U.S. DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
CG-6100 Rev. 04-09

Modified Screening For: Overseas Assignment and/or Sea Duty Health Screening

This form is subject to the Privacy Act Statement of 1974

A. EXAMINEE DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL	RATE/RANK	SOCIAL SECURITY NUMBER
UNIT	EXAMINING FACILITY	
PURPOSE OF SCREENING	TRANSFER/DEPLOYMENT LOCATION	DATE

B. HEALTH HISTORY *(completed by examinee)*

1. Would you say your health in general is: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
2. Do you have any medical or dental problems or concerns? ☐ No ☐ Yes
3. Do you have any health related duty limitations? ☐ No ☐ Yes
4. Could you be pregnant? *(females request HCG if needed)* ☐ N/A ☐ Unknown ☐ No ☐ Yes
5. Are you taking prescription medications? *(request refills if needed)* ☐ No ☐ Yes
6. During the past year, have you sought or required counseling or mental health care? ☐ No ☐ Yes
7. Explain any "fair, poor, yes, or unknown" responses:

8. Have you been hospitalized since your last Periodic Health Assessment (PHA)? ☐ Yes ☐ No *If (Yes) explain.*

I certify that the responses above are true*: (signature of examinee)* _____

C. PERIODIC HEALTH ASSESSMENT (PHA) REVIEW *(current approved PHA required)*

9. Date of most recent PHA:
10. Status of recommendations or further specialist examination:
11. Summary of significant health history since last PHA:

D. HEALTH RECORD & INDIVIDUAL MEDICAL READINESS REVIEW

12. Have routine gynecologic (pap) examinations been completed in the past year? *(females)* ☐ N/A ☐ No ☐ Yes
13. Does examinee have two pair of glasses? *(if required)* ☐ N/A ☐ No ☐ Yes
14. Does deployable member have a gas mask insert? *(if required)* ☐ N/A ☐ No ☐ Yes
15. Has DNA sampling been completed and documented? *(once per career)* ☐ No ☐ Yes
16. Has G-6PD screening been completed and documented? *(once per career)* ☐ No ☐ Yes
17. Are immunizations up-to-date and meet requirements for destination? ☐ No ☐ Yes
18. Has an HIV test been drawn (with negative results) in the past 6 months? *(foreign country PCS only)* ☐ N/A ☐ No ☐ Yes
19. Has a baseline TST been completed and documented? ☐ No ☐ Yes
20. Have specific force health protection requirements been met (e.g. malaria chemoprophylaxis)? ☐ N/A ☐ No ☐ Yes
21. Has a Type 2 dental examination been completed in the past year and is examinee “Class 1 or 2”? ☐ No ☐ Yes
22. Explain any "no" answers: _____

Contact the Centers for Disease Control and Prevention at http://www.cdc.gov and the National Center for Medical Intelligence at https://www.intelink.gov/ncmi/index.php

E. SIGNATURE *(Medical and Dental Provider or IDHS)*

Medical Provider/IDHS signature/stamp: _____ Date:_____

Dental Provider/IDHS signature/stamp: _____ Date:_____

F. APPROVAL/DISAPPROVAL *(Clinic Administrator)*

Reviewing/approving authority: _____

☐ **Approved**
☐ **Disapproved**