



OVERSEAS/REMOTE DUTY SCREENING PROCESS FAMILY MEMBERS



Suitability Screening Center
Branch Health Clinic - Naval Training Center (NTC)
2051 CUSHING RD.
SAN DIEGO, CA 92106

PHONE: 619-524-0562/0229
PRE-SCREENING (walk-in):
0730-1100 & 1300-1430
APPOINTMENTS: 0800-1530

Upon receipt the Letter of Intent (LOI) or the hard copy orders, the medical pre-requisites on the next page need to be completed as soon as possible. Please present these documents to the Suitability Screening Center (SSC) for review.

As a medical screening clinic, SSC reviews your eligibility for overseas or remote locations is based on what your medical provider(s) say(s) about you, thus, SSC needs your official medical records.

PART I (PRE-SCREENING) Walk-in basis (0730-1100 and 1300-1430), consists of a thorough review of the completeness of your medical records and verification that all pre-requisite forms have been completed. **Not all family members need to be present for pre-screening visits. SSC will not book an appointment if incomplete package is presented.**

- **All Medical Screenings are booked in person after completion of Part I.**

PART II (MEDICAL SUITABILITY SCREENING) by appointments only (0800-1530), where a medical interview and an in-depth record review will be conducted by a medical provider trained in Suitability Screening. The goal of this screening is to identify any medical condition(s) that may be beyond the medical capabilities of the gaining Medical Treatment Facility. **All members of the family in need of screening must be present and have an appointment for medical screening. Appointment will be cancelled if member has an incomplete package.**

EVERY MEMBER OF THE FAMILY MUST HAVE THE MANDATORY FORMS (FORMS 1-3) COMPLETED:

1. NAVMED 1300/1 PART I (**ONLY** NAME, SSN, NEXT DUTY STATION FOR PART I)
2. NAVMED 1300/1 PART II (PAGE 3) – MUST HAVE A DENTAL PROVIDER SIGNATURE WITH A DENTAL CLASS, INCLUDING INFANTS AND CHILDREN ARE NO EXCEPTION.
3. DD 2807-1 REPORT OF MEDICAL HISTORY- FILL OUT BLOCKS 1-29, WITH EXPLANATIONS OF ALL YES ANSWERS IN BLOCK 29.
4. DD FORM 2792-1 – REQUIRED FOR ALL DEPENDENTS AGES 3-21 GOING TO OVERSEAS.
5. NAVPERS 1300/16 Page 3 – ALL FAMILY MEMBERS SCREENED TOGETHER CAN BE ON ONE FORM. FILL OUT THE TOP OF THE PAGE WITH SERVICE MEMBER'S NAME. ADD THE FAMILY MEMBERS' NAMES INTO THE MIDDLE SLOTS. PLEASE DO NOT BUBBLE.

If a family member is enrolled in the EFMP program, please bring that paper work.

IF YOU HAVE BEEN REFERRED OR CURRENTLY UNDER THE CARE OF ANY SPECIALIST (i.e. Orthopedics, Endocrinology, Mental Health, Physical Therapy, Speech Therapy, etc.) please complete the follow ups appointments and bring a copy of all medical notes/records completed from the civilian medical institution.

*****FAILURE TO COMPLETE THE FOLLOWING PREREQUISITES WILL RESULT IN DELAYS IN SCHEDULING A PART II APPOINTMENT. FAILURE TO PROVIDE THESE DOCUMENTS UPON ARRIVAL TO A PART II APPOINTMENT WILL RESULT IN CANCELLATION OF YOUR APPOINTMENT*****



OVERSEAS/REMOTE DUTY SCREENING CHECKLIST FAMILY MEMBERS

Family Members receiving care at non-military facilities must bring a copy of all pre-requisites listed on this page to their pre-screening as well as their screening appointments.

SPONSOR'S ORDERS/LETTER OF INTENT (LOI) _____

PHYSICAL EXAMS (MUST BE WITHIN LAST 12 MONTHS FOR THOSE AGES 2 AND ABOVE):

CHILDREN: COPY OF A WELL CHILD EXAMS (MUST BE AGE APPROPRIATE: 2 WEEKS, 2 MONTHS, 4 MONTHS, 6 MONTHS, 9 MONTHS, 12 MONTHS, 15 MONTHS, 18 MONTHS, & 24 MONTHS) _____

ADOLESCENTS: COPY OF A PHYSICAL EXAM (SCHOOL PHYSICAL IS NOT SUFFICIENT) _____

ADULT MALES: COPY OF HEAD TO TOE PHYSICAL EXAM _____

ADULT FEMALES: COPY OF A WELL WOMAN EXAM OR A HEAD TO TOE PHYSICAL EXAM _____

PAP SMEAR (PER ACOG GUIDELINES, WITH OFFICIAL LABORATORY RESULT) _____

MAMMOGRAM within 12 months (AGE 40 & ABOVE, WITH OFFICIAL RADIOLOGY RESULT) _____

PPD OR QUANTIFERON: (AGES 4 AND ABOVE WITHIN LAST 12 MONTHS) _____

IF PPD Converter, please provide a negative CXR within last 12 months _____

IMMUNIZATIONS: COPY OF VACCINE RECORDS (TITERS SHOWING IMMUNITY acceptable for some)

ADULTS: HEPATITIS A & B (Or + Titers for *Hepatitis A Virus Ab* & *Hepatitis B Virus Surface Ab*), MMR & VARICELLA (Or + Titers *MMRV Ab IgG*), POLIO, & TDAP (*Polio and TDap must be documented vaccinations, Titers will NOT be accepted*). _____

CHILDREN: AGE APPROPRIATE VACCINES _____

DD FORM 2807-1: (COMPLETED WITH EXPLANATION ON ALL "YES" ANSWERS IN BLOCK 29) _____

Page 3 must be left blank – to be completed by NTC Medical Screener during the appointment.

NAVMED 1300/1 PART I: FILL OUT ONLY IDENTIFIER INFORMATION ON THE TOP OF THIS FORM (NAME, SSN, FAMILY PRE-FIX, & NEXT DUTY STATION). **THIS FORM IS NOT A PHYSICAL EXAM FORM TO BE COMPLETED BY YOUR PCM. ONLY NTC SUITABILITY SCREENING STAFF WILL COMPLETE BLOCKS 1-20**

NAVMED 1300/1 PART II Dental Screening: Signature from a Dentist and a Dental class is required.

CHILDREN <1 YEAR OF AGE, SIGNATURE FROM PCM IS ACCEPTABLE _____

DD FORM 2792-1: (FOR OVERSEAS AND REMOTE DUTY STATIONS ONLY. MANDATORY FOR ALL AGES 3-21) COMPLETED BY PARENT/GUARDIAN, **AND** SCHOOL OFFICIALS) _____

EFMP CATEGORY: (IF APPLICABLE) _____

VERIFICATION OF PREREQUISITES - COMPLETED BY NTC SUITABILITY SCREENING STAFF ONLY

PRE-SCREENER NAME: _____ APPOINTMENT BOOKED YES/NO _____

PRE-SCREENER REMARKS (Please annotate any discrepancies on the space below):