

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

**NAVAL MEDICAL CLINIC QUANTICO  
SUITABILITY SCREENING EFMP QUESTIONNAIRE  
(To be completed by Active Duty only)**

1. Do you have a spouse, child or dependent parent currently receiving an on-going treatment or medication on a regular basis? (i.e. high blood pressure, thyroid condition, audio/speech therapy, migraines, ADD/ADHD) **YES NO N/A. If YES explain:**

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2. Do you have a spouse or a child with a medical or educational special need? **YES NO N/A. If YES explain:**

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3. Do you have a child or spouse receiving treatment for cancer, lupus, leukemia, mental health, asthma or other long term illness? **YES NO N/A**  
**If YES explain:**

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4. Do you have a child in a special needs program? **YES NO N/A. If YES explain:**

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5. Do you have a spouse or child in a residential treatment facility? **YES NO N/A. If YES, where and why?**

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6. Have you applied for humanitarian reassignment for medical reasons? **YES NO N/A. If YES explain:**

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7. Have you recently considered a hardship discharge for special family medical or educational needs? **YES NO N/A. If YES explain:**

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8. Have you recently had to take an unaccompanied tour because a family member failed an overseas screening? **Yes NO N/A. If YES explain:**

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9. Do you have a child receiving medical care through a state program? **YES NO N/A. If YES Explain:**

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10. Do you have a family member receiving Social Security Supplemental Income (SSI)? **YES NO N/A. If YES explain:**

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11. Are you a geographical bachelor due to family member special or educational need? **YES NO N/A. If YES explain:**

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