

MEDICAL, DENTAL AND EDUCATIONAL SUITABILITY SCREENING FOR SERVICE AND FAMILY MEMBERS

Privacy Act Statement

Authority: 5 U.S.C. 301, Departmental Regulations; and E. O. 9397 (SSN).
Purpose: To identify medical, dental or educational conditions for the purpose of making a suitability recommendation for an overseas, remote duty, or operational assignment.

Routine uses: This form is completed by a military/civilian physician, nurse practitioner, physician assistant, or independent duty corpsman. The medical treatment facility (MTF) Suitability Screening Coordinator will place the completed original form in the service or family member's MTF medical record and retain a copy for audit.

Disclosure: Voluntary; however, failure to provide this 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. *Complete one form for each service and family member screened.*

SERVICE MEMBER NAME	GRADE / RATE	SSN
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FAMILY MEMBER NAME	FAMILY MEMBER PREFIX	SSN
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NEXT DUTY STATION LOCATION & UNIT IDENTIFICATION CODE (UIC):	TYPE DUTY CLASSIFICATION CODE: (Navy enlisted only)
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PART I

Medical Screening. Completed by the medical provider to identify special needs and determine if a service or family member is suitable for an overseas, remote duty, or operational assignment. Attach the completed Report of Medical History (DD 2807-1) to this form.

Yes	No	N/A	ITEM
			1. All current health records (military and civilian) reviewed?
			2. Physical examinations (aviation, submarine, radiation, asbestos, etc.) current and documented?
			3. G-6P-D, PPD and Sickle Cell trait test and Blood Type completed & documented?
			4. Immunizations are up-to-date and meet destination country requirements?
			5. Reference audiogram documented on DD 2215?
			6. Latest audlogram (DD 2216) reviewed?
			7. HIV testing completed or drawn?
			8. DNA testing completed and documented?
			9. Are there pending consults or tests that have a bearing on assignment suitability?
			10. Any past limited duty or medical board(s)? (document on DD 2807-1)
			11. For all service members, annual preventive health assessment (PHA) current and documented?
			12. For servicewomen:
			a. Annual health assessment current and documented?
			b. Pregnancy screening (verbal inquiry)?
			c. If pregnant? (EDC:)
			13. For family members, U.S. Preventive Services Task Force screening test recommendations current and documented?
			14. If a Special Duty assignment, is there a condition, which by MANMED, chapter 15, section IV, is disqualifying?
			15. Are there any conditions requiring ongoing care in the following areas? (document on DD 2807-1)
			a. Orthopedic conditions (e.g., chronic back, knee, joint pain or weakness)
			b. Cardiovascular conditions (e.g., chest pain/angina, arrhythmia, valve disease, infarction)
			c. Gynecologic conditions (e.g., chronic pelvic pain, abnormal PAP, breast mass)
			d. Neurologic conditions (e.g., seizure, pinched nerve, migraine, neuropathy)
			e. Respiratory conditions (e.g., asthma, RAD, chronic sinus, allergies)
			f. Mental health or behavioral conditions (e.g., mood, adjustment/personality disorder, ADD/ADHD, anxiety, psychosis)
			g. Recurrent or frequent medications not on the standard formulary (list on DD 2807-1)
			h. Alcohol or substance abuse or dependence
			i. Developmental concerns (e.g., motor, cognitive, communication, social/emotional, or adaptive development)
			j. Specify other conditions or concerns:
			16. For service/family members requiring medication in excess of 90 days: (if not applicable, check block and skip to #18)
			a. Is the patient in the maintenance phase of treatment?
			b. Should medication use cease, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior or result in a limited duty, MEDEVAC, or early return situation?
			c. Is the medical staff at the gaining MTF/operational platform capable of managing the medication manipulation(s) if the underlying condition exacerbates?
			d. Has the service/family member registered with the TRICARE Mail Order Pharmacy program?

Yes	No	N/A	ITEM
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. For service/family members with underlying medical conditions: <i>(if not applicable, check block and skip to #18)</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Is there a requirement for special medical supplies, adaptive equipment, assistive technology devices, special accommodations, etc.?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. If exposed to a physically or emotionally demanding environment, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior, or result in a limited duty or MEDEVAC situation?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Can the gaining MTF/operational platform provide the current required medical support?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Can the gaining MTF/operational platform provide required medical support (diagnostic and therapeutic) if the underlying condition is exacerbated?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Are there any chronic medical or mental health conditions requiring routine or continuing access to care or access to specialized medical care? <i>(document on DD 2807-1)</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. If required, were potential environmental concerns and possible health effects communicated to each service and family member? <i>(document on appropriate SF 600)</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. For infants and toddlers (birth through 2 years, inclusive) with a disability, is the child receiving or eligible to receive early intervention services as evidenced by an Individualized Family Service Plan (IFSP)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. For preschool and school children (ages 3 through 21, inclusive) with a disability, is the child receiving or eligible to receive special education and related services as evidenced by an Individualized Education Program (IEP) and DD 2792, Addendum B?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Specify other concerns:

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, QUERY THE GAINING MEDICAL TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. *(Attach Reply)*

Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? <i>(completed by an MTF medical screener only)</i>	
		MTF Medical Screener (Signature) _____	Date _____
		Civilian Medical Screener (Signature) _____	Date _____
		Printed Name, Rank or Grade _____	Printed Name _____
		MTF or Duty Station _____	Address _____
		Telephone Number (include area/country code) _____	City, State, and ZIP Code _____
		DSN Number _____	Telephone Number (include area/country code) _____
		Telefax Number (include area/country code) _____	Telefax Number (include area/country code) _____
		E-mail Address _____	E-mail Address _____

PART II

SERVICE / FAMILY MEMBER NAME	GRADE / RATE / FAMILY MEMBER PREFIX	SSN
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Dental Screening. Completed by a dental officer/privileged dentist prior to an overseas, remote duty, or operational assignment for the purpose of assessing and matching the dental needs of a service/family member to the support capabilities of the gaining medical treatment facility.

Yes	No	N/A	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. All current dental records (military and civilian) reviewed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. All dental examinations are current? (If more than 180 days since last T-1 or T-2 dental exam, a dental officer/privileged dentist must, at a minimum, review the dental record and interval medical and dental history.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Is a reexamination required by a Navy MTF if examined or treated at a non-Navy facility?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. If service/family member is in Dental Class 3 or 4, can dental treatment or examination be completed before the transfer?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Is there a requirement for follow-on care such as orthodontics, implants, specialty prosthetics, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Are there any chronic dental conditions requiring routine or continuing access to care or access to specialized dental care?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Specify other concerns:

8. Specify Dental Class: (required for service members) _____

Dental Classifications: (Per DoDI 6025.19)

Normally considered worldwide deployable:

Class 1 - Patients with a current dental examination, who do not require dental treatment or re-evaluation.

Class 2 - Patients with a current dental examination, who require non-urgent dental treatment or re-evaluation for oral conditions unlikely to result in a dental emergency within 12 months.

Normally not considered worldwide deployable:

Class 3 - Patients who require urgent or emergent dental treatment for oral conditions with a high potential to cause a dental emergency in the next 12 months.

Class 4 - Patients who require a dental examination either because: (1) No type 1 (comprehensive) or type 2 (annual or periodic oral) dental examination was completed by a dental officer/privileged dentist within the past 12 months; (2) A patient's dental record does not exist or; (3) The dental record is not held by the responsible dental treatment facility or Medical Department activity.

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, FORWARD A SUITABILITY INQUIRY TO THE GAINING MEDICAL TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL LOCATION TO DETERMINE IF THE REQUIRED DENTAL SUPPORT IS AVAILABLE. (attach reply)

Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? (completed by an MTF designated military dental screener only)
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MTF Medical Screener (Signature) _____ Date _____ Printed Name, Rank or Grade _____ DTF or Duty Station _____ Telephone Number (include area/country code) _____ DSN Number _____ Telefax Number (include area/country code) _____ E-mail Address _____	Civilian Medical Screener (Signature) _____ Date _____ Printed Name _____ Address _____ City, State, and ZIP Code _____ Telephone Number (include area/country code) _____ Telefax Number (include area/country code) _____ E-mail Address _____
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