MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING CHECKLIST AND WORKSHEET

Privacy Act Statement: OPNAVINST 1300.14C 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 successful 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 1300.2A 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 form in the service or family member's MTF medical 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 a 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 only)**	
FAMILY MEMBER NAME	**FAMILY MEMBER PREFIX**	

	SSC Review		
FOR SERVICE MEMBERS:	**Yes**	**No**	**N/A**
☐ Legible copy of orders. (For operational assignments, orders should indicate the platform to which assigned and a description of the duty assignment.)			
☐ Each family member name, family member prefix, social security number, address and telephone number, if other than the service member's.			
Military health record to include:			
☐ Routine physical, aviation, submarine, radiation, asbestos, or other type of examination or screening current and documented.			
☐ Annual Preventive Health Assessment (PHA) current and documented.			
☐ Current medical history (DD 2807-1).			
☐ Hearing (audiogram).			
☐ Vision examination.			
☐ G-6P-D test.			
☐ PPD test.			
☐ Sickle Cell trait test.			
☐ Negative HIV results current to I year of transfer. *Date Drawn:* *Roster Number:*			
☐ Blood type.			
☐ DNA testing.			
☐ Required immunizations (assignment specific).			
☐ Military dental records			
☐ Copies of civilian medical, dental, or mental health care records to include narrative summaries of any inpatient admissions in civilian facilities.			
☐ Other:			

	SSC Review		
	Yes	No	N/A
FOR WOMEN:			
☐ Annual health assessment current and documented.			
☐ Mammogram current and documented.			
☐ Pregnancy screen (verbal inquiry).			
FOR FAMILY MEMBERS:			
☐ Military health record			
☐ Military dental record			
☐ Copies of civilian medical, dental, or mental health care records to include narrative summaries of any inpatient admissions in civilian facilities.			
FOR INFANTS AND TODDLERS (birth through 2 years, inclusive) receiving or eligible to receive Early Intervention Services: ☐ Copy of the current Individualized Family Service Plan (IFSP) and, if available, developmental assessments or evaluations.			
FOR EACH CHILD ENROLLED IN PRESCHOOL OR SCHOOL (ages 3 through 21, inclusive): ☐ Copy of DD 2792-1 completed by the school.			
FOR PRESCHOOL OR SCHOOL-AGE CHILDREN (ages 3 through 21, inclusive) receiving or eligible to receive Special Education to include related services: ☐ Copy of the current Individualized Education Plan (IEP) and, if available, educational assessments or evaluations			
FOR EACH FAMILY MEMBER ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP): ☐ Copy of the enrollment application and any EFMP correspondence.			

FOR SSC USE ONLY

Date suitability screening conducted:

If suitability determination with gaining MTF is required:

Date and time group of inquiry: Originator:

Date and time group of reply: Originator:

Other information:

Suitability Screening Coordinator (signature, printed name, and date):