


Basic Readiness Compliance Checklist

Reference document PERSONNEL POLICY MEMORANDUM ([PPM 07-001](#))

STANDARD	OFFICER'S RESPONSIBILITY	STANDARD
<p>BLS</p> <p>Complete AHA BLS Life Support for Healthcare Providers or ARC CPR/AED for the Professional Rescuer</p>	<p>Record your latest BLS expiration date: Within your Direct Access profile Under your Self-Service section Click BLS and Deployment Role</p> <p>Also, fax your BLS card to your eOPF FAX: 301-480-1407 or 301-480-1436 Renew every 2-years</p>	<p>BLS Expiration Date: _____</p>
<p>Annual Physical Fitness Test (APFT)</p> <p>APFT Requirements (Levels 1-4)</p>	<p>Enter your latest APFT results: Within your Direct Access profile Under your Self-Service section Click Physical Fitness Update using the Readiness FAQs instructions</p> <p>Mail your original PHS-7044 with signature to MAB Renew annually or earn an annual President's Challenge award.</p>	<p>Date of latest APFT: _____</p>
<p>Annual Medical History</p> <p>5-yr Medical Exam</p>	<p>Annual Medical Histories expire annually Annual Medical History (DD2807-1) Mail your original DD2807-1 to MAB</p> <p>Physical examinations expire every 5 years. 5-yr Medical Exam (DD2808) and 5-yr Dental Exam (PHS-6355)</p> <p>Mail both Medical Exams only (no faxes) to: OCCSS/MAB 8455 Colesville Road Ste 910 Silver Spring, Maryland 20857-0001</p>	
<p>Deployment Role</p>	<p>Enter a Deployment Role: View those listed on your Direct Access profile Under your Self-Service section Click BLS and Deployment Role</p>	<p>Deployment Role: _____</p>
<p>License/Certification</p> <p>Required: current/valid/unrestricted professional license, certification, and/or registration appropriate for your category/discipline.</p>	<p>FAX your latest License/Certification to the Office of Commissioned Corps Operations (OCCO). Ms. Darracott 240-453-6037 (office) 240-453-6142 (fax)</p>	<p>License Expiration Date: _____</p>

Basic Readiness Compliance Checklist Required Training

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<p>Online Training</p> <p>Complete each online readiness training module.</p> <p>Login to Responder e-Learn</p>	<p>Complete all 8 modules listed below:</p> <ul style="list-style-type: none"> 110 Disaster Response 140 Preventive Medicine for Field Operations 141 Health Consequences and Response 142 Disaster Triage 180 Infectious Disease Management 182 Terrorism 183 ABCs of Bioterrorism 217 Safety and Security Awareness <p>Complete all 4 FEMA EMI Courses:</p> <ul style="list-style-type: none"> IS-100 Introduction to Incident Command System IS-200 ICS for Single Resources and Initial Action Incidents IS-700a National Incident Management System (NIMS), IS-800b National Response Framework (NRF), An Intro 	<p>Cross off as completed:</p> <ul style="list-style-type: none"> 110 140 141 142 180 182 183 217 <ul style="list-style-type: none"> IS-100 IS-200 IS-700a IS-800b 												
<p>Clinical Currency</p> <p>If you select a Clinical Deployment Role within your Direct Access profile, you must document your Clinical Currency.</p>	<p>Login to your Direct Access profile to select a Clinical Roll Then, allow updates to occur and return to your OFRD profile to enter your Clinical Currency</p> <ul style="list-style-type: none"> ➤ Under your Deployment Roles page ➤ Enter your Clinical Hours ➤ Click Save <p>Note: 80 hours minimum required on an annual basis.</p>	<p>Total hours:</p> <p>_____</p> <p>_____</p>												
<p>Clinical Rolls:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">• EMT</td> <td style="width: 25%;">• Optometrist</td> <td style="width: 25%;">• Nurse Practitioner</td> <td style="width: 25%;">• Therapist</td> </tr> <tr> <td>• Nurse</td> <td>• Veterinarian</td> <td>• Physician Assistant</td> <td>• Physician</td> </tr> <tr> <td>• Dentist</td> <td>• Mental Health</td> <td>• Medical Technologist</td> <td>• Pharmacist</td> </tr> </table>			• EMT	• Optometrist	• Nurse Practitioner	• Therapist	• Nurse	• Veterinarian	• Physician Assistant	• Physician	• Dentist	• Mental Health	• Medical Technologist	• Pharmacist
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<p>As seen on the OFRD website – Deployment Roles page:</p> <div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #333; color: white; padding: 2px; margin-bottom: 5px;">Deployment Roles</div> <div style="background-color: #666; color: white; padding: 2px; margin-bottom: 5px;">Fitness Test Data</div> <div style="background-color: #999; color: white; padding: 2px; margin-bottom: 5px;">Deployment History</div> <div style="background-color: #ccc; padding: 2px; margin-bottom: 5px;">Course Completion</div> <div style="background-color: #eee; padding: 2px;">Waivers</div> <div style="margin-top: 10px;"> <p>Primary Role: Operations</p> <p>Secondary Roles: Nurse</p> <p style="color: blue; text-decoration: underline;">Clinical Currency</p> <p>You have met the requirement by entering 80 or more hours thereby demonstrating your level of proficiency in your selected Clinical Role.</p> <p>Clinical Hours: <input style="width: 40px; text-align: center;" type="text" value="80"/> hours</p> </div> </div>														

Basic Readiness Compliance Checklist Required Immunizations

Reference document PERSONNEL POLICY MEMORANDUM ([PPM 07-001](#))
FAX all immunization to MAB 301-427-3433 using the [MAB Fax Coversheet](#)
[OFRD Immunization Matrix](#)

STANDARD	OFFICER'S RESPONSIBILITY	STANDARD
<p>Hepatitis A:</p> <p>2 immunizations, waiver, or a positive titer confirming natural or acquired immunity are acceptable proof of immunity.</p>	<p>FAX all immunization to MAB 301-427-3433 Using the MAB Fax Coversheet</p>	<p>Imz Date #1: _____ Imz Date #2: _____</p> <p>or</p> <p>Positive Hep A Titer: __</p> <p>or</p> <p>Hep A Waiver: _____</p>
<p>Hepatitis B:</p> <p>3 immunizations, waiver, or a positive titer confirming natural or acquired immunity are acceptable proof of immunity.</p>	<p>FAX all immunization to MAB 301-427-3433 Using the MAB Fax Coversheet</p>	<p>Imz Date #1: _____ Imz Date #2: _____ Imz Date #3: _____</p> <p>or</p> <p>Positive Hep B Titer: __</p> <p>or</p> <p>Hep B Waiver: _____</p>
<p>MMR (Measles, Mumps and Rubella):</p> <p>2 MMR immunizations, waiver, or positive titers confirming natural or acquired immunity are acceptable proof of immunity.</p>	<p>FAX all immunization to MAB 301-427-3433 Using the MAB Fax Coversheet</p> <p>Measles: 2 MMR shots, positive titer or waiver Mumps: 1 MMR shot, positive titer or waiver Rubella: 1 MMR shot, positive titer or waiver</p>	<p>MMR #1: _____ MMR #2: _____</p> <p>or</p> <p>Positive Measles Titer: __ Positive Mumps Titer: __ Positive Rubella Titer: __</p> <p>or</p> <p>Measles Waiver: _____ Mumps Waiver: _____ Rubella Waiver: _____</p>
<p>Tetanus/Diphtheria (TD):</p>	<p>FAX all immunization to MAB 301-427-3433 Using the MAB Fax Coversheet</p> <p>Note: TD expires every 10 years</p>	<p>Imz Date: _____ or Waiver: _____</p>
<p>Varicella (chickenpox):</p> <p>2 immunizations, waiver, or a positive titer confirming natural or acquired immunity are acceptable proof of immunity.</p>	<p>FAX all immunization to MAB 301-427-3433 Using the MAB Fax Coversheet</p>	<p>Imz Date #1: _____ Imz Date #2: _____</p> <p>or</p> <p>Positive Titer: _____ or Waiver: _____</p>

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<p>Influenza (annual):</p> <p>Obtain an influenza vaccination annually before 31 December. Compliance with this requirement will be determined on 31 December of each year and not on the anniversary date of the officer's last influenza immunization. A waiver also meets the requirement.</p>	<p>FAX all immunization to MAB 301-427-3433 Using the MAB Fax Coversheet</p>	<p>Imz Date: _____</p> <p>or</p> <p>Flu Waiver: _____</p>
<p>Tuberculosis (TB) Screening:</p> <p>Two negative tuberculin skin test (TST) results no greater than 12 months apart or a single negative interferon-gamma release assay (IGRA) test (e.g., QuantiFERON-TB Gold Test) result is sufficient evidence of the absence of infection with Mycobacterium tuberculosis (TB) and no additional annual TB screening is required. In the absence of two negative TSTs within 12 months, the officer must continue annual TST screening until this requirement is met or obtain a single IGRA result.</p> <p>Officers demonstrating a history of positive TST results and who have submitted supporting documentation to the Office of Commissioned Corps Support Services, Medical Affairs Branch (MAB), indicating absence of active TB disease (i.e. medical evaluation including chest radiograph) are not required to comply with this TB screening requirement.</p>	<p>FAX all immunization to MAB 301-427-3433 Using the MAB Fax Coversheet</p> <p>TB: Also Known As PPD</p>	<p>Negative TST: _____</p> <p>Negative TST: _____</p> <p>or</p> <p>Negative IGRA: _____</p> <p>or</p> <p>Positive PPD Test: _____</p> <p>And</p> <p>Negative Chest Xray: _____</p>