



**Contact Information**

**Phone:**

619-524-0562

**Hours:**

0900-1530(M)

0730-1530 (Tu-F)

1200-1230

LUNCH BREAK

**Location:**

2051 Cushing Road

San Diego, CA 92106

**All  
Prescreening  
are done on a  
walk in basis.**



**ATTENTION: GUIDELINES MUST BE MET BEFORE AN APPOINTMENT IS SCHEDULED.**

**Service Members**

- Current Orders
- Military Health Record
- Annual PHA (within 12 months)
- Current Medical History (DD 2807-1)
- Documented Audiogram (within last 5 years)
- Negative HIV (within 24 months)
- Immunization Record
- Well Woman Exam (females)
- Mammogram (females 40 and older)
- Dental signature on NAVMED 1300/1 Part II

**Family Members**

- Copy of notes from **1 year** of medical visit and Lab tests.
- If there are pending issues or medical concerns from Mental Health, Specialty clinic and/or primary care clinic w/in the last **12 months**, provide documentations.
- Annual Physical or Well Baby (completed with in last 12 months of date of transfer, copies need to be in the record)
- Well Woman Exam, Head to Toe Physical and Pap Smear test w/in ACOG Guidelines. Mammogram (females 40 or older)
- Current Immunizations (T-Dap w/in 10 yrs & PPD w/in 12months for 4 yrs old & older -IF **POSITIVE PPD**, provide proof of completion of INH medication or Chest X-ray w/in 1 yr. Members going to Japan require VZV, MMR, Polio, Hep-B in addition to PPD and TDAP
- Dental Examination w/in **1 yr** and Dental Signature on NAVMED 1300/1 Part II (ages 4 and older, with the exception of Okinawa **6 months** and older, Yokosuka and Atsugi **12 months** and older)
- EFMP Paperwork and IEP Paperwork if enrolled in the programs.
- 2wks Postpartum physical must be complete in order for mother to be screened
- **2 month** well baby check-up and first set of Immunizations must be complete in order for newborn to be screened.
- Women exceeding 28 wks pregnant require a OB/Gyn clearance.

**All personnel to be screened must complete:**

NAVMED 1300/1- Complete and fill out upper portion of the Form. Required for each person to be screened.

DD FORM 2807-1- Each member / dependant must complete. Answer question 1-29. For all "yes" answers please provide information on the 2nd page.

NAVPER 1300/16- Complete the top portion and fill in family members names.

**\*PLEASE ADVISE YOUR DOCTORS NOT TO WRITE OR SIGN THE FORMS. ONLY DENTAL PROVIDERS WILL WRITE AND SIGN THE DENTAL PORTION.\***