose: In accordance with the authority in DoD Directive 5124.02, this issuance:

- Implements requirements in Sections 1074a, 10149, and 10206 of Title 10, United States Code.
- Establishes policy, assigns responsibility, and provides procedures for individual medical readiness (IMR).
- Establishes a total force medical readiness (TFMR) goal of 90 percent or higher for each Military Service and DoW Component.
- Establishes a partially medically ready (PMR) goal of 15 percent or lower for the Active Component (AC) and 25 percent or lower for the Reserve Component (RC).

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SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY.

This issuance applies to OSW, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoW Field Activities, and all other organizational entities within the DoW (referred to collectively in this issuance as the “DoW Components”).

1.2. POLICY.

a. The Military Departments assess all Service members for medical readiness at least annually, as described in Section 3.

b. IMR is a Military Service, command and individual Service member responsibility. Service members in the AC and Selected Reserve (SELRES), as a condition of continued participation in military service, have a responsibility to maintain their health and fitness, meet IMR requirements, and report medical issues (including physical, dental, and mental/behavioral health) that may affect their readiness to deploy, ability to perform their assigned mission, or fitness for retention in military service to their chain of command.

c. Commanders who are aware of Service members in their units with a current diagnosis or history of gender dysphoria, or who exhibit symptoms consistent with gender dysphoria, will direct individualized medical record reviews of such Service members to confirm compliance with medical standards under the IMR program.

d. IMR requirements validate a Service member’s readiness to deploy while serving on active duty or in the SELRES; however, IMR is not the sole measure of a Service member’s deployability status.

1.3. SUMMARY OF CHANGE 1.

The changes to this issuance:

a. Adds policy and updates IMR categories and elements in accordance with the March 21, 2025 and May 15, 2025 Office of the Under Secretary of Defense for Personnel and Readiness Memorandums.

b. Updates language to comply with requirements regarding sex in Executive Order 14183.

c. Updates the name of the Remote Health Readiness Program (formerly the Reserve Health Readiness Program).

- d. Makes administrative corrections to formatting and references.
- e. Update language to reflect Department of War in accordance with the October 10, 2025 Secretary of War Memorandum.

SECTION 2: RESPONSIBILITIES

2.1. ASSISTANT SECRETARY OF WAR FOR HEALTH AFFAIRS (ASW(HA)).

Under the authority, direction, and control of the Under Secretary of War for Personnel and Readiness (USW(P&R)), the ASW(HA):

- a. Develops policy for the DoD IMR Program.
- b. Oversees and evaluates the effectiveness and implementation of the DoD IMR Program.
- c. Establishes IMR goals and provides guidance for the development of metrics and reporting.

2.2. DIRECTOR, DEFENSE HEALTH AGENCY (DHA).

Under the authority, direction, and control of the USW(P&R), through the ASW(HA), the Director, DHA:

- a. Recommends changes or revisions to IMR policy.
- b. Publishes instructions necessary to implement this issuance.
- c. Establishes quality assurance and quality control programs through the DoD Force Health Protection Quality Assurance Program in accordance with DoD Instruction (DoDI) 6200.05.
- d. Monitors, tracks, collects, analyzes, and establishes procedures to report IMR metrics, including gap analyses and recommended actions.
- e. Establishes and manages a DHA IMR Working Group to monitor, revise, evaluate, and validate data results, analyze negative trends, and provide recommendations for their resolution in conjunction with commanders and readiness counterparts.
- f. Directs that military medical treatment facilities (MTFs) and dental treatment facilities (DTFs) support DoW and Service-specific IMR requirements for the total force in accordance with DoDI 6000.19.
- g. Manages the Remote Health Readiness Program (RHRP), DHA Virtual Medical Center (VMC), and DHA Virtually Integrated Patient Readiness and Remote (VIPRR) Care Clinic, as outlined in Section 7.
- h. Provides appropriate resources to implement the requirements of this issuance.

2.3. ASSISTANT SECRETARY OF WAR FOR MANPOWER AND RESERVE AFFAIRS.

Under the authority, direction, and control of the USW(P&R), the Assistant Secretary of War for Manpower and Reserve Affairs monitors IMR policies for the RC for consistency with IMR policies established for the AC in accordance with DoD Directive 5124.10; Part 44 of Title 32, Code of Federal Regulations; and Sections 1074a, 10149, and 10206 of Title 10, United States Code.

2.4. ASSISTANT SECRETARY OF WAR FOR READINESS.

Under the authority, direction, and control of the USW(P&R), the Assistant Secretary of War for Readiness approves procedures to allow IMR data to be reported in the Defense Readiness Reporting System.

2.5. DIRECTOR, DEPARTMENT OF DEFENSE HUMAN RESOURCES ACTIVITY.

Under the authority, direction, and control of the USW(P&R), the Director, Department of Defense Human Resources Activity:

- a. Oversees the Director, Defense Manpower Data Center.
- b. In conjunction with the Department of Veterans Affairs (VA) and the ASW(HA), and in accordance with DoD 5400.11-R, identifies active status members of the RC who receive VA disability benefits or have a VA disability rating and report that information to the applicable RC for potential impact on IMR of such members.

2.6. SECRETARIES OF THE MILITARY DEPARTMENTS AND COMMANDANT, UNITED STATES COAST GUARD.

The Secretaries of the Military Departments and the Commandant, United States Coast Guard:

- a. Publish procedures that direct command responsibility for IMR and require unit commanders to maintain accountability for their units' IMR compliance pursuant to this issuance.
- b. Direct unit commanders, in coordination with supporting medical assets, to require that all Service members comply with their obligations pursuant to this issuance and any Service-specific guidance.
- c. Direct that all IMR-related information is reported into the Defense Readiness Reporting System in a format that facilitates readiness and deployability assessments in accordance with DoD Directive 7730.65.
- d. Provide appropriate resources to implement the requirements of this issuance.

e. Maintain, review, and accurately report quarterly and annual IMR compliance metrics to DHA. These reports include analysis of the Military Services' current IMR statuses. If TFMR compliance does not meet the goals specified in Section 6, reports must also identify initiatives or processes needed to meet or exceed the TFMR goal along with the time expected to achieve these goals.

SECTION 3: IMR CATEGORIES AND ELEMENTS

3.1. IMR CATEGORIES.

a. Regardless of their deployability status, every Service member will be identified in the Service-specific IMR electronic tracking system as one of the IMR categories in Paragraphs 3.1.a.(1) through 3.1.a.(3):

(1) Fully Medically Ready (FMR).

Service members are considered FMR when they are current in the DoD Periodic Health Assessment (DoD PHA) and dental readiness assessment, classified as dental readiness classification (DRC) 1 or DRC 2, have received all required immunizations based on assignment location, have received all required readiness laboratory studies, are current with all individual medical equipment, and are categorized as “deployable” or “deployable with limitations” in accordance with DoDI 1332.45. Service members that are categorized as “deployable with limitations” have conditions requiring additional medical screening or require a medical waiver to deploy. Conditions requiring additional medical screening include a temporary profile less than 30 days or light duty, in accordance with DoDI 1332.45, and conditions requiring a medical waiver to deploy include, but are not limited to, conditions referred to in DoDI 6490.07.

(2) PMR.

Service members are considered PMR when they are overdue for a DoD PHA and/or dental readiness assessment (classified as DRC 4) and/or are lacking one or more of the following: required immunizations, medical readiness laboratory studies, or individual medical equipment. This category is the main focus of a commander’s required actions and includes IMR deficits that must be rectified by the Service member immediately upon identification to guarantee that these Service members remain or become FMR.

(3) Not Medically Ready (NMR).

Service members are considered NMR when they have a deployment-limiting medical condition (DLMC) which is categorized as “temporary non-deployable” or “permanent non-deployable” for medical reasons in accordance with DoDI 1332.45 and/or if they require urgent or emergency dental treatment (classified as DRC 3). Commanders should verify that Service members who are classified as DRC 3 are addressed immediately upon identification to guarantee that these Service members become FMR.

(a) Temporary non-deployable conditions include, but are not limited to, hospitalization, recovery or rehabilitation time from serious illness or injury, or pregnancy (including post-partum).

(b) Permanent non-deployable Service members have a medical condition permanently preventing deployment, are enrolled in the Disability Evaluation System (DES), or are a RC Service member with a permanent profile pending a line of duty determination.

(c) Service members who have a current diagnosis or history of gender dysphoria, or who exhibit symptoms consistent with gender dysphoria, are NMR. The phrase “exhibit symptoms consistent with gender dysphoria” refers to the diagnostic criteria contained in the Diagnostic and Statistical Manual of Mental Disorders and applies only to individuals who exhibit such symptoms as would be sufficient to constitute a diagnosis (i.e., a marked incongruence and clinically significant distress or impairment for at least 6 months).

b. The correlation between IMR category and deployability status in accordance with DoDI 1332.45 is in Table 1.

Table 1. Medical Readiness vs. Deployability

	Deployable (Includes Deployable with IMR Deficits)	Deployable with Limitations	Temporary Non-Deployable	Permanent Non-Deployable
FMR	(a) Current DoD PHA (b) DRC 1 (c) DRC 2 (d) Current immunization(s) (e) Current medical readiness laboratory studies (f) Current individual medical equipment (g) No DLMC	A Service member with a medical condition that requires additional medical screening or who requires a medical waiver prior to deployment. Conditions requiring additional medical screening include temporary profile fewer than 30 days or light duty, in accordance with DoDI 1332.45. Conditions requiring a medical waiver to deploy include, but are not limited to, conditions referred to in DoDI 6490.07.	N/A	N/A
PMR	(a) Overdue PHA (b) DRC 4 (c) Overdue immunization(s) (d) Overdue medical readiness laboratory studies (e) Overdue individual medical equipment	N/A	N/A	N/A
NMR	N/A	N/A	(a) DRC 3 (b) Patient: A Service member who is hospitalized and projected to heal, recover, and return to full duty in fewer than 12 months. (c) Medical Condition That Limits Full Duty: A Service member who has a temporary profile greater than 30 days or is in a limited duty or temporary limited duty status.	(a) Permanent Limited Duty: A Service member with a medical condition that permanently prevents deployment. This includes Service members processed through the DES who are not deployable and were retained in the Military Service.

Table 1. Medical Readiness vs. Deployability, Continued

	Deployable (Includes Deployable with IMR Deficits)	Deployable with Limitations	Temporary Non-Deployable	Permanent Non-Deployable
NMR	N/A	N/A	(d) Pregnancy (including post-partum): A Service member who is pregnant or in the post-partum phase (6 to 12 months after childbirth for a female Service member and as determined by individual Service policy).	(b) Enrolled in DES: A Service member who, in accordance with DoDI 1332.18, is currently enrolled in the DES process, including those pending separation or retirement after receiving a “not fit for duty” determination through the DES. (c) Permanent Profile Non-Duty Related Action Needed (RC): An RC Service member who has a permanent profile and is pending a decision on a line of duty determination. (d) Service members described in Paragraph 3.1.a.(3)(c).

3.2. IMR ELEMENTS.

Service members will be assessed based upon established, defined, and measurable medical readiness elements. The IMR elements are:

- a. DoD PHA.
- b. DLMC status.
- c. Dental readiness.
- d. Immunization status.
- e. Medical readiness laboratory studies.
- f. Individual medical equipment.

3.3. DOD PHA.

a. The DoD PHA occurs annually in accordance with DoDI 6200.06 and DHA Procedural Instruction 6200.06.

b. The DoD PHA remains current for 12 months after the last completion date and is overdue if it is not completed within 90 days after the due date. This grace period allows for unplanned periods of leave, temporary duty, deployments, or other unplanned periods of non-availability. Service members who are overdue for the DoD PHA are considered PMR and are

required to complete their annual DoD PHA immediately to become FMR (if no other IMR deficits exist).

c. The DoD PHA is considered complete for reporting purposes when Department of Defense Form 3024, “Annual Periodic Health Assessment,” available on the DoW Forms Management Website at <https://www.esd.whs.mil/Directives/forms/>, is completed as described in DoDI 6200.06, including recording of the completion date in the Service-specific IMR electronic tracking system.

3.4. DLMC STATUS.

a. Service members with any physical or psychological condition that may prevent or interfere with their ability to perform duties of office, grade, rank, or rating while deployed are considered as having a DLMC. The presence of any DLMC may require further action or evaluation by a DoW healthcare provider if the condition is newly diagnosed or if a deployability category was not assigned at the time of evaluation. Deployability status will be assessed during every provider encounter within the Military Health System (MHS). DoW healthcare providers will determine if conditions identified during each patient encounter affect the Service member’s ability to deploy, perform their job-specific duties, meet retention medical standards, or complete the fitness assessment.

b. The presence or absence of a DLMC will place a Service member into one of the four medical deployability categories in accordance with DoDI 1332.45. The four medical deployability categories will reflect in IMR and required DoW healthcare provider actions are listed in Paragraphs 3.4.b.(1) through 3.4.b.(4):

(1) Deployable.

Service members are considered “deployable” if they do not have any acute or chronic physical or psychological conditions that may interfere with their ability to perform duties while deployed. Members in this category will be categorized as FMR if no other IMR deficits exist.

(2) Deployable with Limitations.

Service members are considered “deployable with limitations” when they have an acute or chronic condition that may interfere with their ability to perform their duties while deployed and which require additional medical screening and/or a medical waiver to deploy. Conditions requiring additional medical screening include temporary profile less than 30 days or light duty, and conditions requiring a medical waiver to deploy include, but are not limited to, conditions described in DoDI 6490.07 and pregnant and post-partum women who have requested and been approved for a deployment waiver. In accordance with DoDI 1332.45, members in this category are reported as “deployable with limitations” and will be categorized as FMR if no other IMR deficits exist. Healthcare providers will flag these Service members as requiring a deployment waiver within the Service-specific IMR tracking system.

(3) Temporary Non-Deployable.

Service members are considered “temporary non-deployable” when they are classified as DRC 3, placed on temporary limited duty or temporary profile, or are hospitalized, pregnant, or in the postpartum phase in accordance with DoDI 1332.45. These members will be categorized as NMR. Healthcare providers will refer Service members who do not meet minimum standards for deployment, in accordance with DoDI 6490.07, for “temporary non-deployable” status in accordance with Service-specific guidance.

(4) Permanent Non-Deployable.

(a) Service members are considered “permanent non-deployable” when they:

1. Do not meet standards for military service retention in accordance with Volume 2 of DoDI 6130.03;
2. Are enrolled in DES in accordance with DoDI 1332.18;
3. Are placed on permanent limited duty or have a permanent profile and are pending a decision of a non-duty related line of duty determination in the RC in accordance with DoDI 1332.45; or
4. Meet the conditions described in Paragraph 3.1.a.(3)(a).

(b) These members will no longer be considered for deployment and will be categorized as NMR. In accordance with Paragraph 4.e.(7), permanent non-deployable members will be excluded from Service deployability reporting requirements. Healthcare providers will ensure that Service members who do not meet the minimum standards for military service retention, in accordance with Volume 2 of DoDI 6130.03, are enrolled in DES, recommended for administrative separation for a condition not amounting to a disability for AC members, or referred to a line of duty evaluation process for RC members.

3.5. DENTAL READINESS.

a. Annual dental readiness assessments will be accomplished to determine a Service member’s DRC. All DRC 3 and DRC 4 conditions must be immediately corrected upon identification for a Service member to become FMR, if no other IMR deficits exist.

b. DRC:

(1) Class 1 (DRC 1).

Service members are considered DRC 1 when they have a current dental readiness assessment and do not require dental treatment or re-evaluation. DRC 1 Service members are FMR in regard to their dental health and require no additional action or support.

(2) Class 2 (DRC 2).

Service members are considered DRC 2 when they have a current dental readiness assessment and require non-urgent dental treatment or re-evaluation for oral or dental conditions that are unlikely to result in dental emergencies within 12 months. DRC 2 Service members are FMR in regard to their dental health and require no additional urgent action or support.

(3) Class 3 (DRC 3).

Service members are considered DRC 3 when they require resolution of an urgent or emergent dental treatment to be FMR. DRC 3 Service members are considered NMR, and actions to correct DRC 3 conditions must be taken immediately upon identification. Service members classified as DRC 3 will be categorized as “temporary non-deployable” until the condition is resolved. If the Service member’s oral or dental condition is not actionable or cannot be resolved to meet criteria for DRC 1 or 2, the Service member may be placed in a DLMC status in accordance with Service-specific policy.

(4) Class 4 (DRC 4).

Service members are considered DRC 4 when they are overdue for their annual dental readiness assessment. DRC 4 Service members are considered PMR and will require their annual dental readiness assessment immediately upon being identified as FMR if no other IMR deficits exist.

c. The dental readiness assessment requirement is met if the Service member is current (not overdue (DRC 4)) for the annual dental readiness assessment.

d. The Service member’s annual dental readiness assessment remains current for 12 months past the last completion date. A 90-day grace period is added to allow for unplanned periods of leave, temporary duty, deployments, or other periods of unplanned non-availability before being classified as overdue.

e. MHS and civilian dental providers may use Department of Defense Form 2813, “Department of Defense Active Duty/Reserve/Guard/Civilian Forces Dental Examination,” available on the DoW Forms Management Website at <https://www.esd.whs.mil/Directives/forms/> to determine a Service member’s dental classification.

3.6. IMMUNIZATION STATUS.

The immunization requirement is met if the Service member is current on all DoW- and Service-required vaccinations in accordance with AR 40–562/BUMEDINST 6230.15B/AFI 48–110_IP/CG COMDTINST M6230.4G. It is not met if the Service member is not current (overdue) for one or more vaccinations. Except for annual influenza vaccinations, all other vaccinations are given a 30-day grace period before becoming overdue. This grace period allows for unplanned periods of leave, temporary duty, deployments, or other periods of unplanned non-availability. The annual Northern Hemisphere influenza vaccination should not be

considered overdue prior to the ASW(HA) goal date or Service-specific goal date, whichever is sooner.

3.7. MEDICAL READINESS LABORATORY STUDIES.

To be considered medically ready, Service members must provide a sample of their DNA for filing within the Armed Forces Repository of Specimen Samples for the Identification of Remains. In addition, Service members must be screened for glucose-6-phosphate dehydrogenase (G6PD) deficiency and sickle cell trait in accordance with DoDI 6465.01. Furthermore, Service members must undergo testing for the human immunodeficiency virus (HIV), the results of which must be maintained with a date on file in a Service-specific medical system of record. To be considered medically ready, Service members' HIV testing timeframe must be in accordance with DoDI 6485.01.

3.8. INDIVIDUAL MEDICAL EQUIPMENT.

The issuance of medical equipment will be monitored for individuals subject to deployment based on Service policy. The core DoW requirements are one pair of protective mask inserts for all deployable Service members needing visual correction and hearing aids and batteries for all deployable assets needing hearing support. Service-specific policies may identify additional items of medical equipment, such as two pairs of prescription spectacles or laser eye protection, but these are not part of the DoW core-reporting element.

SECTION 4: MILITARY DEPARTMENT–SPECIFIC PROCEDURES

Each Military Department will develop a process to:

a. Ensure, in coordination with the DHA, that the medical readiness of individual Service members, in the AC, RC, or assigned to a Defense Agency or DoW Field Activity, is assessed and documented during each health assessment and primary care visit in an MTF or DTF. Additionally, access to IMR services will be measured to validate support to the total force.

b. Track the key IMR elements, identified in Section 3, across their respective Military Services and provide operational commanders, Military Departments, and Service headquarters the ability to continuously monitor their military personnel for medical readiness and deployability; ensure that commanders and supervisors will have access to IMR data to identify individual and cohort availability for contingency sourcing and are responsible for verifying assigned personnel to accomplish IMR requirements.

c. Ensure that metrics and goals are followed and met as established in this issuance. Service-specific metrics may be developed above those described here to enhance internal management and assessment of medical readiness status.

d. Verify that with each DoD PHA, the Service member understands the requirement to report significant health information to their chain of command and facilitate disclosure of significant health information by any non-DoW healthcare provider to a MHS DoW healthcare provider, and ensure compliance with such. All Service members will disclose to their MHS DoW healthcare provider and to their command all medical encounters (including encounters for physical, dental, and mental/behavioral health) with a non-DoW healthcare provider that would directly impact the Service member's IMR status and will provide releases of information as necessary to facilitate receipt of medical documents from such encounters for entry into their military medical record.

e. Provide quarterly reports to the DHA IMR Program Manager summarizing the IMR status of all Service members of the ACs and RCs. These reports do not include Service members who are unavailable to deploy because they:

(1) Have not completed initial entry training;

(2) Have not been awarded a military specialty, or have not completed required follow-on technical skills training to qualify for a military specialty;

(3) Are currently cadets/midshipmen attending the United States Military Academy, United States Air Force Academy, United States Naval Academy, or United States Coast Guard Academy; are members of the Reserve Officer Training Corps; or are students in a deferred status pursuing advanced academic degrees;

(4) Are RC members coded as being in a non-participating status;

(5) Are not under their Military Department's control to enforce IMR (e.g., incarcerated in a civilian prison or absent without leave);

(6) Are currently deployed in accordance with their Military Department's specific guidance;

(7) Are listed in the medical "permanent non-deployable" category in accordance with DoDI 1332.45; or

(8) Have a retirement date or separation from service date within 180 days of the end of the reporting quarter with no expectation of continued service in another DoW Component.

f. Assess, at least annually, each Service member's medical readiness by applying the standards in Volume 2 of DoDI 6130.03.

SECTION 5: IMR REPORTING

5.1. IMR REPORTS.

IMR reports from the Military Services will be incorporated into the MHS enterprise performance measures and be submitted quarterly to the USW(P&R) through the ASW(HA). Each Military Service will report the overall IMR status of each Service member who is available to deploy, excluding members described in Paragraph 4.e.

5.2. DATA SYSTEMS.

Electronic data collection systems will track, calculate, categorize, and report each Service member's IMR status. Service-specific IMR tracking systems must interact and interface with key enterprise information management or information technology systems, such as the Defense Enrollment Eligibility Reporting System and the MHS Data Repository, to facilitate data exchange between the Military Services. Such systems that create, import, export, or store records must be managed in accordance with DoDI 5015.02 and interface with other Service readiness-related reporting systems, such as the Defense Readiness Reporting System.

SECTION 6: IMR METRICS AND GOALS

6.1. PERFORMANCE METRICS AND GOALS.

To monitor and validate the IMR status of Service members, a series of performance metrics have been developed that will provide current and accurate data on the status of the total force against an established overall medical readiness goal. ACs and RCs will stratify all IMR metrics by Service Component.

6.2. IMR METRICS.

For reporting purposes, all populations listed in Paragraph 4.e. will be excluded from the numerators and denominators for all calculations in Paragraphs 6.2.a. through 6.2.c. IMR metrics will be reported in accordance with Paragraphs 2.6.e. and 5.1.

a. TFMR.

This measure provides the best available indicator of the overall medical readiness of Service members.

(1) Numerator: The total number of Service members classified as FMR and PMR.

(2) Denominator: The total number of Service members classified as FMR, PMR, and NMR.

b. PMR.

(1) Numerator: The total number of Service members classified as PMR.

(2) Denominator: The total number of Service members classified as FMR, PMR, and NMR.

c. NMR.

(1) Numerator: The total number of Service members classified as NMR.

(2) Denominator: The total number of Service members classified as FMR, PMR, and NMR.

6.3. IMR GOALS.

a. Each Military Department and DoW Component will maintain a TFMR (sum of FMR and PMR Service members) rate of 90 percent or higher.

b. The AC of each Military Department and DoW Component will maintain a PMR rate of 15 percent or lower.

c. The RC of each Military Department and DoW Component will maintain a PMR rate of 25 percent or lower.

SECTION 7: DHA IMR PROGRAM SUPPORT

7.1. RHRP.

a. Mission.

The mission of the RHRP is to support and complement the DoD IMR Program in its efforts to promote and sustain a medically ready force throughout the continuum of military operations and deployments. The RHRP accomplishes this by providing required health assessments, medical and dental services, deployment-related health assessment (DRHA) follow-ups, and post-deployment healthcare activities in support of the DoW's efforts to meet or exceed established IMR, deployment health-related initiatives, and force health protection requirements and goals. The RHRP supports the RC, active duty Army, Navy, and Marine Corps Service members enrolled in TRICARE Prime Remote, active duty and Reserve U.S. Coast Guard Service members, and re-deploying DoW civilians from participating DoW agencies and other organizations.

b. Services.

A contracted vendor conducts medical, dental, and mental/behavioral health services provided as part of this program. The RHRP can be used to accomplish immunizations, physical examinations, PHAs, mental health assessments, DRHAs, dental examinations and X-rays, dental treatments, laboratory services, occupational health services, and other services required to satisfy Service and DoW Component health readiness needs.

7.2. DHA VIPRR CARE CLINIC.

a. Mission.

The mission of the DHA VIPRR Care Clinic is to augment support and complement the DoD IMR program in its efforts to promote and sustain a medically ready force throughout the continuum of military operations and deployments. It supports the DoW's efforts to meet or exceed established IMR goals, deployment health-related initiatives, and force health protection requirements and goals. The DHA VIPRR Care Clinic provides support to active duty Army, Air Force, Navy, Marine Corps, Coast Guard, and Space Force Service members (limited support to Guard and RC Service members) once conditions of support are established through the DHA VMC.

b. Services.

Services include, but are not limited to, DoD PHAs and DRHAs for Service members the Army, Air Force, Navy, Marine Corps, Coast Guard, and Space Force. Additional services include but are not limited to limited, temporary, and permanent profile support.

c. Request and Priority for Support.

All requests for DHA VIPRR Care Clinic support must be submitted through the DHA VMC website at <https://info.health.mil/army/VMC/Pages/VIPRR.aspx>. Priority for support will go to units or Service members enrolled in TRICARE Prime Remote, Service members in assignments outside the continental United States without access to an MTF or local medical support, and MTFs with medical readiness access-to-care challenges.

GLOSSARY

G.1. ACRONYMS.

ACRONYM	MEANING
AC	Active Component
AFI	Air Force instruction
AR	Army regulation
ASW(HA)	Assistant Secretary of War for Health Affairs
BUMEDINST	Bureau of Medicine and Surgery instruction
CG	Coast Guard
COMDTINST	Commandant, United States Coast Guard instruction
DES	disability evaluation system
DHA	Defense Health Agency
DLMC	deployment-limiting medical condition
DNA	deoxyribonucleic acid
DoDI	DoD instruction
DoW	Department of War
DRC	dental readiness classification
DRHA	deployment-related health assessment
DTF	dental treatment facility
FMR	fully medically ready
G6PD	glucose-6-phosphate dehydrogenase
HIV	human immunodeficiency virus
IMR	individual medical readiness
MHS	Military Health System
MTF	military medical treatment facility
NMR	not medically ready
OSW	Office of the Secretary of War
PHA	periodic health assessment
PMR	partially medically ready
RC	Reserve Component
RHRP	Remote Health Readiness Program

ACRONYM	MEANING
SELRES	Selected Reserve
TFMR	total force medical readiness
USW(P&R)	Under Secretary of War for Personnel and Readiness
VA	Department of Veterans Affairs
VIPRR	Virtually Integrated Patient Readiness and Remote
VMC	Virtual Medical Center

G.2. DEFINITIONS.

These terms and their definitions are for the purpose of this issuance.

TERM	DEFINITION
actionable	IMR element items that immediately requires an individual Service member's action and commander's enforcement.
dental readiness assessment	A periodic oral evaluation performed on a patient of record to determine any changes in the patient's dental or medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated and may require interpretation of information acquired through additional diagnostic procedures (i.e., radiography).
deployable	A category that describes a Service member without any acute or chronic physical or psychological conditions that may interfere with their ability to perform duties while deployed.
deployable with limitations	A category that describes a Service member with an acute or chronic medical condition that may interfere with their ability to perform their duties while deployed and who requires additional medical screening or a medical waiver to deploy.
deployability assessment	A clinical assignment of a deployability category, at any DoW health care provider encounter, based on the Service member's current health condition(s) and medical history.

TERM	DEFINITION
DoW healthcare provider	A physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, independent duty medical technician, independent health services technician, special forces medical sergeant, or dentist who works for the DoW. The term “healthcare provider” is broader than “licensed independent practitioner.”
DoD PHA	A health assessment tool used to evaluate and document a Service member’s medical condition, medical readiness status, and deployability status. It is the cornerstone of force health protection, as it is an opportunity for medical providers to identify medical concerns, educate Service members as to their medical conditions, and refer Service members for further care, as indicated.
DRC 1	A classification for Service members with a current dental readiness assessment who do not require dental treatment or re-evaluation.
DRC 2	A classification for Service members with a current dental readiness assessment who require non-urgent dental treatment or re-evaluation for oral or dental conditions that are unlikely to result in dental emergencies within 12 months.
DRC 3	A classification for Service members who require urgent or emergent dental treatment and require resolution to be FMR, if no other IMR deficits exist.
DRC 4	A classification for Service members who are overdue for their annual dental readiness assessment.
FMR	A category for Service members who are current in DoD PHA, have a dental readiness assessment classified as DRC 1 or DRC 2, have received all required immunizations based on assignment location, have received all required readiness laboratory studies, are current with all individual medical equipment, and have a “deployable” or “deployable with limitations” status in accordance with DoDI 1332.45.
G6PD deficiency	The most prevalent human enzyme deficiency, stemming from an intrinsic metabolic defect of red blood cells. Most people with G6PD deficiency are unaware of their status, living with no anemia, symptoms, or complications. The disorder becomes recognizable when exposure to oxidant drugs, infection, or ingestion of fava beans triggers an episode of acute hemolysis (rupture of red blood cells).

TERM	DEFINITION
health assessment	Health assessment encounters include, but are not limited to, DoD PHA, DRHA, mental health assessments, and other specified Service and military occupation–related medical encounters.
IMR	A measure of an individual Service member’s compliance with established medical readiness elements. This measure of health and fitness is one aspect used to determine medical deployability of individuals and units in support of military operations.
light duty	A period when a Service member reports to their work space but is excused from performing certain aspects of military duties. Individuals are placed on light duty when they have conditions that are temporary in nature and when recovery or stabilization is expected to return them to a fully “deployable” or “deployable with limitations” status.
limited duty	The assignment of an AC Sailor, Marine, or Coast Guardsman, in a duty status for 30 days or more, with certain medical limitations or restrictions concerning the duties the Service member may perform. Also known as “LIMDU.”
medical readiness	A Service member’s medical, dental, and mental/behavioral health status necessary to perform their assigned missions.
NMR	A category for Service members with a DLMC that categorizes them as “temporary non-deployable” or “permanent non-deployable” for medical reasons in accordance with DoDI 1332.45 or who are categorized as DRC 3.
permanent non-deployable	A category that describes a Service member who has a medical reason that precludes them from deployment, when there is a Service expectation that the reason will not be resolved and the Service member will never be deployable.
PMR	A category for Service members who are overdue for a DoD PHA, classified as DRC 4, or who lack one or more of the following: required immunizations, medical readiness laboratory studies, or individual medical equipment.
profile	A document used to communicate to commanders the individual medical restrictions for Soldiers and Airmen.

TERM	DEFINITION
RC	The Armed Forces of the United States RC consists of the Army National Guard of the United States, the Army Reserve, the Navy Reserve, the Marine Corps Reserve, the Air National Guard of the United States, the Air Force Reserve, and the Coast Guard Reserve.
readiness	The ability of military forces to fight and meet the demands of assigned missions.
SELRES	Those units and individuals within the Ready Reserve designated by their respective Services and approved by the Joint Chiefs of Staff as so essential to initial wartime missions that they have priority over all other reserves.
sickle cell trait	All conditions in which an individual carries the sickle hemoglobin gene mutation on only one beta globin gene. If the other beta globin gene is normal, the individual has sickle cell trait, which is not a disease and does not alter the individual's life expectancy. Individual knowledge of carrier status is important for family planning to assist in preventing new cases of sickle cell disease. Sickle cell trait is generally a benign carrier condition, usually with none of the symptoms of sickle cell anemia. In rare instances, some individuals with sickle cell trait, when subjected to the extremes of exertion, in particular when compounded by the environmental challenges of altitude or heat, may possess an increased relative risk for organ infarct, fulminant exertional rhabdomyolysis, and exertional non-traumatic sudden death.
significant health information	A physical or medical condition of a Service member that appears to be cause for referral into the DES in accordance with DoDI 1332.18 or for a designation as "non-deployable" for a period longer than 90 days.
supporting medical assets	Includes MTF/DTF services and medical support assigned to units that do not have access to MTF/DTF medical services.
temporary non-deployable	A category that describes a Service member who, in accordance with DoDI 1332.45, has a medical reason that precludes them from deployment when there is a Service expectation that the reason will be resolved and the Service member will be deployable.
TFMR	The percent of those Service members available to deploy who are FMR and PMR. This includes all active duty and SELRES Service members not excluded in Paragraph 4.e.
total force	All AC and SELRES Military Service members.

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“Prioritizing Military Excellence and Readiness: Implementation Guidance,” May 15, 2025²
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¹ <https://media.defense.gov/2025/May/16/2003716691/-1/-1/1/PRIORITIZING-MILITARY-EXCELLENCE-AND-READINESS-MILITARY-DEPARTMENT-IDENTIFICATION.PDF>

² https://www.war.gov/Portals/1/Spotlight/2025/Guidance_For_Federal_Policies/Prioritizing-Military-Excellence-and-Readiness-Implementation-Guidance.pdf