MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING CHECKLIST AND WORKSHEET

Privacy Act Statement: OPNAVINST 1300.14D authorizes collection of this information. The following information and documents, as applicable, are required to conduct medical, dental, and educational screening to determine suitability for an overseas, remote duty, or operational assignment. Complete and current information is essential for completion of screening. Disclosure is voluntary, however, missing or incomplete information may delay the screening process, result in orders held in abeyance until completion of screening, or affect the amount of leave in transit. Refer to BUMEDINST 1300.2B for implementing guidance.

The Suitability Screening Coordinator (SSC) at the military treatment facility (MTF) can assist in obtaining and completing the required information. The SSC will ensure required information and documents are complete and current before referral to a MTF provider for screening and a suitability recommendation. The SSC will place the completed original from in the individual's Service Treatment Record/Non-Service Treatment Record and retain a copy for audit. Medical, dental, and educational suitability screening is valid for 12 months from the date of completion if there were no significant changes in the medical, dental, or educational status of the service or family member. The service member must notify his or her commanding officer or officer in charge of any change in status (including pregnancy). *Complete one form for each Service and family member screened.*

SERVICE MEMBER NAME	GRADE/ RATE	SSN

CURRENT UNIT	TELEPHONE NUMBER

NEXT DUTY STATION LOCATION & UNIT IDENTIFICATION CODE (UIC)	TYPE DUTY CLASSIFICATION CODE (Navy Enlisted Code Only)

FAMILY MEMBER NAME	FAMILY MEMBER PREFIX	Age

	ITEM	SSC Review YES	NO	N/A
A. FOR SERVICE MEMBERS:				
☐	1. Legible copy of orders or an Overseas Screening Notification. (For operational assignments, orders should indicate the platform to which assigned and a description of the duty assignment.)			
☐	2. Each family member name, family member prefix, social security number, address and telephone number, if other than the service member's.			
SERVICE TREATMENT RECORD TO INCLUDE:				
☐	3. All Physical Exams (to include special duty aviation, submarine, radiation, asbestos, etc.) are current and filed in the Service Treatment Record? a. Type of Physical_____ b. Completion Date of Physical _____			
☐	4. Annual Periodic Health Assessment (PHA) current and documented? Date:_____			
☐	5. Current medical history (DD Form 2807-1)			
☐	6. Hearing (Audiogram)			
☐	7. Vision Examination			
☐	8. G-6P-D Test			
☐	9. PPD Test			
☐	10. Sickle Cell Trait Test			
☐	11. Negative HIV results current to 1 year of transfer Date Drawn:_____ Roster Number: _____			
☐	12. Blood Type: _____			
☐	13. DNA Testing completed and documented?			
☐	14. Required Immunizations (Assignment Specific)			
☐	15. Military Dental Records			
☐	16. Copies of civilian medical, dental, or mental health care records to include narrative summaries of any inpatient admissions in civilian facilities.			
☐	17. Mammogram current and documented. Date: _____			
☐	18. Pregnancy screen (verbal inquiry). (*Also, command will refer for pregnancy test 30 days prior to departure date.)*			
☐	Other:			
B. FOR FAMILY MEMBERS:				
☐	1. Non-Service Treatment Record (medical and dental) and include a completed DD Form 2807-1			
☐	2. Copies of civilian medical, dental, or mental health care records to include narrative summaries of any inpatient admissions in civilian facilities. Include a completed DD Form 2807-1			
☐	3. Recommended ACIP and required country specific immunizations (check current country specific immunization requirements issued by the Centers for Disease Control and Prevention (CDC) i.e. yellow fever)			

ITEM	SSC Review		
C. FOR DEPENDENT CHILDREN:	YES	NO	N/A
☐ 1. DD FORM 2792-1 (Required for ALL children birth to 22nd Birthday OR High School Graduation)			
FOR INFANTS AND TODDLERS (Birth to 36 Months) ELIGIBLE TO RECEIVE EARLY INTERVENTION SERVICES AS EVIDENCED BY AN INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP):			
☐ 2. Copy of the current IFSP and, if available, developmental assessments or evaluations.			
FOR PRESCHOOL OR SCHOOL-AGE CHILDREN (Ages 3 to 22nd Birthday or High School Graduation) ELIGIBLE TO RECEIVE SPECIAL EDUCATION AND RELATED SERVICES AS EVIDENCED BY AN INDIVIDUALIZED EDUCATION PROGRAM (IEP):			
☐ 3. Copy of the current IEP and, if available, developmental assessments or evaluations.			
FOR EACH FAMILY MEMBER ENROLLED OR UNDERGOING ENROLLMENT IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP):			
☐ 4. Copy of the DD Form 2792 and any EFMP correspondence.			

D. FOR SSC USE ONLY

1. Date suitability screening conducted. Date: _____

E. SUITABILITY INQUIRY:

☐ 1. Are any of the shaded blocks checked on NAVMED Form 1300/1?

☐ Yes (Suitability Inquiry required, proceed to question 2)

☐ No (Line through question 2 and proceed to section F)

☐ 2. Suitability Inquiry:

Medical Care: Date & Time sent:_____ Reply date & time: _____

☐ Potential need identified Sent by (Sending SSC):_____ Reply from: _____ N/A

Sent to (Gaining SSC):_____ Contact #: _____

E-Mail: _____

Dental Services: Date & Time sent:_____ Reply date & time: _____

☐ Potential need identified Sent by (Sending SSC):_____ Reply from: _____ N/A

Sent to (Gaining SSC):_____ Contact #: _____

E-Mail:_____

Special Education Services: Date & Time sent:_____ Reply date & time:_____

☐ Potential need identified Sent by (Sending SSC):_____ Reply from:_____ N/A

Sent to (Gaining SSC):_____ Contact #:_____

E-Mail:_____ Sent

to (Gaining DoDEA):_____ E-Mail: _____

Other information:

F. SUITABILITY SCREENING COORDINATOR: Facility NH Pensacola Patient Admin

Printed Name:_____ E-mail: _____ Phone: _____	Signature	Date