



USCG 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 receiving 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, and 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 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 (M-F 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 (M-F 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 THESE MANDATORY FORMS COMPLETED:

1. **USCG Exhibit 1.H.2 PART I (ONLY NAME, SSN, NEXT DUTY STATION FOR PART I)**
2. **USCG Exhibit 1.H.2 PART II – MUST HAVE A DENTAL PROVIDER SIGNATURE**
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.**

If a family member is enrolled in the EFMP/Special Needs 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 up appointments and bring a copy of all medical notes/records 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*****



USCG 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 THE 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 PHYSICALS 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 RESULTS) _____

MAMMOGRAM (AGES 40 AND ABOVE/WITH OFFICIAL RADIOLOGY RESULTS) _____

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

IMMUNIZATIONS: COPY OF VACCINE RECORDS _____ OR TITERS SHOWING IMMUNITY _____

ADULTS: HEPATITIS A&B, MMR, VARICELLA, POLIO, TDAP

CHILDREN: AGE APPROPRIATE VACCINES _____

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

Page 3 of this form will be completed by NTC Medical Screeners Only during the appointment.

USCG Exhibit 1.H.2 Part I: PLEASE ONLY COMPLETE THE IDENTIFIABLE INFORMATION ON THIS FORM (TOP PORTION NAME, SSN, FAMILY PRE-FIX AND NEXT DUTY STATION). **THIS FORM IS NOT A PHYSICAL FORM TO BE COMPLETED BY YOUR PCM. ONLY NTC SUITABILITY SCREENING STAFF WILL COMPLETE BLOCKS 1-6** _____

USCG Exhibit 1.H.2 Part I (Number 7) Dental Screening and Part II Dental Signature:

Signature from a dentist is required. CHILDREN <1 YEAR OF AGE, SIGNATURE FROM OSS is _____
Acceptable

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

EFMP/Special Needs CATEGORY: (IF APPLICABLE) _____

VERIFICATION OF PRE-REQUESITES 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:

1st Prescreen Date

2nd Prescreen Date

3rd Prescreen Date