

Yes	No	N/A	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. For service/family members with underlying medical conditions: <i>(if not applicable, check block and skip to #18)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Is there a requirement for special medical supplies, adaptive equipment, assistive technology devices, special accommodations, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. If exposed to a physically or emotionally demanding environment, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior, or result in a limited duty or MEDEVAC situation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Can the gaining MTF/operational platform provide the current required medical support?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Can the gaining MTF/operational platform provide required medical support (diagnostic and therapeutic) if the underlying condition is exacerbated?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Are there any chronic medical or mental health conditions requiring routine or continuing access to care or access to specialized medical care? <i>(document on DD 2807-1)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. If required, were potential environmental concerns and possible health effects communicated to each service and family member? <i>(document on appropriate SF 600 overprint)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. For infants and toddlers (birth through 2 years, inclusive) with a disability, is the child receiving or eligible to receive early intervention services as evidenced by an Individualized Family Service Plan (IFSP)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. For preschool and school children (ages 3 through 21, inclusive) with a disability, is the child receiving or eligible to receive special education and related services as evidenced by an Individualized Education Program (IEP) and DD 2792, Addendum B?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Specify other concerns:

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, QUERY THE GAINING MILITARY TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. *(attach reply)*

Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? <i>(completed by a MTF medical screener only)</i>
_____	_____	_____
MTF Medical Screener (Signature)	Date	Civilian Medical Screener (Signature) _____ Date
_____	_____	_____
Printed Name, Rank or Grade	_____	Printed Name
_____	_____	_____
MTF 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

PART II

SERVICE / FAMILY MEMBER NAME	GRADE / RATE / FAMILY MEMBER PREFIX	SSN
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Dental Screening. Completed by a military/civilian dental officer or privileged provider 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 Military 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 or privileged provider must, at a minimum, review the dental recode and interval medical and dental history (see MANMED, chapter 6, section XIV, 6-99).
			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: *(required for service members)* _____

Dental Classifications: (Per SECNAVINST 6600.5A)

Normally considered worldwide deployable:

Class 1 - Patients with a current dental examination, who do not require dental treatment or re-evaluation.

Class 2 - 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.

Normally not considered worldwide deployable:

Class 3 - 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.

Class 4 - 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 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 MILITARY TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL LOCATION TO DETERMINE IF THE REQUIRED DENTAL SUPPORT IS AVAILABLE. *(attach reply)*

Yes	NO	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? <i>(completed by a MTF designated military dental screener only)</i>
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_____ MTF Screener (Signature)	_____ Date	_____ Civilian Dental Screener (Signature)	_____ 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	