

**BY ORDER OF THE SECRETARY
OF THE AIR FORCE**

AIR FORCE INSTRUCTION 10-250

22 JULY 2020

Operations

INDIVIDUAL MEDICAL READINESS



COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publications and forms are available for downloading or ordering on the e-Publishing web site at www.e-Publishing.af.mil

RELEASABILITY: There are no releasability restrictions on this publication

OPR: AF/SG3/4

Certified by: AF/A3
(Major Gen Russell L. Mack)

Supersedes: AFI 10-250, 16 April 2014

Pages: 7

This instruction implements Air Force Policy Directive (AFPD) 10-2, *Readiness*. This Air Force instruction (AFI) applies to uniformed members of the Regular Air Force, Air Force Reserve and Air National Guard except as specifically stated. It does not apply to uniformed members who: have not completed initial active duty training or follow-on technical training (Air Force specialty code-granting training); are in the Individual Ready Reserve; are deemed unavailable for deployment, such as Reserve Officer Training Corps cadre, students in deferred training status, and recruiters; or are assigned to geographically separated units (GSUs). This instruction does not apply to civilian employees. This Instruction requires the collection and or maintenance of information protected by the Privacy Act of 1974 (Title 5, United States Code Section 552a) and authorized by Department of Defense Instruction (DoDI) 5400.11, *DoD Privacy and Civil Liberties Programs*. This instruction also requires the collection and or maintenance of information both protected and authorized by Public Law 104-91, *Health Insurance Portability and Accountability Act of 1996*. The applicable System of Records Notice(s) [number and title] is (are) available at: <http://dpclo.defense.gov/Privacy/SORNs.aspx>. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFI 33-322, *Records Management and Information Governance Program*, and disposed of in accordance with the Air Force Records Disposition Schedule located in the Air Force Records Information Management System. Refer recommended changes and questions about this publication to the office of primary responsibility (OPR) using the Air Force (AF) Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate functional chain of command. This publication may be supplemented at any level, but all direct supplements must be routed to the OPR of this publication for coordination prior to certification and approval. The authorities to waive wing/unit level requirements in this

publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the requestor’s commander for non-tiered compliance items.

SUMMARY OF CHANGES

This document has been substantially revised and needs to be completely reviewed. This instruction eliminates Air Force individual medical readiness categories of fully mission capable, partially mission capable, and not mission capable. It links Air Force individual medical readiness metrics and goals to Department of Defense Instruction 6025.19, *Individual Medical Readiness (IMR)*. It realigns responsibilities previously assigned to force health management to the base operational medicine clinic. It removes references to unit health monitor, and updates the reference for required immunizations.

Chapter 1

ROLES AND RESPONSIBILITIES

1.1. The Air Force Surgeon General (AF/SG) shall:

- 1.1.1. Serve as OPR for Air Force individual medical readiness policy and procedures.
- 1.1.2. Define requirements to designate members as medically ready to deploy.
- 1.1.3. Monitor and report Air Force individual medical readiness metrics to the Chief of Staff of the Air Force and the Assistant Secretary of Defense, Health Affairs, in accordance with DoDI 6025.19.
- 1.1.4. Provide the medical information system support necessary to monitor, track and report individual medical readiness status and requirements at all levels.
- 1.1.5. Ensure adequate medical resources are planned, programmed and budgeted to support unit commanders and individuals in achieving and maintaining their individual medical readiness.
- 1.1.6. Ensure individual medical readiness data is protected in accordance with Public Law.
- 1.1.7. Designate an Air Force representative to the Department of Defense (DoD) Individual Medical Readiness Working Group.
- 1.1.8. Designate Aeromedical Services Information Management System (ASIMS) as the standard, installation-wide system for unit commanders or their designated representatives to access their Airmen's individual medical readiness requirements.

1.2. The Air Force Deputy Chief of Staff for Operations (AF/A3) shall:

- 1.2.1. Serve as office of collateral responsibility for individual medical readiness policy.
- 1.2.2. Coordinate on individual medical readiness policy to ensure compatibility with Air Expeditionary Force construct and current operational readiness reporting policy.
- 1.2.3. Coordinate on individual medical readiness programs to ensure compatibility with current DoD and Air Force readiness reporting systems.

1.3. The Air Force Deputy Chief of Staff for Manpower, Personnel, and Services (AF/A1) shall:

- 1.3.1. Serve as office of collateral responsibility for individual medical readiness policy.
- 1.3.2. Facilitate data sharing between personnel (e.g. Military Personnel Data System) and medical readiness information systems (e.g. ASIMS).
- 1.3.3. Integrate Air Force individual medical readiness with Air Force deployability policy and reporting.

1.4. Major Command and Direct Reporting Units shall:

1.4.1. Incorporate individual medical readiness unit compliance rates and reporting into unit effectiveness inspections.

1.4.2. Ensure all locally determined medical readiness requirements (e.g. deployment or Permanent Change of Station-related immunizations) are loaded into ASIMS.

1.5. The Air Force Reserve Command shall:

1.5.1. Designate an Air Force Reserve representative to the DoD Individual Medical Readiness Working Group.

1.5.2. Analyze and report Air Force Reserve individual medical readiness at AF/SG Performance Improvement Board meetings and other venues.

1.6. The Office of the Director, Air National Guard, shall:

1.6.1. Designate an Air National Guard representative to the DoD Individual Medical Readiness Working Group.

1.6.2. Analyze and report Air National Guard Component individual medical readiness at AF/SG Performance Improvement Board meetings and other venues.

1.7. The Installation Commander (or Air Force Element Commander on Joint Bases) shall:

1.7.1. Establish a command expectation that unit commanders and Airmen are responsible for meeting and maintaining individual medical readiness requirements. **(T-3)**.

1.7.2. Review individual medical readiness status of units under command at least monthly with unit commanders. **(T-3)**.

1.8. The Installation Air Force Medical Commander (including Guard Medical Unit Commander and Reserve Medical Unit Commander), in coordination with Defense Health Agency, shall:

1.8.1. Serve as OPR for tracking and reporting individual medical readiness status to installation leadership. **(T-3)**.

1.8.2. Ensure military treatment facility capabilities are available to allow Airmen to meet individual medical readiness requirements in a timely manner. **(T-3)**.

1.8.3. Ensure Primary Care Teams check individual medical readiness status of every service member at every in-person clinical encounter, unless precluded by the urgent nature of the encounter. Address due/overdue individual medical readiness requirements immediately or schedule for follow up. **(T-3)**.

1.8.4. Ensure individual medical readiness-related services are entered into ASIMS and electronic health record. **(T-1)**.

1.8.5. Ensure medical staff members are trained to use ASIMS appropriate to their patient care roles. **(T-3)**.

1.9. The Military Treatment Facility Base Operational Medicine Clinic (or Air National Guard Medical Unit or Air Force Reserve Medical Unit) shall:

- 1.9.1. Monitor individual medical readiness status for installation units. **(T-3).**
- 1.9.2. Report Airmen who fail to meet individual medical readiness requirements to unit commanders. **(T-3).**
- 1.9.3. Manage account access to ASIMS for unit commanders and their designees. **(T-3).**

1.10. The Unit Commander shall:

- 1.10.1. Ensure Airmen in the unit fulfill individual medical readiness requirements. **(T-3).**
- 1.10.2. Monitor unit individual medical readiness status at least monthly. **(T-3).**
- 1.10.3. Designate a unit representative(s) to help monitor Unit individual medical readiness, and serve as a unit liaison with the Base Operational Medicine Clinic. **(T-3).**

1.11. The Individual Airman shall:

- 1.11.1. Monitor individual medical readiness requirements using MyIMR. **(T-3).**
- 1.11.2. Complete all due/overdue individual medical readiness requirements. **(T-3).**

Chapter 2

INDIVIDUAL MEDICAL READINESS ELEMENTS

2.1. Individual medical readiness requirements: Metrics, and goals are defined in DoDI 6025.19. Specific requirements for Airmen:

2.1.1. **Periodic Health Assessment:** Airmen will complete a periodic health assessment annually. **(T-0)**.

2.1.2. **Dental Readiness:** Airmen will complete a dental readiness assessment annually. **(T-0)**.

2.1.3. **Immunizations:** Airmen will complete all required immunizations in accordance with AFI 48-110, *Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases*. **(T-1)**.

2.1.4. **Individual Medical Equipment:** Airmen who require corrective lenses must have one pair of gas mask inserts with the appropriate prescription. **(T-0)**.

2.1.5. **Medical Readiness Laboratory Studies:**

2.1.5.1. Airmen will complete a human immunodeficiency virus test at least every 24 months. **(T-0)**.

2.1.5.2. Airmen will have a one-time deoxyribonucleic acid (DNA) specimen logged and stored at the Armed Forces Repository of Specimen Samples for the Identification of Remains. **(T-0)**.

2.1.5.3. Airmen will obtain testing for blood type and Rhesus (Rh) factor. **(T-1)**.

2.1.5.4. Airmen will obtain testing for glucose-6-phosphate deficiency. **(T-1)**.

2.1.5.5. Airmen will obtain a hemoglobin-S screening test, with positive result confirmed by electrophoresis. **(T-1)**.

2.2. Deployment Limiting Medical Conditions: Healthcare providers will identify deployment limiting medical conditions and manage them in accordance with AFI 48-203, *Duty Limiting Conditions*. **(T-1)**.

MARK D. KELLY, Lieutenant General, USAF
Deputy Chief of Staff for Operations, Plans, and
Requirements

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI 33-322, *Records Management and Information Governance Program*, 23 March 2020

AFI 33-360, *Publications and Forms Management*, 1 December 2015

AFI 48-110, *Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases*, 7 October 2013

AFI 48-203, *Duty Limiting Conditions*, 31 July 2020

AFPD 10-2, *Readiness*, 6 November 2012

DoDI 5400.11, *DoD Privacy and Civil Liberties Programs*, 29 January 2019

DoDI 6025.19, *Individual Medical Readiness*, 9 June 2014

Public Law 93-579, *Privacy Act of 1974* (5 USC § 552a)

Public Law 104-191, *Health Insurance Portability and Accountability Act of 1996*

Prescribed Forms

None

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AF—Air Force

AFI—Air Force Instruction

ASIMS—Aeromedical Services Information Management System

DNA—Deoxyribonucleic Acid

DoD—Department of Defense

OPR—Office of Primary Responsibility

Rh—Rhesus

Terms

Individual Medical Readiness—A means to assess an individual Service member's, or larger cohort's, readiness level against established metrics applied to key elements of health and fitness to determine medical deployability in support of contingency operations