

# RESERVE HEALTH READINESS PROGRAM

## U.S. MARINE FORCES RESERVE (MFR) IN-CLINIC SERVICE REQUEST FORM

*"For Official Use Only – Privacy Act Sensitive"*

1. Complete a request form for each Service member
2. Check all services available (medical and dental) required for the Service member to be medically ready
3. Save form as last name first name (e.g., smithjohn.doc)
4. **Email** completed form to [mfrhrp@usmc.mil](mailto:mfrhrp@usmc.mil)
5. MARFORRES HSS will forward requests to RHRP for approval
6. RHRP will send confirmation email within 24 business hours of receipt

### SERVICE REQUESTED (CHECK ALL THAT APPLY)

|   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> MFR PHA<br><br><i>Services include:</i><br>- Review of Health History<br>- CPS recommendations<br>- Focused exam (if needed)   | <input type="checkbox"/> *Periodic Dental Exam<br><br><i>Services include:</i><br>- History (NAVMED 6600) and Exam (SF 603)<br>- 2 or 4 Bitewing x-rays | <input type="checkbox"/> Readiness Lab Draw<br><br><i>Check all that apply:</i><br><input type="checkbox"/> DNA<br><input type="checkbox"/> G6PD<br><input type="checkbox"/> Lipid Panel with glucose<br><input type="checkbox"/> Rh Factor<br><input type="checkbox"/> Sickle Cell | <input type="checkbox"/> Immunizations<br><br><i>Check all that apply:</i><br><input type="checkbox"/> Hepatitis A<br><input type="checkbox"/> Hepatitis B<br><input type="checkbox"/> Twinrix<br><input type="checkbox"/> TDAP<br><input type="checkbox"/> Influenza | <input type="checkbox"/> IMR Services<br><br><i>Check all that apply:</i><br><input type="checkbox"/> Mammogram<br><input type="checkbox"/> Pap Smear<br><input type="checkbox"/> Audiogram<br><input type="checkbox"/> EKG<br><input type="checkbox"/> Eyewear Exam<br><input type="checkbox"/> Tuberculin Skin Test |
| <input type="checkbox"/> Interim TB Exposure Risk Assessment<br><br><i>Services include:</i><br>- Completion of NAVMED 6224/8– MUST be done in conjunction with a PHA<br>- PPD plant if any YES answers<br>- It is the Service Member's responsibility to return to the clinic to get the PPD Plant read and documented | <input type="checkbox"/> Panorex<br>(dental exam must accompany Panorex)  |   |   |   |

### SERVICE MEMBER'S INFORMATION

|                             |  |                          |      |   |  |
|-----------------------------|--|--------------------------|------|---|--|
| Name                        |  | Date of Birth (mm/dd/yy) |      | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| Full Social Security Number |  |                          | Rank |   |  |
| Street Address              |  |                          |      | Apartment Number  |  |
| City                        |  | State                    |      | Zip Code  |  |
| Home Phone                  |  | Cell Phone               |      | Work Phone  |  |

### MFR MEDICAL DEPARTMENT REPRESENTATIVE (MDR) CONTACT INFORMATION

|   |  |       |  |  |  |
|---|--|-------|--|--|--|
| MDR Name  |  | Phone |  | Email  |  |
| Unit Name, Full Address, and RUC (Include street, city, state, Zip) |  |       |  | Reporting Entity (select one):<br><input type="checkbox"/> MARDIV <input type="checkbox"/> MLG <input type="checkbox"/> MAW <input type="checkbox"/> Other |  |
| Closest MTF   |  |       | Explanation of Usage (Corpsman should provide brief explanation of reason for request) |  |  |

**NOTE:** HIV is not available at this time