1. **Background.** Commander, Navy Reserve Forces (COMNAVRESFOR), Force Surgeon shall establish policy and issue guidance for Navy Reserve Force health protection and management. Lower echelon Navy Reserve Activity (NRA) Commanding Officer (CO), Officers in Charge (OIC) and Unit Leaders shall ensure Reserve Force health protection policy and guidance parameters are met.

2. **Responsibilities**

   a. **NRAs shall**

      (1) Ensure drilling Reservists and Strategic Sealift Readiness Group (SSRG) members, but not to include Selected Reservists who have not completed their initial active duty for training, 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 processed for separation by reason of unsatisfactory participation per reference (c).

      (2) Manage all Injury Cases

         (a) Temporarily Not Physically Qualified (TNPQ) or Temporarily Not Dentally Qualified (TNDQ) status is used when a member has a medical or dental condition that is not service connected and is expected to be resolved in less than 180 days per reference (i). See paragraph (2)(a)2. below for extensions beyond 180 days. By default, TNDQ status equates with Dental Class III except for new accessions. See paragraph b(4)(b).
1. Members in TNPQ/TNDQ status must provide monthly written updates on their treatment progress to their NRA Medical Department Representative (MDR) from a civilian provider. In the event a given medical or dental condition does not require a clinical visit in a given month, TNPQ/TNDQ members must still contact the NRA MDR. Failure to comply with provision of monthly updates may result in administrative action to include non-compliance letters sent to member and administrative separation per reference (b). The NRA MDR is required to update the member’s medical record and the Medical Readiness Reporting System (MRRS) of every status change (c). All requests for extensions of TNPQ/TNDQ shall be submitted up the Chain of Command (COC) to the echelon 4 Medical (N9) for approval using the TNPQ or TNDQ module of MRRS. No extension shall be granted beyond 365 days without the approval of Force Surgeon, COMNAVRESFOR. Members completing their course of care shall immediately notify the NRA MDR and provide all available documentation in support of their course of treatment. The NRA MDR shall place the records in member’s medical record and annotate member completion of their treatment course on an SF 600. Ordinarily, completion of a course of treatment implies resolution and the TNPQ/TNDQ status can be removed/closed. If the member’s condition still exists after 365 days the condition is considered chronic and the TNPQ must be converted to an MRR. For questions, the NRA MDR may consult with local providers if available and move queries up the COC to the next higher echelon medical department (N9). COMNAVRESFOR (N9) will serve as final authority for removal of TNPQ/TNDQ status when necessary.

2. 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 IDTT with supported command. Members may request consideration for Inactive Duty Training Travel (IDTT), Annual Training (AT), and Active Duty Training (ADT). TRUIC NRA CO, in conjunction with UMUIC Unit Leadership, shall 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 RESPERSMAN 1300-010. However, members shall remain assigned to their administrative NRA and in Selected Reserve status except where precluded by higher policy (e.g. High Year Tenure, Unsatisfactory participation).

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

      (b) Orthodontic appliance (braces) and/or orthognathic treatment (surgical jaw repositioning) cases. 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 provide counsel to the member on the Navy's recall and deployment policy on personnel who choose to undergo this treatment. Refer to NAVMED 1300/4, Expeditionary Medical Screening Checklist and specific Area of Responsibility (AOR)
requirements for restrictions on orthodontic appliances. Members undergoing active treatment shall not be placed TNDQ nor are they to be classified as dental class III. Member can be dental class I or II 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 shall 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.

(c) Medical Retention Review (MRR) cases

1. When the NRA MDR determines that a Reservist has developed or had a material change in a medical condition that is chronic and will likely prevent the member from safely or effectively fulfilling responsibilities of their rank/rating or interfere with mobilization an MRR will be initiated. If the NRA MDR is not able to determine whether a given medical condition will likely prevent the service member from fulfilling the responsibilities of rank/rating or interfere with mobilization, queries will be directed up COC. Final authority for decision making rests with COMNAVRESFOR (N9) as necessary.

2. The NRA MDR has 60 days to work with the member and gather documentation for package completion and submission. Upon completion the package will be submitted to their echelon 4 (N9) COC for completion, quality assurance, and endorsement. Navy Personnel Command (NAVPERSCOM) will notify the member of their findings via message traffic. Members in an MRR status are required to submit medical documentation within 30 days of a medical appointment. Failure to comply may result in administrative action to include non-compliance letters sent to member and administrative separation per reference (b). Echelon 4 commands will QA packages for completion to ensure timely upload of documents into the electronic system, within 10 business days, and monitor package timelines at both commands.

3. Not all medical conditions require an MRR. Members who have a single condition with a single medication that is not a communicable disease can be deemed stable by a Military Physician, Dentist, Advanced Practice Nurse, Physician Assistant or an Independent Duty Corpsman. An SF 600 entry will be made outlining decision considerations and placed in the medical record. They will then be returned to full duty and have their MAS Code removed.

4. BUMED will review the MRR package and determine the Physical Qualification status per reference (h):

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

   (b) Not Physically Qualified/Retention Recommended (NPQ/RR): OCONUS and greater than 30 days CONUS assignment requires an AOR Waiver. Less than 30 days CONUS approval is at the CO’s and unit OIC’s, with MDR input, discretion. COC will be utilized for any questions.
(c) Not Physically Qualified/Retention Not Recommended (NPQ/RNR):
Correspondence courses only. Assigned MAS Code MPQ unless the member selects a Physical
Evaluation Board (PEB). If PEB is selected, change MAS Code to MS1 once submitted.

5. For members found NPQ/RR, BUMED will determine when the next
review/update of the member’s condition is due for re-evaluation. Assign MAS Code MNN.

6. Inactive Duty Participation

a. Members in an MRR status are eligible to perform IDT periods at TRUIC
NRA CO and Unit Leadership discretion. Members who have a current Physical Risk
Classification (PRC) and have an open MRR for periodic submission for review with no changes to
their condition may request consideration for IDTT, AT, and ADT. The TRUIC NRA CO, in
conjunction with UMUIC Unit Leadership, shall consider these requests on a case-by-case basis
and may approve when assignment is less than 29 days and CONUS assignment based.

b. Members in MRR status are unassignable in accordance with
RESPERSMAN 1300-010. However, members shall remain assigned to their unit, except where
precluded by higher policy (e.g. High Year Tenure, Unsatisfactory participation.).

(1) Members who relocate HOR may be assigned to nearest NRA in
accordance with reference (i). The losing NRA shall contact the gaining NRA to inform them of
MRR status and immediately provide all medical documentation/MRR package status and provide
PERS-95 a copy of IDT orders.

(d) Line of Duty (LOD) cases are for members injured on orders. If a member has been
on orders for 30 days or greater they may submit a MEDHOLD package. Each case will be opened
and submitted within 30 days, if communicated to PERS-95 that can be waived to 60 days. LOD
cases and Incapacitation Pay will be submitted to echelon 4 activities for review and quality
assurance. Echelon 4 activities will review packages utilizing the LOD Checklist for completion
and submit to NAVPERSCOM (PERS-95). Open LODs must provide monthly written updates on
their treatment progress to their NRA Medical Department Representative (MDR) from a civilian
provider. In the event a given medical or dental condition does not require a clinical visit in a given
month, LOD members must still contact the NRA MDR. Failure to comply with provision of
monthly updates may result in administrative action to include non-compliance letters sent to
member and administrative separation per reference (b). Reference (e) serves the guide for proper
package compilation and submission processes. All MEDHOLD packages will be prepared by the
NRA MDR and submitted via COC to their echelon 4 for endorsement, completion and quality
assurance.

1. Inactive Duty Participation

a. Members in an LOD status are eligible to perform IDT periods at TRUIC
NRA CO and Unit Leadership discretion. Members who have an approved LOD may request
consideration for IDTT, AT, and ADT via PERS-95. They shall consider these requests on a case-
by-case basis and may approve when less than 29 days and CONUS assignment based.
b. In LOD status are unassignable in accordance with RESPERSMAN 1300-010. However, members shall remain assigned to their unit, except where precluded by higher policy (e.g. High Year Tenure, Unsatisfactory participation).

(1) Members who relocate HOR may be assigned to nearest NRA in accordance with reference (i). The losing NRA shall contact the gaining NRA to inform them of LOD status and immediately provide all medical documentation and process status. Provide PERS-95 a copy of IDT orders.

2. Sexual Assault Unrestricted cases: These will be conducted in the same manner as normal LOD requests. The following may be applied to the LOD:

   (a) Medical documents for sexual assault cases do not require specifics and can be generalized from the PCM. This is to ensure the utmost privacy is maintained for the member. This does not remove the requirement of a clear statement for prognosis, diagnosis, and treatment plan.

   (b) Investigation documents are only needed if the member requesting benefits is being investigated for misconduct.

3. Sexual Assault Restricted cases: Due to the privacy requirements of restricted cases and the requirements to obtain an approved LOD for treatment, Unit Victim Advocates (UVA) are authorized to contact PERS-95 directly for guidance. Monthly medical updates will be submitted by the UVA directly to PERS-95 in a secure manner. All other provisions of requesting benefits, extension, or returning to full duty remain in effect.

4. Safety and Expedited Transfers. OPNAVINST 1752.1C and MILPERSMAN 1300-1200 outline the safety and expedited transfer reasons, roles, and procedures. Refer to RESPERSMAN 1300-080 for echelon 4 responsibilities.

   (4) Administratively manage the Deployment Health Assessment (DHA) process.

   (a) Ensure the Pre-Deployment Health Assessment (PDHA), Post-Deployment Health Assessment (PDHA) and Post-Deployment Health Re-Assessment (PDHRA) are completed per reference (f) and reviewed for any referrals. Ensure all members with a mobilization history have required hard copy forms in their medical record and all referrals have been addressed.

   (b) For members heading forward as part of a scheduled event, ensure proper screening occurs per references (g) and (h).

   (c) Ensure all members checking in and out of the command are medically reviewed for deployment history and referrals. Ensure all members with a mobilization history have required hard copy forms in their medical record.

   (d) Coordinate members with history of deployment and need for a referral with echelon 4 activities to ensure Psychological Health Outreach Program (PHOP) team members are aware of referral need.
(5) Ensure training listed below is completed as required:

(a) Reserve Medical Administration (RMA) will be completed within 6 months of check-in and every 5 years following.

(b) Immunization Basic Course (IBC) or equivalent training will be completed per Defense Health Agency (DHA) Immunization Healthcare Branch (IHB) guidance and policy for anyone administering immunizations. IBC or equivalent will be completed once every 3 years. 8 hours of continuing education will be completed annually to include seasonal influenza and cold chain management. All courses below must be completed for equivalent online training:

1. 6 core courses for immunizations.
2. One course for each specified immunization approved and supplied at the NRA.
3. Competency/Demonstration review signed by an IDC or higher medical authority.
4. 8hrs of continuing education in immunizations to include Cold Chain Management and Seasonal Influenza.

(c) Tricare University online every 2 years.
(d) Complete all CHCS/AHLTA required training for access.
(e) CPR every 2 years.
(f) Health Insurance Portability and Accountability Act (HIPAA).
(g) Blood-borne Pathogens.

(6) Every echelon 4 (N9) will utilize the current COMNAVRESFOR 5040.1, Force Health Protection and Readiness policy, for all assessments conducted at echelon 5 commands. This is to ensure uniform compliance throughout Force Medical.

b. NRA MDR shall:

(1) Track completion of IMR requirements on an annual basis for all drilling Reservists.

(2) Recommend to NRA CO whether a member should be placed in a TNPQ, TNDQ, LOD, or MRR status.

(3) Recommend TNPQ/MRR-Drill or TNPQ/MRR-Non-Drill status to the Unit CO/OIC and supporting NRA CO.
(4) Ensure NRA MDR notifies NRA Manpower Department of the appropriate Manpower Availability Status (MAS) code for any changes in member’s medical or dental status.

(5) Track the dental status of new accessions.

(a) New accessions shall have a military Type 2 dental examination or completed DOD Civilian Forces Dental Examination, DD FORM 2813, within the first year of enlistment in the Navy Reserve.

(b) 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.

(6) Counsel members on their responsibility to submit any changes regarding their health/medical condition within 60 days of diagnosis in writing to the NRA medical department. Members who fail to disclose medical conditions can be administratively separated in accordance with reference (c). Submit dental treatment information on NAVMED 6600/12.

(7) Update the member’s medical/dental record in MRRS monthly; ensuring all supporting documentation is filed into the member’s medical/dental record. Verify all Medical/Dental records and electronic records on an annual basis in accordance with MANMED Chapter 16. When there is no supporting NRA medical officer, the NRA MDR shall with COMNAVRESFOR (N9) should there be questions concerning the determination of fitness by the member’s civilian provider.

(8) Request an extension of TNPQ/TNDQ status beyond 180 days from echelon 4 (N9) using MRRS. Members who remain in a TNDQ status and do not attend required dental examinations may be processed for separation by reason of unsatisfactory participation per references (b) and (c).

(9) Counsel members on NAVPERSCOM (PERS-95) determination and provide guidance on appealing the PEB as necessary per reference (i). Per RESPERSMAN 1300-050, members requesting a PEB shall be transferred to the Administrative Processing Unit (APU) and are not authorized to drill until the final disposition of their case is made by the PEB.

(10) Track compliance with the Deployment Health process and ensure the PDHA (Pre and Post) and PDHRA are completed when required.

(11) Ensure all mobilized Reservists are screened for suitability per current COMNAVRESFOR (N9) guidance.

(12) Ensure proper disposition of all service treatment records (STR) within 5 days of separation date or VA request.

(13) Service of Transgender Navy Personnel, per reference (i) and (j), who receive a diagnosis of gender dysphoria who wish to transition must be placed TNPQ with MAS Code MPQ given. The civilian provider’s 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 NOSC CO.

(14) Ensure the status tab in MRRS states every action of every open Injury Case management.

c. Unit CO/OIC shall

(1) Ensure all assigned Sailors are monitored for IMR, using Navy Reserve Readiness Module (NRRM).

(2) Report any significant changes in medical readiness for their assigned Sailors to the supporting NRA MDR.

(3) Require their assigned Sailors to submit periodic updates as required (e.g. TNPQ, TNDQ, MRR, LOD, etc.)

d. Navy Reserve members shall:

(1) Ensure they monitor IMR via Bureau of Naval Personal Online (BOL) and complete all IMR requirements in a timely manner.

(2) Report any change(s) in medical readiness to NRA MDR within 60 days from date of diagnosis.