

DEPENDENT SUITABILITY SCREENING CHECK LIST

INFORMATION: NHCLOVERSEASSCREENING@MED.NAVY.MIL

RANK/RATE/TITLE NAME (LAST, FIRST, M.) (SPONSOR'S) LAST 4 SSN

*****PLEASE NOTE*** DO NOT SCHEDULE TMO UNTIL OVERSEAS SCREENING IS COMPLETE AND YOU HAVE BEEN ACCEPTED BY THE GAINING COMMAND. HAVING YOUR ITEMS PICKED UP BEFORE A MEDICAL APPROVAL / DENIAL HAS BEEN WARRANTED IS NOT RECOMMENDED. PLEASE KEEP IN MIND THAT THIS MAY COMPROMISE YOU IN PAYING FOR YOUR HOUSEHOLD ITEMS TO BE SHIPPED BACK TO THE STATES YOURSELF IF YOUR DEPENDENT IS FOUND MEDICALLY UNSUITABLE.**

MEDICAL (2807-1 REPORT OF MEDICAL HISTORY AND 1300/1 PART 1)

- _____ MEDICAL SCREENING REVIEWED AND SIGNED BY PROVIDER.
- _____ RECORD OF IMMUNIZATIONS (HEPA & B, POLIO, MMR, VARICELLA AND TDAP)
- _____ FEMALES MUST HAVE WELL-WOMAN EXAM WITHIN LAST 36 MONTHS (FOR NORMAL EXAM) OR 6-12 MONTHS FOR ANY ABNORMAL RESULTS (**BRING IN COPY OF YOUR RESULTS**)
- _____ LATEST WELL CHILD VISIT AKA PHYSICAL EXAM, MUST BE CURRENT (WITHIN A YEAR) BEFORE YOU PCS.

DENTAL (1300/1 PART 11)

- _____ CLASS I OR II (ALL DEPENDENTS MUST BE SEEN BY A MILITARY DENTAL TREATMENT FACILITY). FAMILY MEMBERS MAY BE SEEN WHERE THEIR SPOUSE IS SEEN FOR DENTAL OR CONTACT BUILDING 15. THE PHONE NUMBER FOR BLDG. 15 IS: (910) 451-3435. IF THE MILITARY DENTIST STATES THEY NEED TO HAVE DENTAL WORK DONE IN ORDER TO BE DENTAL CLASS 1 OR 2, THEY MUST HAVE THE WORK DONE BY THEIR CIVILIAN DENTIST.

NAVPERS 1300/16 (REPORT OF SUITABILITY)

- _____ (QUESTION #8) IS SIGNED OFF BY THE COMMUNITY COUNSELLING CENTER/FAMILY ADVOCACY-BLDG 798 ON CAMP LEJEUNE (*OFF OF BREWSTER BLVD, BEHIND THE RUSSELL MARINE FAMILY SERVICE CENTER*) OR AT BLDG 90 AT THE NEW RIVER AIR STATION.
- _____ (QUESTION #8 – 10 ON 2ND PAGE) REVIEWED AND SIGNED BY SERVICE MEMBER'S SNCO/OIC.
- _____ (QUESTION #15) *ANTI-TERRORISM TRAINING - CERTIFICATE COMPLETE AND PRINTED OUT. (ALL DEPENDENTS 18 YRS OF AGE AND OLDER) WEBSITE: <https://jkodirect.jten.mil> → "Level 1 Anti-terrorism Awareness Training" in large, red letters → "Non-Cac User"

DD FORM 2792-1

- _____ EDUCATIONAL FORM (FOR CHILDREN AGES 3-21). COMPLETED BY CHILD CARE FACILITY, SCHOOL, OR DOCTOR-(FOR CHILDREN NOT ENROLLED IN CHILD CARE OR SCHOOL)
- _____ EFMP SUMMARY PACKET/IEP (IF APPLICABLE)

COPY OF ORDERS

PLEASE CONTACT: OVERSEAS SCREENING OFFICE AT (910) 450-4075 (HM3 (FMF) LESTER)/910-450-3906 (HN GUEVERA) OR (MR. BURKE AT 910-450-4131) TO SCHEDULE AN APPOINTMENT TO RETURN COMPLETED PAPERWORK AND/OR ANY QUESTIONS OR CONCERNS. THANK YOU AND HAVE A FINE NAVY DAY!

START DATE: _____ COUNSELED BY: _____

COMPLETED: _____