

INFORMATION PAPER  
27 April 2005

SUBJECT: Vision Readiness Screening and Classification System (VRCS)

1. Purpose. Implement an Army-wide Vision Readiness Screening and Classification System that will assist commanders in ensuring Soldiers are both visually and optically ready to deploy.

2. Background.

a. Multiple studies reveal that a vast number of Soldiers are not visually or optically ready to deploy. A service member is visually ready when he/she has the visual acuity required for his/her mission, and is optically ready when he/she has the required military optical devices in accordance with the tri-service ophthalmic regulation, AR 40-63, NAVMEDCOMINST 6810.1, AFR 167-3 and service specific regulations/instructions.

b. In 1995 DoD Health Affairs chartered the Defense Vision Services Functional Process Improvement Work Group (DVS) to recommend a system to track and improve this readiness state. It developed an automated, 4-tiered classification system requiring an annual vision screening for each service member.

c. Vision Readiness is indicated during unit screenings, and during Soldier Readiness Processing IAW AR 600-8-101, "Personnel Processing (In-, Out-, Soldier Readiness, Mobilization and Deployment) dated 18 July 2003. This classification system will provide line commanders with a quantitative measure of their unit's vision readiness status. Additionally, it will also reduce surges to DOD Optical Fabrication and avoid the associated costs.

3. Status.

a. DoD Health Affairs supports the Vision Readiness Screening and Classification System.

b. DA, thru the Army Surgeon General's staff, coordinated with the Army G-1 and G-3; and the implementation policy was disseminated to all Army units via the **attached ALARACT message**.

c. The policy includes requirements for documentation using the Individual Vision Readiness Worksheet and the Unit Vision Readiness Spreadsheet, both found in the Medical Protection System (MEDPROS). The capability to fully document Vision Readiness status in MEDPROS is now complete.

4. Key points to note in the ALARACT:

a. Entering VRSC data will take ONE YEAR. Thus, unit CDRs cannot obtain valid results on their unit's vision status until this time NEXT YEAR! But the data entry needs to start now.

b. Unit CDRs will appoint unit screeners to screen the vision and eye wear of unit Soldiers annually. The screening will be done AT THE UNITS. The unit screener can be anyone, not necessarily a medical person. Units should NOT send their Soldiers to the local optometry clinic to have their VRSC status checked, nor should units expect the SRP-sites to do all the

screening for them. The annual screening will be done AT THE UNITS.

c. Screening procedures are simple, involving a quick vision check with both eyes open, and an eyewear check. (See VRSC Guidelines in MEDPROS).

d. Only Soldiers who are determined to be "class 3" by screeners will be sent to post optometry clinics for exam or glasses ordering. These Vision Class 3 Soldiers will report to the optometry clinic with their Individual Vision Readiness Worksheet (already filled out at their units).

e. Optometry will examine &/or order eyewear for class 3 Soldiers, update their Individual Vision Readiness Worksheet, and send them back to the units so that their updated VRSC data can be entered into MEDPROS by a unit MEDPROS user.

f. SRP sites must do a VRSC check only on Soldiers who do not have a VRSC check in their record within the past year. "The screening at the SRP-sites does not require an eye tech. It can be performed by anyone on the SRP-team with minimal training". The SRP sites will only send Soldiers who are Class 3 to Optometry with their Individual Vision Readiness Worksheet already filled out at the SRP-site. Optometry will examine &/or order eyewear on Class 3 Soldiers, update their Individual Vision Readiness Worksheet, and send them back to the SRP-site so that their updated VRSC data can be entered into MEDPROS thru MEDBASE.

h. Patience is a key here in getting data entry up and running smoothly; and, again, only after a year of data-entry will units be able to obtain reliable unit vision status reports.

5. The following POCs will provide guidance on VRSC to screeners and MEDPROS users:

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