

Basic Readiness Check List

Reference document (Manual Circular 377):

http://dcp.psc.gov/eccis/documents/PPM07_001.pdf

STANDARD	OFFICER RESPONSIBILITY	CHECK HERE
<p>Possess a current valid and unrestricted professional license, certification, and/or registration appropriate for officer's category or discipline.</p>	<p>Ensure that information is on file with the Office of Commissioned Corps Operations (OCCO).</p> <p>Fax: 240-453-6142</p>	<p>License Expiration Date:</p> <p>_____</p>
<p>Complete AHA Basic Life Support for Healthcare Providers or ARC CPR/AED for the Professional Rescuer.</p>	<p>Record information on OFRD web site http://ccrf.hhs.gov/ccrf</p> <p>Ensure that information is in OPF. Fax: 301-480-1407 or 301-480-1436.</p> <p>Renew every two years.</p>	<p>BLS Expiration Date:</p> <p>_____</p>
<p>Complete all online readiness training.</p>	<p>Login to http://phslearn.blackboard.com and complete all eight mandatory Web-based training modules:</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>Plus:</p> <p>Four required FEMA EMI Courses:</p> <p>IS-100 Introduction to Incident Command System</p> <p>IS-200 ICS for Single Resources and Initial Action Incidents</p> <p>IS-700 National Incident Management System (NIMS), An Introduction</p> <p>IS-800 National Response Plan (NRP), An Introduction</p>	<p>Cross off as completed:</p> <ul style="list-style-type: none"> 110 140 141 142 180 182 183 217 <p>Plus:</p> <ul style="list-style-type: none"> IS-100 IS-200 IS-700 IS-800

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Identify deployment role.	Record a deployment role from those listed on the OFRD web site – http://ccrf.hhs.gov/ccrf/deployment_roles.htm .	Deployment Role: _____
<p>Clinical currency must be documented if your deployment role is one of the following:</p> <ul style="list-style-type: none"> • Physician • Dentist • Nurse • Nurse Practitioner • Pharmacist • Physician Assistant • Veterinarian • Therapist • Mental Health • Medical Technologist • EMT • Optometrist <p>Note: Even officers in clinical billets must document their clinical currency (hours)</p>	<p>Login onto the OFRD Officer Summary page to record your clinical currency (hours) – Link below https://dcp.psc.gov/ofrdweb/login.aspx.</p> <ol style="list-style-type: none"> 1. Log-in to the OFRD Website 2. From the Officer Summary page, click through the screens until you reach the Work and Training Info screen 3. Scroll down to “Deployment Role Currency” Enter your clinical currency hours NOTE: 80 hours minimum required on an annual basis 4. Click <Next> to complete the update. 	<p>Total Hours: _____</p> <p>Date: _____</p>
<p>Have a current Physical Examination and Medical History on file.</p> <p>Report of Medical History, DD-2807-1 Report of Medical Examination, DD-2808</p> <p>General Instructions for Completion of USPHS Medical Examination Forms DD-2807-1 “Report of Medical History” and DD-2808 “Report of Medical Examination”</p>	<p>Ensure a current medical exam is on file with the Medical Affairs Branch. Physical examinations are required at least every five years.</p> <p>Mail documentation only (no faxes) to: OCCSS/MAB, 5600 Fishers Lane, Room 4C-04, Rockville, MD 20857</p>	<p>Date of last Physical Exam: _____</p> <p>Date of last Medical History: _____</p>
<p>Pass Annual Physical Fitness Test (APFT), http://ccrf.hhs.gov/ccrf/physical.htm OR Participate in the President’s Challenge Annually earning an award. http://www.presidentschallenge.org</p>	<p>Enter APFT results on OFRD website, mail PHS-7044 with results to MAB. Required annually. http://dcp.psc.gov/PDF_docs/PHS-7044.pdf OR Enter President’s Challenge using the USPHS Group and your PHS #. Required annually. http://ccrf.hhs.gov/ccrf/Readiness/PC_SignUp.htm</p>	<p>Date of latest APFT: _____</p> <p>Date of President’s Challenge Award: _____</p>

IMMUNIZATIONS	CHECK HERE
<p>Officers are required to obtain the following immunizations and/or boosters: Measles/Mumps/Rubella (MMR), Varicella, Tetanus/Diphtheria (Td), Influenza (annually), and complete the Hepatitis A and B series. Officers are also to be screened having Two negative tuberculin skin test (TST) results no greater than 12 months apart or a single negative interferon-gamma release assay (IGRA) test. Submit proof of immunizations to OCCSS/MAB. See MC- 377, PPM 06-007 for details.</p> <p>You MAY fax immunization information to MAB: 301-594-3299</p> <p>Officers MUST also record their immunizations information online using the OFRD website http://ccrf.hhs.gov/ccrf</p> <p>OFRD immunization matrix: http://ccrf.hhs.gov/ccrf/immun_guide.htm</p>	<p>All Immunizations Complete?</p> <p>Yes: _____</p> <p>Documentation sent to MAB?</p> <p>Yes: _____</p> <p>Immunizations recorded on OFRD website?</p> <p>Yes: _____</p>
<p>Hepatitis A: Two immunizations, waiver or positive titer confirming natural or acquired immunity are acceptable proof of immunity. Accompanying medical documentation must be submitted to OCCSS/MAB for confirmation.</p>	<p>Imz Date #1 _____</p> <p>Imz Date #2: _____</p> <p>Positive Hep A Titer: _____</p> <p>Hep A waiver: _____</p>
<p>Hepatitis B: Three immunizations, waiver or positive titer confirming natural or acquired immunity are acceptable proof of immunity. Accompanying medical documentation must be submitted to OCCSS/MAB for confirmation.</p>	<p>Imz Date #1 _____</p> <p>Imz Date #2: _____</p> <p>Imz Date #3: _____</p> <p>Positive Hep B Titer: _____</p> <p>Hep B waiver: _____</p>

IMMUNIZATIONS	CHECK HERE
<p>MMR (Measles, Mumps and Rubella): Immunization, waiver or positive titers confirming natural or acquired immunity are acceptable proof of immunity. Accompanying medical documentation must be submitted to OCCSS/MAB for confirmation.</p> <p>Measles: Two MMR shots, positive titer or waiver Mumps: One MMR shot, positive titer or waiver Rubella: One MMR shot, positive titer or waiver</p>	<p>MMR #1: _____</p> <p>MMR #2: _____</p> <p>Positive Measles Titer: _____</p> <p>Measles waiver: ____</p> <p>Positive Mumps Titer: _____</p> <p>Mumps waiver: ____</p> <p>Positive Rubella Titer: _____</p> <p>Rubella waiver: ____</p>
<p>Tetanus/Diphtheria (Td): Immunization within the last ten years or waiver. Accompanying medical documentation must be submitted to OCCSS/MAB for confirmation.</p>	<p>Imz Date: _____</p> <p>Waiver: _____</p>
<p>Varicella (chickenpox): Immunization, waiver or positive antibody titers confirming natural or acquired immunity are acceptable proof of immunity. Accompanying medical documentation must be submitted to OCCSS/MAB for confirmation.</p>	<p>Imz #1: _____</p> <p>Imz #2: _____</p> <p>Positive Varicella Titer: _____</p> <p>Waiver: _____</p>
<p>Influenza (annual): Officers are required to 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. Accompanying medical documentation must be submitted to OCCSS/MAB for confirmation.</p>	<p>Imz Date: _____</p> <p>Waiver: _____</p>

Tuberculosis (TB) Screening:

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.

Officers demonstrating a history of **positive TST result** and who have submitted supporting documentation to the Office of Commissioned Corps Support Services, Medical affairs Branch, indicating absence of active TB disease (i.e. medical evaluation including chest radiograph) are not required to comply with this TB screening requirement.

Negative TST Date:

Negative TST Date:

Negative IGRA Date:

If applicable:

Positive PPD Test

Date: _____

Negative Chest X-

ray: _____