



OVERSEAS/REMOTE DUTY SCREENINGS PROCESS FAMILY MEMBERS

NAVAL TRAINING CENTER (NTC)
2051 CUSHING RD.
SAN DIEGO, CA 92106
PHONE: 619-524-0562/0229
MON-FRI: 0730-1530

Upon receiving the letter of intent (LOI) or hard copy orders it is important to complete the medical pre-requisites on the following page as soon as possible. Our average appointment availability is 2-3 weeks from the completion date of pre-screening

PART I (PRE-SCREENING) Walk-in hours: M-F 0730-1100 and 1300-1430.

Review of medical records, including verification of all pre-requisites. Upon completion, an appointment for PART II will be made. **No all family members need to be present for pre-screening visits.**

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

PART II (MEDICAL SCREENING) By appointments only: M-F 0800-1530.

A medical interview conducted by a Medical Officer or Medical Provider trained in Suitability Screening. Goal of screening is to identify any medical conditions that may be beyond the medical capabilities of the gaining Medical Treatment Facility. Medical Screener will determine and inform you of your suitability. **Each member of the family needs an appointment and must be present for the screening.**

****PLEASE COMPLETE ALL MEDICAL PRE-REQUISITES AT YOUR MEDICAL TREATMENT FACILITY PRIOR TO PRE-SCREENING TO MINIMIZE DELAYS IN BOOKING YOUR APPOINTMENT PART II****

SUITABILITY SCREENING FORMS – 1 SET PER FAMILY MEMBER:

PRIOR TO PRE-SCREENING ENSURE THE FOLLOWING ITEMS ARE COMPLETED:

- **NAVMED 1300/1 - ONLY NAME, SSN, NEXT DUTY STATION FOR PAGE 1. DENTAL CLASSIFICATION WITH A SIGNATURE ON NAVMED 1300/1 PART II (PAGE 3)**
- **DD 2807 REPORT OF MEDICAL HISTORY – COMPLETE ALL BLOCKS 1-29. EXPLAIN ALL YES ANSWERS IN BLOCK 29.**
- **NAVPERS 1300/16 - FILL OUT THE TOP OF THE PAGE WITH SERVICE MEMBER'S NAME. FAMILY MEMBER NAMES GO IN MIDDLE SECTION. PLEASE DO NOT BUBBLE IN THE YES OR NO'S.**
- **IF YOU HAVE BEEN EVALUATED BY A SPECIALTY CLINIC (Orthopedics, Endocrinology, Mental Health, Physical Therapy, Speech Therapy etc.) PLEASE BRING COPIES OF ALL OFFICIAL MEDICAL RECORDS FOR THE PAST YEAR.**

*****FAILURE TO COMPLETE THE FOLLOWING PREREQUISITES WILL RESULT IN DELAYS TO SCHEDULE A PART II APPOINTMENT AND FAILURE TO PROVIDE ANY MISSING ITEMS ADRESSED BY PRE-SCREENER 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 the pre-requisites listed on this page to their pre-screening. Additionally, copies of medical treatment received at any specialty clinic such as Mental Health, Endocrinology, Gastro, Orthopedics etc. must be presented to the screener******

SPONSOR'S ORDERS/LETTER OF INTENT (IN HAND) _____

PHYSICAL EXAMS:

CHILDREN AND ADOLESCENTS: LATEST WELL CHILD EXAM (2, 4, 6, 9, 12, 15, 18, 24 MONTHS, ANNUAL EXAM THEREAFTER) _____

ADULT MALES: A HEAD- TO-TOE PHYSICAL EXAM (WITHIN THE LAST 12 MONTHS) _____

ADULT FEMALES: A WELL WOMAN EXAM OR 1 HEAD-TO-TOE PHYSICAL EXAM (WITHIN LAST 12 MONTHS) _____

PAP SMEAR (PER ACOG GUIDELINES) - OFFICIAL LABORATORY RESULTS _____

MAMMOGRAM (ANNUAL FOR FEMALES AGES 40 AND ABOVE) - OFFICIAL RADIOLOGY RESULTS

ADULTS OVER THE AGE 50: COLONOSCOPY RESULT _____

PPD RESULT/QUANTIFERON: (AGES 4 & ABOVE WITHIN LAST 12 MONTHS) _____;

If +PPD, a CXR result (within the last 12 months)_____.

IMMUNIZATIONS:

CHILDREN (AGE APPROPRIATE VACCINATIONS)_____

ADULTS (HEPATITIS A&B, MMR, VARICELLA, POLIO, TDAP / OR TITERS SHOWING IMMUNITY)_____

REQUIRED FORMS:

2807-1: (PAGES 1 AND 2 COMPLETED WITH EXPLANATIONS OF ALL YES ANSWERS ON BLOCK 29) _____
Page 3 – leave blank for NTC Medical Screeners to complete during the screening appointment.

1300/1: FILL OUT IDENTIFIABLE INFORMATION ON THE TOP OF EACH FORM

Pages 1 and 2 are NOT A PHYSICAL EXAM FORM, ONLY NTC SUITABILITY SCREENING STAFF WILL FILL OUT PAGES 1-2 (BLOCKS 1-20) _____

Page 3 Dental Screening: Dental Classification and Signature from a dentist is required for all dependents (CHILDREN < 1 year can be filled out by PCM) _____

2792-1: (OVERSEAS AND REMOTE DUTY ONLY all dependents age 3-21)

(FILLED OUT BY PARENT/GUARDIAN **AND** SCHOOL OFFICIALS) _____

EFMP LETTER WITH CATEGORY: (IF CURRENTLY ENROLLED IN EFMP) _____

VERIFICATION OF PRE-REQUISITES 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: