



UNITED STATES MARINE CORPS
HEADQUARTERS BATTALION
TRAINING AND EDUCATION COMMAND
2006 HAWKINS AVENUE
QUANTICO, VIRGINIA 22134

BnO 6100.1
B 07-4

BATTALION ORDER 6100.1

From: Commanding Officer
To: Distribution List

Subj: INDIVIDUAL MEDICAL AND DENTAL READINESS ORDER

Ref: (a) DODI 6025.19
(b) DODI 6200.05
(c) DODI 6200.06
(d) DODI 6490.07
(e) SECNAVINST 6120.3A
(f) MCO 6600.3A
(g) Policy Letter 1-20

Encl: (1) NHCQ PHA Procedures and Contact Information
(2) Battalion Limited Duty and Disability Evaluation System Program

1. Situation. Readiness applies equally here at the "Crossroads of the Corps" as it does in the operating forces. As the largest battalion in the Marine Corps, Headquarters Battalion (HQ Bn), Training and Education Command (TECOM) is responsible for the administration, training, discipline, and overall readiness of the 1,800 Marines assigned across our supported organizations. Many of our Marines are assigned to organizations performing missions of strategic and institutional importance to the future warfighting capability of our Corps. The medical and dental readiness procedures outlined in this order provide the necessary opportunities and resources for assigned Marines to meet the medical readiness requirements established in references (a) through (g) and are consistent with all other commander's guidance.

2. Cancellation.

- a. Headquarters and Service Battalion Order 6100.1
- b. Battalion Policy Letter 1-14

3. Mission. HQ Bn establishes procedures to manage and facilitate the necessary medical readiness events for assigned Marines in order to ensure Individual Medical Readiness (IMR) to enable supported organizations to concentrate on their respective missions.

4. Execution

a. Commander's Intent

(1) Purpose. IMR is a key component of force health protection and war fighting readiness. Commanding officers are responsible for ensuring IMR of the personnel assigned to their units. This order establishes the

policies and responsibilities for the management of IMR as outlined in references (a) through (g).

(2) Method

(a) Accommodate Supported Organizations. Our medical and dental readiness program and events will be tailored to accommodate our supported organizations' battle rhythms and operational tempo in terms of accessibility, locations, schedule, and efficiency.

(b) Promote Climate of Compliance. HQ Bn will establish a climate of compliance and accountability. Compliance begins with commanders, officers in charge (OIC), staff noncommissioned officers in charge (SNCOIC), and other leaders across the battalion who are the primary front-line supervisors and trainers of our Marines. When balancing the task at hand with medical and dental readiness requirements of our Marines, they will distinguish between convenience and necessity. Marines will not wait for medical and dental stand downs, but will preemptively meet all IMR requirements.

(c) Medical Stand-downs. For those Marines who do not preemptively meet IMR requirements, Naval Health Clinic Quantico (NHCQ) dedicates one day each month as a HQ Bn medical stand-down day. These days are for the Marines and Sailors of HQ Bn who are delinquent on their physical health assessments (PHA). This is a viable option for Marines, but should be used as a last resort or catalyst for getting to medical and dental.

(3) End-State. The end-state is that our Marines are in compliance with the Commandant of the Marine Corps' medical and dental readiness requirements, capable of and focused on the important task at hand while being healthy and ready to eventually transfer to the fleet and deploy.

b. Concept of Operations. Medical Readiness will be maintained along three mutually supporting Lines of Effort.

(1) Main Effort. Eating healthy, routine exercise, getting enough sleep, and utilizing available resources are preventative measures used to maintain a healthy body. This order is focused on the individual Marine and their immediate supervisor. Every Marine is responsible for maintaining their overall medical readiness for immediate deployment and combat regardless of age, grade, or duty assignment. Immediate supervisors must provide the time and information to their Marines who want to use available resources. Marines can obtain dietician support through Marine Corps Community Services, Marine Net courses and other certified nutritionist methods. Commanders and OICs will allow for physical training as part of the basic daily routine.

(2) Supporting Effort 1. Company Commanders and front line leaders will ensure compliance with this order. Dissemination of the hitlist will be on the first Monday of every month. Timely submission of the Medical Stand Down appointment sheet to the Bn Medical Readiness Representative (MRR) by close of business on the second Thursday of the month. Provide accountability and corrective actions for Marines who skip appointments or otherwise fail to complete their medical readiness in a timely manner.

(3) Supporting Effort 2. The Bn MRR will coordinate with NHCQ for medical stand downs so Marines can complete their annual PHA, audiogram,

dental exam, and cleaning. The Bn MRR will track and update medical readiness and brief the Battalion Commander weekly.

c. Tasks

(1) S-4

(a) Assume overall cognizance over the battalion's IMR program.

(b) Work closely with the designated Military Treatment Facility staff to effectively resolve any issues with IMR requirements and reconcile reports weekly.

(c) Coordinate with the NHCQ staff to obtain access to Medical Readiness Reporting System.

(d) Ensure medical readiness does not fall below 90 percent and work with company commanders to maintain or exceed this goal.

(e) Ensure dental readiness does not fall below 95 percent and work with company commanders to maintain or exceed this goal.

(f) Direct implementation, manage and update this Order as required.

(2) HQ Bn Limited Duty (LIMDU) Coordinator

(a) Coordinate with the NHCQ LIMDU Department to process all not medically ready Marines for a Physical Evaluation Board (PEB).

(b) Conduct monthly reconciliation with company staff, NHCQ LIMDU Department, and administrative personnel in order to identify and correct Marines with expired LIMDU periods.

(c) Maintain a tracker of LIMDU and Disability Evaluation System cases.

(d) Brief the Battalion Commander monthly.

(3) Company Commanders

(a) Obtain Medical Prevention List (MPL) from the Bn MRR, on the first Monday of the month for Marines who are:

1. Partially medically ready

2. Medically indeterminate

3. Not medically ready

(b) Coordinate with unit leaders within your company to enable them to take corrective action to increase medical readiness and maintain currency on LIMDUs and PEBs.

(c) Maintain accurate and up to date light duty chits and effectively track when they are near or pass 90 days for possible placement on LIMDU.

(d) Sign Marines and Sailors up for the monthly Medical Stand-downs.

(e) Requests for leave, liberty, or TAD will be denied until the service member has met all IMR requirements or receives an endorsement in writing from an O-6 in their chain of command to proactively ensure the Marine accomplishes his or her IMR.

(f) Hold Marines under their command accountable for their medical and dental readiness.

(4) Immediate Supervisors, OICs, SNCOICs

(a) Use the monthly MPL provided by the first Monday of the month from the company commander to get your Marines to medical and dental. Direct Marines in your unit who are medically indeterminate, partially medically ready, or not medically ready to attend all necessary appointments to obtain compliance within the medical and dental readiness requirements.

(b) Hold Marines in your unit accountable for their medical and dental readiness.

(c) Hold Marines in your unit accountable for not attending all medical and dental appointments.

(d) Ensure all light duty chits for Marines in your unit are given to your company staff for tracking.

(5) Individual Marines

(a) Make and keep appointments (e.g. dental exams, PHA, immunization) to ensure you are fully medically and dentally ready.

(b) Failure to keep medical and dental appointments without proper notice to the NHCQ may result in disciplinary action.

(c) Ensure all light duty chits are turned in to your immediate supervisor and your company staff for tracking.

5. Administration and Logistics. Recommendations for changes to this order should be submitted to the HQ Bn MRR.

6. Command and Signal

(a) Command. This order is applicable to all personnel administratively assigned to HQ Bn.

(b) Signal. This order is effective the date signed and will remain in effect until it's updated or a new order supersedes it.

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R. J. SCHMIDT

DISTRIBUTION: A

Naval Health Clinic Quantico Procedures and Contact Information

1. Physical Health Assessments (PHA) Instructions

1. Complete online portion of PHA at:

<https://data.nmcpbc.med.navy.mil/pha/Index.aspx?NetStatus=LimitedPerformance>

2. Contact your primary care manager (PCM) via TriCare messenger system to request an appointment.

3. Attend appointment with PCM.

2. Audiology Services

Phone: (703) 784-1612

Hours: Mon-Fri 0800-1600

3. Dental Services

Phone: (703) 784-2802/2803

Hours: Mon-Fri 0700-1600

4. Gynecology Services

Phone: (703) 784-1629/1630

Hours: Mon-Fri 0700-1600

5. Laboratory/Blood Draw

Phone: (703) 784-1647

Hours: Mon-Fri 0700-1600

6. Immunizations

Phone: (703) 784-1712

Hours: Mon-Thurs 0745-1145 & 1230-1530

Fri 0745-1145

7. Optometry

Phone: (703) 784-1631

Hours: Mon-Fri 0800-1600

Limited Duty and Disabled Evaluation System Process

Limited Duty

1. Temporary limited duty (LIMDU) is assigned in six month increments. After two assignments, or a total of 12 months, a third period of six months can be assigned for a total of 18 months of LIMDU. Tracking LIMDU personnel will be a combined effort between the individual Marine, company staff, HQ Bn Limited Duty Coordinator (LDC), Naval Health Clinic Quantico (NHCQ) LDC, and Management Disability Separations and Retirement (MMSR-4).
2. Upon Primary Care Manager (PCM) referral of a Marine to LIMDU, via LIMDU SMART, the NHCQ LDC will have the Marine complete the Information Sheet and NAVPERS 1070/613 (Page 13) to file on record.
3. HQ Bn LDC will monitor LIMDU SMART for new updates, new case assignment, duty status update, or other administrative tasks and use that information to update the HQ Bn LIMDU Tracker and coordinate monthly LIMDU Meetings with the Bn Commander and Company Commanders.
4. All Marines and Sailors on LIMDU must report all scheduled appointments to their chain of command and make follow up appointments with your PCM monthly, even if the status of injury has not changed.
5. After 12 months of LIMDU, over the span of the career, a PCM can refer a Marine to a third 6 month LIMDU period. This process is started by the PMC. The NHCQ LDC will send the HQ Bn LDC a notice to complete a NMA within five business days. The Marine's company staff will be notified to complete the NMA and route to the BN CO for signature. The HQ Bn LDC will send the signed NMA to the NHCQ LDC for routing to MMSR-4. Third period LIMDU is processed and approved by MMSR-4.

Disability Evaluation System (DES)

1. When a PCM does not think the Marine will make an injury recovery and return to a full duty status, the PCM will refer the Marine to the DES. Marines can elect for an Integrated DES (IDES), which involves the Veterans Affairs (VA) for processing, or a Legacy DES, which does not involve the VA for time sensitive cases.
2. Marines can be referred to DES at the end of their first, second, or third LIMDU. Upon acceptance into the DES process, all IDES cases will be assigned a Physical Evaluation Board Liaison Officer (PEBLO) from NHCQ. The PEBLO updates the Marine's file and acts as a liaison between the medical process and the Marine and their chain of command.
3. An NMA will be required upon a Marine being assigned a PEBLO. The PEBLO will generate the NMA for the Marine's chain of command to complete within five business days.

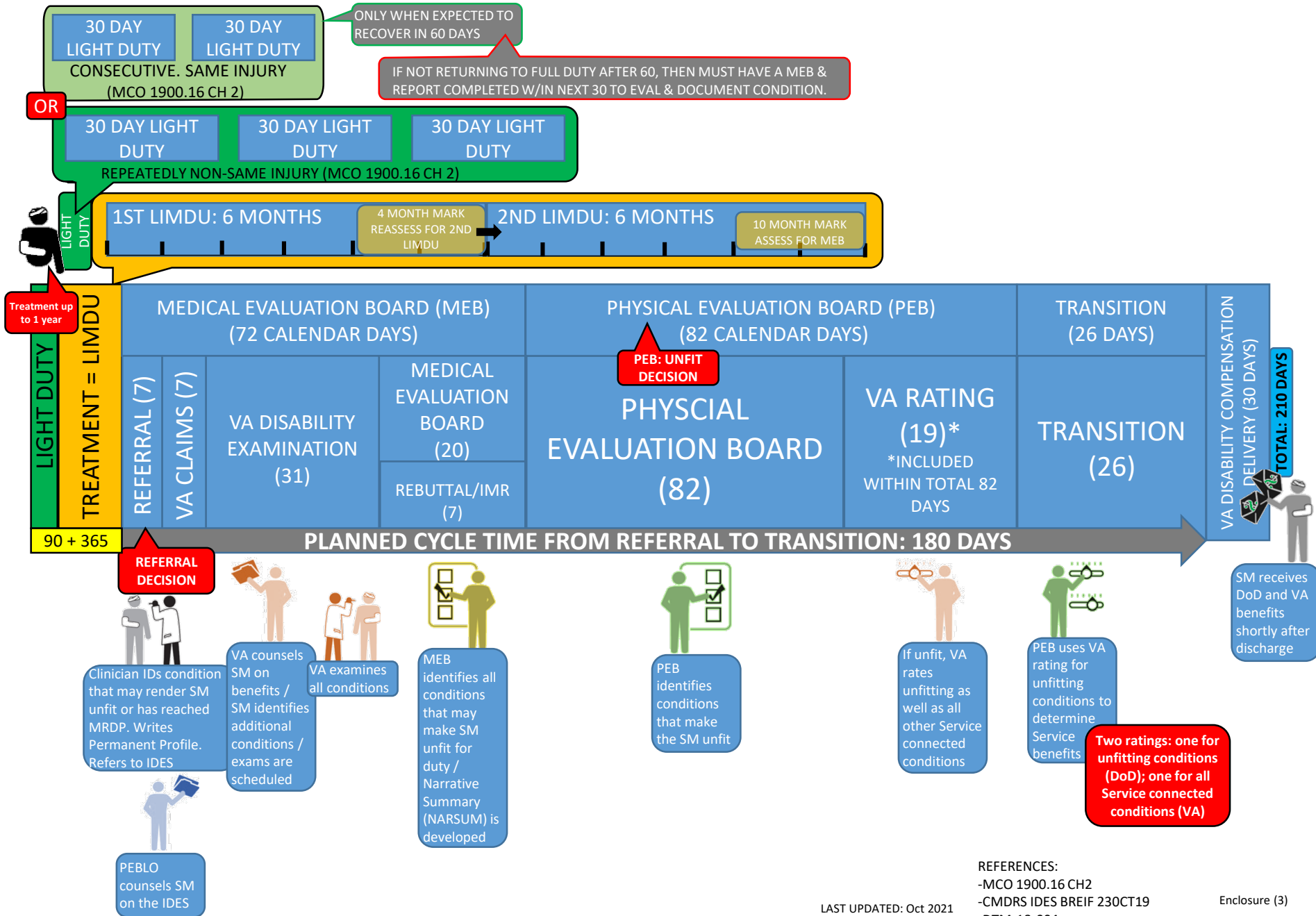
4. IDES Timeline

1. Medical Evaluation Board (MEB) Phase is 72 Days which includes the referral, claims, exams, MEB, MEB rebuttal and impartial medical review.

2. Physical Evaluation Board (PEB) Phase is 82 Days which includes the informal PEB, proposed disposition, proposed ratings, elections, formal PEB , VA Ratings Reconsideration and final disposition.

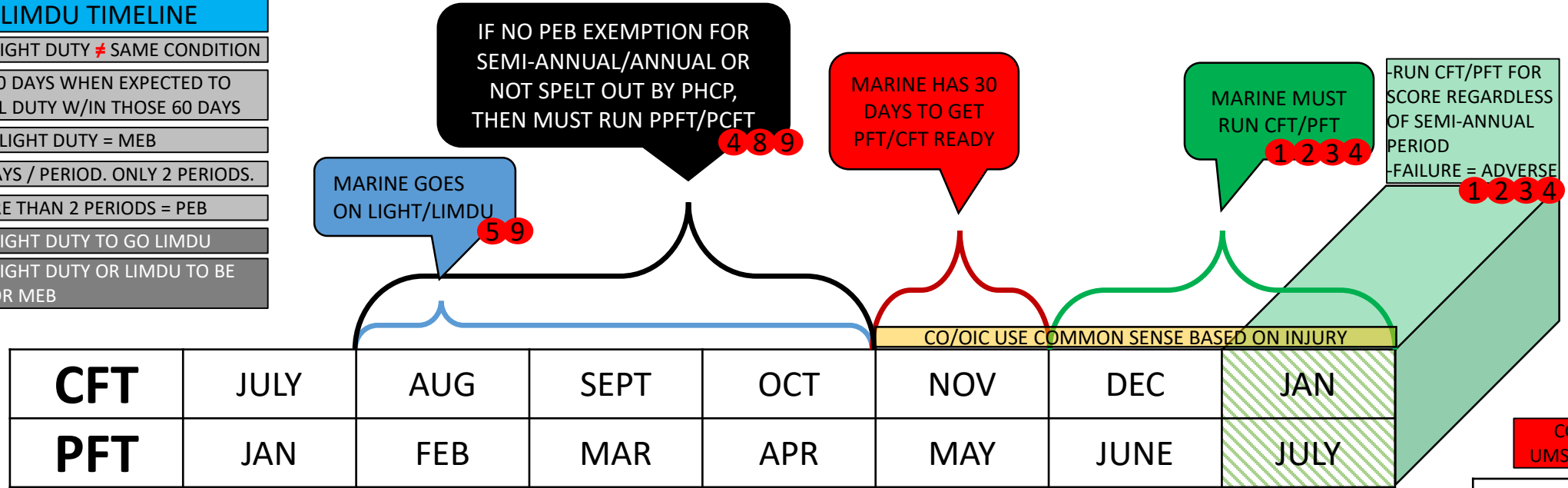
5. A Marine or Sailor can execute an end of active service (EAS) date while on LIMDU or going through the DES process. However, the Battalion Commander can authorize an EAS medical extension if requested by the Marine or Sailor in order to better facilitate the DES timeline.

THE LIMDU PROCESS... FROM LIGHT DUTY AND BEYOND



LIGHT & LIMDU CONSIDERATIONS FOR PFT/CFT QUICK REFERENCE

LIGHT/LIMDU TIMELINE
MAX 3 X 30 DAY LIGHT DUTY ≠ SAME CONDITION
2 PERIODS OF 30 DAYS WHEN EXPECTED TO RETURN TO FULL DUTY W/IN THOSE 60 DAYS
60-90 DAYS ON LIGHT DUTY = MEB
LIMDU = 180 DAYS / PERIOD. ONLY 2 PERIODS.
ANYTHING MORE THAN 2 PERIODS = PEB
NO REQ TO BE LIGHT DUTY TO GO LIMDU
NO REQ TO BE LIGHT DUTY OR LIMDU TO BE CONSIDERED FOR MEB



MEDICAL CONSIDERATIONS

- PHCP= MO, NURSE PRAC., IDC, PA
- LIGHT/LIMDU NOT EXEMPT FROM PFT/CFT REQS., UNLESS SPECIFIED BY PHCP
- REPEAT EXCUSES REQUIRE MEB DETERMINATION
- EXCUSED FROM SOME OR ALL PORTIONS OF PFT/CFT ≠ EXEMPTION
- MEB DETERMINATION FOR REPEATED EXCUSES.
- PEB DETERMINATION FOR EXEMPTION

CONSECUTIVE PPFT/PCFT X 2 ANNUAL PERIODS FOR SAME CONDITION = MEB/PEB EVAL

INJURY WITH NO LIGHT DUTY = CO DISCRETION ON WHEN TO RUN FULL PFT/CFT

PPFT/PCFT

- MEDICALLY EXCUSED STILL REQUIRED TO DO PPFT/PCFT
- PHCP TO DOCUMENT:
 - MEDICAL CONDITION
 - EXPIRATION DATE
 - EXERCISE LIMITATIONS
 - PPFT/PCFT EVENT ABLE TO PERFORM
- HEALTH OF MARINE FOREMOST CONSIDERATION
- INABILITY TO PERFORM ANY PORTION OF PFT/CFT IS NOT CONSIDERED A FAILURE. FITREP SECT I DIR COMMENT

INJURY DURING PFT/CFT MAY GET CREDIT FOR PPFT/PCFT IF PARTIAL CRITERIA IS MET. RETAKE OK.

PPFT=2 EVENTS PCFT=1 EVENT

PPFT/PCFT + AGGREGATE POINTS FROM LAST PFT/CFT = COMPOSIT SCORE

PRENANCY/POST-PARTUM

- 12 MONTHS + FULL DUTY
- NEXT REGULARLY SCHEDULED EVENT
- UNIQUE MEDICAL CIRCUMSTANCES**
- NOT FULL TERM... NOT TO EXCEED 12 MONTHS PRESCRIBED FOR FULL TERM.
- RARE/DIFFICULT/CESAREAN: PHCP WILL DETERMINE WHEN RTFD IS

EXEMPTIONS FROM PFT/CFT

1. DEPLOYED TO CZ WHILE IN RECEIPT OF HFP
 - EXEMPT 60 DAYS POST REDEPLOY FROM CZ WITH HFP
2. ON TLD, PLD, OR AWAITING PEB RESULTS- MUST HAVE PHCP VERIFICATION.
 - MARINES ON LIGHT DUTY OR AWAITING MEB RESULTS ARE NOT EXEMPT.
3. SEE PREGNANCY/POST-PARTUM

SCORES IN CURRENT AND NEW SEMI-ANNUAL PERIOD

- IF NEW S-A PERIOD, NMED CODE RAN FOR NO PPFT/PCFT RAN IN PREV. S-A PERIOD
- IF NO PPFT/PCFT AND NEW S-A, EVEN WITH NMED CODE, MUST PASS MAKE-UP OR GET ADVERSE FOR FAILURE
- IF PPFT/PCFT RAN IN CURRENT S-A, CAN KEEP PPFT/PCFT SCORE OR RUN FULL PFT/CFT.
- IF GRACE PERIOD IN NEW S-A, THE NEW PFT/CFT WILL BE GOOD FOR CURRENT REQ, AND PPFT/PCFT SCORE TO BE KEPT FOR PREV. S-A PERIOD

CODES IN UMSR/MCTIMS	
EXEMPT	9
PPFT	8
PCFT	8
LIGHT (NMED)	5
LIMDU (NMED)	5
FAIL	4
3D CLASS	3
2ND CLASS	2
1ST CLASS	1

MCO 6100.13A W/CH 2