DEPARTMENT OF THE NAVY
COMMANDER NAVY RESERVE FORCE
1915 FORRESTAL DRIVE
NORFOLK VA 23551-4615

COMNAVRESFORINST 6000.1
N9
20 Apr 2025

COMNAVRESFORCOM INSTRUCTION 6000.1

From: Commander, Navy Reserve Forces Command

Subj: INDIVIDUAL MEDICAL READINESS REQUEST FOR SUPPORT

Ref: (a) DODI 6025.19 (Series)
(b) DODI 6130.03 Vol 2
(c) DODI 6490.07
(d) OPNAVINST 6100.3 (Series)
(e) SECNAVINST 6120.3 (Series)
(f) BUMEDINST 6110.14 (Series)
(g) RESPERSMAN 6000-010
(h) ASD(HA) POLICY GUIDANCE FOR DEPLOYMENT LIMITING PSYCHIATRIC CONDITIONS/MEDICATIONS, DTD 7 NOV 2006
(i) BUPERSINST 1610.10 (Series)

Encl: (1) Adaptive Mobilization Medical Unit (AMMU) Organizational Chart
(2) ADCON/OPCON for Adaptive Mobilization Medical Units
(3) IMR Request for Support
(4) Medical conditions usually precluding contingency deployment
(5) After Action Report

1. Purpose. This Standard Operating Procedure implements policies and assigns responsibilities for requesting Individual Medical Readiness (IMR) support across the Navy Reserve Force and to ensure AMMUs have the capability to work efficiently while onsite.

2. Introduction. Most Navy Reserve Activities (NRA) do not have billeted medical providers or dentists to assist with IMR for assigned Selected Reserves (SELRES) Sailors. Historically, Navy Reserve Medicine operated in a peace-time environment and a minority of the SELRES were assigned to expeditionary medical platforms. Beginning in Fiscal Year 23, Navy Reserve Medicine underwent a redesign with the stand-up of multiple expeditionary medical platforms with dedicated mission sets and reporting requirements. As a result, assets available to support Commander Navy Reserve Force (CNRF) medical readiness and the process for requesting such support also changed.

a. IMR is the unit leadership and individual service member responsibility. SELRES have the responsibility to meet and maintain IMR as a condition of continued satisfactory participation in the Navy Reserve. Command leadership must be engaged and be informed of the unit's readiness to deploy. The Total Force Medical Readiness (TFMR) requirement is 90 percent (or

better) and dental readiness 95 percent (or better). It is incumbent on the NRA to afford the Service member the opportunity to meet IMR requirements.

b. In situations where the NRA does not have assigned providers or dentists, CNRF has provided two main avenues of support. The first is through the Defense Health Agency sponsored Reserve Health Readiness Program (RHRP). The second is via the AMMU assigned to each Reserve Region Readiness and Mobilization Command (REDCOM). Enclosures (1) and (2) describe the organizational structure and ADCON/OPCON for the AMMU.

3. Responsibilities

a. REDCOM Commander

(1) Manage and prioritize IMR support in coordination with AMMU Commanding Officers.

(2) Maintain steady state of mobilization readiness.

(3) Mass mobilization process to include Navy Reserve Order Writing System (NROWS) requirements/funding for AMMU personnel.

(4) Direct AMMU resources to maintain IMR.

(5) Provide Personnel Information to AMMU Commanding Officer (CO) for AMMU Officer in Charge (OIC) Fitness Report to draft Concurrent/Regular Fitness Report per reference (i). Sign concurrent/regular fitness reports for AMMU OIC in Block 45 and then send to REDCOM Commodore for signature in Block 47. REDCOM will ensure the fitness report is submitted to PERS-32.

b. REDCOM N9

(1) Consolidate NRA IMR support requests that are to be forwarded to AMMU OIC with copy to AMMU Atlantic / AMMU Pacific CO.

(2) Review and provide adjudication recommendation to TRUIC CO for NROWS medical hard holds for AMMU personnel.

(3) Ensure AMMU personnel have access to required systems

(a) Medical Readiness Reporting System (MRRS)

(b) Military Heath System Genesis

(c) Electronic Health Assessment

(d) Corporate Dental System

(e) Navy Marine Corps Intranet and required equipment (laptops, wireless fidelity excreta)

(4) Training of proper use, accountability and maintenance of Nomad Dental Fly Away Kits.

(5) Oversight of AMMU training for mobilization medical screening and injury management

(6) Pull monthly Manpower Availability Status (MAS) code report to identify TBH MAS code for AMMU licensed independent providers (LIPs) to include physicians, nurse practitioners, physician assistants, and dentists and remove them from IMR tasking.

(7) Ensure effective communication and oversight of AMMU Detachment and Navy Reserve Center (NRC) Medical Department Representatives (MDRs).

c. AMMU CO. Must collaborate with REDCOMs and Deputy Force Surgeons.

d. AMMU OIC (Detachment)

(1) Ensure AMMU personnel are current with the following required training

(a) Health Insurance Portability and Accountability Act and Privacy Act course DHA-US001;

(b) Blood-borne Pathogen (if administering vaccinations or drawing blood);

(c) Immunization Training (if administering vaccinations) per RESPERSMAN 6000-010;

(d) Portable Dental X-ray on the job training;

(e) Mental Health Assessment Provider training course number: DHA-US332 and;

(f) Provider training course number: DHA-US066;

(2) Ensure AMMU providers and dentists are properly credentialed in accordance with applicable Bureau of Medicine and Surgery (BUMED) policies prior to assignment to IMR/mobilization event.

(3) Ensure AMMU personnel maintain current administrative, medical, and professional readiness.

e. NRA MDR. Must work with NRC and reserve unit leadership to achieve and continually maintain unit TFMR at 90% and dental readiness at 95% to ensure a medically ready force for quick activation and to reduce the time and administrative requirements to screen and prepare service members for deployment. MDRs shall keep leadership informed of IMR requirements

utilizing the MRRS Detail Scheduling Report (end date +30 and +60) to forecast IMR requirements.

4. Requesting Drill Weekend Support

a. NRAs under Commander Navy Reserve Forces Command (CNRFC) must identify a need for medical readiness support that cannot be met by billeted staff or In-Assignment Processing Sailors assigned to Readiness Support Units.

(1) All IMR support request must be forwarded to the REDCOM no later 1 July for the upcoming fiscal year with the intended support mechanism (RHRP or AMMU) using enclosure (3).

(2) Any change request must be submitted to the REDCOM N9 as soon as identified and will be considered on a case-by-case basis.

b. NRAs outside of CNRFC will utilize the RHRP to complete outstanding medical or dental requirements either through group events or in-clinic appointments. These requests must be submitted in a timely manner per current RHRP guidelines. Failure to do so may result in denial of request.

c. REDCOM will collate all requests and forward to AMMU Officer in Charge and respective Atlantic (LANT)/Pacific (PAC) Commanding Officer for awareness. AMMU leadership will annotate where support is possible and note gaps in coverage no later than 60 days prior to the upcoming quarter. (Q1 response due 1 August, Q2 due 1 November, Q3 due 1 February, Q4 due 1 May).

d. AMMU LANT/PAC CO will then coordinate at the regional level to determine if coverage is possible within the Regional AMMU command.

e. If coverage is not feasible within the Regional AMMU command, the AMMU CO will coordinate with Navy Medical Readiness Training Command (NMRTC) COs assigned to the same Region to determine if detachments are able to support the request.

f. If NMRTC COs or ASU OICs cannot support, the AMMU CO will forward the request to the first Flag officer to permit the use of personnel assigned to Expeditionary Medicine (EXMED) at their Training Reserve Unit Identification Code to assist with IMR support.

5. Drill Weekend Preparation

a. REDCOM Responsibilities

(1) N3 will build mission event in NROWS when travel is required and notify AMMU OIC once complete.

(2) N3 will notify N9 when orders are approved, at a minimum of 14 days prior to scheduled event.

(3) REDCOM N9 will provide NRC N9 with AMMU by name support roster, to include contact information.

(4) Ensure functionality and shipping of Nomad Dental Fly Away Kits, to include adequate photo printer paper and ink cartridge at a minimum of seven days prior to scheduled event, according to the Nomad Dental Fly Away Kit checklist provided by CNRFC. This responsibility may be delegated to the NRC if the Nomad Dental Fly Away Kit is maintained at the NRC.

(5) REDCOM N9 will provide oversight to NRC N9, ensuring the NRC has adequate computers, printers, access to Wi-Fi, and consumable supplies to execute medical and dental readiness events.

b. AMMU CO Responsibilities

(1) Must collaborate with REDCOMs and Deputy Force Surgeons.

(2) Provide standardization, overall coordination of training priorities, and mobilization exercise support to the AMMU OICs. The AMMU CO works directly with the Force Surgeon and CNRFC N9 department and CNRFC N3 department to ensure that goals are being met and exercises/events are appropriately resourced (in FY25 case - LSE-25, NECC MOBEX, etc).

(3) Overall responsibility/authority over Regional OICs and will work in coordination with the REDCOMs to provide steady state IMR support and planning to execute large scale mobilization capability, with the goal of activating 50,000 SELRES personnel within 30 days, providing Fleet and Joint commanders the predictability necessary for effective operational planning.

c. AMMU OIC Responsibilities

(1) Work directly with REDCOM N9 to coordinate medical and dental support for requested NRCs within Region.

(2) Communicate with AMMU HQ for additional manpower support for requests.

(3) Communicate with NR NMRTC TRUIC commands for coordination of medical/dental support at local NRCs.

(4) Ensure the names of AMMU personnel supporting NRC Drill Weekend are forwarded to the respective REDCOM N3 no later than 30 days prior to the scheduled drill weekend.

(5) Ensure AMMU support personnel NROWS orders are routed and approved as applicable at a minimum of 14 days prior to supported event.

(6) Ensure designated personnel training is current and complete.

(7) Provide by name roster for virtual Periodic Health Assessments (PHAs) to designated AMMU provider no later than seven days before event date.

d. NRC Responsibilities

(1) Notify Reserve members and unit leadership of scheduled IMR appointments to ensure members attend all in person and virtual appointments.

(a) Unit leadership must be involved early to ensure Service members complete Part A of the PHA process within the required timeline and show up for their scheduled appointments.

(b) As early as 90 calendar days and no later than 60 calendar days from the event start date, scheduled Service members must complete PHA Part A. PHA Part B must be completed 30 calendar days prior to the scheduled AMMU event by a qualified Record Reviewer.

(c) AMMU Non-provider Nurse Corps Officers and Hospital Corpsman (HM) may assist with PHA Part B Record Reviews under the guidance of the NRC MDR where they are physically drilling.

(2) The MDR must complete a thorough record review for each scheduled Service member to identify deployment limiting medical conditions (DLMC) and delinquent IMR requirements.

(a) Record review includes the Service Treatment Record, Electronic Health Record, injury case management files (as applicable), and MRRS.

(b) In general, a medical condition is considered deployment limiting if:

1. The condition is not stable and may worsen during the deployment.

2. The condition may require ongoing healthcare or medications for the duration of a deployment that may not be available in theater or prevent entry into theater.

3. The condition requires medication or durable medical equipment with special handling or storage requirements.

4. The condition prevents the member from completing duties of their rank/grade or designation.

5. Annotated in reference (c). Reference (c) is not exhaustive but describes common diagnoses that may cause an individual to be potentially non-deployable.

(c) The MDR must annotate potential DLMCs in the PHA Part B "Record Reviewer Comments."

(3) For onsite AMMU events ensure the following:

(a) Provide AMMU Lead reporting directions (muster time, location, and NRC N9 point of contact information).

(b) Conduct consumable supply inventory and order required supplies at least 60 days prior to event as needed per NRC N4 guidelines.

(c) Upon receipt of NOMAD Dental Fly Away kit conduct inventory and functionality testing and report all discrepancies to REDCOM N9.

(d) Secure designated space(s) and ensure adequate privacy, laptops and wireless fidelity capability are readily available and functioning.

(e) Ensure service treatment records are readily available with NRC Check-in/Check-out Sheet.

(f) Ensure an adequate number of forms (Standard Form 600 and dental screening form) are printed and readily available.

(4) For virtual AMMU events ensure the following:

(a) 14 days prior to the scheduled event, provide a document to the AMMU OIC that includes:

1. By name roster of scheduled Service members,

2. Service members Department of Defense identification numbers,

3. Service Members telephone numbers, and

4. A minimum of two NRC points of contact for emergent concerns.

(b) Ensure scheduled members have a secure/private area for virtual appointment.

6. Drill Weekend Execution

a. AMMU personnel shall complete the following items per NRC request to meet mobilization and medical readiness needs:

(1) Medical providers (i.e. Physician, Nurse Practitioner, Physician Assistant, or Advanced Practice Nurse)

(a) PHA provider assessment via face to face or virtually. Providers will annotate identified DLMC on the PHA "Provider Comments" and record injury case requirement on SF 600 or electronic health record as applicable.

(b) For emergent behavioral health events, contact NRC MDR to initiate the appropriate crisis response plan. In the case of a virtual appointment, maintain communication with the member while reaching out to the NRC points of contact.

(c) Physical Readiness Test waivers

(d) Mobilization screening and Deployment Health Assessments

(e) Injury Management. As applicable, providers will review civilian documentation to determine fitness for duty for members in a Temporarily Not Physically Qualified or Line of Duty Healthcare status. Providers will annotate their determination on a Standard Form 600.

(2) Dentist

(a) Dental examinations

(b) Mobilization and redeployment screening

(3) HM and Registered Nurse

(a) Administer immunizations

(b) Conduct readiness laboratory blood draws

(c) Record Review

(d) Patient flow

(e) Dental radiograph

(f) Assist with MRRS updates

(4) Notify AMMU OIC of emergent situations that occur during the drill weekend.

(5) At the conclusion of the readiness event (both virtual and in-person), the assigned lead will provide the NRC SMDR a summary of all completed services, and a by name list of Service members identified with DLMCs or requiring additional referrals.

(6) Clean spaces and restore back to original functionality.

b. NRC MDR

(1) Assist with resolving IMR discrepancies for scheduled personnel.

(2) Conduct MRRS updates.

(3) Initiate Injury Case(s) as applicable per the Injury Case Management Desktop Guide.

(4) Assist with cleaning the spaces and restore back to original functionality.

7. Post-Drill Weekend Actions

a. AMMU Personnel. Within 48 hours of event complete enclosure (5) After Action Report (AAR) and forward to REDCOM N9 and AMMU OIC.

b. NRC

(1) Senior Medical Department Representative (SMDR) will print DD form 3024 PHA Summary and file in section three of the Service member health record.

(2) Within 48 hours of event, SMDR will complete enclosure (5) AAR and forward to REDCOM N9 and AMMU OIC.

(3) Within 48 hours of event, SMDR will communicate MAS code change requests to Manpower Department for action.

(4) N1 will make requested MAS code changes within 48 hours of receiving the request.

(5) Command Services will electronically muster AMMU personnel via the Navy Standard Integrated Personnel System.

c. REDCOM N9. Provide quarterly collated Lesson Learned report to CNRFC N9 the last Friday of every quarter at CNRFC_FORCE_HEALTH_N9@US.NAVY.MIL.

8. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per Secretary of the Navy Manual M-5210.1, January 2012.

9. Review and Effective Date. Per OPNAVINST 5215.17A, COMNAVRESFORCOM will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, DoD, SECNAV, and Navy policy and statutory authority using OPNAV 521 5/40 Review of Instruction. This instruction will automatically expire 5 years after effective date unless reissued or canceled prior to the 5-year anniversary date, or an extension has been granted.

M. J. STEFFEN

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via COMNAVRESFOR Web site, http://www.public.navy.mil/nrh/Pages/instmctions.aspx

ORGANIZATIONAL CHART FOR ADAPTIVE MOBILIZATION MEDICAL UNITS

1. The Adaptive Mobilization Medical Unit organization chart which provides the basis for the administrative command and control is listed below (Figure 1). The billet distribution for each unit is listed below and is based on the number of SELRES assigned to each REDCOM (Table 1).

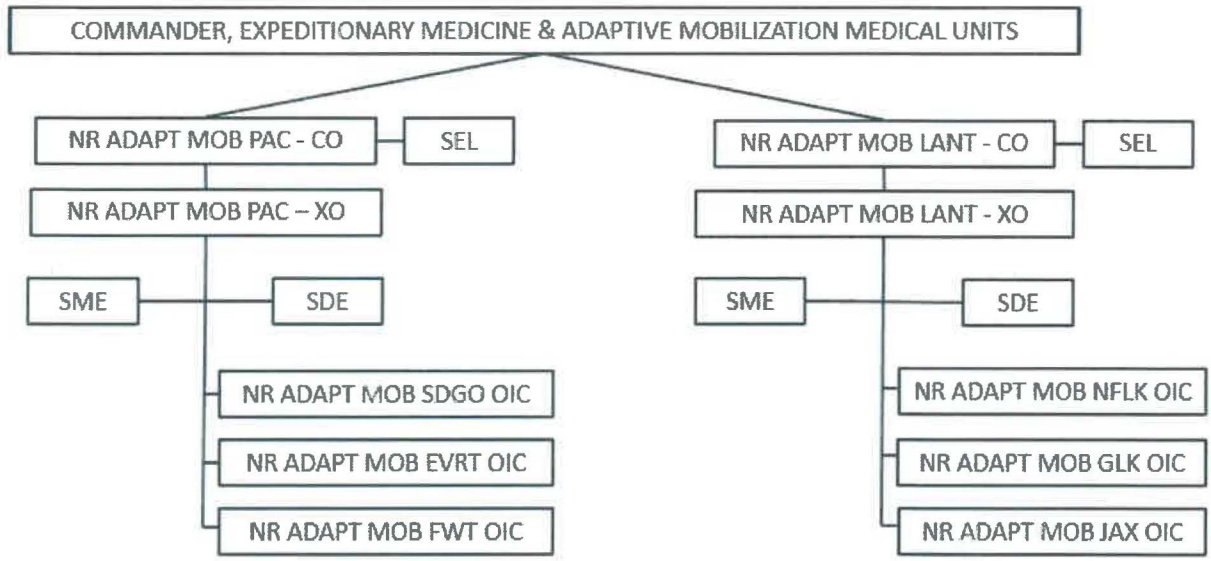

Figure 1. Organizational Chart for Adaptive Mobilization Medical Units

SME – Senior Medical Executive; SDE – Senior Dental Executive

NMPS	Location	SELRES	LIPs	Dentists	Nurses	HCAs	DTs	X-ray Tech	HMs	Total AM Pax
REDCOM Everett	Everett, WA	3,326	5	5	2	1	5	1	16	35
REDCOM Great Lakes	Great Lakes, IL	4,478	7	7	3	1	7	1	21	47
**REDCOM Norfolk	Norfolk, VA	11,788	12	10	5	1	10	1	36	75
NR DLACMOB SPT	Norfolk, VA	TBD	5	5	2	0	5	0	15	32
REDCOM Jacksonville	Jacksonville, FL	8,247	13	12	6	1	12	1	40	85
REDCOM Ft Worth	Ft Worth, TX	7,025	11	10	5	1	10	1	33	71
REDCOM San Diego	San Diego, CA	9,964	15	14	7	1	14	1	42	94
TOTAL PAX		44,828	71	66	31	6	66	6	213	459

Table 1. Adaptive Mobilization Medical Unit Billet Structure

LIPs – Licensed Independent Providers to include physicians, nurse practitioners, and physician assistants.

ADCON/OPCON FOR ADAPTIVE MOBILIZATION MEDICAL UNITS

1. The Adaptive Mobilization Medical Units were created by Navy Reserve Medicine to complete the mission of mobilizing the Reserve Force. This mission set includes Mass Mobilization Medical Screening to mobilize 50,000 SELRES in 30 days to meet operational priorities; Steady State Mobilization and Individual Augmentee Support; and Individual Medical Readiness Support.

2. Operational control for these units falls under CNRF/CNRFC and the REDCOMS (Figure 1). REDCOMs provide drill weekend Tasking to meet specific IMR needs for their Regions and generate NROWS orders and provide funding. IDT-R is approved for these billets. The BUMED RPD is involved in the Resource Owner approval process as the billets remain under BSO-18. Platform specific training requirements and medical screening procedures and standardization are directed by CNRF/CNRFC. REDCOMs have the first right of refusal for ATs. AT must support billet specific clinical currency/competency requirements. The AMMU OIC fitness reports will follow the Concurrent/Regular Fitness Report Process per reference (i). REDCOM Commodores will provide a Personnel Information Memorandum to AMMU Commanding Officer as supporting documentation for the AMMU OIC's Fitness Report Block 41 of Concurrent/Regular Fitness Report. After the OIC Fitness Report is signed by the AMMU CO, the REDCOM Commodore will sign the fitness report in Block 47 and ensure Fitness Report is submitted to PERS-32.

3. Administrative control for these units falls under Navy Reserve Medicine and the Commander, Expeditionary Medicine and Adaptive Mobilization Medical Units (Figure 1). Navy Reserve Medicine manages the credentialing of assigned personnel and overall billet/unit structure, medical specific training (TCCC, ALS, BLS, etc), and FITREPs/EVALs. The AMMU OIC fitness reports will follow the Concurrent/Regular Fitness Report Process per reference (i). The AMMU COs will complete the fitness report on AMMU OICs and competitively rank the OICs using the AMMU CO's RSCA and incorporating input from the REDCOM Commodore. The AMMU CO will sign the AMMU OIC's fitness report in Block 45, forward to the REDCOM Commodore for final signature in Block 47, and REDCOM will ensure Fitness Report is submitted to PERS-32.

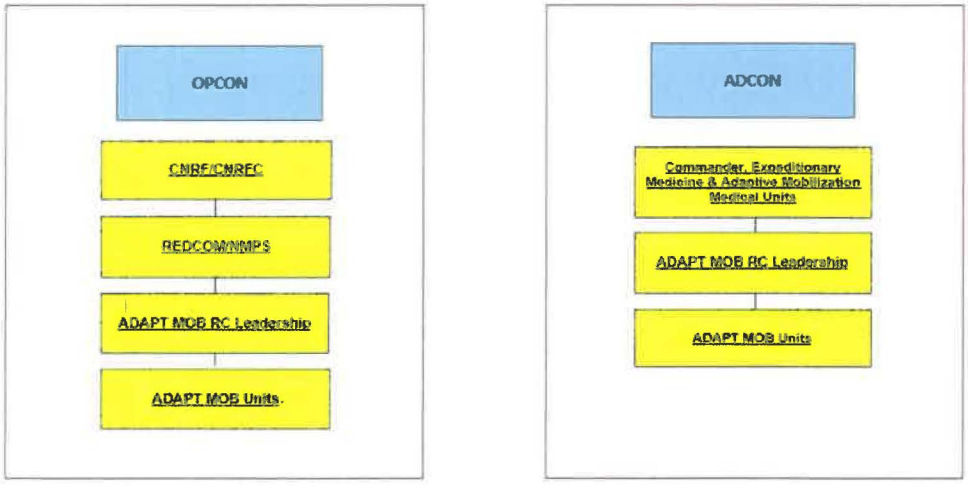

Figure 3. OPCON/ADCON for Adaptive Mobilization Medical Units

INDIVIDUAL MEDICAL READINESS REQUEST FOR SUPPORT

Event Start Date:	
Event End Date:	
# of Service Members projected:	
NOMAD Dental Fly Away Kit Required	Yes or No (circle one)
Unit Name:	
Unit UIC or RUC(s):	
Unit Address:	
Unit Phone Number:	
Event POC:	
Event POC Email:	
Event POC Phone Number:	
Event POC Mobile Phone Number:	
Unit CDR:	
CDR Email Address:	
CDR Phone Number:	
Comments:	

MEDICAL CONDITIONS USUALLY PRECLUDING CONTINGENCY DEPLOYMENT

1. This list of conditions is not intended to be all-inclusive and is derived from reference (c). A list of all possible diagnoses and their severity that may cause an individual to be potentially non-deployable, pending further evaluation, would be too extensive. Medical evaluators must consider climate, altitude, rations, housing, duty assignment, and medical services available in theater when deciding whether an individual with a specific medical condition is deployable. In general, individuals with the conditions in paragraphs a. through h of this enclosure, based upon a medical assessment as described shall not deploy unless a waiver is granted.

a. Conditions affecting Force Health Protection

(1) Physical or psychological conditions resulting in the inability to effectively wear personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical and/or biological protective garments, regardless of the nature of the condition that causes the inability to wear the equipment if wearing such equipment may be reasonably anticipated or required in the deployed location.

(2) Conditions that prohibit immunizations or the use of force health protection prescription products (FHPPPs) required for the specific deployment. Depending on the applicable threat assessment, required FHPPPs may include atropine, epinephrine, and/or pralidoxime chloride (2-PAM chloride) auto-injectors; certain antimicrobials and antimalarials; and pyridostigmine bromide.

b. Unresolved health conditions requiring care or affecting performance

(1) Any chronic medical condition that requires frequent clinical visits, fails to respond to adequate conservative treatment, or necessitates significant limitation of physical activity.

(2) Absence of a dental exam within the last 12 months or presence of the likelihood that dental treatment or reevaluation for oral conditions will result in dental emergencies within 12 months. Individuals being evaluated by a non-Department of Defense (DoD) civilian dentist should use DD Form 2813, "DoD Active Duty/Reserve Forces Dental Examination," as proof of dental examination downloadable at https://www.esd.whs.mil/Directives/forms/.

(3) Pregnancy.

(4) Any medical condition that requires either durable medical equipment or appliances, or periodic evaluation or treatment by medical specialists that is not readily available in theater.

(5) Any unresolved acute or chronic illness or injury that would impair duty performance in a deployed environment during the duration of the deployment.

(6) Cancer that requires continuing treatment or specialty medical evaluations during the anticipated duration of the deployment.

(7) Precancerous lesions that have not been treated and/or evaluated and that require treatment and/or evaluation during the anticipated duration of the deployment.

(8) Any medical condition that requires surgery or for which surgery has been performed that requires rehabilitation or additional surgery to remove devices.

(9) Any musculoskeletal condition that significantly impairs performance of duties in a deployed environment.

(10) An acute exacerbation of a physical or mental health condition that could significantly affect duty performance.

c. Conditions that could cause sudden incapacitation

(1) Recurrent loss of consciousness for any reason.

(2) Any medical condition that could result in sudden incapacitation including a history of stroke within the last 24 months, seizure disorders, and diabetes mellitus type I or II treated with insulin or oral hypoglycemic agents.

d. Pulmonary Disorders. Asthma that has a forced expiratory volume-1 (FEV-1) of less than or equal to 60 percent of predicted FEV-1 despite appropriate therapy and that has required hospitalization at least 2 times in the last 12 months, or that requires daily systemic (not inhalational) steroids.

e. Infectious Disease

(1) Active tuberculosis or known blood-borne diseases that may be transmitted to others in a deployed environment.

(2) A diagnosis of human immunodeficiency (HIV) antibody positive with the presence of progressive clinical illness or immunological deficiency. The cognizant Combatant Command surgeon shall be consulted in all instances of HIV seropositivity before medical clearance for deployment.

f. Sensory Disorders

(1) Hearing Loss. The requirement for use of a hearing aid does not necessarily preclude deployment. However, the individual must have sufficient unaided hearing to perform duties safely.

(2) Vision Loss. Best corrected visual acuity must meet job requirements to perform duties safely.

g. Cardiac and vascular disorders

(1) Hypertension not controlled with medication or that requires frequent monitoring.

(2) Symptomatic coronary artery disease.

(3) History of myocardial infarction within one year of deployment.

(4) History of coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair within one year of deployment.

(5) Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medical or electrophysiologic control (presence of an implanted defibrillator and/or pacemaker).

(6) Heart failure.

h. Behavioral health disorders

(1) Psychotic and/or bipolar disorders. See reference (h) for detailed guidance on deployment-limiting psychiatric conditions or psychotropic medications.

(2) Psychiatric disorders under treatment with fewer than three months of demonstrated stability.

(3) Clinical psychiatric disorders with residual symptoms that impair duty performance.

(4) Mental health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment.

(5) Chronic medical conditions that require ongoing treatment with antipsychotics, lithium, or anticonvulsants.

AFTER ACTION REPORT

ROSTER OF SUPPORTING PERSONNEL			
RANK/RATE	FIRST AND LAST NAME	AMMU (Y/N)	ORDERS (Y/N)

PRE AND POST IMR SUPPORT			
INDIVIDUAL SERVICES	REQUESTED SERVICES (QTY)	SERVICES PERFORMED (QTY)	NO SHOWS (QTY)
PHAs			
Dental Exams			
Dental Bitewings			
Deployment Health Assessments			
Injury Mgmt Case Review			
PRT Waivers			

ADDITIONAL COMMENTS / LESSONS LEARNED

POINT OF CONTACT INFORMATION

	AMMU Lead	NRC MDR
Rank and Name		
@navy.mil email		
Telephone number		