



1b. **Page 3 of NAVMED 1300/1 (NAVMED 1300/1 Part II) is a Dental Form. IT IS REQUIRED FOR ALL DEPENDENTS.** This form must have a dental class, and signed by a dentist, or for those under age 1, may be signed by Primary Care Provider, “no teeth”, “no cleft lip” or “no cleft palate”.

PART II			
SERVICE / FAMILY MEMBER NAME		GRADE / RATE / FAMILY MEMBER PREFIX	SSN
<b>Dental Screening.</b> Completed by a dental officer/privileged dentist prior to an overseas, remote duty, or operational assignment for the purpose of assessing and matching the dental needs of a service/family member to the support capabilities of the gaining medical treatment facility.			
Yes	No	N/A	ITEM
			1. All current dental records (military and civilian) reviewed?
			2. All dental examinations are current? (If more than 180 days since last T-1 or T-2 dental exam, a dental officer/privileged dentist must, at a minimum, review the dental record and interval medical and dental history.)
			3. Is a reexamination required by a Navy MTF if examined or treated at a non-Navy facility?
			4. If service/family member is in Dental Class 3 or 4, can dental treatment or examination be completed before the transfer?
			5. Is there a requirement for follow-on care such as orthodontics, implants, specialty prosthetics, etc.?
			6. Are there any chronic dental conditions requiring routine or continuing access to care or access to specialized dental care?
			7. Specify other concerns:
8. Specify Dental Class: <i>(required for service members)</i> _____			
<b>Dental Classifications:</b> (Per DoDI 6025.19)			
<b>Normally considered worldwide deployable:</b> <b>Class 1</b> - Patients with a current dental examination, who do not require dental treatment or re-evaluation. <b>Class 2</b> - Patients with a current dental examination, who require non-urgent dental treatment or re-evaluation for oral conditions unlikely to result in a dental emergency within 12 months.			
<b>Normally not considered worldwide deployable:</b> <b>Class 3</b> - Patients who require urgent or emergent dental treatment for oral conditions with a high potential to cause a dental emergency in the next 12 months. <b>Class 4</b> - Patients who require a dental examination either because: (1) No type 1 (comprehensive) or type 2 (annual or periodic oral) dental examination was completed by a dental officer/privileged dentist within the past 12 months; (2) A patient's dental record does not exist or; (3) The dental record is not held by the responsible dental treatment facility or Medical Department activity.			
IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, FORWARD A SUITABILITY INQUIRY TO THE GAINING MEDICAL TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL LOCATION TO DETERMINE IF THE REQUIRED DENTAL SUPPORT IS AVAILABLE. <i>(attach reply)</i>			
Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? <i>(completed by an MTF designated military dental screener only)</i>	
MTF Medical Screener (Signature)		Civilian Medical Screener (Signature)	
Date		Date	
Printed Name, Rank or Grade		Printed Name	
DTF or Duty Station		Address	
Telephone Number (include area/country code)		City, State, and ZIP Code	
DSN Number		Telephone Number (include area/country code)	
Telefax Number (include area/country code)		Telefax Number (include area/country code)	
E-mail Address		E-mail Address	

Complete your Name and SSN  
(Completed by you)

Dental Class Assigned  
(Completed by Dental provider)

Civilian Dental Provider's signature

Military Dental Provider's signature

## 2. DD 2807-1 (Medical History Form)

REPORT OF MEDICAL HISTORY (This information is for official and medically confidential use only and will not be released to unauthorized persons.)		OMB No. 0704-0413 OMB approval expires Mar 31, 2010																																																																																																																																																												
<p>The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Service Directorate (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p><b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.</b></p>																																																																																																																																																														
<p><b>PRIVACY ACT STATEMENT</b>                      AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN).                      PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.                      ROUTINE USE(S): None.                      DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.                      WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, admission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.</p>																																																																																																																																																														
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One form for each DEPENDENT, Please complete blocks 1 – 29. PLEASE LEAVE THE 3<sup>RD</sup> PAGE BLANK, FOR THE PROVIDER TO COMPLETE.

Complete all blocks that require your name and social security, top of page 2 & 3.

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER																																																																																																																																																																																				
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**EXPLAIN ALL "YES" ANSWERS HERE IN DETAIL WITH DATES:**

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
<p>30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)</p> <p>a. COMMENTS</p>	
<p><b>*** LEAVE EVERYTHING BELOW YOUR NAME BLANK ***</b></p>	
b. TYPED OR PRINTED NAME OF EXAMINER (Last, First, Middle Initial)	c. SIGNATURE
	d. DATE SIGNED (YYYYMMDD)

**3. DD FORM 2792-1 (SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY) – required for all dependents ages 3-21, to be completed by both parents and school.**

**SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 136; 20 U.S.C. 927; DoDI 1315.19; DoDI 1342.12; and E.O. 9397 (as amended).

**PRINCIPAL PURPOSE(S):** Information will be used by DoD personnel to evaluate and document the special education needs of family members. This information will enable: (1) Military assignment personnel to match the special education needs of family members against the availability of educational services, and (2) Civilian personnel officers to advise civilian employees about the availability of education services to meet the special education needs of their family members. The personally identifiable information collected on this form is covered by a number of system of records notices pertaining to Official Military Personnel Files, Exceptional Family Member or Special Needs files, Civilian Personnel Files, and DoD Education Activity files. The SORNs may be found at <http://dpcio.defense.gov/Privacy/SORNs/index/DODComponentNotices.aspx>.

**ROUTINE USE(S):** DoD Blanket Routine Uses 1, 4, 6, 8, 9, 12, and 15 found at <http://dpcio.defense.gov/Privacy/SORNs/index/BlanketRoutineUses.aspx> may apply.

**DISCLOSURE:** Voluntary for civilian employees and applicants for civilian employment; however, the information must be provided if you intend to enroll your child with special education needs in a school funded by the Department of Defense or a school in which DoD is responsible for paying the tuition for a space-required family member. Mandatory for military personnel. Failure or refusal to provide the information or providing false information may result in administrative sanctions or punishment under either Article 92 (dereliction of duty) or Article 107 (false official statement), Uniform Code of Military Justice. The Social Security Number of the sponsor (and sponsor's spouse if dual military) allows the DoD Education Activity and Service personnel offices to work together to ensure any special education needs of your dependent can be met at your next duty assignment. Dependent special education needs are annotated in the official military personnel files which are retrieved by name and Social Security Number.

**INSTRUCTIONS**

The DD Form 2792-1 is completed to identify a family member with special educational/early intervention needs.

**DEMOGRAPHICS.**

Items 1 - 7. Completed by sponsor or spouse.

**Item 1. Request (X one):**

- EFMP Registration/Enrollment Update - first enrollment application for the family member or to update a previous evaluation for the family member.
- Government Sponsored Travel.
- Change in EFMP Status.

Items 2.a. - h. Child/Student Information. Self-explanatory.

Items 3.a. - h. Sponsor Information. Self-explanatory.

Item 3.I. Child/student enrolled in DEERS under another sponsor. Self-explanatory.

Items 4.a. - d. Self-explanatory.

Item 5. Completed for children age birth to 3 who have or require an IFSP.

Item 6.a. - e. Completed for children ages 3 to 21 only who have or require an IEP. Children who have IEPs and are ages 3 to 5 should have the DD 2792-1 completed at the school the child would normally attend for kindergarten. High School graduates, students who have passed the G.E.D. and college students are not required to complete the DD 2792-1.

Items 7.a. - c. Signature of sponsor or spouse who completed the form. Self-explanatory.

Items 8.a. - f. Administrative Review. Completed by EFMP responsible for screening or enrollment in the MTF.

**SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY**

DD Form 2792-1 is completed by the parents and school or early intervention staff. **Only this form should be provided to school or early intervention staff. Do not include medical information forms that may be used for EFMP screening or enrollment.**

Items 1.a. - d. Sponsor Information. Signature of sponsor, spouse, legal guardian, or student who has reached the age of majority is **REQUIRED** to authorize the school to release information.

Items 2.a. - d. Child/Student Information. Completed by sponsor, spouse, or legal guardian. Self-explanatory.

Items 3.a. - d. EIS Information. Completed by EIS or school personnel. Mark (X) Yes or No for each item. Include additional information as noted.

Items 4.a. - f. School Information. Completed by school personnel at the public school the child attends or would attend. Mark (X) Yes or No for each item. Include additional information as noted.

Item 5. Completed by school personnel. Mark (X) eligibility category. Mark only one. (Codes are for Army coding only.)

Item 6. Completed by school personnel. Mark (X) all related services provided and indicate total time services are provided.

Item 7. Completed by EIS and school personnel. Self-explanatory.

Item 8. Completed by EIS provider/school official information completing form. Self-explanatory.

**Please read instructions carefully.**



**4. NAVPERS 1300/16 (Over Sea Screening) - ONLY 1 FORM IS NEEDED PER FAMILY**

1. MEMBER'S NAME:		2. DATE:	
PART II: RECOMMENDATION OF COMMANDING OFFICER (OR OIC) OF MEDICAL TREATMENT FACILITY.			
Based on the information available as a result of screening, approved medical/dental waivers received, and on the capabilities of the Medical/Dental Treatment Facility (MTF/DTF) in the area of assignment to which ordered, the following recommendation is forwarded.			
1. Medical, dental, and educational screening was conducted per BUMEDINST 1300.2A.			
2. Recommendation is based on a review of NAVMED 1300/1, Parts I and II. One form has been completed for each service and family member screened.			
3. If a shaded block is checked on NAVMED 1300/1, coordination is required with the gaining MTF/DTF supporting the overseas, remote duty, or operational location, or with the senior medical department representative of an operational platform. Coordination must indicate whether or not required medical, dental, or educational capabilities are available.			
4. Family member screening is not required if an unaccompanied tour of 24 months or less (exception: screening is required for Diego Garcia/ Santa Bay, Crete).			
5. Do not forward sensitive medical or personal information with this form.			
The following recommendation(s) are made based on a review of each NAVMED 1300/1, Parts I and II, and if required, the response from the gaining MTF/DTF or senior medical department representative of the gaining command:			
1. SERVICEMEMBER IS SUITABLE FOR THIS ASSIGNMENT. <input type="radio"/> Yes <input type="radio"/> No			
FAMILY MEMBERS SUITABILITY FOR THIS ASSIGNMENT.			
2. NAME: <input type="radio"/> Yes <input type="radio"/> No		3. NAME: <input type="radio"/> Yes <input type="radio"/> No	
4. NAME: <input type="radio"/> Yes <input type="radio"/> No		5. NAME: <input type="radio"/> Yes <input type="radio"/> No	
6. NAME: <input type="radio"/> Yes <input type="radio"/> No		6. NAME: <input type="radio"/> Yes <input type="radio"/> No	
The following family member(s) were referred for Exceptional Family Member Program (EFMP) enrollment (DO NOT DELAY SCREENING FOR EFMP DETERMINATION):			
8. NAME (s):			
9. NAME OF CO/OIC OR DESIGNEE OF MEDICAL TREATMENT FACILITY:		10. DATE:	9. SIGNATURE OF CO/OIC OR DESIGNEE OF MEDICAL TREATMENT FACILITY:

Fill in the Sponsor's Name (Active Duty Member) and **LEAVE DATE BLANK** on top of page

Enter Each Family Member's name.

Do **NOT** fill in the "Yes" or "No" Bubble.

**REQUIRED IMMUNIZATIONS**



Each family member must have a copy of immunization record or titers showing immunity to include:

1. Polio (documented vaccine history, or recent vaccination)
2. Varicella (documented vaccine history or labs showing immunity)
3. Hep A and Hep B (documented vaccine history or labs showing immunity)
4. MMR (documented vaccine history or labs showing immunity)
5. TDAP (Current, within the last 10 years)
6. JEV for Japan & Guam (Required upon finalization of Screening/Suitability determination)
7. Either PPD (Tuberculosis Skin Test)/Quantiferon is **\*REQUIRED FOR FAMILY MEMBER 4-YEARS OF AGE AND OLDER, WITHIN LAST 12 MONTHS\*** If you are a PPD converter (+PPD), do you have a negative Chest X-Rays within the last 12 months?

## **PHYSICALS**

- A current Physical within the last 12 months
  - Well child physical (age appropriate physical)
  - Male (Head-to-Toe Physical)
  - Woman (Well Women Exam or Head-to-Toe physical)
  
- For women, current PAP smear pathology report per 2013 American College of Gynecology Guidelines (**Under Age of 21- No PAP recommended, Ages 21-29 Normal PAP within 3 years, Ages 30-65 - Normal PAP AND negative HPV within 5 years or Normal PAP within 3 years**)? If the pap was abnormal, and a colposcopy was done, we would need the colposcopy pathology report too. If you are unsure, bring in the latest PAP smear pathology report(s) for review.
  
- For women 40 and over, please bring an official Mammogram report within the last year?
  
- For dependent women who are that are currently pregnant and expect to deliver at the next duty station, they must fly prior to 36 weeks of Gestational Age (active duty women prior to 28 weeks of Gestational Age. If the female dependent just had a baby, a post-partum physical would be needed as her physical. The baby must have a 2 month physical with the immunizations, prior to screening.

## **Exceptional Family Member Program (EFMP)**

- Are your dependents enrolled in EFMP? If so, please bring in the EFMP enrollment letter or the EFMP paper work, it has recently been submitted.

## **Point of Contact:**

Any questions, please contact NTC Suitability Screening office:

Front Desk Number: 619- 524-0562

Address: 2051 Cushing Road, San Diego CA, 92106-6000

Walk in prescreening hours: 7:30 – 11:00 & 13:00 – 14:30 Monday – Friday

**WEBSITE INFORMATION: Google “NTC Suitability Screening” – 1<sup>st</sup> result is our website.**

<http://www.med.navy.mil/sites/nmcsc/Pages/Care/Suitability-Screening-Center.aspx>