

Basic Readiness Compliance Checklist

Reference document (Manual Circular 377):
http://dcp.psc.gov/eccis/documents/PPM07_001.pdf

STANDARD	OFFICER'S RESPONSIBILITY	CHECK HERE
Possess a current valid and unrestricted professional license, certification, and/or registration appropriate for officer's category or discipline.	Ensure that information is on file with the Office of Commissioned Corps Operations (OCCO). Fax: 240-453-6142	License Expiration Date: _____
Complete AHA Basic Life Support for Healthcare Providers or ARC CPR/AED for the Professional Rescuer.	Record information on the Direct Access web site https://ep.direct-access.us/psp/UCGP1PP/?cmd=login&languageCd=ENG under the Self Service/My Job Preferences Ensure that information is in OPF Fax: 301-480-1407 or 301-480-1436 Renew every two years.	BLS Expiration Date: _____
Complete all online readiness training.	Login to http://phslearn.blackboard.com and complete all eight mandatory Web-based training modules: 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 Plus: Four required FEMA EMI Courses: IS-100 Introduction to Incident Command System IS-200 ICS for Single Resources and Initial Action Incidents IS-700a National Incident Management System (NIMS), An Introduction IS-800b National Response Framework (NRF), An Introduction	Cross off as completed: 110 140 141 142 180 182 183 217 Plus: IS-100 IS-200 IS-700 IS-800
Identify Deployment Role	Record a deployment role from those listed on the Direct Access web site https://ep.direct-access.us/psp/UCGP1PP/?cmd=login&languageCd=ENG under the Self Service/My Job Preferences	Deployment Role: _____ Primary _____ Secondary

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<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. Report of Medical History, DD-2807-1 Report of Medical Examination, DD-2808 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.</p> <p>Physical examinations expire every five years.</p> <p>Medical History is required annually.</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</p> <p>OR</p> <p>Participate in the President’s Challenge Annually earning an award. http://www.presidentschallenge.org</p>	<p>Enter APFT results on the Direct Access web site https://ep.direct-access.us/psp/UCGP1PP/?cmd=login&languageCd=ENG under the Self Service/Physical Fitness</p> <p>Mail the original PHS-7044 with results to MAB. Required annually. http://dcp.psc.gov/PDF_docs/PHS-7044.pdf</p> <p>OR</p> <p>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>OR</p> <p>Date of President’s Challenge Award: _____</p>

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<p>Officers are required to obtain the following immunizations and/or boosters:</p> <p>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.</p>	<p>Submit proof of immunizations to OCCSS/MAB. See MC- 377, PPM 06-007 for details. You MAY fax immunization information to MAB: 301-594-3299</p> <p>OFRD immunization matrix: http://ccrf.hhs.gov/ccrf/immun_guide.htm</p>	<p>All Immunizations Complete? Yes: _____</p> <p>Documentation sent to MAB? Yes: _____</p>
<p>Hepatitis A:</p> <p>Two immunizations, waiver or positive titer confirming natural or acquired immunity are acceptable proof of immunity</p>	<p>Submit proof of immunizations to OCCSS/MAB. See MC- 377, PPM 06-007 for details. You MAY fax immunization information to MAB: 301-594-3299</p> <p>OFRD immunization matrix: http://ccrf.hhs.gov/ccrf/immun_guide.htm</p>	<p>Imz Date #1 _____</p> <p>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>Three immunizations, waiver or positive titer confirming natural or acquired immunity are acceptable proof of immunity</p>	<p>Submit proof of immunizations to OCCSS/MAB. See MC- 377, PPM 06-007 for details. You MAY fax immunization information to MAB: 301-594-3299</p> <p>OFRD immunization matrix: http://ccrf.hhs.gov/ccrf/immun_guide.htm</p>	<p>Imz Date #1 _____</p> <p>Imz Date #2 _____</p> <p>Imz Date #3 _____</p> <p>OR</p> <p>Positive HEP B Titer: _____</p> <p>OR</p> <p>HEP B waiver: _____</p>

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<p>MMR (Measles, Mumps and Rubella):</p> <p>Immunization, waiver or positive titers confirming natural or acquired immunity are acceptable proof of immunity.</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>Submit proof of immunizations to OCCSS/MAB. See MC- 377, PPM 06-007 for details. You MAY fax immunization information to MAB: 301-594-3299</p> <p>OFRD immunization matrix: http://ccrf.hhs.gov/ccrf/immun_guide.htm</p>	<p>MMR #1: _____</p> <p>MMR #2: _____</p> <p>OR</p> <p>Positive Measles Titer: _____ Measles waiver: _____ Positive Mumps Titer: _____ Mumps waiver: _____ Positive Rubella Titer: _____ Rubella waiver: _____</p>
<p>Tetanus/Diphtheria (Td):</p> <p>Immunization within the last ten years or waiver</p>	<p>Submit proof of immunizations to OCCSS/MAB. See MC- 377, PPM 06-007 for details. You MAY fax immunization information to MAB: 301-594-3299</p> <p>OFRD immunization matrix: http://ccrf.hhs.gov/ccrf/immun_guide.htm</p>	<p>Imz Date: _____</p> <p>OR</p> <p>Waiver: _____</p>
<p>Varicella (chickenpox):</p> <p>Immunization, waiver or positive antibody titers confirming natural or acquired immunity are acceptable proof of immunity.</p>	<p>Submit proof of immunizations to OCCSS/MAB. See MC- 377, PPM 06-007 for details. You MAY fax immunization information to MAB: 301-594-3299</p> <p>OFRD immunization matrix: http://ccrf.hhs.gov/ccrf/immun_guide.htm</p>	<p>Imz #1: _____ Imz #2: _____</p> <p>OR</p> <p>Positive Varicella Titer: _____</p> <p>OR</p> <p>Waiver: _____</p>
<p>Influenza (annual):</p> <p>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.</p>	<p>Submit proof of immunizations to OCCSS/MAB. See MC- 377, PPM 06-007 for details. You MAY fax immunization information to MAB: 301-594-3299</p>	<p>Imz Date: _____</p> <p>OR</p> <p>Waiver: _____</p>

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<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.</p>	<p>Submit proof of immunizations to OCCSS/MAB. See MC- 377, PPM 06-007 for details. You MAY fax immunization information to MAB: 301-594-3299</p> <p>OFRD immunization matrix: http://ccrf.hhs.gov/ccrf/immun_guide.htm</p>	<p>Negative TST Date: _____ Negative TST Date: _____</p> <p>OR</p> <p>Negative IGRA Date: _____</p> <p>OR</p> <p>Positive PPD Test Date: _____</p> <p>Negative Chest Xray: _____</p>