

**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.*

<b>SERVICE MEMBER NAME</b>	<b>GRADE / RATE</b>	<b>SSN</b>
<b>CURRENT UNIT</b>	<b>TELEPHONE NUMBER</b>	
<b>NEXT DUTY STATION LOCATION &amp; UNIT IDENTIFICATION CODE (UIC)</b>	<b>TYPE DUTY CLASSIFICATION CODE (Navy enlisted only)</b>	
<b>FAMILY MEMBER NAME</b>	<b>FAMILY MEMBER PREFIX</b>	

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

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