HAS 107F – MEDICAL AND INDIVIDUAL READINESS PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://has107f.examzify.com

Table of Contents

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. Which statement best describes the immunization registry's function?

A. It tracks and verifies immunizations across personnel to ensure compliance.

B. It tracks only those who refuse vaccines.

C. It replaces medical readiness evaluations.

D. It stores only dental records.

2. Dental readiness uses classes to rate dentition; which statement correctly describes Class 1, Class 2, Class 3, and Class 4?

A. Class 1 is fully deployable; Class 2 may deploy with minor treatment or time; Class 3 requires extensive treatment before deployment; Class 4 indicates not deployable due to dental issues.

B. Class 1 fully deployable; Class 2 not deployable; Class 3 not deployable; Class 4 fully deployable.

C. Class 1 deployed only after surgery; Class 2 deployable after six months; Class 3 not deployable; Class 4 deployable with waiver.

D. Class 1 deployable with malocclusion; Class 2 require fluoride; Class 3 require braces for six weeks; Class 4

3. PDHRA timing after deployment?

A. Months after deployment

B. Immediately before deployment

C. During deployment

D. At retirement

4. What is a primary rationale for integrating mental health screening with other health data in HAS 107F?

A. To identify mental health risks alongside physical health to support overall readiness.

B. To isolate mental health from physical health.

C. To ignore mental health in deployment decisions.

D. To primarily focus on financial data.

5. How many primary tempo bands define the AEF Battle Rhythm?

A. 3

B. 4

C. 5

D. 6

6. Which action best ensures dental and immunization timelines are met?

A. The supervisor should leave scheduling to the member.

B. The supervisor should rely on the medical readiness portal alone.

C. The supervisor should schedule and track required appointments and follow up on overdue care.

D. The supervisor should issue a general reminder with no follow-up.

7. Equitability ensures deployment taskings are equally distributed among Airmen in the same functional area. Which statement best reflects this principle?

A. Deployment taskings are equally distributed among Airmen in the same functional area

B. Deployment taskings are based on seniority

C. Taskings are distributed randomly

D. Taskings are limited to a subset of units

8. MRDSS is described as providing enhanced visibility. Which option reflects that description?

A. MRDSS

B. DRRS function

C. Unit Type Codes

D. MCRP teams

9. Which metric is included in DRRS outputs for medical readiness planning?

A. Pay grade distribution

B. Mission staffing levels

C. Medical readiness metrics

D. Equipment maintenance status

10. What should a service member do if there is a discrepancy between their health record and DEERS?

A. Notify medical personnel to reconcile records and update both systems promptly.

B. Ignore discrepancies.

C. Change records yourself without authorization.

D. Wait for annual review.

Answers

1. B
2. A
3. A
4. A
5. C
6. C
7. A
8. A
9. C
10. A

Explanations

1. Which statement best describes the immunization registry's function?

A. It tracks and verifies immunizations across personnel to ensure compliance.

B. It tracks only those who refuse vaccines.

C. It replaces medical readiness evaluations.

D. It stores only dental records.

The key idea is that an immunization registry is a centralized system that records all immunizations given to personnel, so you can verify who is up to date, identify who needs vaccines, and ensure compliance with vaccine requirements. This supports medical readiness by providing clear evidence of vaccination status across the workforce and by prompting timely immunizations. It doesn't focus only on those who refuse vaccines, it doesn't replace medical readiness evaluations, and it isn't about storing dental records—the registry's purpose is to track immunization data and support overall readiness.

2. Dental readiness uses classes to rate dentition; which statement correctly describes Class 1, Class 2, Class 3, and Class 4?

A. Class 1 is fully deployable; Class 2 may deploy with minor treatment or time; Class 3 requires extensive treatment before deployment; Class 4 indicates not deployable due to dental issues.

B. Class 1 fully deployable; Class 2 not deployable; Class 3 not deployable; Class 4 fully deployable.

C. Class 1 deployed only after surgery; Class 2 deployable after six months; Class 3 not deployable; Class 4 deployable with waiver.

D. Class 1 deployable with malocclusion; Class 2 require fluoride; Class 3 require braces for six weeks; Class 4

In dental readiness, the classes describe how dentition affects the ability to deploy now or after treatment. Class 1 means you're fully deployable with no anticipated dental care needed. Class 2 indicates you can deploy, but some dental treatment or a short waiting period is required. Class 3 means the dental condition requires extensive treatment before you can deploy. Class 4 shows you're not deployable due to dental issues that aren't resolved in time. The statement that matches this progression—fully deployable for Class 1, deployable with minor treatment or time for Class 2, extensive treatment needed for Class 3, and not deployable for Class 4—accurately reflects how these ratings are used. Other options misstate who can deploy or the level of treatment required, which contradicts how the classifications guide deployment readiness.

3. PDHRA timing after deployment?

A. Months after deployment

B. Immediately before deployment

C. During deployment

D. At retirement

PDHRA is the follow-up health assessment done after you return from deployment to catch health issues that can appear after you come home. It's scheduled several months after redeployment—typically about three to six months after you return. This timing allows conditions that aren't immediately noticeable to be identified and addressed. It isn't conducted before you deploy (pre-deployment) or during deployment, and it isn't tied to retirement. So the timing is months after deployment.

4. What is a primary rationale for integrating mental health screening with other health data in HAS 107F?

A. To identify mental health risks alongside physical health to support overall readiness.

B. To isolate mental health from physical health.

C. To ignore mental health in deployment decisions.

D. To primarily focus on financial data.

Integrating mental health screening with other health data acknowledges that readiness depends on both mind and body. Mental health status can directly impact performance, safety, stress tolerance, and the ability to carry out duties. When mental health is screened alongside physical health data, clinicians can spot patterns—such as sleep issues, mood changes, or substance use—that might not be evident when viewed in isolation. This enables earlier intervention, coordinated treatment, and ongoing monitoring, supporting overall readiness and mission capability. It also helps normalize mental health as part of overall health and informs fitness-for-duty decisions with a fuller, more accurate picture. Isolating mental health, ignoring it in deployment decisions, or focusing on financial data would miss how mental and physical health interact to affect performance.

5. How many primary tempo bands define the AEF Battle Rhythm?

A. 3

B. 4

C. 5

D. 6

The question is about how tempo bands structure the AEF Battle Rhythm to keep actions aligned over time. There are five primary tempo bands in this framework, which gives a practical range to pace planning, execution, and assessment across routine operations, contingencies, and surge needs while keeping a single, shared cadence for all units and partners. This five-band structure provides enough granularity to accommodate slower, steady tempos and faster, more accelerated tempos without becoming unwieldy. Fewer than five would limit the ability to distinguish different pacing needs, while more than five would add complexity without meaningful benefit.

6. Which action best ensures dental and immunization timelines are met?

A. The supervisor should leave scheduling to the member.

B. The supervisor should rely on the medical readiness portal alone.

C. The supervisor should schedule and track required appointments and follow up on overdue care.

D. The supervisor should issue a general reminder with no follow-up.

Proactive management of medical readiness relies on the supervisor taking ownership of the process—scheduling the necessary dental visits and immunizations, tracking progress, and following up on anything overdue. This approach ensures timelines are met because appointments are set on the calendar, reminders and deadlines are visible to both the member and the supervisor, and overdue items trigger timely action. Dental and immunization schedules can be complex, with specific intervals and provider availability, so active management prevents gaps that could affect readiness. Merely letting the member choose times can lead to delays; relying only on a medical readiness portal may miss overdue items or delays; a general reminder without follow-up rarely leads to completion.

7. Equitability ensures deployment taskings are equally distributed among Airmen in the same functional area. Which statement best reflects this principle?

A. Deployment taskings are equally distributed among Airmen in the same functional area

B. Deployment taskings are based on seniority

C. Taskings are distributed randomly

D. Taskings are limited to a subset of units

Equitability means fair sharing of deployment opportunities among Airmen who perform the same function. When taskings are distributed equally among those in the same functional area, workloads and deployment exposure are balanced, preventing burnout and ensuring everyone has a fair chance to gain experience and contribute to readiness. This approach maintains morale and fairness across the team. In contrast, using seniority, random distribution, or limiting taskings to only a subset of units would undermine that fairness and the overall readiness of the force.

8. MRDSS is described as providing enhanced visibility. Which option reflects that description?

A. MRDSS

B. DRRS function

C. Unit Type Codes

D. MCRP teams

Understanding what enhanced visibility means in a readiness context helps here. Enhanced visibility is about having a clear, centralized view of who is medically fit, who needs care, and where gaps exist across units. The MRDSS is designed to provide that kind of consolidated, at-a-glance view of medical readiness data, often through dashboards and standardized reports. That direct alignment with improving visibility makes it the best match for the description. The other options don't capture that specific focus on medical readiness visibility: a DRRS function relates to overall readiness reporting but isn't the system described as delivering enhanced visibility for medical readiness; Unit Type Codes categorize units; MCRP teams refer to groups focused on readiness planning and execution rather than providing a visibility platform.

9. Which metric is included in DRRS outputs for medical readiness planning?

A. Pay grade distribution

B. Mission staffing levels

C. Medical readiness metrics

D. Equipment maintenance status

DRRS outputs for medical readiness planning focus on measuring how prepared the medical force is to support operations. The key idea is to use metrics that quantify the medical side of capability—things like the availability and readiness of medical personnel, the status of medical equipment and facilities, patient-care capacity, and overall readiness of medical units to deploy and sustain operations. Because planners need concrete data on medical capability to assess and manage missions, the metric included is medical readiness metrics. Other items like pay grade distribution, general mission staffing levels, or equipment maintenance status provide useful information but do not specifically reflect the medical readiness posture that DRRS outputs target for planning.

10. What should a service member do if there is a discrepancy between their health record and DEERS?

A. Notify medical personnel to reconcile records and update both systems promptly.

B. Ignore discrepancies.

C. Change records yourself without authorization.

D. Wait for annual review.

When there's a mismatch between your health record and DEERS, you should bring it to the attention of medical personnel responsible for records so they can reconcile and update both systems promptly. The health record holds your clinical information, while DEERS manages eligibility and enrollment for benefits; keeping them in agreement is essential to ensure accurate care, billing, and benefit eligibility. Do not try to change records yourself—only authorized personnel should modify these systems. Visit the medical records office or the DEERS/ID help desk, provide any supporting documentation, request a correction, and verify that both systems reflect the same, accurate information. This helps ensure you receive the right care, timely authorization for benefits, and proper enrollment status.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://has107f.examzify.com

We wish you the very best on your exam journey. You've got this!