

MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING CHECKLIST AND WORKSHEET

SERVICE MEMBER NAME	GRADE / RATE	SSN
CURRENT UNIT	TELEPHONE NUMBER	
NEXT DUTY STATION LOCATION	NEXT UNIT IDENTIFICATION CODE (UIC)	
FAMILY MEMBER NAME	FAMILY MEMBER PREFIX	

The following information and documents, as applicable, are required to conduct suitability screening for an overseas, remote duty, or operational assignment. Complete and current information may preclude family member presence for suitability screening. Missing or incomplete information may delay the screening process, result in orders held in abeyance until completion of suitability screening, or affect the amount of leave in transit. The Suitability Screening Coordinator (SSC) at the military treatment facility (MTF) can assist in obtaining and completing the required information and documents.

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).

Per BUMEDINST 1300.2, the SSC at the screening MTF will complete a copy of this form for each service and family member and verify that information and documentation requirements are complete and current. A copy of the completed form will be filed in the service or family member's military health record.

	SSC Review		
	Yes	No	N/A
FOR SERVICE MEMBERS:			
<input type="checkbox"/> Legible copy of orders. <i>(For operational assignments, orders should indicate the platform to which assigned and a description of the duty assignment.)</i>			
<input type="checkbox"/> Each family member name, family member prefix, social security number, and address and telephone number, if other than the service member's.			
Military health record to include:			
<input type="checkbox"/> Routine physical, aviation, submarine, radiation, asbestos, or other type of examination or screening as required.			
<input type="checkbox"/> Current medical history (SF 93).			
<input type="checkbox"/> Hearing (audiogram).			
<input type="checkbox"/> Vision examination.			
<input type="checkbox"/> G-6-PD 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 <i>(assignment specific)</i> .			
<input type="checkbox"/> Military dental records			

