Updated 02 APR 2015

Suitability Screening Center
Naval Branch Health Clinic, NTC

ATTENTION: GUIDELINES MUST BE MET BEFORE PRE-SCREENING AND SCHEDULING YOUR APPOINTMENT

CONTACT INFORMATION

PHONE:

619-524-0562

HOURS:

PRE-SCREENING/ SCHEDULING (PART I)

A.M. 0730-1100

P.M. 1300-1430

CLOSED FROM 1200-1300

LOCATION:

2051 CUSHING RD
SAN DIEGO, CA 92106

ACTIVE DUTY MEMBERS (30 days)

- Current Orders or Letter of Intent (LOI)
- Military Health Record
- Annual PHA (within 12 months) Must have an Electronic copy in AHLTA or a hard copy (NAVMED 6120/4) in Medical Record
- Current Report of Medical History (DD Form 2807-1)
- Documented Audiogram (within last 5 years)
- HIV Drawn (within 24 months)
- Immunization Record
- Well Woman Exam (females) PAP Smear within ACOG Guidelines
- Mammogram (females 40 and older)
- Dental signature on NAVMED 1300/1 Part II (PAGE 3)

All personnel to be screen must fill out the following items prior to their appointment:

1. *NAVMED 1300/1 Part I* – ONLY top portion : (Sponsor Name, sponsor's Full Social, Next Duty station, Family Member name and Prefix)
2. *NAVMED 1300/1 Part II* (page 3) - Dental Class and Dentist Signature.
3. *DD FORM 2807-1 (Report of Medical History)* - For all "yes" answers please provide a brief explanation on page 2
4. *NAVPERS 1300/16* – Complete the top portion, fill in family members names.

******DO NOT GIVE ANY OF THESE FOMRS TO YOUR DOCTOR TO COMPLETE. THEY ARE TO BE FILLED BY SUITABILITY SCREENING PROVIDERS. ONLY YOUR NAVMED 1300/1 PAGE 3 CAN BE SIGN BY YOUR DENTIST. *******

*Please be advised that requirements can change at gaining commands discretion.

FAMILY MEMBERS (60 days)

- Annual Physical (Well Woman Exam or Head-to-Toe Physical, completed w/in last 12 months) or Well Baby/Child Physical over the past 12 months.
- Official lab result of pap smear (ACOG Guidelines).
- Official radiology result of mammogram (females 40 and over w/in last 12 mon).
- Dental Examination within **the last 12 months,** with Category 1 or 2 and Signed by a dentist on NAVMED 1300/1 Part II (ages 4 and older). *******Yokosuka , Okinawa, Korea,** and **Guam** require **ALL dependents to have dental signed REGARDLESS OF AGE**.*******
- Immunizations (updated for children and adults). **Adults should have proof of Hep A & B, MMR, Varicella, Polio, TDap (w/in last 10 years), and PPD (w/in the last 12 months for ages 4 and older)**
- IF **POSITIVE PPD**, provide proof of completion of treatment, & CXR result w/in 1 yr.
- **If a dependent is seeing any non-military /civilian medical Specialist(s)** (i.e, orthopedics, endocrinologist, psychiatry, speech pathology) **and/or sub-specialist(s)** (i.e. pediatric pulmonology, developmental neurology) please provide the documentation of the encounters w/in last 12 months.
- **2-month** well baby check-up and 1st set of Immunizations must be complete in order for newborn to be screened.
- 2-wk Postpartum Physical must be complete in order for mothers to be screened.
- Pregnant women exceeding Gestational age of 28 weeks cannot travel outside of CONUS.
- **EFMP (Exceptional Family Member Program) Paperwork**, DD form 2792, **if enrolled.**
- **IEP (Individual Education Program) Paperwork**, DD Form 2792-1, **required for all Overseas and remote duty stations.**