

RESERVE HEALTH READINESS PROGRAM

RHRP SERVICES REQUEST FORM – MARINE FORCES RESERVE

Approval Authority must sign and submit this form to the Reserve Health Readiness Program Office (RHRP)
30 days prior to the event date for maximum efficiency.

MEDICAL DEPARTMENT REPRESENTATIVE (MDR) INFORMATION (ALL FIELDS ARE REQUIRED)

Reserve center name:		Reporting Unit Code (RUC):	
Unit receiving RHRP services falls under (highlight which one): MARDIV MLG MAW Other (please specify):			
Your street address (where documents would be mailed back to):			Unit name(s):
City:		State:	ZIP Code:
MDR name:		Email:	
Primary phone no. and ext.:	Cell phone no.:		Alternate phone no.:
Alternate POCs name:		Email:	
Phone no.:		Cell phone no.:	

EVENT LOCATION INFORMATION (ALL FIELDS ARE REQUIRED)

Primary desired start & end date:	Desired start & end time:		
Alternate desired start & end date:	Desired start & end time:		
Event street address:	City:	State:	ZIP Code:

RHRP REQUESTED SERVICES

(ENTER REQUESTED QUANTITY IN THE APPLICABLE COLUMN TO THE LEFT OF EACH SERVICE)

PHA AND OTHER SERVICES		IMMUNIZATIONS					
Qty	Service	RHRP Provided Qty	MDR Provided Qty	Type	RHRP Provided Qty	MDR Provided Qty	Type
	PHAs			Globulin, Immune			Tetanus – Diphtheria
	MHAs			Hepatitis A			Twinrix (Hep A & B) **
	Dental exam and 4 bitewing x-rays*			Hepatitis B			Yellow Fever
	Panograph x-rays			Influenza – Intranasal **			Japanese Encephalitis
	Audiograms			Influenza – Injectable			Varicella **
	BLOOD DRAWS (MDR is responsible for labeling, processing, and shipment of ALL blood draws)			MMR			Anthrax **
	HIV			Meningitis (Meningococcal)			
	G6PD			PPD (TB Skin Test)			
	DNA			Pneumonia (Pneumococcal)			
	Sickle Cell Screen			Polio			
	Blood Type			Rabies			
**Note: RHRP does not stock Twinrix, Varicella, Intranasal Influenza, or Anthrax.							

All PDHRA/MHA events must be requested through MFR PDHRA Program Manager, Mr. Darnell Neal, at (w) 504.697.7436 or (c) 504.388.9684. All MHAs performed in conjunction with PHAs will require an associated roster and be completed via the Call Center prior to the scheduled on site visit.

*BUMED and MARFORRES require the Navy dental classification system is used for dental exams administered by RHRP.

APPROVAL AUTHORITY

(Primary or Alternate Approval Authority must approve ALL requests prior to event being scheduled)
Approval Authority: Email: mfrhrp@usmc.mil

Name

Signature

Date

Form Updated: 1 Feb 2013