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

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COMNAVRESFOR N1C2
17 Jan 2023

Changes to the identified Navy Reserve Personnel Manual articles are effective the date written at the top of each article and the date on this change summary.

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Deputy

Changes in articles titled and summarized below are incorporated in the electronic copy via Commander, Navy Reserve Forces Command (COMNAVRESFORCOM) Website: https://www.navyreserve.navy.mil.

Table of Contents – Revised to reflect all current changes.

Article No.	Article Title
6000-010	**Reserve Medical**
	• Substantial changes have been made to this article and it should be read in its entirety. • Simplifies existing Reserve medical policy. • Added additional references to outline immunization, satisfactory participation, and Service Treatment Record (STR) management. • Clarifies roles and responsibilities for both Navy Reserve Activity (NRA) Commanders and Medical Department Representatives (MDRs). • Directs training responsibilities to Reserve Region Readiness and Mobilization Command (REDCOM) N9. • Updated guidance on injury case program management. • Amended Individual Medical Readiness (IMR) percentages to align with DoDi update. • Amplifying guidance has been added to new & old Manpower Availability Status (MAS) code. • Pregnancy Administration Management guidance that outlines drill status and physical qualifications.

RESPERSMAN 6000-010

RESERVE MEDICAL

Responsible Office	COMNAVRESFOR (N9)	Phone:	DSN COMM FAX	262-5643 (757) 322-5643 (757) 444-7545

References	(a) DoDI 6025.19 (Individual Medical Readiness Program) (b) MILPERSMAN 1910-158 (Separation by Reason of Unsatisfactory Participation in the Ready Reserve) (c) DoDI 1332.45 (Retention Determinations for Non-Deployable Service Members) (d) SECNAVINST 1850.4F (Department of the Navy Disability Evaluation Manual) (e) SECNAVINST 5300.30F (Management of HIV, HBV, HCV in the Navy and Marine Corps) (f) NAVADMIN 112/21 (Interim Guidance for Service of Transgender Navy Personnel) (g) BUMEDINST 6230.15B (Immunizations and Chemoprophylaxis for the Prevention of Infectious Disease) (h) OPNAVINST 6100.3A CH-1 (Deployment Health Assessment Process) (i) RESPERSMAN 1001.010 (Satisfactory Participation in the Navy Reserve) (j) BUMEDINST 1300.3 (Suitability Screening) (k) RESPERSMAN 1300-050 (Administrative Processing Unit) (l) MANMED CH 15, 16, 18 and 23 (m) BUPERSINST 1001.39F CH-1 (Administrative Procedures for Navy Reserve Personnel) (n) SECNAVINST 1770.5 (Management and Disposition of Line of Duty Benefits for Members of the Navy and Marine Corps Reserve LOD) (o) NAVADMIN 173/17 (STR) (p) DoDI 6130.03, Volume 2 (Medical Standards for Military Service: Retention) (q) Under Secretary of Defense (P&R). Directive-type Memorandum 22-004 – "Reserve Component Maternity Leave Program" (r) RESPERSMAN 3060-010 (Manpower Availability Status Codes) (s) RESPERS M-1001.5 (Supplemental MAS Code Guidance)

	(t) OPNAV IINSTRUCTION 6000.1D Navy Guidelines Concerning Pregnancy and Parenthood (u) RESPERSMAN 1300-010 (Selected Reserve Assignments) (v) SECNAVINST 1752.4C (Sexual Assault Prevention and Response Program Procedures) (w) RESPERSMAN 1300-080 (Special Assignment Categories)
Enclosures	(1) Manpower Availability Status Codes (2) COMNAVRESFORNOTE 5041: HS-1 Force Health Protection and Readiness Checklist

1. **Background**. Reserve Medical will maintain medical mobilization readiness while maximizing warfighting readiness.

2. **Responsibilities**

a. Commander, Navy Reserve Force (COMNAVRESFOR) Force Surgeon will establish policy and issue guidance for Navy Reserve Force health protection and management per all DOD, DON and BUMED policies and instructions.

b. Echelon IV N9 will:

(1) Communicate and advise the Commanding Officer on all matters pertaining to medical and dental readiness.

(2) Provide senior leadership and technical oversight of enlisted personnel and medical readiness at the Echelon V level.

(3) Ensure the medical/ mobilization readiness of NRA units and attached personnel within their assigned REDCOM.

(4) Provide Echelon V assist visits and/or command assessments of medical programs for compliance, accuracy and effectiveness. During assessments, Echelon IV (N9) will utilize the most current COMNAVRESFOR 5040.1 HS-1 Force Health Protection and Readiness Checklist, enclosure (2), for all assessments conducted at Echelon V commands. This will ensure uniform compliance throughout the Reserve Force.

(5) Recommend corrective action and direct medical aspects of operational and logistical plans.

(6) Echelon IV Senior Medical Department Representatives (SMDR) are responsible for sustainment training of ECH V Medical Department Representative (MDR).

(7) SMDR must maintain a tracking method of training completions, readiness reports, and injury management programs.

(8) Communicate any unresolved concerns or issues to CNRFC N9 office.

c. NRAs will:

(1) Ensure drilling Selected Reserve (SELRES) members, members assigned to Volunteer Training Units (VTU) and Strategic Sealift Readiness Group (SSO) members, to include those in an IRR status, complete all Individual Medical Readiness (IMR) requirements per reference (a). Failure to report for required IMR needs after the member's required annual update may result in the member being assigned ADMIN U's for unsatisfactory participation per reference (b).

(2) Educate members on their responsibility to submit any material changes regarding their health or medical condition within 30 days of diagnosis.

(3) Assign members ADMIN U's who fail to disclose any material medical conditions which impact, or have the reasonable likelihood to impact, mobilization readiness or deployable status in accordance with reference (b).

(4) Conduct quarterly assessments in accordance with HS-1 Force Health Protection Checklist. Retain files for two years.

d. NRA MDR will:

(1) Have a current assumption of duty letter, an all-inclusive medical department turnover assessment and submit a plan of action and milestones to your NRA CO within 60 days of assignment as NRA SMDR.

(2) Maintain Standard Operating Procedures (SOP) as outlined in COMNAVRESFORINST 5040.1. The SOPs should incorporate local Department of Defense (DoD) MTFs' guidance, processes, injury program management, and protocols as applicable.

(3) Notify the Unit CO/OIC when the NRA CO determines drill or non-drill status for members in an injury management program.

(4) Notify the Unit CO/OIC of members who are non-compliant for more than 30 days.

(5) Ensure every injury case has a separate file from the service treatment records (STR). Update Medical Readiness Reporting System (MRRS) injury management status tab in detail regarding the case.

(6) Conduct and document monthly communication with members who have open injury cases.

(7) Educate members on their responsibility to submit any changes regarding their medical and or dental condition within 30 days of diagnosis.

(8) Notify NRA Administrative Department of members who fail to disclose any health conditions for administrative U's, in accordance with reference (b).

(9) Submit dental treatment information on NAVMED 6600/12 or DD 2813.

(10) Educate members on PERS-95 determinations and election of options IAW PERS official message. IAW references (c) and (k), members requesting a Physical Evaluation Board (PEB) must be transferred to the Administrative Processing Unit and are not authorized to drill until the final disposition of their case is made by the PEB.

(11) A Temporary Not Physically/Dentally Not Qualified (TNPQ/TNDQ) extension may be requested for cases exceeding 180 days from Echelon IV (N9), via MRRS. Extensions should be requested 30 days prior to expiration. Members who fail to comply with medical or dental requirements may result in the member being assigned ADMIN U's for unsatisfactory participation per reference (b) and (d).

(12) Notify NRA Manpower Department of the appropriate Manpower Availability Status (MAS) code for any changes in member's medical or dental status, per reference (r).

(13) Issue non-compliance letters via certified mail to members who fail to comply with medical and dental requirements in conjunction with Admin U Period(s) per reference (i). Notify the NRA Manpower department of members who are non-compliant per ref (b). Maintain non-compliance files for a minimum of two years.

(14) In cases of non-compliance, appropriately notify members via certified mail. Additionally, notify the member's Chain of Command.

(15) Request personnel gains and losses report from the NRA manpower department. Monthly reconciliation should be conducted utilizing command Alpha Roster and MAS Code Accountability reports against the Navy Standard Integrated Personnel System (NSIPS) manning.

(16) Utilize MRRS to track IMR. Track completion of IMR requirements to reflect current standards per reference (a).

a. Total Force Medical Readiness (TFMR) $\geq$90%

b. Partially Medically Ready (PMR) $\leq$ 25%

c. Not Medically Ready (NMR) $\leq$ 5%.

(17) Ensure Reserve personnel are screened every 24 months for serologic evidence of Human Immunodeficiency Virus (HIV), one time for Hepatitis C Virus (HCV) for members born between the years 1945 and 1965, and otherwise for HIV, Hepatitis B Virus (HBV), and HCV as clinically indicated. Additionally, Reserve members will be tested for HIV and HCV (for members born between the years 1945 and 1965) at the time of activation when called to active duty for more than 30 days if they have not been tested within the last 24 months, per reference (e).

(18) Have direct access to the NRA CO and communicate with leadership about any medical and dental requirements, deficiencies, and status of injury cases.

(19) Verify all medical and dental record STRs in accordance with MANMED Chapter 16, and ensure proper disposition of all STRs within five days of separation date or VA request. Mail STRs at terminal leave commencement, or within 5 days of separation/ retirement date IAW reference (o).

(20) Screen mobilizing members for suitability per current Area of Responsibility (AOR) guidance. Submit AOR medical waivers to appropriate AOR surgeon via the Reserve Region Readiness and Mobilization Command (REDCOM).

(21) Recommend to NRA CO whether a member should be placed in a TNPQ, TNDQ, Line of Duty (LOD), or Medical Retention Review (MRR) status, and advise on drill or non-drill status.

(22) Ensure members are completing the required Pre-DHA DD 2795, Post-DHA DD 2796, and PDHRA DD 2900 when due. Complete deployment screenings via EDHA, document in MRRS, and place in members' STRs.

(23) Place members found not fit on the Pre-DHA in the appropriate injury case management status. Manage Post-DHA and Post-DHRA referrals through LOD process.

(24) Assign Transgender Navy Personnel, per reference (f), who received a diagnosis of gender dysphoria prior to 12 April 2019 and wish to transition, TNPQ if the condition is acute or MRR if the condition is chronic. Assign the appropriate MAS code of MS3 or MS2. The civilian providers' treatment plan must be reviewed by the MDR and then submitted to the Force Surgeon, who will then forward the plan for validation to the Navy Transgender Care Team (TGCT). Once the treatment plan is validated by the TGCT, the member submits the treatment plan as part of the overall transition plan to the NRA CO. NRA MDR will consult with the Echelon IV (N9) Regional Medical Director (RMD) as applicable.

e. Unit COs/OICs must:

(1) Ensure their personnel are in compliance with IMR requirements in accordance with reference (a).

(2) Ensure the medical readiness of individual service members is considered during each clinical encounter, and monitored for compliance as per reference (c).

(3) Inform the supporting NRA Medical Department Representative (MDR) of members' deployment limiting medical and dental condition, and or changes in existing conditions, that might interfere with their ability to perform their duties.

(4) Ensure members are in compliance with all injury case management requirements.

(5) Ensure members are completing the required Pre-DHA DD 2795, Post-DHA DD 2796, and PDHRA DD 2900.

f. Navy Reserve members will:

(1) Monitor IMR via Bureau of Naval Personnel Online and comply with all IMR requirements per reference (a).

(2) Disclose to the NRA MDR, within 30 days, any new and/or material changes in existing medical conditions and/or prescription medications' dosage.

(3) Provide monthly updates to NRA MDR while in an open Injury Case status.

3. **MDR Training Requirements**

a. Reserve Medical Administration (RMA) course shall be scheduled within the first 90 days of reporting to the NRA.

b. Complete the Health Insurance Portability and Accountability Act and Privacy Act training within 30 days of checking onboard, and annually thereafter.

c. Complete the required applicable training and have access to MRRS, AHLTA/JLV/HAIMS, MHS-Genesis, EDHA, VIALS, PHA portal, ANACOMP, and NSIPS STR, WEBWAVE II (REDCOM N9).

d. TRICARE training course is required every two years.

e. MDR personnel will be BLS qualified. Personnel administering vaccines must complete at least eight hours of annual continuing education, as per DHA-IHD reference (g) and COMNAVRESFOR guidance. Baseline of trainings and comprehensive immunization standards are required to establish competency. Immunization trainings must be completed upon reporting onboard, and every three years thereafter.

f. Resident courses. Medical personnel may attend the Immunization Lifelong Learners Course (ILLC), or the Immunization Lifelong Learners Short Course (ILLSC). These resident courses will satisfy the three-year requirement.

g. All personnel administering seasonal influenza vaccination will complete the DoD seasonal influenza training yearly. Additionally, personnel will provide course completion yearly for each additional immunization approved for and supplied to the NRA outside of the standard readiness immunizations (example: Yellow Fever).

h. Blood-borne Pathogen Training course via ESAMS as required.

4. Deployment Health Assessment Management

a. Assess the state of members' health after deployment outside the United States in support of military operations and identify present and future medical care.

b. Complete the required Pre-Deployment Health Assessment (Pre-DHA DD 2795), Post-Deployment Health Assessment (Post-DHA DD 2796), and Post-Deployment Health Re-Assessment (PDHRA DD 2900) per reference (h) when due.

c. Review previous deployment history for completion and applicable referrals.

d. Psychological Health Outreach Program (PHOP) should immediately be made aware of any Mental Health Assessment referrals and follow-up needed, as well as at risk members.

e. Ensure deployment health assessment screenings are completed via EDHA, documented in MRRS, and placed in members' STRs.

f. Identify members found not fit on the Pre-DHA DD 2795, place them in the appropriate injury case status, and assign the appropriate MAS code.

g. Manage Post-DHA and Post-DHRA referrals through the LOD process.

5. Injury Case Management

a. Injury cases will be effectively managed and updated in MRRS to reflect current status, updates, and details.

b. For members in an injury case status all documentation must be current and signed.

c. Injury case file will be available for each case and will be separate from STR.

d. The appropriate MAS Code must be assigned at opening and closing of all injury cases.

e. Utilize SF 600 and MRRS Comprehensive status tab entries in the absence of documentation of diagnosis from a military credentialed provider.

f. Refer/recommend for TNPQ, TNDQ, MRR or LOD as appropriate.

g. Members who relocate their Home of Record may be assigned to nearest NRA in accordance with reference (j). Upon transfer, the losing NRA MDR shall contact the gaining NRA MDR to notify them of any injury management program placement and forward all medical documentation.

h. TNPQ/TNDQ

(1) Utilize TNPQ or TNDQ status when members have medical or dental conditions that are not service connected, and are expected to be resolved in less than 180 days per reference (l). Members in this status must be assigned the appropriate MAS Code per references (r) and (s).

(2) New accessions shall not be placed TNDQ in the first year of their enlistment. New accessions who are dental class III in the beginning of their second year of enlistment shall be placed TNDQ.

(3) Members in TNPQ/TNDQ status must provide the NRA MDR written monthly updates on their treatment progress from a civilian provider. In the event a medical or dental condition does not require a clinical visit in a given month, TNPQ/TNDQ members must still provide written updates to the NRA MDR. Failure to comply may result in Admin U period(s), non-compliance letters, and administrative separation per reference (i).

(4) The NRA MDR will update the member's medical record and MRRS on every status change.

(5) All requests for extensions of TNPQ/TNDQ will be routed to the Echelon IV (N9) staff via MRRS for approval. Extensions of TNPQ/TNDQ should only be for compliant cases with clear expectation of complete resolution, otherwise an MRR package should be initiated at six months. No extension will be granted beyond 365 days without the approval of COMNAVRESFOR Force Surgeon.

(6) Members completing their plan of care must immediately notify the NRA MDR and provide all current documentation in support of their course of treatment. The NRA MDR will place the documentation in members' STR, injury case file, annotate treatment completion on an SF 600, and update MRRS accordingly. Additionally, NRA MDR will ensure closing page 13 is completed, submitted to personnel department, and a copy is maintained in the case file. If documentation is from a civilian physician, completion recommendation must be reviewed by a credentialed military provider, then MDR can remove or close the TNPQ status. If the member's condition still exists after 365 days the condition is considered chronic and the TNPQ must be converted into a MRR. NRA MDR will consult with the Echelon IV (N9) regional healthcare providers, and elevate queries to COMNAVRESFOR Force Health Department (N9) when applicable.

(7) Inactive Duty Participation

(a) Members in a TNPQ/TNDQ status are eligible to perform Inactive Duty Training (IDT) periods. Coordination between TRUIC NRA and Unit Mobilization Unit Identification Code (UMUIC) is required for member to conduct Inactive Duty Training Travel (IDTT) with supported command. Members may request consideration for IDTT, Annual Training (AT), and Active Duty Training (ADT). TRUIC NRA CO, in conjunction with UMUIC Unit Leadership, and RMD will consider these requests on a case-by-case basis and may approve when less than 29 days and CONUS assignment based.

(b) Members in TNPQ/TNDQ status are assignable in accordance with reference (m). However, members will remain assigned to their administrative NRA and in Selected Reserve status except where precluded by higher policy (i.e. High Year Tenure).

(c) Members who relocate home of record (HOR) may be assigned to nearest NRA in accordance with reference (w). The losing NRA must contact the gaining NRA to inform them of TNPQ/TNDQ status and immediately provide all medical documentation and details.

(8) Members who decide to undergo active orthodontic treatment and or combined orthodontic/orthognathic treatment, are required to notify their Unit CO/OIC and the supporting NRA MDR. The NRA MDR will educate the member on the Navy's recall and deployment policy on personnel who choose to undergo this treatment, and sign a page 13 affirming understanding. Refer to NAVMED 1300/4, Expeditionary Medical Screening Checklist and specific AOR requirements for restrictions on orthodontic appliances

(9) Members undergoing active treatment will not be placed TNDQ or classified as dental readiness classification three. Members can be dental readiness class one or class two and be under active treatment. Specific deployment requirements will dictate if members who execute active duty orders greater than 29 days are required to have their active orthodontic treatment (braces) deactivated. The member's treating dentist or orthodontist must certify that the member's orthodontic appliances have been placed in a stabilized and deactivated status. Members choosing to undergo combined orthodontic/orthognathic treatment must be placed TNDQ non-drill status until an oral surgeon has certified all surgical devices have been removed and adequate healing of the bones and jaw have occurred.

i. Medical Retention Review (MRR)

(1) A MRR package must be initiated when the NRA MDR determines that a member has developed a new or had a change in an existing medical condition, that is chronic in nature (>180 days), and will preclude the member from satisfactory performance and safely participating in physical fitness test per reference (p). NRA MDR will consult with the Echelon IV (N9) RMD to determine the need of a MRR, and elevate queries to COMNAVRESFOR Force Health Department (N9) if applicable.

(2) The NRA MDR has 60 days to gather documentation from members, for package completion and submission. MDR must notify NRA CO of any MRRs that have been opened for 60 days or more and have not yet been submitted to Echelon IV N9. Members in an MRR

status are required to submit medical documentation within 30 days of a medical appointment. Failure to comply may result in Admin U period(s), non-compliance letters, and administrative separation per reference (b).

(3) The complete MRR package will be submitted to the Echelon IV (N9) for review, quality assurance (QA), and endorsement. Echelon IV commands will ensure timely upload of documents into the electronic database (WEBWAVE) within 10 business days, and monitor package timelines at both commands. The Echelon IV Medical Director will review Navy MRR packages and provide one of the following recommendations regarding qualification for retention:

(a) Physically Qualified (PQ): Unrestricted IDT, IDTT, AT, and ADT. No MAS Code.

(b) Physically Qualified with Potentially Limiting Conditions (PQ-MOB): Physically qualified but may have conditions that limit deployment/mobilization and may require a waiver from operational COC. Members in this category, most likely, will not require a MRR periodic resubmission.

(c) Not Physically Qualified/Retention Recommended (NPQ/RR): Approval for activation CONUS less than 30 days is at the CO/OIC's discretion, with RMD/MDR input. Greater than 30 days CONUS assignment requires an AOR waiver from the gaining COCOM Surgeon. AOR waiver approval for OCONUS orders less than 30 days is at the discretion of the Reserve Force Surgeon via the RMD. AOR waiver approval for OCONUS orders greater than 30 days is at the discretion of COCOM Surgeon. AFRICOM waivers require COCOM Surgeon approval, regardless of the length of assignment. Chain of Command will be utilized for any questions. PERS message will specify administrative requirements, restrictions, and future submission requirements.

(d) Not Physically Qualified/Retention Not Recommended (NPQ/RNR): Member may complete correspondence courses only. The member will be assigned an administrative MAS code (i.e. AAP or ARR).

(4) BUMED will review the MRR package and determine the physical qualification status per reference (i).

(5) PERS-95 will notify the member of their findings via message traffic. Supporting NRA admin department must notify members by letter via certified mail or in person of their option to request in writing; appeal review by the PEB, discharge, transfer to the retired reserve (if eligible), or request LOD-B for DES within 30 days of receipt of their letter, if not recommended for retention. MDR will consult with their NRA admin department for timely processing.

(6) A VA disability rating alone, does not constitute a MRR submission. Not all medical conditions require a MRR. For example, if the condition resolved or has stabilized during TNPQ

status, has not had any change in the past 90 days, then a MRR package does not need to be submitted. These conditions still require appropriate documentation from the treating provider and must be reviewed by a credentialed military provider. Decision considerations will be annotated on a SF 600, updated in the MRRS Comprehensive status tab and will be placed in the STR.

(7) Inactive Duty Participation

(a) Members in a MRR status, awaiting initial BUMED review, are only eligible to perform IDT periods at TRUIC NRA CO and Unit leadership discretion per reference (l). TRUIC NRA CO is authorized to assign drill or non-drill status.

(b) Members in a MRR status, awaiting BUMED review, are unassignable in accordance with references (k) and (w). However, members shall remain assigned to their unit, except where precluded by higher policy (e.g. High Year Tenure).

(c) Members who are under periodic resubmission may execute (IDT, IDTT, AT, ADT) orders for a period of less than 30 days at the discretion of the TRUIC CO if the member's condition is stable and has not worsened.

j. Line of Duty Healthcare (LOD-HC)

(1) Utilize LOD cases for Reserve members who incur or aggravate an illness, injury, or disease that qualifies for benefits per reference (n).

(2) Service members hospitalized due to an emergency while in a duty status must be placed on or continued on orders for the entire period of the hospitalization until stabilization has been achieved per reference (n)

(3) LOD benefits are available to eligible Reserve members and may include inpatient or outpatient healthcare, dental care, Incapacitation Pay (INCAP Pay), travel and transportation allowance, separation pay, or disability retirement.

(4) Each case will be opened and submitted within 180 days of a diagnosed injury or condition. LOD requests, monthly updates, appeals and INCAP Pay requests must be submitted to the respective Echelon IV (N9) for review and accuracy, utilizing the LOD Checklist. Once complete, requests will be submitted to PERS-95.

(5) Ensure the members understand that the requirements of an LOD and that the MEB/PEB processes are initiated as directed by the Benefits Issuing Authority (BIA).

(6) NRA COs shall make recommendations (DD Form 261) on whether or not members can perform military duties (drilling or non-drilling). Consult with RMD as needed.

(7) Appeals of LOD denials or termination may be forwarded to Office of the Judge Advocate General (OJAG Code 13) via Echelon IV with PERS-95's recommendation.

(8) INCAP Pay is reviewed and forwarded to DFAS. PERS-95 does not determine the amount of money members will receive.

(9) Members with an approved LOD-HC must provide written monthly updates on their treatment progress from their treating provider(s) to include diagnosis, prognosis, limitations, and treatment plan to their NRC MDR. If a medical or dental condition does not require a monthly clinical visit, the member must provide verification of next scheduled appointment.

(10) Failure to comply may result in administrative actions, non-compliance letters, and administrative separation per reference (b). Reference (n) serves the guide for proper package compilation and submission processes. Members in a flight status that are placed LOD must be issued a grounding notice, DD 2992, JAN 2015.

k. Line of Duty Benefits for Disability Evaluation System (LOD-B for DES).

(1) LOD-B for DES provides a path for evaluation and potential entry into the DES for qualifying reserve Sailors with medical conditions that do not fit the guideline for LOD-HC benefits in accordance with reference (n).

(2) LOD-B for DES does not include medical/dental treatment nor INCAP Pay benefits.

(3) LOD-B for DES initial requests and appeal requests must be submitted to the respective Echelon IV (N9) for review and endorsement, utilizing the LOD-B for DES Checklist. Once complete, requests must be submitted to PERS-95.

(4) The Echelon IV RMD must conduct a thorough review and complete a formal written recommendation. Additionally, Echelon IV Staff Judge Advocate must provide a separate written sufficiency review of the LOD-B for DES request within 10 business days.

(5) Member must comply with Medical Evaluation Board (MEB) requirements, and provide monthly status updates to NRA MDR in regards to the progress of their MEB. Failure to comply with MEB requirements may result in termination of benefits.

l. Sexual Assault Prevention and Response (SAPR) LOD Request

(1) In accordance with reference (v) the commander of the Reserve command must designate an individual to process LODs for victims of sexual assault.

(2) To maintain the Service Members privacy all request will be submitted directly to PERS-95 SAPR Program Manager via LOD_SAPR.FCT@NAVY.MIL. Once the request is received PERS-95 SAPR Program Manager will enter the request in MRRS.

(3). Inactive Duty Participation

(a) Members with an open LOD that has not yet been fully adjudicated by PERS-95, or with an active LOD Evaluation Letter, may only perform IDT at their TRUIC NRC CO and Unit Leadership discretion and are not eligible for order waivers.

(b) Members with an approved LOD are eligible to perform IDT periods at the Benefits Issuing Authority discretion as annotated in the LOD Approval Letter as drill or non-drill.

(c) Members who have an approved LOD may request consideration for IDTT, AT, and ADT via PERS-95. PERS-95 will consider these requests on a case-by-case basis and may approve when less than 29 days and CONUS assignment based. Any request for order waiver outside these conditions will be forwarded from PERS-95 to CNRF N9 for exception to policy consideration.

(d) Members in a LOD status are unassignable in accordance with references (k) and (w). However, members must remain assigned to their unit, except where precluded by higher policy (e.g. High Year Tenure).

(e) Members who relocate HOR may be assigned to nearest NRA in accordance with reference (l). The losing NRA must contact the gaining NRA to inform them of LOD status and immediately provide all medical documentation and process status.

m. MedHold

(1) MedHold is a voluntary medical treatment program for Reserve members with the sole purpose of addressing medical conditions incurred or aggravated while in the LOD. Evidence must exist in the member's medical records that the condition was identified and documented while the member was in a duty status greater than 30 days. Once eligibility has been determined, members may request or accept MedHold orders.

(2) The mere existence of an illness, injury or disease does not necessarily qualify a service member for MedHold. The condition must be deemed potentially unfitting, as determined by their respective service.

(3) MedHold request packages will be submitted via their COC to be forwarded to PERS-95 for review.

(4) The MDR is responsible for proper submission of the request. Incomplete MedHold request packages will not be processed.

(5) Members on MedHold greater than 12 months and not found "Fit for duty" will be directed to a MEB/PEB.

n. Pregnancy Administration Management.

(1) This guidance should not replace sound medical judgment concerning complicated or high-risk pregnancies. Navy Reserve Sailors with uncomplicated pregnancies (determined to be at a low risk for a poor pregnancy outcome) are considered physically qualified for most assignments with no limitations.

(a) Performing active or inactive duty may be authorized by the NRA/ Unit CO with a recommendation from the attending obstetrician physician.

(2) IAW with reference (t) pregnancy is a disqualifying physical and medical condition for the following assignments.

(a) United States Naval Academy.

(b) Officer Candidate School.

(c) Naval Reserve Officer Training Corps.

(d) Recruit Training Command.

(e) Flight Status.

(3) Assignments for pregnant Navy Sailors that include limitations or require a waiver include the following. Waivers must include recommendation from the attending obstetrician physician.

(a) Shipboard

(b) Field exercises or training.

(c) Those that require immunizations or the use of force health protection prescription products that are contraindicated during pregnancy.

(d) Those specified by the respective Combatant Commander based on their area of operations.

(e) Those that extend beyond four weeks prior to the Sailor's prospective due date.

(4) Ensure each pregnant Sailor's data is entered into MRRS and NSIPS. Service members must confirm pregnancy and Qualified Birth Event through a military health care provider (HCP) or a civilian HCP, in cases of inaccessibility to a MTF. Ensure members provide medical documentation indicating prospective due date and any restrictions. Ensure member's health record reflects current status.

(5) Assign appropriate MAS code IAW enclosure (1). Ensure pregnant Sailors are not assigned MAS code MS3 (Temporary Not Physically Qualified for Mobilization) status, except when member provides documentation of a complicated pregnancy diagnosis from their attending obstetrician.

(6) Members who experience a live birth, stillbirth or late term miscarriage that occurs at or after 20 gestational weeks are entitled to receive paid authorized absences outlined in reference (q).

(7) Physical Fitness Assessment (PFA) for Pregnant Sailors. Sailors are exempt from participating in the PFA, to include BCA and PRT, from the time a pregnancy is confirmed by a HCP until the end of 12 months following a qualified birth event, defined by Article 1050-415 OPNAVIST 6110.1K and in line with Physical Readiness Program (PRP) Guide 8. IAW PRP Guide 8, Sailors who give birth to a stillborn child(ren) are exempt from participating in a PFA for 12-months following the birth event.