

BUMEDINST 1300.2
 17 Feb 2000

Yes	No	N/A	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. For service/family members with underlying medical conditions: (if not applicable, check block and skip to #19)
<input 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 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 type="checkbox"/>	<input type="checkbox"/>	c. Can the gaining MTF/operational platform provide the current required medical support?
<input type="checkbox"/>	<input 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 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? (document on SF 93)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. If required, were potential environmental concerns and possible health effects communicated to each service and family member? (document on appropriate SF 600 overprint)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. For infants and toddlers (birth through age 2 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. For preschool and school children (ages 3 to 21) 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 Special Education Worksheet (NAVPERS 1754/4)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Other concerns? (specify)

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, QUERY THE GAINING MILITARY 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? (completed by a MTF designated military medical screener only)
Military Medical Screener (Signature) _____ Date _____ Printed Name, Rank or Grade _____ MTF 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 _____ _____ <u>Printed Name</u> _____ 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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