

NEW CONSTRUCTION SCREENING FORM

SUPPORTING DIRECTIVE MILPERSMAN 1306-800

PRIVACY STATEMENT

AUTHORITY: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS.

PRINCIPLE PURPOSE: THIS INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR FUTURE DUTY ASSIGNMENT.

DISCLOSURE: COMPLETION OF THIS FORM IS MANDATORY EXCEPT FOR DUTY AND HOME TELEPHONE NUMBERS. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN A DELAY IN RESPONSE TO OR DISAPPROVAL OF YOUR REQUEST.

RATE/RANK:	NAME:
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SSN (LAST 4):	PROPOSED DETACHMENT DATE:
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PROPOSED DUTY STATION:

SECTION A: GENERAL CRITERIA

	INTERVIEWER'S INITIALS
<input type="checkbox"/> YES <input type="checkbox"/> NO 1. Within the past 36 months, has member been found unsuitable or disqualified for any previous special program(s)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO 2. Has member had any NJP, Courts-Martial, Civil Conviction, or significant involvement with Civil authorities within the past 36 months?	
<input type="checkbox"/> YES <input type="checkbox"/> NO 3. Performance Evaluation (NAVPERS 1616/26): Has member received at least 3.0 on all traits, been recommended for retention, and promotable or higher for advancement for the past 36 months?	
<input type="checkbox"/> YES <input type="checkbox"/> NO 4. Has member had any involvement with illegal drugs in the past 36 months?	
<input type="checkbox"/> YES <input type="checkbox"/> NO 5. Has member had any alcohol related incidents in the past 36 months?	
<input type="checkbox"/> YES <input type="checkbox"/> NO 6. Has member signed the required OBLISERV for this program?	
<input type="checkbox"/> YES <input type="checkbox"/> NO 7. Is Member currently within height, weight or body fat standards, and has member passed the most recent, regularly scheduled Physical Fitness Assessment (PFA)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO 8. Does member have required security clearance (Nuclear powered ships only)?	

PERSONNEL OFFICER'S NAME AND RANK:	PERSONNEL OFFICER'S SIGNATURE:	DATE:
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SECTION B: MEDICAL/DENTAL SCREENING

	INTERVIEWER'S INITIALS
<input type="checkbox"/> YES <input type="checkbox"/> NO 1a. Is member suitable for Operational Duty per BUMEDINST 1300.2?	
<input type="checkbox"/> YES <input type="checkbox"/> NO 1b. If member is not suitable for Operational Duty per BUMEDINST 1300.2, has waiver request been submitted?	

NEW CONSTRUCTION SCREENING FORM (CONTINUED)

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		INTERVIEWER'S INITIALS
<input type="checkbox"/> YES <input type="checkbox"/> NO 2. Is member in proper dental class for PCS transfer?		
MEDICAL OFFICER'S NAME AND RANK:	MEDICAL OFFICER'S SIGNATURE:	DATE:
DENTAL OFFICER'S NAME AND RANK:	DENTAL OFFICER'S SIGNATURE:	DATE:
SECTION C: FINANCIAL SCREENING		
		INTERVIEWER'S INITIALS
<input type="checkbox"/> YES <input type="checkbox"/> NO 1. Has the member been interviewed by the Command Financial Specialist per OPNAVINST 1740.5A, and is the member financially stable?		
COMMAND FINANCIAL SPECIALIST'S NAME AND RANK:	COMMAND FINANCIAL SPECIALIST SIGNATURE:	DATE:
SECTION D: MEMBER CERTIFICATION		
ALL OF THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. By signing this form I acknowledge that I must maintain my suitability throughout my assignment.		
MEMBER'S NAME AND RANK:	MEMBER'S SIGNATURE	DATE:
SECTION E. COMMAND CO/XO/OIC/COS/DIRECTOR ENDORSEMENT		
<input type="checkbox"/> YES <input type="checkbox"/> NO 1. Are there any other compelling reasons why service member should not be transferred?		
Remarks:		
<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
ENDORSEMENT OF THIS SCREENING REPRESENTS FULL RECOMMENDATION OF THIS CANDIDATE BY TRANSFERRING COMMAND. ALL INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. A COPY OF THIS FORM HAS BEEN FILED IN MEMBERS SERVICE RECORD.		
NAME AND RANK:	SIGNATURE	DATE: