DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 1300.2A
BUMED-M3
23 Jun 2006

BUMED INSTRUCTION 1300.2A

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: SUITABILITY SCREENING, MEDICAL ASSIGNMENT SCREENING, AND EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) IDENTIFICATION AND ENROLLMENT

Ref: (a) OPNAVINST 1300.14C
(b) MILPERSMAN article 1300-302
(c) MILPERSMAN article 1300-304
(d) MILPERSMAN article 1300-306
(e) MILPERSMAN article 1300-800
(f) MCO P1300.8R, Chapter 2
(g) MILPERSMAN article 1300-801
(h) SECNAVINST 1754.5B
(i) OPNAVINST 1754.2B
(j) MCO P1754.4A
(k) DODINST 1342.12 of 11 Apr 2005
(l) DODINST 1315.19 of 20 Dec 2005
(m) NAVMED P-117, Manual of the Medical Department
(n) SECNAVINST 1000.10A
(o) OPNAVINST 6000.1B
(p) MCO 5000.12E
(q) BUMEDINST 6230.15
(r) BUMEDNOTE 6230 of 20 Apr 1998
(s) OPNAVINST 6120.3
(t) ASD(HA) memo of 19 Feb 1998

Encl: (1) Definitions
(2) Overseas, Remote Duty and Operational Suitability Screening
(3) Medical Assignment Screening
(4) EFMP Identification and Enrollment
(5) Remote Duty Locations in the United States
(6) Department of Defense Educational Activity (DODEA) Special Education Coordinators
(7) Forms Reference Guide
(8) Summary of Requirements for Medical, Dental, and Educational Suitability Screening
(9) EFMP Central Screening Committees and Enrollment Managers
(10) NAVMED 1300/2 (Rev. 1-2006), Medical, Dental and Educational Suitability Screening Checklist and Worksheet
(11) NAVMED 1300/1 (Rev. 1-2006), Medical, Dental and Educational Suitability Screening for Service and Family Members

(12) NAVMED 1300/3 (1-2006), Medical Assignment Screening
(13) Navy and Marine Corps Deficiencies Screening Reports Submission Locations

1. Purpose

a. To provide policy, procedures, and responsibilities for:

(1) Medical, dental, and educational suitability screening.

(2) Medical assignment screening.

(3) EFMP identification and enrollment.

b. This instruction addresses the following requirements:

(1) Reference (a) requires the Bureau of Medicine and Surgery (BUMED) to: provide procedures for medical, dental, and educational suitability screening; monitor execution of screening procedures; determine the cause and institute corrective action for screening deficiencies; and make recommendations for additions or deletions of locations considered as remote duty stations to the Navy Personnel Command (NAVPERSCOM). References (b) through (e) contain screening policy specific to the Navy and reference (f) to the Marine Corps.

(2) Reference (g) requires BUMED to prescribe procedures for and to conduct medical assignment screening for Navy service members.

(3) References (h) and (i) require BUMED to develop policy for health care providers and patient administrators to identify and enroll eligible service and family members in the EFMP and to maintain central screening committees. Reference (j) contains EFMP policy specific to the Marine Corps.

c. Suitability screening procedures are used to:

(1) Determine suitability of Navy and Marine Corps service members, and their family members, in receipt of orders to overseas or remote duty assignments by identifying medical, dental, and educational requirements, henceforth referred to as special needs.

(2) Determine suitability of Navy and Marine Corps service members in receipt of orders to worldwide operational assignments.

(3) Identify family members who are eligible for EFMP enrollment.

d. Medical assignment screening procedures are used to identify ongoing medical conditions of Navy and Marine Corps service members that may limit the service member's ability to be worldwide assignable, subsequent to periods of limited duty (LIMDU) or a finding of "fit for continued Naval service" by the Department of the Navy Physical Evaluation Board (PEB).

e. Enclosure (1) contains a list of definitions used in this instruction.

f. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 1300.2.

3. Background

a. Service and family members with special needs who are improperly screened can arrive at overseas, remote duty, or operational assignments with requirements beyond the capability of local medical, dental, educational, or community resources. This may result in increased absences from duty, decreased quality of life, early return from the assignment, billet gaps, and unplanned expenditures of temporary additional duty (TAD) or permanent change of station (PCS) funds. Proper screening ensures a productive tour for the service member, family, and command and reduces costs.

b. Service members occasionally report to operational assignments with medical conditions that are beyond the treatment capability of the operational unit. While not considered unfit for duty ashore, these conditions may be incompatible with successful assignment to a particular operational platform. Naval operations will continue to rely on fewer personnel to operate systems of increasing complexity and cannot tolerate unplanned losses of deployed personnel. The loss of a single Sailor or Marine may compromise the readiness of a unit.

c. Screening supports readiness by ensuring the service member can execute his or her military duties associated with the military occupation and assignment. Communication and collaboration among and between the transferring and gaining commands and the screening and gaining military treatment facilities (MTF) during the transfer process is essential to ensure successful assignments.

4. Responsibilities

a. Per references (b) through (d), the commanding officer of the transferring (parent) command will:

(1) Ensure each service and family member is screened within 30 days of receipt of transfer orders. Service and family members will not transfer until satisfactory completion of all aspects of the suitability screening process.

(2) Determine service and family member suitability for an overseas (Navy Type 3, 4 or 6 duty) or remote duty assignment based on a command review and the medical, dental, and educational suitability recommendation from the MTF.

(3) Determine service member suitability for an operational (sea duty) assignment (Navy Type 2 duty) based on a command review and the medical and dental suitability recommendation from the MTF.

(4) Per reference (g), ensure service members complete medical assignment screening not later than 15 days after returning to duty following a period of medically restricted duty or a finding of "fit for continued Naval service" by the PEB per Chapter 18 of reference (m).

b. A commander, commanding officer, or officer in charge of an MTF will:

(1) Ensure medical, dental, and educational suitability screening is conducted per requirements in enclosure (2).

(a) Provide the transferring command with a recommendation on a service or family member's suitability for an overseas or remote duty assignment by identifying and evaluating special needs.

(b) For operational assignments, provide the transferring command with thorough, specific, and sound medical advice concerning the service member's medical and dental status. Subacute or chronic conditions which require recurrent or frequent medical visits, chronic medication need, behaviors which may impact good order and discipline, and physical as well as emotional attributes must be considered for suitability recommendations. Transferring commands require accurate information concerning the potential receiving platform's environment and medical and dental capability.

(c) Convene a medical evaluation board for placing the service member on temporary limited duty (TLD) when suitability screening identifies a medical condition that precludes a service member from performing the duties of his or her grade or rate or meeting anticipated requirements of future assignments ashore or at sea. The board will determine the appropriate disposition of the member, which may include TLD, if eligible, or referral to the PEB.

(2) Ensure medical assignment screening is conducted per requirements in enclosure (3).

(a) The Disability Evaluation System (DES) adjudicates a service member's "fitness for continued Naval service." However, a member found "fit for continued Naval

service" may still have assignment limitations and may not be suitable for worldwide assignments or operational deployment.

(b) When it is clearly indicated that the member's condition will continually interfere with the ability to function effectively in the operational arena or to be worldwide deployable, and that further TLD or PEB referral is inappropriate, the transferring (parent) command, in coordination with and under the guidance of NAVPERSCOM or Headquarters Marine Corps (HQMC), must consider processing the member for administrative separation.

(3) Assign responsibility for suitability and medical assignment screening to an MTF department or division, and designate a suitability screening coordinator (SSC) within the department or division to oversee the screening process.

(4) Assign specific MTF providers (medical officers, physician assistants, nurse practitioners, or independent duty corpsmen (IDC)) the responsibility to conduct suitability and medical assignment screening. First-hand knowledge of an operational or overseas environment is desirable. IDCs assigned to deployable units may screen service members whose orders are for unaccompanied assignments.

(5) In facilities or units without available dental capabilities, train the medical screener to properly screen dental records.

(6) Ensure eligible service and family members are identified and enrolled in the EFMP per requirements in enclosure (4).

(a) Assign responsibility for EFMP identification and enrollment to an MTF department or division, and designate an Exceptional Family Member Coordinator (EFMC) to oversee EFMP enrollment; assist current and prospective EFM families; and provide training and marketing for the EFMP.

(b) When feasible, assign the SSC and EFMC functions to the same department or division and individual within the department or division in the MTF.

(c) Require MTF staff to identify and enroll family members with special needs in the EFMP during routine medical care and through the suitability screening process.

(7) Ensure SSC, MTF provider, and EFMC personnel understand their roles and responsibilities in the suitability screening, assignment screening and EFMP enrollment processes and are knowledgeable of the relevant parts of this instruction. Enclosures (2) through (4) contain detailed guidelines, procedures and responsibilities for conducting suitability screening, medical assignment screening and EFMP identification and enrollment.

(8) Ensure the Patient Administration Directory Web site http://navymedicine.med.navy.mil/pad/ contains current SSC & EFMC names, commercial, and DSN telephone and telefax numbers (include country access codes for overseas MTFs), and e-mail and PLAD address. Forward updates and corrections to BUMED (M312) for inclusion in the directory. Also provide this information to line commands, fleet liaison officers, personnel support detachments (PSD), family service centers, child development centers, and other activities that provide resource or referral information to service and family members.

(9) Supplement this instruction with written procedures unique to local situations such as:

(a) Screening family members who are joining service members already overseas.

(b) Return of service and family members to their current overseas or operational assignment by the Global Patient Movement Requirements Center (GPMRC).

(c) Intra-theater transfers.

(d) Granting command sponsorship to family members overseas.

(e) Transfers to a location where medical services are the responsibility of a non-Navy MTF.

(10) At an overseas or remote MTF:

(a) Ensure the SSC and MTF providers respond within 7 working days of receipt of screening inquiries.

(b) Ensure the SSC, MTF providers, and the EFMC are aware of current local medical, dental and educational resources and constraints.

(c) Coordinate with the local Educational and Developmental Intervention Services (EDIS) program for infants and toddlers with disabilities and their families who require early intervention services (EIS) to ensure such services are available.

(d) Coordinate with the regional DOD Educational Activity (DODEA) special education coordinator and EDIS program for preschool and school-age children with disabilities who require special education or related services to ensure such services are available.

(e) Ensure health records of newly transferred service and family members are reviewed and checked into the MTF.

(f) Promptly report screening deficiencies to NAVPERSCOM and/or HQMC.

c. The commander, commanding officer or officer in charge of an MTF providing dental services will:

(1) Designate a dental SSC to oversee the dental screening process and to ensure coordination with the SSC from the referring MTF.

(2) Assign specific dental providers the responsibility to conduct dental screening.

(3) Ensure staff is trained, understand their roles and responsibilities and are knowledgeable of the relevant parts of this instruction.

(4) Ensure written operating procedures are developed and implemented that address local requirements for screening and EFMP enrollment.

(5) Require staff to identify and enroll family members with special needs in the EFMP, either during routine dental care or through the suitability screening process.

d. The commanders of Naval Medical Center, Portsmouth, Naval Medical Center, San Diego and U.S. Naval Hospital Yokosuka will maintain a Central Screening Committee composed of multidisciplinary specialties who will:

(1) Provide training to health care providers on EFMP identification and enrollment.

(2) Assist in the identification and evaluation of EFM.

(3) Review EFMP enrollment forms and provide recommendations to NAVPERSCOM (PERS-672) or HQMC (MRZ/EFMP) regarding EFMP enrollment.

(4) Assist families with obtaining appropriate care for their EFM.

e. Enclosures (5) through (13) contain supplemental information and the NAVMED forms used for suitability screening and medical assignment screening.

5. Forms

a. SF 603 (10-75), Health Record, Dental, S/N 0105-LF-011-9300 and SF 603A (11-2002), Dental Health Record, (Continuation), S/N 0105-LF-011-9400 are available at http://forms.daps.dla.mil/order/.

b. The EZ 603.2 (trial) Dental Exam is available at http://navymedicine.med.navy.mil/default.cfm?seltab=directives at the "Forms tab".

c. DD Form 2807-1 (Oct 2003), Report of Medical History and DD Form 2807-2 (Oct-2003), Medical Prescreen of Medical History Report is available at http://www.dtic.mil/whs/directives/infomgt//forms/formsprogram.htm.

d. DD Form 2808 (Sep 2003), Report of Medical Examination is available at http://www.dtic.mil/whs/directives/infomgt//forms/formsprogram.htm.

e. DD Form 2792 (Sep 2003), Exceptional Family Member Medical Summary is available at http://www.dtic.mil/whs/directives/infomgt//forms/formsprogram.htm

f. DD Form 2792-1 (Sep 2003), Exceptional Family Member Special Education/Early Intervention Summary is available at http://www.dtic.mil/whs/directives/infomgt//forms/formsprogram.htm

g. NAVPERS 1300/16 (Feb 2003), Report of Suitability for Overseas Assignment is available at http://www.npc.navy.mil/ReferenceLibrary/Forms/NAVPERS/

h. The following NAVMED forms are available at http://navymedicine.med.navy.mil/default.cfm?seltab=directives at the "Forms tab".

(1) NAVMED 1300/1 (Rev. 1-2006), Medical, Dental, and Educational Suitability Screening for Service and Family Members.

(2) NAVMED 1300/2 (Rev. 1-2006), Medical, Dental, and Educational Suitability Screening Checklist and Worksheet.

(3) NAVMED 1300/3 (1-2006), Medical Assignment Screening.

6. Reports Exemption. The reporting requirements contained in this instruction are exempt from reports control per SECNAV M-5214.1 of Dec 2005, Part III, paragraph 7p.

7. Publications. NAVPERS 15614F (3/05), Exceptional Family Member Program Handbook is available at: http://www.npc.navy.mil/NR/rdonlyres/FA4A348B-5EE7-44EA-9AFC-98363397904C/7338/EFMP.doc.

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DEFINITIONS

1. Accompanied. Term applied when command-sponsored family members are authorized to travel and reside with the sponsor.

2. Assignment Screening. See Medical Assignment Screening

3. Assistive Technology Device. Any item, piece of equipment, or product system used to increase, maintain, or improve functional capabilities of individuals with disabilities.

4. Assistive Technology Service. Any service that directly assists individuals with a disabilities in the selection, acquisition, and use of an assistive technology device.

5. Composite Health Care System (CHCS). Computer-based medical management system used in DOD health care facilities.

6. Defense Enrollment Eligibility Reporting System (DEERS). DEERS is a data repository containing all active and retired military members and their family members.

7. Deoxyribonucleic Acid (DNA). Genetic material found in cell nuclei used for identification.

8. Department of Defense Education Activity (DODEA). Headquarters level organization which operates Domestic Dependents Elementary and Secondary Schools and Department of Defense Dependents Schools (DODDS).

a. Domestic Dependents Elementary and Secondary Schools (DDESS). Component of the DODEA responsible for the education of DOD children residing on a military installation in the U.S., or in U.S. territories, commonwealths, or possessions.

b. Department of Defense Dependents Schools (DODDS). Component of the DODEA responsible for the education of DOD children residing in locations overseas.

9. Developmental Delay. A significant discrepancy in the actual functioning of an infant, toddler, or child when compared with a non-disabled infant, toddler, or child of the same chronological age in any of the following areas: physical; cognitive; communication; social or emotional; and adaptive development, as measured using standardized evaluation instruments and confirmed by clinical observation and judgment. High probability for developmental delay includes infants and toddlers with a diagnosed physical or mental condition, such as chromosomal disorders and genetic syndromes, which places the infant or toddler at substantial risk of evidencing a developmental delay.

10. Diagnostic and Statistical Manual of Mental Disorders - 4th Edition (DSM-IV). Manual containing diagnostic categories and criteria used by a clinician in diagnosis and treatment of various mental disorders.

11. Disability Evaluation System (DES). The process by which DON adjudicates a service member's "fitness for continued Naval service" and decides on the disposition of a member who is found not fit for continued Naval service.

12. Educational and Developmental Intervention Services (EDIS). Local MTF programs that provide early intervention and related services assigned to the military medical departments.

13. Exceptional Family Member (EFM). An EFM is a family member with an identified special need, which requires special health care or educational services.

14. Exceptional Family Member Program (EFMP). A mandatory program that requires the identification and enrollment of family members with special needs for the purpose of assisting detailers/monitors in assigning service members to locations where the needs can be met. The EFMP is managed by NAVPERSCOM for Sailors and HQMC for Marines.

15. Early Intervention Services (EIS). Services designed to meet the developmental needs of an infant or toddler with a disability (birth through 2 years, inclusive), and their families, in one or more of the following areas of development: physical, cognitive, communicative, social or emotional, and adaptive. EIS include, but are not limited to: family training, counseling, home visits, special instruction, speech pathology and audiology, occupational therapy, physical therapy, psychology, service coordination, medical services for diagnostic or evaluation purposes, early identification, screening and assessment, ophthalmology, and social work. Also included are assistive technology devices and assistive technology services, health services necessary to enable the infant or toddler to benefit from the above EIS, and transportation and related costs necessary to enable an infant or toddler and the family to receive EIS. EIS are provided as specified in an Individualized Family Service Plan (IFSP).

16. Fit for Duty. Term applied when a physician or Medical Evaluation Board (MEB) decides that a service member, who was previously on light or limited duty as a result of illness, injury, or disease, has healed or recovered, and can now serve in a medically unrestricted duty status.

17. Fit for Continued Naval Service. Finding by the DON Physical Evaluation Board (PEB) that a service member is reasonably able to perform the duties of his or her office, grade, rank or rating (to include duties during a remaining period of Reserve obligation). Such a finding conveys the understanding that the mere presence of a diagnosis is not synonymous with a disability. It must be established that the disease or

medical condition underlying the diagnosis actually interferes significantly with the member's ability to carry out their duties. Members with this finding are eligible for appropriate assignment; however, such a finding does not preclude subsequent temporary determinations of unsuitability for deployment, physical readiness test, or physical fitness test participation, disqualification for special duties, TLD, or administrative action resulting from such determinations.

18. Glucose-6-Phosphate Dehydrogenase (G-6-PD). Blood enzyme used to test for tolerance to certain medications such as anti-malarial medication.

19. Human Immunodeficiency Virus (HIV). Virus responsible for acquired immunodeficiency syndrome (AIDS).

20. International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). Publication containing standardized codes and nomenclature for all diseases.

21. Individualized Educational Program (IEP). Written plan for a preschool or school-age child with a disability (ages 3 through 21 years, inclusive) which outlines the special education programs and related services (including those of a medical nature) that are required to meet the unique needs of a special education student.

22. Individualized Family Service Plan (IFSP). Written plan for an infant or toddler (birth through 2 years, inclusive) with a disability, and the family of such an infant or toddler, that is based on a multidisciplinary assessment of the unique needs of the child and concerns and priorities of the family. The IFSP identifies the early intervention and other services appropriate to meet such needs, concerns, and priorities.

23. Individuals with Disabilities Education Act (IDEA). Public law that requires the provision of EIS to infants and toddlers with disabilities (birth through 2 years, inclusive) and their families and a free appropriate public education (FAPE), to include special education and related services, to preschool and school-age children with disabilities (ages 3 through 21 years, inclusive).

24. Limited Duty (LIMDU). See Temporary Limited Duty (TLD) and Permanent Limited Duty (PLD).

25. Medical Assignment Screening. The process of identifying ongoing medical conditions, which may limit the ability of Navy service members to be worldwide assignable, subsequent to a finding of "fit for duty" after a period of LIMDU or a finding of "fit for continued Naval service" by the PEB.

26. Medical Evaluation Board (MEB). Board comprised of a panel of providers attached to a medical treatment facility whose commander/commanding officer has been expressly designated to hold a MEB "convening authority." The deliberations of a

MEB will result in a document of findings known as a Medical Evaluation Board Report (MEBR). The MEBR will either:

a. Recommend placement of the service member on TLD for a specified period.

b. Verify the service member is "fit for duty" after being cleared from LIMDU.

c. Recommend referral of the case to the DON PEB for disability adjudication and determination of "fitness for continued Naval service."

27. Medically Related Services. See Related Services Assigned to the Military Medical Departments.

28. Military Treatment Facility (MTF). An MTF is a military health care system (medical and dental) facility operated by the military medical departments.

a. Screening MTF. The medical facility that supports the transferring command, and is responsible for conducting medical, dental and educational suitability screening.

b. Gaining MTF. The medical facility that supports the overseas or remote duty location; or the medical resources or unit that supports an operational platform to include the organic medical department to which the member is being assigned.

29. Operational Assignment. Term used in this instruction to designate an assignment to any DON unit which can be expected to deploy from its home base or port for a period of more than 30 days. Operational assignments include all sea duty, remote locations inside the continental United States (CONUS) and outside the continental United States (OCONUS), Fleet Marine Force, special operations, construction battalion, and forward deployed Naval forces orders.

30. Overseas. Term used in this instruction to designate locations outside the 48 contiguous United States that require suitability screening. Alaska and Hawaii are exempt from suitability screening requirements except for locations designated as remote in enclosure (5).

31. Permanent Limited Duty (PLD). The duty status granted by NAVPERSCOM or HQMC to a service member who is found "unfit for continued Naval service" (requiring retention in an active duty status) by the DON PEB.

32. Physical Evaluation Board (PEB). A board that acts on behalf of the Secretary of the Navy to make determinations of fitness for continued Naval service, entitlement to benefits, disability ratings, and disposition of service members referred to it.

33. Preventive Health Assessment (PHA). An annual in-person assessment for all active duty personnel which consolidates medical, occupational health and risk screening services, medical record review, preventive counseling, and risk communication under the umbrella of an annual health assessment. The PHA includes, but is not limited to: blood pressure measurement; height and weight measurement; cardiovascular risk factors screening; medical readiness for deployment; immunization update; age and gender based clinical preventive services; and individualized counseling and/or referrals targeted to individual risk factors and behaviors. Reference (s) contains additional PHA guidance.

34. Purified Protein Derivative (PPD). Test administered to screen for tuberculosis.

35. Related Services. Transportation and such developmental, corrective, and other supportive services required to assist a child (age 3 to 21 years inclusive) with a disability to benefit from their special education program.

36. Related Services Assigned to the Military Medical Departments (formerly Medically Related Services). Educational services of a medical nature required to determine a student's eligibility for special education, and, if eligible, the direct or indirect services, as specified in an IEP, necessary for the student to benefit from the educational curriculum. Such services may include medical services for diagnostic or evaluative purpose, social work, community health nursing, dietary, occupational therapy, physical therapy, audiology, ophthalmology, and psychological testing and therapy that are provided to students with disabilities (ages 3 through 21 years inclusive). Entitlement is based on eligibility to enroll in DODDS overseas and meeting DODDS special education eligibility criteria.

37. Remote Duty. Term used in this instruction to designate locations within the 50 United States, listed in enclosure (5), that require suitability screening. Remote duty locations are designated based on timely access to health care services. Timely access for remote duty designation purposes is defined as 2 hours of driving time under normal conditions.

38. Special Education. Instruction and related services to which a preschool or school-age child (ages 3 through 21 years inclusive) is entitled when a school determines a child's educational performance is adversely affected by one or more disabling conditions.

39. Special Needs. Term used in this instruction to address any special medical, dental, mental health, developmental, educational or environmental requirements, wheelchair accessibility, adaptive equipment, or assistive technology devices or services.

40. Sponsor. A person who is a member of the Armed Forces serving on active duty, or a full-time civilian employee of the Department of Defense and a citizen or national of the United States, and who is authorized on travel orders to transport dependents to or from an overseas area at Government expense and is provided an allowance for living quarters in that area.

41. Suitability. Determination made by the commanding officer of the transferring command that a service or family member meets all requirements for an overseas, remote duty, or operational assignment. The determination is based on all information available, including but not limited to: medical, dental, mental health, developmental, educational or environmental requirements, behavioral, financial, professional performance, family stability and personal interview.

42. Suitability Screening. The process of identifying a service or family member with a special need that requires special health care or education services at an overseas, remote duty, or operational assignment. Suitability screening is the systematic use of a series of interview questions, review of medical and educational records, and/or direct examination. Screening does not provide a diagnosis, but may require referral for further evaluation to determine a diagnosis.

43. Temporary Limited Duty (TLD). Term applied when a MEB places a service member in a medically restricted duty status as a result of illness, injury, or disease. TLD (also known as LIMDU) occurs in periods not to exceed 6 months with a cumulative per career total of 12 months unless an exception is approved by NAVPERSCOM or HQMC.

44. TRICARE. The DOD regional managed health care program for service families with three health care options:

a. TRICARE Prime. A voluntary health maintenance organization-type option.

b. TRICARE Extra. A preferred provider option.

c. TRICARE Standard. A cost share option.

45. Type Duty Classification Codes (Navy). The five types of duty designations used by NAVPERSCOM to identify commands for establishment of sea/shore rotation to include:

a. Type 1-Shore Duty: Duty performed in U.S. (including Hawaii and Anchorage, Alaska) land-based activities where service members are not required to be absent from their duty station in excess of 150 days per year; or long-term schooling of 18 months or more.

b. Type 2-Sea Duty: Duty performed in commissioned vessels and deployable squadrons homeported in the U.S. (including Hawaii and Alaska); or duty performed in U.S. land-based activities and embarked staffs, which require service members to operate away from their duty stations in excess of 150 days per year.

c. Type 3-Overseas Remote Land-based Sea Duty: Duty performed in overseas land-based activities, which does not require the service member to be absent more than 150 days per year, but is credited as sea duty due to the relative undesirability of the geographic area.

d. Type 4-Overseas Sea Duty: Duty performed in commissioned vessels and deployable squadrons homeported overseas; or duty performed in overseas land-based activities and embarked staffs, which require service members to operate away from their duty stations in excess of 150 days per year.

e. Type 6-Overseas Shore Duty: Duty performed in overseas land-based activities, which are credited as shore duty for rotational purposes, where service members are not required to be absent from their duty station in excess of 150 days per year.

46. Unaccompanied. Term applied when family members are not authorized (command sponsored) to travel and reside with the sponsor.

47. Unfit for Continued Naval Service. A finding by the DON Physical Evaluation Board (PEB) that a service member is not able to perform the duties of his or her office, grade, rank or rating (to include duties during a remaining period of Reserve obligation) as a result of illness, injury, or disease.

48. U.S. Preventive Services Task Force (USPSTF). An independent panel of experts in primary care and prevention who systematically review evidence for effectiveness and develop recommendations for clinical preventive services.

OVERSEAS, REMOTE DUTY AND OPERATIONAL SUITABILITY SCREENING

1. General

a. This enclosure contains policy, procedures and responsibilities for conducting medical, dental, and educational suitability screening for:

(1) Navy and Marine Corps service members in receipt of orders to overseas (Navy Type 3 or 6 duty) or remote duty assignments.

(2) Family members accompanying Navy and Marine Corps service members to overseas (Navy Type 3, 4 or 6 duty) or remote duty assignments.

(3) Navy and Marine Corps service members in receipt of orders to stateside or overseas operational (Navy Type 2 and 4 duty) assignments.

b. Suitability screening identifies medical, dental, and educational requirements, henceforth referred to as special needs, or potential duty-limiting conditions. This information is used to determine if a service or family member can successfully transfer to the assignment location indicated on the orders.

c. The underlying principle of suitability screening is to screen each service and family member as a specific individual for a specific location at a specific time. A service or family member may be suitable for one location or platform, but unsuitable for another; or suitable at one time and unsuitable at another. Two individuals with the same diagnosis may have different medical requirements; or a duty location may have a capability at one time, but not another.

d. Every effort will be made to ensure confidentiality of sensitive medical or personal information.

e. The transferring command is responsible for ensuring service and family members are screened within 30 days of receipt of transfer orders. The MTF suitability screening coordinator (SSC) will notify the transferring command if a delay is anticipated beyond 30 days. The transferring command is required to notify the NAVPERSCOM of a delay or when the results of screening are pending.

f. The MTF will maintain a dialog with the transferring command and Personnel Services Detachment (PSD) to facilitate the immediate referral of service and family members for suitability screening upon receipt of orders. Ongoing communication will ensure prompt reporting for assignment screening and help prevent service and family members from commencing screening so late in the 30-day period that the MTF cannot reasonably complete the screening in the required timeframe.

g. Completion of suitability screening within 30 days of receipt of orders is dependent on cooperation and coordination among and between the people involved in the process to include: the transferring command, the service member, PSD, SSC, and MTF and civilian health care providers. As necessary, the MTF should implement procedures for:

(1) The transferring command or PSD to provide a list of service and family members who require suitability screening to the SSC as soon as orders are received.

(2) The transferring command or PSD to provide service and family members with a copy of NAVMED 1300/2, Medical, Dental, and Educational Suitability Screening Checklist and Worksheet, available at enclosure (10).

(3) The transferring command or PSD to set up an appointment with the MTF for preliminary screening to obtain necessary direction, forms, and appointments.

(4) The SSC to notify the transferring command or PSD when service and family members fail to show up for scheduled screening or appointments.

h. Medical, dental, and educational suitability screening is valid for 12 months from the date of completion if there were no significant changes in the health or educational status of the service or family member. The service member must notify his or her commanding officer or officer in charge of any change in medical status (including pregnancy) of either the service or any family members.

2. Remote Duty Locations in the United States

a. Enclosure (5) lists remote duty locations that require suitability screening.

b. Service members, with SSC or EFMP coordinator assistance, are responsible for coordinating the early intervention and special education needs of family members with local civilian agencies or school systems that provide these services.

c. Commands desiring inclusion on the remote duty list need to submit a request with justification to NAVPERSCOM (PERS-6) via BUMED (M3). Remote duty locations are designated based on timely access to health care services. Timely access for remote duty designation purposes is defined as 2 hours of drive time under normal conditions to access specialty care.

3. Operational Assignments (Navy Type 2 & 4 Duty)

a. There are conditions that may carry a significantly higher risk for unsuccessful completion of a full operational tour, including but not limited to: knee problems; lower

back pain; other bone, cartilage, or tendon ailments; cardio-respiratory ailments such as coronary insufficiency and asthma; pregnancy; and psychological conditions including adjustment disorders, depression, psychosis, and substance abuse or dependence.

b. All subacute and chronic conditions that require recurrent or frequent medical or dental visits, chronic medication need, behavior that may impact good order and discipline, and physical and emotional attributes must be considered. Failure to recognize the incompatibility of a service member's medical condition in a specific operational environment will inevitably lead to the exacerbation of the condition and, if not outright loss, decreased reliability and efficacy.

c. Operational platforms rely on both organic medical capabilities and Medical Augmentation Personnel (MAP) for a significant portion of their operational cycle. For that reason it is of particular importance that the screening MTF determine:

(1) All required special examinations are current, e.g., aviation physicals, submarine physicals, etc.

(2) The level of medical expertise available to the service member while deployed, for example, IDC, physician assistant, allied health care provider, general medical officer or board certified medical officer, and dental officer.

(3) The level of ancillary capabilities while deployed such as laboratory, radiology, pharmacy, physical therapy services, etc.

(4) The physical environment while deployed such as temperature fluctuations, ladders, operations tempo (op tempo), etc.

d. If suitability screening identifies a service member with a medical/dental condition who is in receipt of orders to a stateside or overseas operational assignment (Navy Type 2 or 4 Duty), the screening MTF must forward a suitability inquiry for the service member to the medical officer for the operational platform to ensure the condition will not interfere with the service member's ability to perform in the operational environment.

e. If suitability screening identifies a family member with a medical/dental condition who is accompanying a service member to an overseas operational assignment (Navy Type 4 Duty), the screening MTF must forward a suitability inquiry for the family member to the MTF supporting the overseas location where the family member will reside.

f. If the operational platform or gaining MTF cannot support the service member, refer to the NAVPERSCOM (PERS-4821) medical officer for final determination.

4. Family Members

a. Family members require screening when:

(1) A service member is in receipt of orders to an overseas (Navy Type 3, 4 or 6 duty) or remote duty assignment and the orders authorize an accompanied tour.

(2) A Sailor is serving an unaccompanied tour for 24 months or more, or a Marine is serving an unaccompanied tour for more than 24 months.

(3) A family member plans to later join the service member at the assignment location.

b. Enrollment in DEERS is required for family members before proceeding with screening. If not enrolled, notify the service member's command for resolution of DEERS status before proceeding with screening.

c. Recommendations for female family members, 18 years of age or older, include:

(1) Pregnancy screening (verbal inquiry).

(2) Health maintenance screening tests, per current U.S. Preventive Services Task Force (USPTSF) recommendations.

d. High-risk obstetrical care in Puerto Rico is limited. Women of childbearing age who have one or more of the following conditions should not be considered for assignment to Puerto Rico: previous high-risk obstetrical diagnosis; hypertension; diabetes; history of multiple gestation and; receiving fertility treatment.

e. Post pregnancy suitability screening is conducted approximately 8 weeks post delivery, when the infant is immunized and the mother and infant can be safely screened.

f. When an active duty member assigned overseas requests family member command sponsorship as a result of marriage or adoption, local command requirements may require medical, dental, and educational suitability screening prior to granting command sponsorship at the overseas location.

g. Sponsors with dependent parents or parents-in-law, step parents or parents-by-adoption need to be informed that they are responsible for payment of medical and dental bills for services received outside the MTF. Sponsors need to be counseled on ensuring dependent parents have appropriate private medical insurance to cover the cost of health care.

5. Infants and Toddlers; Preschool and School-Age Children with Disabilities

a. Per reference (k), infants and toddlers (birth through 2 years, inclusive) and preschool and school-age children (ages 3 through 21 years, inclusive) with disabilities have a statutory entitlement to services overseas under the IDEA. Failure to provide these services places DOD at risk for non-compliance with the statute. Close coordination is essential for this group.

b. Per reference (l), family travel and command sponsorship cannot be denied due to the non-availability of EIS or special education services since these are statutory entitlements under the IDEA. Family travel and command sponsorship can be denied when medical care deemed necessary to the health of a family member is not available.

c. For infants and toddlers receiving or eligible to receive EIS, ensure EIS requirements are coordinated with the local Educational and Developmental Intervention (EDIS) program at the gaining MTF. EIS requirements are specified in the infant's or toddler's Individualized Family Service Plan (IFSP).

d. For preschool and school-age children receiving or eligible to receive special education services, ensure requirements are coordinated with the appropriate regional DODEA special education coordinator listed in enclosure (6), and the EDIS program at the gaining MTF. Special education requirements are specified in the student's IEP.

e. Stateside SSCs are encouraged to maintain a list of local school special education points of contact, to include telephone and telefax numbers, for facilitating timely completion of DD Form 2792-1, Exceptional Family Member Special Education/Early Intervention Summary.

f. Refer all infants, toddlers, and children who are receiving services specified in an IFSP or IEP for EFMP enrollment.

6. Servicewomen

a. Per reference (m), chapter 15, section V, article 15-112, active duty women require a current annual health assessment.

b. For abnormal PAP follow-up guidance, refer to the American Society for Colposcopy and Cervical Pathology Consensus Guidelines at http://www/asccp.org/consensus/cytological.shtml

c. Department of the Navy policy on pregnancy and parenthood is contained in reference (n), Navy policy in reference (o), and Marine Corps policy in reference (p). References (o) and (p) also contain guidance regarding overseas, remote and operational assignments.

d. Pregnancy screening (verbal inquiry) is required for all servicewomen. At the discretion of the medical health care provider, a pregnancy test may be administered. Servicewomen who suspect pregnancy must obtain prompt confirmation and inform their commanding officer within two weeks of pregnancy confirmation. Servicewomen assigned to Marine Corps deploying units will comply with the pregnancy testing provisions of reference (p).

e. See paragraph 4d regarding high-risk obstetrical care in Puerto Rico.

f. See paragraph 4e regarding post pregnancy suitability screening.

g. Per references (o) and (p), servicewomen who intend to place their infant for adoption are not eligible for overseas, remote or operational assignments until after convalescent leave and adoption requirements are completed.

7. Civilian Employees. Per reference (l):

a. DOD civilian employees are selected for positions outside the United States based on job requirements and merit factors, as specified in statute. The fact that a civilian employee or selectee has a family member with early intervention, special education or medical/dental needs, cannot be the basis for non-selection for a position.

b. After notifying a DOD civilian employee or selectee of a pending appointment to an overseas position where family member travel is authorized at Government expense, DOD civilian human resource representatives are required to query the employee or selectee to determine if a family member has special needs.

c. If the civilian employee or selectee indicates that a family member has special needs, DOD civilian human resource representatives are required to coordinate with the gaining human resource activity to determine the availability of medical/dental care from the local MTF and in the host nation community, the availability of early intervention services from EDIS, or the availability of special education programs from DODEA.

d. Emphasis must be placed on providing the civilian employee or selectee with comprehensive medical, dental, and educational information on the community in the overseas area where the position is located, so that the civilian employee or selectee can make an informed choice about accepting the position. Civilian employees must also be informed of any immunization requirements for the overseas location.

e. SSCs will assist civilian human resource representatives in obtaining information on medical/dental care available from the local MTF and host nation community, special education services from DODEA, and early intervention services from EDIS.

f. DOD civilian employees and their family members are not enrolled in the EFMP.

8. Immunizations

a. References (q) and (r) contain guidelines for immunizations. The Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics recommend an immunization status review prior to international travel. Immunizations are administered depending upon the potential risks for exposure to pathogens in overseas locations and/or the entry requirements of the countries to be visited.

b. International travel increases the risk for exposure to infectious diseases for which effective vaccines are available. These diseases include hepatitis A, hepatitis B, measles, yellow fever, typhoid, Japanese B encephalitis, meningococcal disease, among others. Thus, children who are not immunized and would accompany their active duty parents to many overseas duty stations have a high risk for acquiring clinical diseases which can cause severe and even fatal illnesses. Additionally, if these diseases are acquired, a MEDEVAC of the patient may be required to a CONUS MTF that can provide the intensity of medical care required to treat these diseases.

c. Immunization waivers for active duty who may have a religious reason for requesting such waivers are addressed in reference (q), paragraph 13. Although paragraph 19 states that family members should receive immunizations following current ACIP recommendations, some parents may have reasons for objecting to immunizations. However, there is no mechanism for requesting or obtaining a waiver from BUMED of immunization requirements for children or other family members.

d. Any family member who has not received ACIP recommended immunizations is medically unsuitable to accompany an active duty member to an overseas assignment. Annotate NAVMED Form 1300/1, Part I, and inform the active duty member, PSD and the transferring command that this is a disqualifying medical requirement. Family members who have not received ACIP recommended immunizations are not enrolled in the EFMP unless another health or educational requirement warrants enrollment.

e. Most states allow parents to defer immunizations for their children for religious reasons or when there is concern about adverse effects from immunizations. However, these parents need to be advised about the potential for exclusion from public school after exposure to active cases of disease or during a community outbreak. Many private schools and day care centers require immunizations as entry requirements. DODEA policy requires dependent children (including preschool children who may not have received all required doses) to have the following current immunizations prior to enrollment in a DoD school: Hepatitis B (Hep B); Diptheria and tetanus toxoids and pertussis vaccine (DPT); Haemophilius influenza type b (Hib); Poliovirus; Measles-mumps-rubella (MMR); and Varicella (Var).

f. DODEA may exempt a child from these immunization requirements under the following circumstances:

(1) Medical. A child with a medical contradiction to one or more vaccines may be exempt. This would include a history of an allergy or allergic reaction to a vaccine or vaccine component. The parent or guardian must present a statement from a licensed physician, nurse practitioner, or other health care professional that the physical condition of the child is such that the administration of one or more of the required immunizing agents is contradicted and whether the condition is permanent or temporary. If the condition is temporary, the vaccine must be received within 30 days of the exemption expiration date. For the protection of the child and safety of the other students enrolled, the child will be excluded from school during a documented outbreak of a contagious disease until the outbreak concludes.

(2) Documented History. A child may be exempt from receiving certain immunizations if results of a serum titer demonstrate protective antibodies against a specific vaccine-preventable disease, as a result of either prior immunization or natural infection.

(3) Religious. A child's parent or guardian may claim exemption for religious reasons. This religious exemption should attest to the family or child's affiliation with a religious organization with doctrinal beliefs opposed to immunization, or strongly held personal religious beliefs of the parent or parents. For the protection of the child and safety of the other students enrolled, the child will be excluded from school during a documented outbreak of a contagious disease until the outbreak is concluded, if the parent or guardian maintains the need to continue the religious exemption during the outbreak.

9. Procedures and Responsibilities for Preliminary Screening

a. Enclosure (7) contains a forms reference guide listing the forms used for suitability screening, medical assignment screening and EFMP enrollment. Enclosure (8) contains a summary of requirements for suitability screening.

b. The SSC will:

(1) Provide the service member with a copy of NAVMED 1300/2, Medical, Dental, and Educational Suitability Screening Checklist and Worksheet, available at enclosure (10).

(2) Assist service and family members with obtaining any required information and documents.

(3) Review the information and documents provided, preferably with the service and family members present, and verify they are complete and current. If discrepancies are noted, assist service and family members with correcting the discrepancies.

(4) For each service and family member screened, complete the SSC review portion of NAVMED 1300/2.

(5) Assist in scheduling appointments for any necessary examinations, screenings, tests, or immunizations. Ensure results are placed in the military outpatient treatment record.

(6) Retrieve medical information from the CHCS and include with the screening documents.

(7) If feasible, schedule service and family members together for medical and dental screening. Provide information on MTF locations, hours, telephone numbers, etc.

(8) Provide a target date to the transferring command for completing medical, dental, and educational screening and instruct the service member to report problems in meeting the target date. Screening is not complete until all tests, evaluations (including specialty consultations), and suitability inquiries and determinations are received and documented.

(9) Advise service member that orders may be held in abeyance until screening is completed and delays may affect the amount of leave in transit.

(10) Notify the transferring command or servicing PSD:

(a) When a delay is anticipated beyond the 30-day period. Provide the reason and estimated date of completion.

(b) When a service or family member fails to report for scheduled screening or appointments.

(11) Oversee screening conducted by non-Navy MTF staff who may not be familiar with Navy screening requirements.

10. Procedures and Responsibilities for Medical Screening. MTF health care providers (physicians, nurse practitioners, physician assistants or independent duty corpsmen) who are responsible for conducting suitability screening will:

a. Interview service and family members together when feasible.

b. Review NAVMED 1300/2, DD Form 2808, military and civilian health records, narrative summaries of inpatient admissions, results of tests and procedures, and current health and duty status for each person screened. Enclosure (8) contains a summary of screening requirements.

c. Complete NAVMED 1300/1, Part I, Medical, Dental and Educational Suitability Screening for Service and Family Members, available at enclosure (11), for each service and family member screened. Ensure all potentially disqualifying impairments or conditions are noted such as acute or chronic medical, dental, or mental health concerns, home health services, or conditions requiring recurrent or continuing access to specialized medical care. Use additional pages if required.

d. Compare information, when appropriate, with patient data from the CHCS, especially medical requirements, dispensed medications, and radiology and laboratory results. If discrepancies are noted or documentation is lacking, screening cannot be completed.

e. In coordination with the SSC, schedule any necessary examinations, screenings, tests, or immunizations if currently indicated or if due by the transfer date. References (q) and (r) contain guidance on immunization requirements.

f. For service members, conduct an annual PHA if not current or documented. Reference (s) contains PHA guidance.

g. Notify the SSC and, if necessary, the transferring command if the target date cannot be met.

h. For operational assignments (Navy Type 2 & 4 Duty), refer to special concerns and requirements in paragraph 3 of this enclosure.

i. For female family members, refer to special concerns and requirements in paragraph 4 of this enclosure.

j. For infants and toddlers or children with disabilities, refer to special concerns and requirements in paragraph 5 of this enclosure.

k. For servicewomen, refer to special concerns and requirements in paragraph 6 of this enclosure.

l. Consult with the pharmacy department to review required medications, especially those taken chronically. The pharmacy department will:

(1) Assist in determining the availability of required medications at the gaining MTF or operational pharmacy.

(2) Dispense, by prescription, sufficient quantities for the en route period of transfer or period needed by the gaining pharmacy to obtain the required medications (up to 180 days).

(3) Assist with obtaining medications through the National Mail Order Pharmacy Program. The pharmacy program Web address is: https://dmmonline.dscp.dla.mil/pharm/pharmhome.asp.

m. For service or family members with a history of substance abuse or dependence:

(1) Ensure the condition, dates of aftercare, and names of health care providers and counseling and assistance centers are in the health record.

(2) Determine if rehabilitation or aftercare will be completed by the transfer date. If not, provide a recommendation to the transferring command.

n. For service or family members with a history of mental health or behavioral disorders, or receiving mental health counseling or services:

(1) Review information on diagnosis, type of care (inpatient or outpatient), period of treatment, medications used in treatment, and narrative summaries. Specific information on episodes of care during past 12 months is necessary.

(2) Ensure an evaluation by a psychiatrist, psychologist, or appropriate health care provider if:

(a) An episode of inpatient psychiatric treatment occurred in the past year.

(b) An exacerbation occurred, which did not result in hospitalization, but resulted in the inability to perform military or civilian work duties or to attend school for a period lasting longer than 3 days.

(c) Currently undergoing evaluation or treatment for a mental disorder, as defined by the DSM-IV.

(d) Two or more significant outpatient interventions were required in the past year. Treatment is not considered significant if it involved:

1. Brief treatment for marital problems, bereavement or short-term adjustment disorders.

2. Psychotherapy or counseling averaging less than once per week for less than 90 days.

3. Taking medications of low toxicity (e.g., Prozac, Zoloft, or Paxil) for less than 90 days. However, service or family members who were on these medications should be evaluated for subclinical depression or anxiety, which is likely to be exacerbated by an overseas, remote duty or operational assignment.

(e) A family member is identified with Attention Deficit-Hyperactivity Disorder (ADHD). Family members with ADHD are suitable if:

1. Taking medication (e.g., Ritalin, Aderal, Cylert) for the condition.

2. The condition is well-controlled and stable.

3. The medication and behavioral support can be managed by a primary care physician at the gaining MTF.

4. The child can be managed in a regular classroom or, if enrolled in special education, required special education and EDIS resources are available at the overseas location.

o. Refer to or consult with other clinical specialties as required. If a disagreement over suitability occurs, seek an additional specialist's opinion, review the case with the Director of Clinical Services or senior medical officer, or consult an appropriate specialty leader. Ensure that the consultant understands the nature of the environment and medical resource limitations at the assignment location. Refer to BUMED (M32) for final resolution if agreement is not reached.

p. Determine if the service and family members are suitable or unsuitable for transfer or if a suitability inquiry is required with the gaining MTF. Inform the SSC of the need for a suitability inquiry.

q. Sign NAVMED 1300/1, Part I. The MTF health care provider's signature denotes accountability for a complete and thorough suitability screening for each service and family member. Do not sign NAVMED 1300/1 until the suitability inquiry is completed and all requirements for screening are met.

r. If otherwise suitable:

(1) Ensure a 30-day minimum supply of required medications. A 180-day supply may be required for medications which are not normally stocked at overseas, remote duty, or operational locations. Obtain an adequate supply of over-the-counter medications because they may not be commercially available.

(2) Advise service and family members that home nebulizers, walkers, wheelchairs, and other durable equipment are not always available in overseas locations and need to be procured before transfer.

(3) Advise service and family members to obtain extra supplies, replacement batteries for appliances, glasses, etc.

s. For service members found unsuitable:

(1) If the operational platform or gaining MTF cannot support the service member, refer to the NAVPERSCOM (PERS-4821) medical officer for final determination.

(2) If the unsuitable determination is based on the service member's general inability to perform the duties of his or her grade or rate, or to meet the anticipated requirements of future assignments ashore or at sea, refer the service member to an appropriate medical specialty. The medical specialist, in coordination with the transferring command, will consider a MEB for TLD or referral to the PEB.

(3) If a condition precluding a worldwide assignment is anticipated to last beyond 90 days, the screening MTF, with input from the appropriate specialty and in coordination with the member's PSD, will place the member in TLD status as outlined in Chapter 18 of reference (m). This period is devoted to intensive treatment or rehabilitation with the goal of enabling the member to deploy worldwide. For those service members failing suitability screening, attending physicians will:

(a) Conduct a detailed treatment/rehabilitation assessment and develop a treatment or rehabilitation plan.

(b) Conduct follow-up evaluations every 2 months. At each evaluation, document objective findings of continued unsuitability, progress toward recovery (including degree of service member's participation in treatment), findings and recommendations of specialty evaluations, modifications to the treatment/rehabilitation plan, and prognosis for deploying worldwide.

(4) If the service member's condition cannot be corrected during the initial or subsequent period of TLD and treatment, or if it is clear the condition will continually interfere with or preclude the service member to either to effectively function in an operational arena or to be worldwide assignable, notify the transferring command and NAVPERSCOM or Headquarters Marine Corps (HQMC). In cases where an MEB report is sent to the PEB for adjudication, and the PEB finds the member "fit for continued Naval service," NAVPERSCOM will direct the command to initiate a medical assignment screening as outlined in enclosure (3).

11. Procedures and Responsibilities for Dental Screening. Reference (t) provides policy on dental screening. Service and family members are unsuitable for an overseas, remote duty, or operational assignment if Dental Class 3 or 4. Dental health care providers responsible for suitability screening will:

a. Review military and civilian dental records for each service and family member to determine if an examination or treatment is required. Active and Reserve component personnel require an annual dental examination.

b. If records are not current, perform a type 2 dental examination. Dental examinations of family members performed by civilian providers within the past 6 months are considered current.

c. If no treatment is required, complete NAVMED 1300/1, Part II, Medical, Dental and Educational Suitability Screening for Service and Family Members, available at enclosure (11), for each service and family member screened. Appropriate entries are made on SF 603, SF 603A, or EZ 603.2 (trial).

d. For family members examined or treated at a non-Navy facility, review NAVMED 1300/1, Part II, and any supporting records and determine suitability or if a reexamination by a Navy MTF is required.

e. For service members, arrange for any required treatment at a Navy MTF or elsewhere if necessary. Do not complete NAVMED 1300/1, Part II, until treatment placing them in at least dental Class 2 is completed or if the gaining MTF indicates the capability to support the service member at the new location.

f. For family members, inform them of any required treatment. Advise them to have treatment completed by a civilian dentist or at the MTF on a standby, space-available basis. Family members enrolled in the TRICARE Active Duty Family Member Dental Plan must have treatment completed by their civilian dentist. Do not complete NAVMED 1300/1, Part II, until treatment placing them in at least Dental Class 2 is completed or if the gaining MTF indicates the capability to support the family member at the new location.

g. Ensure the SSC is notified of the estimated date for completion of treatment and informed of any delays.

h. Contact the overseas, remote duty, or operational MTF to determine the availability of follow-on care such as orthodontic care, implants, specialty prosthetics, or care for other potentially complex conditions.

(1) Document the contact in the dental treatment record and on NAVMED 1300/1, Part II. Include the date of contact, MTF and person's name, availability or non-availability of care, and signature of the person making the inquiry.

(2) If care is not available, annotate NAVMED 1300/1, Part II as unsuitable. Attach documentation of inquiry to the form and return to the SSC.

12. Suitability Inquiries: The SSC will:

a. If a shaded block is checked on NSVMED 1300/1, Part I or II, forward a suitability inquiry as follows:

(1) For service and accompanying family members in receipt of orders to an overseas (Navy Type 3 or 6 Duty) or remote duty assignment, forward the inquiry to the gaining MTF supporting the overseas or remote duty location where the family member will reside.

(2) For service members in receipt of orders to a stateside or overseas operational assignment (Navy Type 2 or 4 Duty), forward the inquiry to the medical officer for the operational platform to ensure appropriate resources are available and the condition will not interfere with the service member's ability to perform in the operational environment.

(3) For family members who are accompanying a service member to an overseas operational assignment (Navy Type 4 Duty), forward the inquiry to the gaining MTF supporting the overseas location where the family member will reside.

b. Screening is not complete without a written response. The suitability inquiry determines:

(1) If the gaining MTF or operational platform can provide the required support.

(2) The likelihood of the environment exacerbating the underlying condition to the point of exceeding support capabilities.

c. In order to protect sensitive medical information, forward the suitability inquiry to the gaining MTF via Naval message traffic only. Send especially sensitive information via a medium which adequately protects confidentiality and ensures timely arrival. If a commercial express mail service is used, use a local mailing address and not a Fleet Post Office (FPO) or Army & Air Force Post Office (APO) address. Include the following information in the suitability inquiry:

(1) Sponsor identification, family member names, and relationship to sponsor.

(2) The ICD-9-CM code for each diagnosis.

(3) Ensuring confidentiality of sensitive medical or personal information, a brief history with inpatient treatments, severity, etiology, complications, current treatment and medications, necessary supplies, appliances, special accommodations, etc.

(4) For early intervention, special education and related services requirements, forward a copy of the IFSP, IEP, or other documentation and note in the message that they were sent separately.

(5) A point of contact including voice and telefax numbers and military email address to facilitate two-way communication and to clarify any residual issues.

(6) If available, the EFMP category code.

d. Concurrently inform all commands listed on the service member's orders of the ongoing suitability inquiry.

e. Allow 7 working days from receipt of the inquiry for a response and immediately follow-up if the reply is not received by the due date.

f. Ensure only MTF personnel are involved in the suitability inquiry. The gaining MTF medical staff is the designated source of a suitability determination. Service and family members, their personal contacts, or personnel from other activities do not make suitability determinations.

g. When a reply to a suitability inquiry is received from the gaining MTF, forward the information to the medical or dental officer for completion of NAVMED 1300/1.

13. Completion of Suitability Screening. The SSC will:

a. Ensure the NAVMED 1300/1, Part I and II, for each service and family member is complete and contains required signatures.

b. If special needs are identified, refer the service member for EFMP enrollment or update of previous enrollment. Enclosure (4) contains EFMP enrollment procedures. Suitability screening and EFMP enrollment are two separate processes. Do not stop the suitability screening process for EFMP enrollment.

c. Forward the completed NAVMED 1300/1 and NAVMED 1300/2 for each service and family member and a copy of NAVPERS 1300/16, Part II, Report of Suitability for Overseas Assignment, to the MTF commanding officer or officer in charge (OIC). If available, indicate the EFMP category code on NAVPERS 1300/16, Part II.

d. The MTF CO or OIC will review the screening forms and complete and sign NAVPERS 1300/16, Part II. Separate recommendations are made for the service member and each family member. Return NAVPERS 1300/16, Part II and screening forms to the SSC.

e. Retain a file copy of the signed NAVPERS 1300/16, Part II and forward the original to the transferring command for final suitability determination.

f. The completed NAVMED 1300/1 and NAVMED 1300/2 contain sensitive personal, medical, dental, and educational information to be used only for suitability determinations. Do not provide completed forms (or information on these forms) to any person or entity other than "need to know" personnel involved with the medical, dental, or educational suitability determination.

g. For each person screened:

(1) Place the original NAVMED 1300/1, NAVMED 1300/2, DD Form 2802, supplemental documentation, and suitability inquiry messages in their military health record.

(2) Retain a file copy of the completed NAVPERS 1300/16, NAVMED 1300/1, NAVMED 1300/2, DD Form 2802, supplemental documentation, and suitability inquiry messages. The retention period is 2 years after completion of screening, after which the record can be destroyed.

14. Procedures and Responsibilities for the Gaining MTF. The SSC at the gaining MTF or the senior medical department representative of the gaining operational platform will:

a. Track the suitability inquiry and reply via electronic message to the screening MTF within 7 working days of receipt of the inquiry.

b. Upon receipt of a suitability inquiry, forward the inquiry to appropriate staff to determine if available medical, dental, or educational resources can support the special needs of the service or family member. The suitability determination is based on a variety of factors to include:

(1) The severity of the condition and the frequency and level of treatment.

(2) The medical and dental capabilities of MTF and local civilian community.

(3) The availability of ancillary, early intervention, special education and related services.

(4) Transportation and travel time to a medical facility or specialist.

(5) Climate and environmental conditions.

(6) The probable risk and consequences if the condition becomes exacerbated.

c. For service members in receipt of orders to an overseas operational assignment (Navy Type 4 duty), ensure coordination and approval occurs with the medical department and/or medical officer of the operational platform.

d. For infants and toddlers receiving or eligible to receive EIS, forward the IFSP and supporting documents to the local EDIS program for a suitability determination.

e. For preschool and school-age children receiving or eligible to receive special education, to include related services, forward the IEP to the local DDESS or DODDS special education coordinator and to the local EDIS program for a suitability determination. Enclosure (6) lists DODDS regional special education coordinators.

f. Contact the screening MTF if additional information is needed. The assessment of risk may require one-on-one communication between health care providers at the gaining and screening MTF.

g. The gaining MTF (or medical officer for the operational platform) is most knowledgeable about available resources and makes the final suitability recommendation. If the gaining and screening MTF disagree over suitability, the screening MTF will obtain further expert advice, which may include additional specialty consultation. For a service member with an unresolved suitability recommendation, the NAVPERSCOM (PERS-4821) medical officer will review for suitability and make the final decision.

h. Although service and family members are afforded every courtesy, exercise caution when offering information outside of regular channels. Such information can be misconstrued or interpreted to meet preconceptions or personal objectives. Suitability determinations are conveyed between SSCs at the screening and gaining MTFs and not through the service member, family member, or personal contact.

i. Ensure health records of newly arrived service and family members are reviewed to determine if they were properly screened and that services to address special needs are available.

j. Promptly submit screening deficiency reports as outlined in paragraph 16 of this enclosure.

15. Special Cases

a. Intermediate Duty Assignments

(1) The screening MTF supporting the initial duty station will conduct an initial suitability screening for service and family members before a service member is assigned to intermediate duty assignment. The initial screening is valid for 12 months.

(2) The initial suitability screening must be as complete as possible even though the location of the final assignment is not known. Annotate the screening form to indicate incomplete or pending items.

(3) Inform the service member of their responsibility to inform his or her command and the SSC at the intermediate MTF of any change in special needs status. Changes include pregnancy, illness or injury requiring treatment or rehabilitation for longer than 90 days, additions or changes to medication, or any other situation or condition which might alter the initial screening.

(4) The MTF conducting the initial screening places copies of the screening forms for each service and family member in the medical record and retains a copy before the transfer to the intermediate duty assignment. The service member takes the originals to the intermediate duty assignment.

(5) The MTF supporting the intermediate duty assignment completes suitability screening, to include conducting suitability inquiries with the gaining MTF when the final location becomes known. Additional screening is required for new family members or when a change in special needs status occurs.

b. Consecutive Assignments and Intra-Theatre Transfers

(1) Suitability screening is not normally required for an in-place consecutive assignment or an intra-theatre transfer when the duty station is supported by the same MTF. However, the MTF serving the duty station will provide a suitability recommendation when requested by a command.

(2) Suitability screening will take place when service and family members receive orders to another overseas, remote duty, or operational assignment supported by another MTF.

(3) Consecutive assignments for service members, who have children with disabilities who were born or adopted or whose disability was identified at the overseas or remote duty location, require particular attention. Special need requirements may exceed the capabilities of the current duty station. Close coordination is required with DODDS and the local EDIS program.

c. Family Members Joining Service Members at Overseas or Remote Duty Assignments

(1) Unaccompanied service members may request an accompanied tour and command sponsorship for family members. NAVPERSCOM approval is required for Navy personnel.

(2) If command sponsored, suitability screening is required for each family member. Screening conducted within the past 12 months meets this requirement, provided the service member signed a statement indicating that they will notify their command of any change in special needs status. Changes include pregnancy, illness or injury requiring treatment, or rehabilitation for longer than 90 days, additions or changes to medication, or any other situation or condition that might alter the initial suitability recommendation.

d. Non-Navy MTF or Civilian Health Care Providers

(1) Suitability screening may be conducted by other than a Navy MTF when:

(a) Family members do not reside with sponsor.

(b) Service member is deployed.

(c) Service member is screened separately by a battalion or flight surgeon to save duty time.

(d) Family members are enrolled in a civilian health care program such as TRICARE.

(e) Service or family members are not located near a Navy MTF.

(f) Family member is in college or residential facility.

(g) Children reside with separated or divorced spouse.

(h) Family members were not initially screened before an intermediate duty assignment.

(2) Service and family members may be screened at a non-Navy MTF, which includes Army, Air Force, Coast Guard, or public health service facilities. The transferring command contacts the nearest Navy MTF to coordinate suitability screening.

(3) The SSC at the Navy MTF will:

(a) Coordinate the screening process.

(b) Provide the required forms to include NAVMED 1300/2, NAVMED 1300/1, DD Form 2802, and SF 603 or SF 603A.

(c) Provide a telephone and telefax number, military e-mail address, and duty hours to answer inquiries from the service and family member or screener.

(d) Provide guidance to the non-Navy MTF or civilian health care provider on requirements and procedures addressed in this instruction.

(e) Complete EFMP enrollment forms for family members who meet enrollment criteria.

(4) Civilian health care providers will:

(a) Possess a medical or dental license and communicate effectively in English.

(b) Provide supplemental information, when appropriate, such as narrative summaries, lab results, radiology results, dental records, etc.

(c) Complete and legibly sign the forms and enter his or her name, telephone number, and address.

(d) Return completed forms and supporting documents for each service and family member to the SSC for review and determination of suitability.

(5) If a service member elects to use a civilian provider outside the TRICARE network to screen family members, the member is responsible for civilian health care provider costs, to include related care such as tests, referrals, examinations, immunizations, etc., except when TRICARE covers part or all of the cost.

e. Field or Sea Deployments

(1) Suitability screening for service members may be completed in the field or at sea if no specialized consults, tests, or procedures are required.

(2) Family members are screened at a fixed Navy MTF, or as described in paragraph 15d.

f. Air Facility and Field Activity Assignments

(1) At a command's convenience, service members may be screened by battalion or flight surgeons assigned to the organic medical facility. Screening

personnel must have knowledge of screening guidelines and procedures and access to required forms.

(2) Family members are screened at a fixed Navy MTF, or as described in paragraph 15d.

(3) The CO or OIC of the Navy MTF reviews the service and family members screening forms and makes the final suitability recommendation.

16. Suitability Screening Deficiency Reports

a. To identify and correct failures in the suitability screening process, the CO or OIC of the gaining MTF or medical representative of an operational command will report deficiencies when they occur.

b. A deficiency report will be submitted when:

(1) The deficiency pertains to a special need.

(2) Service or family members arrive without medical, dental, or educational screening.

(3) The screening MTF identified a special need and made a suitability determination without coordinating with the gaining MTF.

(4) The service member did not report a known special need to the screening MTF before transfer.

(5) Medical, dental, or educational screening records are incomplete, missing, or do not contain required signatures.

c. Reference (d) contains guidelines and sample deficiency reports. Deficiency reports are submitted in message format and require enough detail to enable an assessment of the nature of the deficiency and where and when it occurred.

d. Forward a copy of the deficiency report to the appropriate addressee(s) as specified in enclosure (13).

e. NAVPERSCOM or HQMC, in coordination with BUMED (M32), will research the deficiency and recommend corrective action.

17. Early Return

a. If the CO or OIC of the gaining MTF or unit commander, on the advice of their senior medical department representative, determines that a special need cannot be met, an early return/reassignment request is initiated.

b. Reference (d) contains guidance on early returns. All requests for early returns/reassignment (humanitarian reassignment in the Marine Corps) are submitted as an Overseas Screening Deficiency Report by the parent command. If the reason is due to a possible screening deficiency, the early return and deficiency reports are combined.

c. The gaining MTF or senior medical department representative will forward a written report to the parent command, providing sufficient information to justify the early return.

MEDICAL ASSIGNMENT SCREENING

1. General. This enclosure contains policy, procedures and responsibilities for conducting medical assignment screening.

a. Occasionally, some Navy service members who are "found fit for medically unrestricted duty" following a period of TLD, or who are found "fit for continued Naval service" by the PEB, receive orders to an overseas or operational assignment and then fail the suitability screening necessitated by the orders. These situations result in additional workload and cost for the Navy and uncertainty and consternation for the service member. Medical assignment screening is designed to prevent this from occurring.

b. Medical assignment screening identifies ongoing medical conditions that may limit the service member's ability to be worldwide assignable. This information is used by Navy Personnel Command (NAVPERSCOM) to make assignments to appropriate locations or platforms consistent with the service member's medical limitations, or to make administrative determinations regarding the service member.

c. Completion of medical assignment screening within the specified timeline is dependent on cooperation and coordination among and between the people involved in the process to include the service member, parent command, PSD, limited duty (LIMDU) coordinators and MTF staff.

d. Service members in the HIV program are governed under SECNAVINST 5300.30 series and are not included in medical assignment screening.

2. Procedures and Responsibilities for Medical Assignment Screening

a. Per reference (g), Navy service members will undergo assignment screening before availability for orders of any kind immediately after the member is:

(1) Found "fit for medically unrestricted duty" following a period of TLD.

(2) Found "fit for continued Naval service" by the PEB.

(3) Directed by NAVPERSCOM due to an unresolved LIMDU situation.

(4) Requesting conversion after completing a period of LIMDU and/or disqualified from any program (e.g., submarine, nuclear, air crew duty) due to medical limitations.

b. The service member's parent command is responsible for assignment screening. The parent command will ensure:

(1) The member is referred to an MTF for medical assignment screening after meeting one of the conditions described in paragraph 2a(1) through (4) and completes medical assignment screening.

(2) The assignment screening report and process are completed not later than 15 days after the member meets one of the conditions described in paragraph 2a(1) through (4).

(3) The results of the completed medical assignment screening are forwarded and coordinated with NAVPERSCOM (PERS-40BB).

c. The MTF SSC or MTF LIMDU coordinator is responsible for:

(1) Coordinating the medical assignment screening within the MTF upon referral of a service member from the parent command.

(2) Informing the parent command when a service member fails to report for a scheduled medical assignment screening appointment.

(3) Informing the parent command of any delays that may preclude meeting the 15-day timeline.

(4) Maintaining a dialog with parent commands and LIMDU coordinators to facilitate the immediate referral of service members for medical assignment screening. Ongoing communication will ensure prompt reporting for assignment screening and help prevent service members from commencing screening so late in the 15-day period that the MTF cannot reasonably complete the screening in the required timeframe.

d. The military physician, nurse practitioner, physician assistant or independent duty corpsman conducting the medical assignment screening is responsible for:

(1) Thoroughly reviewing all medical records and pertinent information regarding the service member's medical condition and limitations.

(2) Completing NAVMED 1300/3, Medical Assignment Screening, (enclosure (12)) and supporting all "yes" answers on the form with thorough and specific information to include:

(a) Reason/diagnosis for any medical evaluation boards.

(b) ICD-9 code(s).

(c) PEB findings (if applicable).

(d) Limiting conditions, prognosis and timeline for improvement.

(e) Other pertinent information.

(3) Determining if the service member is either worldwide assignable without limitations or assignment limited.

(4) Returning the completed form promptly to the SSC/LIMDU coordinator, or informing the SSC/LIMDU coordinator of any delays that may preclude meeting the 15-day timeline.

e. Upon receipt of the completed NAVMED 1300/3, the SSC/LIMDU coordinator will:

(1) Review the form to ensure it is complete and legible.

(2) Place a copy of the form in the service member's medical record and LIMDU or PEB file, as applicable.

(3) Retain an audit copy. The retention period is 2 years after which the record is destroyed.

(4) Forward the completed form to the service member's parent command for disposition with NAVPERSCOM.

EXCEPTIONAL FAMILY MEMBER PROGRAM IDENTIFICATION AND ENROLLMENT

1. General. This enclosure contains policy, procedures and responsibilities for the identification and enrollment of family members into the EFMP.

a. The objectives of the EFMP are:

(1) Identify, document, and code special need requirements of family members for consideration by military personnel activities during the assignment process.

(2) Provide a comprehensive and coordinated approach for medical, educational, community, housing, and personnel support for families with special needs.

b. References (h) and (i) provide DON and Navy EFMP policy. EFMP enrollment is mandatory and may result from:

(1) Identification of a qualifying condition during routine healthcare by an MTF or TRICARE provider.

(2) Self-identification by a service or family member.

(3) Identification of a qualifying condition during suitability screening. Do not stop the suitability screening process for EFMP enrollment. Suitability screening continues separately from EFMP enrollment.

c. Information regarding the Navy EFMP and the Navy EFMP Handbook (NAVPERS 15614F) are available online at http://www.npc.navy.mil/CommandSupport/ExceptionalFamilyMember/ or on DVD (NAVPERS 806683).

d. Reference (j) provides EFMP policy for the Marine Corps, which is separate from the Navy EFMP. Coordinate enrollment/disenrollment with the EFMP coordinator at Marine Corps Community Services (MCCS). Information regarding the Marine Corps EFMP is available online at http://www.usmc-mccs.org/efmp/index.cfm or in the Marine Corps EFMP brochure available at MCCS.

e. Navy MTFs supporting other uniformed Services (Air Force, Army, or Coast Guard) will complete the EFMP enrollment forms for family members belonging to these Services and forward the forms to the appropriate EFMP manager listed in enclosure (9).

f. Family members who are enrolled in DEERS and normally reside with the sponsor qualify for enrollment.

g. EFMP enrollment is a prerequisite for participation in the TRICARE Extended Care Health Option (ECHO) program. A qualifying sponsor must show proof of enrollment when applying for the ECHO benefit.

2. Criteria for EFMP Enrollment. Family members who meet one or more of the following special medical or educational needs criteria are enrolled in the EFMP:

a. Potentially life-threatening conditions and/or chronic medical or physical conditions (e.g., high risk newborns, a diagnosis of cancer within the last 5 years, sickle cell disease, insulin dependent diabetes) requiring follow-up support more than once a year, or specialty care.

b. Current and chronic (duration of 6 months or longer) mental health condition (e.g., bi-polar, conduct, major affective, or thought/personality disorders); inpatient or intensive outpatient mental health service within the last 5 years; intensive (greater than one visit monthly for more than six months) mental health services required at the present time. This includes medical care from any provider, including a primary health care provider.

c. A diagnosis of asthma or other respiratory-related diagnosis with chronic recurring wheezing which meets one of the following criteria:

(1) Scheduled use of inhaled anti-inflammatory agents and/or bronchodilators.

(2) History of emergency room use or clinic visits for acute asthma exacerbations within the last year.

(3) History of one or more hospitalizations for asthma within the past 5 years.

(4) History of intensive care unit admissions for asthma within the past 5 years.

d. A diagnosis of attention deficit disorder or attention deficit hyperactivity disorder that meets one of the following criteria:

(1) A co-morbid psychological diagnosis.

(2) Requires multiple medications, psycho-pharmaceuticals (other than stimulants), or does not respond to normal doses of medication.

(3) Requires management and treatment by mental health provider (e.g., psychiatrist, psychologist, social worker).

(4) Requires specialty consultation, other than a family practice physician or general medical officer, more than twice a year on a chronic basis.

(5) Requires modifications of the educational curriculum or the use of behavioral management staff.

e. Requires adaptive equipment (e.g., apnea home monitor, home nebulizer, wheelchair, splints, braces, orthotics, hearing aids, home oxygen therapy, home ventilator, etc.).

f. Requires assistive technology devices (e.g., communication devices) or services.

g. Requires environmental or architectural considerations (e.g., limited numbers of steps, wheelchair accessibility, housing modifications, air conditioning).

h. Special educational needs:

(1) An infant or toddler with a developmental disability or potential disability (birth through 2 years, inclusive) who has or requires an IFSP specifying early intervention services.

(2) A preschool or school-age child with an educational disability (ages 3 through 21 years, inclusive) who has or requires an IEP specifying special education services.

i. A family member of any age with a temporary condition requiring specialized care expected to last more than 6 months, but less than a year.

3. Procedures and Responsibilities for EFMP Enrollment. The MTF EFMP Coordinator will:

a. Oversee the identification and enrollment of eligible service and family members.

b. Provide EFMP information to service and family members, installation commands and activities, and MTF personnel.

c. Provide EFMP training to MTF personnel and all area commands.

d. At an overseas MTF, coordinate with the DODDS and the local EDIS program.

e. Develop and maintain a list of local special needs resources.

f. Determine if the family member resides with the service member and perform a DEERS check for all potential EFM.

g. For each family member qualifying for enrollment, provide to the service member:

(1) Exceptional Family Member Medical Summary, DD Form 2792.

(2) Exceptional Family Member Special Education/Early Intervention Summary, DD Form 2792-1 (if applicable).

h. For DD Form 2792:

(1) Ensure the patient, parent or guardian reads and understands the"Privacy Act Statement" and "Authorization for Disclosure of Medical Information" sections (page 1) of DD Form 2792 and provides a signature and date on the bottom of the page. A separate form is completed for each individual enrolled.

(2) Assist the patient, parent or guardian with completing the 'Demographic/Certification' section (page 2) of DD Form 2792. Ensure all information is accurate and complete.

(3) Ensure the MTF primary care provider completes the Medical Summary (pages 3-5) and when appropriate, Addendum 1 (Asthma/Reactive Airway Disease Summary) or Addendum 2 (Mental Health Summary) (pages 6-7) of DD Form 2792.

i. For DD Form 2792-1 (if applicable):

(1) Ensure the service member reads and understands the 'Privacy Act Statement' and completes the 'Demographics' section (page 2) of DD Form 2792-1. Ensure all information is accurate and complete.

(2) For infants & toddlers receiving EIS:

(a) Ensure the child's local early intervention program completes DD Form 2792-1 (page 3) and provides a copy of the current IFSP.

(b) Attach the IFSP to the completed DD Form 2792-1.

(c) The service member's or spouse's signature on DD Form 2792-1 (item 1, page 3) authorizes the release of early intervention information.

(d) A completed DD Form 2792 must also be submitted as part of the enrollment package.

(3) For preschool or school age family members receiving special education and related services:

(a) Ensure the student's school completes DD Form 2792-1 (page 3) and provides a copy of the current IEP.

(b) Attach the IEP to the completed DD Form 2792-1.

(c) The sponsor's, spouse's or student's (who has reached the age of majority) signature on DD Form 2792-1 (item 1, page 3) authorizes the release of educational information.

(d) A completed DD Form 2792 must also be submitted as part of the enrollment package.

(e) Review the enrollment forms to ensure they are complete and contain the required signatures and attachments.

(f) Coordinate enrollment with the SSC when a family member is in receipt of orders for any overseas or remote duty assignment.

(g) Retain a file copy of the completed DD Form 2792/2792-1 and supplemental documentation. The retention period is 2 years after completion of enrollment after which, the record is destroyed.

(h) Forward the original enrollment forms and attachments to the appropriate Central Screening Committee (CSC) listed in enclosure (9).

(i) Follow the initial enrollment procedure to update an EFMP enrollment. Navy requires service members to update enrollment every 3 years and Marine Corps every 2 years. Service members are also required to update enrollment whenever a change in special needs occurs.

(j) The completed DD Form 2792 and DD Form 2792-1 contain sensitive personal, medical, dental and educational information to be used only for EFMP enrollment. Do not provide these forms (or information on these forms) to any person or entity other than "need to know" personnel associated with the EFMP. Educational (early intervention, special education and related services) information may be shared with EDIS, DODEA or local educational agencies for the purpose of making placement determinations.

4. Procedures and Responsibilities for EFMP Disenrollment. Family members are disenrolled from the EFMP when:

a. An EFM no longer requires ongoing health care, specialty services, early intervention, or special education. The service member will provide necessary medical or educational forms and/or documentation to the EFMP coordinator, who forwards the forms to the CSC for disposition.

b. An EFM is no longer a service member's dependent. A change in status may result from divorce, child custody arrangements, marriage, death, etc. The service member will provide appropriate verification (e.g., a letter from his or her commanding

officer or officer in charge, a copy of a court decree or death certificate) directly to the appropriate EFMP manager listed in enclosure (9).

5. Central Screening Committee Procedures and Responsibilities. The regional CSC will:

a. Review the enrollment (or update) package.

b. Contact the EFMP coordinator or service member to obtain or clarify information.

c. Concur or non-concur with enrollment.

d. Assign a category code based on the severity of the condition and medical, dental, or educational requirements.

e. Forward the enrollment forms to Navy Personnel Command (PERS-672) or Headquarters Marine Corps (MRZ-2), as appropriate. The respective addresses are contained in enclosure (9). The Navy or Marine Corps EFMP Manager will review the recommendation, assign a final category code and maintain the information in an EFMP database for use in determining future assignment locations where the special needs of the EFM can be met.

REMOTE DUTY LOCATIONS IN THE UNITED STATES

Based on the accessibility of health care services, the Bureau of Medicine and Surgery and the Navy Personnel Command (PERS-6) have determined that the following locations in the United States are remote and require suitability screening for service and family members before transfer.

STATE	LOCATION
Alaska	Kodiak
California	Bridgeport San Clemente Island San Nicolas Island
Florida	Key West
Hawaii	Barking Sands
Nevada	Fallon (special immunization requirements apply for Nevada school-age children)
West Virginia	Sugar Grove

DEPARTMENT OF DEFENSE EDUCATIONAL ACTIVITY (DODEA)
SPECIAL EDUCATION COORDINATORS

Department of Defense Dependents Schools (DODDS)
Defense Dependents Elementary and Secondary Schools (DDESS)

Headquarters: Department of Defense Educational Activity 4040 North Fairfax Drive Arlington, VA 22203-1635	 Voice: (703) 588-3148/3147 FAX: (703) 588-3747
Europe Area Office (Primary point of contact): DODDS - Europe Area Office Attn: Special Education Coordinator Unit 29649, Box 7000 APO AE 09096-7000	 Voice: 011-49-611-380-7219/7809/7798 (DSN) 314-338-7219/7809/7798 FAX: 011-49-611-380-7458/7575 (DSN) 314-338-7458/7575
Europe (Secondary points of contact): DODDS - Bavaria District 417th BSB, CMR 449 APO AE 09031 DODDS - Heidelberg District Unit 29237 APO AE 09102 DODDS - Isles District Unit 5185, Box 470 APO AE 09461 DODDS - Kaiserslautern District Unit 3405 APO AE 09094 DODDS - Mediterranean District Unit 31401, Box 11 APO AE 09630-0005	 Voice: 011-49-9321-300654 FAX: 011-49-9321-37815 Voice: 011-49-6221-677360 Voice: 011-44-1638-52-7234 FAX: 011-44-1638-52-7243 Voice: 011-49-631-351370 FAX: 011-49-631-98762 Voice: 011-39-444-518460 FAX: 011-39-444-302541

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS (DODDS) SPECIAL EDUCATION COORDINATORS (continued)	
PACIFIC AREA OFFICE (including Guam) (Primary point of contact): DODDS - Pacific Area Office Unit 35007 FPO AP 96373-5007	 Voice: 011-81-611-744-5670 FAX: 011-81-611-744-5900
PACIFIC (Secondary points of contact): DODDS - Japan District Unit 5072 APO AP 96328-5072 DODDS - Korea District Unit 15549 APO AP 96205-5549 DODDS - Okinawa District Unit 5166 APO AP 96369-5166 DDESS - Guam PSC 490, Box 7655 FPO, AP 96919	 Voice: 011-81-3117-225-3940 FAX: 011-81-425-301420 Voice: 011-82-2791-86022 FAX: 011-82-2791-84280 Voice: 011-81-611-634-5575 FAX: 011-81-934-6819 Voice: (671) 344-9162 FAX: (671) 344-9584
CUBA (Primary point of contact) DDESS Headquarters 700 Westpark Drive Peachtree City, GA 30269 (Secondary point of contact) W. T. Sampson Elementary/High School PSC 1005, Box 50 FPO, AE 09593	 Voice: (678) 364-8010 FAX: (770) 632-8720 Voice: 011-5399-2207 FAX: 011-5399-3629

FORMS REFERENCE GUIDE SUITABILITY SCREENING, MEDICAL ASSIGNMENT SCREENING and EFMP ENROLLMENT
Overseas Suitability Screening NAVMED 1300/2 and 1300/1 (enclosures (10) & (11)) DD Forms 2807-1, 2807-2 and 2802 DD Form 2792-1 (for preschool and school-age family members) NAVPERS 1300/16, Part II
Remote Duty Suitability Screening NAVMED 1300/2 and 1300/1 (enclosures (10) & (11)) DD Forms 2807-1, 2807-2 and 2802 NAVPERS 1300/16, Part II
Operational Suitability Screening NAVMED 1300/2 and 1300/1 (enclosures (10) & (11)) DD Forms 2807-1, 2807-2 and 2802 NAVPERS 1300/16, Part II
Dental Suitability Screening NAVMED 1300/1, Part II, (enclosure (11)) SF 603 or SF 603A EZ 603.1 (trial) or EZ 603A (trial)
Medical Assignment Screening NAVMED 1300/3 (enclosure (12))
Exceptional Family Member Program Enrollment DD Form 2792 and 2792-1

SUMMARY OF REQUIREMENTS FOR MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING

REQUIREMENT	SERVICE MEMBER	FAMILY MEMBER ADULT	FAMILY MEMBER CHILD
Medical Record Review (military and civilian)	R	R	R
Medical History (DD Form 2807-1)	R	R	R
Routine physical, aviation, submarine, radiation, asbestos or other type of screening or examination as required	1,2	2	2
Preventive Health Assessment (PHA)	1	N	N
Hearing examination (audiogram)	1,2	N	N
Vision examination	1,2	N	N
HIV test	1	3	3
Blood type	1	N	N
G6PD test	1	N	N
PPD test	1	2	2
Sickle Cell trait test	1	N	N
DNA testing	1	N	N
Immunizations	4	4	4,5
Annual health maintenance examination for servicewomen	1,2	N	N
US Preventive Services Task Force (USPSTF) Screening Tests	N	3	3
Pregnancy screen (verbal inquiry)	R	3	6
Individualized Family Service Plan (IFSP)	N	N	7
Individualized Education Program (IEP)	N	N	8
Dental examination	R	R	R

Legend:
R - Required.
N - Not required.
1 - Required if routinely due by transfer date or if not previously documented in medical record.
2 - Required if indicated by screening interview or review of military or civilian medical records, medical history, or CHCS data.
3 - Recommended but not required.
4 - Required if due or if specified for the destination country/location.
5 - Standard requirements for newborn at 8 weeks of age.
6 - Recommended if 18 years or older.
7 - Required if receiving early intervention services.
8 - Required if receiving special education and related services.

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)
CENTRAL SCREENING COMMITTEE (CSC) LOCATIONS

Forward EFMP summary forms to the CSC within the region of the Navy or Marine Corps service member's command. The CSC reviews the information, recommends a category code, and forwards the form(s) to the appropriate Navy or Marine Corps EFMP program manager where the final code is assigned.

For commands located in the United States **east of the Mississippi River and in Africa, Europe, the Caribbean, Middle East, and South America**	Naval Medical Center Portsmouth (Code 0465C) EFMP Central Screening Committee 620 John Paul Jones Circle Portsmouth, VA 23708-2197 Commercial: (757) 953-5900 FAX: (757) 953-7134 DSN prefix: 377-
For commands located in the United States **west of the Mississippi River, including Alaska**	Naval Medical Center San Diego (Code CGH) EFMP Central Screening Committee, Suite 100 34520 Bob Wilson Drive San Diego, CA 92134-5000 Commercial: (619) 532-6910 FAX: (619) 532-6908 DSN prefix: 522-
For commands located in the **west Pacific and Asia, including Hawaii and Guam**	U.S. Naval Hospital Yokosuka EFMP Central Screening Committee PSC 475, Box 1 FPO, AP 96350-1600 Commercial: 011-81-311-743-7260 FAX: 011-81-311-743-5891 DSN prefix: 243-

EFMP/SPECIAL NEEDS PROGRAM MANAGERS

Each military component has established its own program that addresses special needs identification, enrollment and assignment management. For Air Force, Army and Coast Guard service and family members, return the completed EFMP summary form(s) to the member or forward to the address below.

Navy EFMP Manager	Navy Personnel Command Attn: PERS-672 5720 Integrity Drive Millington, TN 38055-6620 Phone: (901) 874-4395/4394 DSN prefix: 882- Toll-free: 1-866-827-5672 FAX: (901) 874-2689 E-mail: p672@persnet.navy.mil
Marine Corps EFMP Manager	HQ, U.S. Marine Corps Manpower & Reserve Affairs (MRZ-2) 3280 Russell Road Quantico, VA 22134 Phone: (703) 784-9654/0298 Toll-free: 1-866-464-6110 DSN prefix: 278- FAX: (703) 784-9822
Air Force Special Needs Program Manager	Office of the Surgeon General (AFMSA/SGOF) 5201 Leesburg Pike, Suite 1501 Falls Church, VA 22041 Phone: (703) 681-6320 DSN prefix: 761- FAX: 703-681-6913
Army EFMP Manager	HQ, U.S. Army Medical Command (MCHO-CL-H) 2050 Worth Road, Suite 10 Fort Sam Houston, TX 78234-6010 Phone: (210) 221-8926/6476 DSN prefix: 471- FAX: (210) 221-7229/7235
Coast Guard Special Needs Program Manager	Coast Guard Headquarters (CG-1112) 2100 Second Street, SW Washington, DC 20593-0001 Phone: (202) 267-6731

MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING CHECKLIST AND WORKSHEET

Privacy Act Statement: OPNAVINST 1300.14C authorizes collection of this information. The following information and documents, as applicable, are required to conduct medical, dental and educational screening to determine suitability for an overseas, remote duty, or operational assignment. Complete and current information is essential for successful completion of screening. Disclosure is voluntary, however, missing or incomplete information may delay the screening process, result in orders held in abeyance until completion of screening, or affect the amount of leave in transit. Refer to BUMEDINST 1300.2A for implementing guidance.

The Suitability Screening Coordinator (SSC) at the military treatment facility (MTF) can assist in obtaining and completing the required information. The SSC will ensure required information and documents are complete and current before referral to a MTF provider for screening and a suitability recommendation. The SSC will place the completed original form in the service or family member's MTF medical record and retain a copy for audit. Medical, dental, and educational suitability screening is valid for 12 months from the date of completion if there were no significant changes in the medical, dental, or educational status of the service or family member. The service member must notify his or her commanding officer or officer in charge of a change in status (including pregnancy). ***Complete one form for each service and family member screened.***

SERVICE MEMBER NAME	**GRADE / RATE**	**SSN**
CURRENT UNIT	**TELEPHONE NUMBER**	
NEXT DUTY STATION LOCATION & UNIT IDENTIFICATION CODE (UIC)	**TYPE DUTY CLASSIFICATION CODE (Navy enlisted only)**	
FAMILY MEMBER NAME	**FAMILY MEMBER PREFIX**	

	SSC Review		
FOR SERVICE MEMBERS:	**Yes**	**No**	**N/A**
☐ Legible copy of orders. (For operational assignments, orders should indicate the platform to which assigned and a description of the duty assignment.)			
☐ Each family member name, family member prefix, social security number, address and telephone number, if other than the service member's.			
Military health record to include:			
☐ Routine physical, aviation, submarine, radiation, asbestos, or other type of examination or screening current and documented.			
☐ Annual Preventive Health Assessment (PHA) current and documented.			
☐ Current medical history (DD 2807-1).			
☐ Hearing (audiogram).			
☐ Vision examination.			
☐ G-6P-D test.			
☐ PPD test.			
☐ Sickle Cell trait test.			
☐ Negative HIV results current to I year of transfer. *Date Drawn:* *Roster Number:*			
☐ Blood type.			
☐ DNA testing.			
☐ Required immunizations (assignment specific).			
☐ Military dental records			
☐ Copies of civilian medical, dental, or mental health care records to include narrative summaries of any inpatient admissions in civilian facilities.			
☐ Other:			

	SSC Review		
	Yes	No	N/A
FOR WOMEN:			
☐ Annual health assessment current and documented.			
☐ Mammogram current and documented.			
☐ Pregnancy screen (verbal inquiry).			
FOR FAMILY MEMBERS:			
☐ Military health record			
☐ Military dental record			
☐ Copies of civilian medical, dental, or mental health care records to include narrative summaries of any inpatient admissions in civilian facilities.			
FOR INFANTS AND TODDLERS (birth through 2 years, inclusive) receiving or eligible to receive Early Intervention Services: ☐ Copy of the current Individualized Family Service Plan (IFSP) and, if available, developmental assessments or evaluations.			
FOR EACH CHILD ENROLLED IN PRESCHOOL OR SCHOOL (ages 3 through 21, inclusive): ☐ Copy of DD 2792-1 completed by the school.			
FOR PRESCHOOL OR SCHOOL-AGE CHILDREN (ages 3 through 21, inclusive) receiving or eligible to receive Special Education to include related services: ☐ Copy of the current Individualized Education Plan (IEP) and, if available, educational assessments or evaluations			
FOR EACH FAMILY MEMBER ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP): ☐ Copy of the enrollment application and any EFMP correspondence.			
FOR SSC USE ONLY			
Date suitability screening conducted:			
If suitability determination with gaining MTF is required: Date and time group of inquiry: Originator: Date and time group of reply: Originator:			
Other information:			
Suitability Screening Coordinator (signature, printed name, and date):			

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PART II

SERVICE / FAMILY MEMBER NAME	GRADE / RATE / FAMILY MEMBER PREFIX	SSN

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	N0	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? *(completed by a MTF designated military dental screener only)*

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

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MEDICAL, DENTAL AND EDUCATIONAL SUITABILITY SCREENING FOR SERVICE AND FAMILY MEMBERS

Privacy Act Statement: OPNAVINST 1300.14C authorizes collection of this information. This form is completed by a military/civilian physician, nurse practitioner, physician assistant, or independent duty corpsman to identify medical, dental or educational conditions for the purpose of making a suitability recommendation for an overseas, remote duty, or operational assignment. The military treatment facility (MTF) Suitability Screening Coordinator will place the completed original form in the service or family member's MTF medical record and retain a copy for audit. Disclosure is voluntary, however, failure to provide this information may delay the screening process, result in orders held in abeyance until completion of screening or affect the amount of leave in transit. Refer to BUMEDINST 1300.2A for implementing guidance. ***Complete one form for each service and family member screened.***

SERVICE MEMBER NAME	GRADE / RATE	SSN
FAMILY MEMBER NAME	**FAMILY MEMBER PREFIX**	**SSN**

NEXT DUTY STATION LOCATION & UNIT IDENTIFICATION CODE (UIC):	TYPE DUTY CLASSIFICATION CODE: (Navy enlisted only)

PART I

Medical Screening. Completed by the medical provider to identify special needs and determine if a service or family member is suitable for an overseas, remote duty, or operational assignment. Attach the completed Report of Medical History (DD 2807-1) to this form.

Yes	No	N/A	ITEM
			1. All current health records (military and civilian) reviewed?
			2. Physical examinations (aviation, submarine, radiation, asbestos, etc.) current and documented?
			3. G-6P-D, PPD and Sickle Cell trait test and Blood Type completed & documented?
			4. Immunizations are up-to-date and meet destination country requirements?
			5. Reference audiogram documented on DD 2215?
			6. Latest audiogram (DD 2216) reviewed?
			7. HIV testing completed or drawn?
			8. DNA testing completed and documented?
			9. Are there pending consults or tests that have a bearing on assignment suitability?
			10. Any past limited duty or medical board(s)? *(document on DD 2807-1)*
			11. For all service members, annual preventive health assessment (PHA) current and documented?
			12. For servicewomen:
			a. Annual health assessment current and documented?
			b. Pregnancy screening (verbal inquiry)?
			c. If pregnant? (EDC:)
			13. For family members, U.S. Preventive Services Task Force screening test recommendations current and documented?
			14. If a Special Duty assignment, is there a condition, which by MANMED, chapter 15, section IV, is disqualifying?
			15. Are there any conditions requiring ongoing care in the following areas? *(document on DD 2807-1)*
			a. Orthopedic conditions (e.g., chronic back, knee, joint pain or weakness)
			b. Cardiovascular conditions (e.g., chest pain/angina, arrhythmia, valve disease, infarction)
			c. Gynecologic conditions (e.g., chronic pelvic pain, abnormal PAP, breast mass)
			d. Neurologic conditions (e.g., seizure, pinched nerve, migraine, neuropathy)
			e. Respiratory conditions (e.g., asthma, RAD, chronic sinus, allergies)
			f. Mental health or behavioral conditions (e.g., mood, adjustment/personality disorder, ADD/ADHD, anxiety, psychosis)
			g. Recurrent or frequent medications *(list on DD 2807-1)*
			h. Alcohol or substance abuse or dependence
			i. Developmental concerns (e.g., motor, cognitive, communication, social/emotional, or adaptive development)
			j. Specify other conditions or concerns:
			16. For service/family members requiring medication in excess of 90 days: (if not applicable, check block and skip to #18)
			a. Is the patient in the maintenance phase of treatment?
			b. Should medication use cease, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior or result in a limited duty, MEDEVAC, or early return situation?
			c. Is the medical staff at the gaining MTF/operational platform capable of managing the medication manipulation(s) if the underlying condition exacerbates?
			d. Has the service/family member registered with the TRICARE Mail Order Pharmacy program?

Yes	No	N/A	ITEM
			17. For service/family members with underlying medical conditions: *(if not applicable, check block and skip to #18)*
			a. Is there a requirement for special medical supplies, adaptive equipment, assistive technology devices, special accommodations, etc.?
			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?
			c. Can the gaining MTF/operational platform provide the current required medical support?
			d. Can the gaining MTF/operational platform provide required medical support (diagnostic and therapeutic) if the underlying condition is exacerbated?
			e. Are there any chronic medical or mental health conditions requiring routine or continuing access to care or access to specialized medical care? *(document on DD 2807-1)*
			f. If required, were potential environmental concerns and possible health effects communicated to each service and family member? *(document on appropriate SF 600 overprint)*
			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)?
			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?
			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? *(completed by a MTF medical screener only)*

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

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MEDICAL ASSIGNMENT SCREENING

SERVICE MEMBER NAME	GRADE / RATE	SSN

Privacy Act Statement: MILPERSMAN 1300-801 authorizes collection of this information. The form is completed by a military physician, nurse practitioner, physician assistant, or independent duty corpsman after a service member is returned to medically unrestricted duty after a period of limited duty (LIMDU), a finding of "fit for continued Naval service" by the Physical Evaluation Board (PEB), or requesting conversion after completing a period of LIMDU, or disqualified from any program (e.g., submarine, nuclear air crew duty) due to medical limitations. Medical assignment screening determines if a service member is "worldwide assignable" or "assignment limited" due to ongoing medical conditions. The military treatment facility (MTF) assignment screening coordinator will forward the completed original form to the service member's parent command, place a copy in the member's MTF medical record and LIMDU or PEB file, and retain a copy for audit. The parent command will coordinate with the Navy Personnel Command (PERS-40BB), who will use this information to manage assignments or to make administrative determinations regarding the service member. Disclosure is voluntary, however, failure to provide this information may result in orders held in abeyance until completion of screening. Refer to BUMEDINST 1300.2A for implementing guidance.

Yes	No	ITEM
		1. Are there any chronic or recurrent medical conditions that might materially increase the probability that the service member would not successfully complete an operational or overseas assignment? Note: Access to specific medication alone should not be considered a limitation but the underlying condition should be directly addressed. (If 'YES', explain in block 3.)
		2. Are there any pending consults or tests that may impact assignment suitability? (If 'YES,' explain in block 3.)

3. Explain any 'YES' answers from above. Include the reason/diagnosis for any medical evaluation boards, ICD-9 code(s), PEB findings (if applicable), limiting conditions and prognosis/timeline for improvement, and any other pertinent information.

IS THE MEMBER WORLDWIDE ASSIGNABLE WITHOUT LIMITATIONS FOR DUTIES CONSISTENT WITH RATE/RANK/DESIGNATOR?

	YES - Worldwide Assignable Without Limitations
	NO - Assignment Limited (explain below)

The member has the following limitations: (include all limitations such as specific activities to be avoided, required access to specialty care, and other pertinent issues for consideration in the assignment of next duty station)

Military Medical Screener (Signature) _____ Date _____	Parent Command POC (Signature) _____ Date _____
Printed Name, Rank or Grade _____	Printed Name, Rank or Grade _____
MTF or Duty Station _____	Command or Duty Station _____
Telephone Number (include area/country code) _____	Telephone Number (include area/country code) _____
DSN Number _____	DSN Number _____
Telefax Number (include area/country code) _____	Telefax Number (include area/country code) _____
E-mail Address _____	E-mail Address _____

NAVMED 1300/3 (6-2006)

NAVY DEFICIENCY REPORT MESSAGE ADDRESSEES			
For	**Message Addressee**	**And**	**Info**
Enlisted Members	COMNAVPERSCOM MILLINGTON TN (PERS-40/PERS-40DD/PERS-451/PERS-662)	Transferring/Screening Command Transferring Manning Convening Authority	BUMED (M32) Washington, DC
Officers	COMNAVPERSCOM MILLINGTON TN (PERS-451/PERS-662/Applicable Detailer/Placement Officer)	Servicing Personnel Support Detachment (PSD) Gaining Manning Convening Authority	
Non-designated SN/FN/AN	EPMAC New Orleans	Last Permanent Duty Station	
Enlisted FTS only	NAVRESPERSCEN NEW ORLEANS LA		

U. S. MARINE CORPS DEFICIENCY REPORT MESSAGE ADDRESSEES			
For	**Message Addressee**	**And**	**Info**
Enlisted Members & Officers	CMC WASHINGTON DC MRA MR MRZ	Area Commander Manning Convening Authority Last Permanent Duty Station	BUMED (M32) Washington, DC
	Mailing Address HQ, U.S. Marine Corps Manpower & Reserve Affairs (MRZ/EFMP) 3280 Russell Road Quantico, VA 22134-5103		