

**NAVMED 1300/4: EXPEDITIONARY MEDICAL AND DENTAL SCREENING FOR
INDIVIDUAL AUGMENTEE (IA) AND SUPPORT ASSIGNMENTS TO OVERSEAS
CONTINGENCY OPERATIONS (OCO)**

OMB No. 0704-0411

GENERAL

NAVMED 1300/4 is an expeditionary medical screening completed for overseas contingency operations, specific temporary additional duty assignments, and mobilizations for the Reserve Component (RC).

DD Form 2807-1 is mandated in conjunction with the completion of this form per BUMEDINST 1300.3B.

Additional guidance is provided as needed, any question without clarification is considered self-explanatory.

PART I – MEMBER DEMOGRAPHICS (Page 2)

In this section, the member will input their demographic information and anticipated assignment information.

Assignment/Deployment Information

2. For platform assignment, please specify one of the following: Surface, Air, Submarine, Naval Information, Navy Expeditionary Combat, Special Operations, Fleet Marine Force, Expeditionary Medicine, Other.

PART II – RECORD REVIEW (Page 2-4)

This section may be completed by a designated Hospitalman (HM), Medical Assistant (MA), licensed Nurse (i.e., LPN, RN).

A. Medical Readiness:

4. If member is currently in special duty status, please review current DD 2808 and complete question 4a.
5. If answer to question 5 is No, include in comment section below what is missing, and direct member to complete insufficiencies.

B. Audiogram:

1. If the member is not already assigned to the hearing conservation program, it is not required by deployers unless the member is expected to be exposed to (1) more than 85 decibels A-weighted (dBA) as an 8-hour timeweighted average; or (2) impulse noise sound pressure levels of 140 decibels peak sound pressure or greater.

C. Immunizations:

2. Area of Responsibility (AOR) immunization requirements are location specific, verify here: <https://www.health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/Vaccine-Recommendations/Vaccine-Recommendations-by-AOR> (may need to copy and paste if using government computer).

D. Labs

1. Labs required per DoDI 6025.19. Member must complete before moving forward.
2. Must complete before moving forward.

E. Female Reproductive System and Cancer Screening

****Mark "N/A" for males and proceed to the next section****

1. If member is currently pregnant or in a post-partum period, complete 1.a. Post-partum operational deferment 180 days for USMC, and 356 days for USN. Members may request waivers per OPNAVINST 6000.1D & MCO 5000.12E.
3. Per DoDI 6490.03, counseling for methods of contraception must be available.
4. Refer to current United States Preventative Services Task Force (USPSTF) breast cancer screening recommendations. As of Jan 2024, current Mammogram guidelines recommend screening at 50 and every other year for average risk women.
5. If the member has not had a cervical cancer screening, complete 5.a. Selecting "No" does not create a deployment of mobilization limitation, the provider would need to clearly counsel and document the counseling of the recommendation to be screened and the patient declining.

F. Eye Examination

1. If the member requires visual correction, complete 1.a – c.
2. Visual acuity and prescription needs to be updated in MRRS, Vision tab.

G. Medications

2. If the member has prescription medications, complete 2.a-c.

H. Dental

Dental Provider screening (Part III) may be waived if the below conditions are met:

- 1) No shaded responses to questions 1-3 of this section
- 2) Member answers no to question 11.a. on DD Form 2807-1.
- 3) Member is Dental Readiness Class (DRC) 1, and exam ≤90 days ago completed by Department of the Navy (DON) dental provider.
- 4) The dental record contains current panoramic and bitewing radiographs, periapical radiographs and CBCTs specific to previous complex dental procedures or treatment within the last 5 years?

I. Record Review Verification

COMMENTS: Provide comment for any shaded area responses in sections A-H.

PART III – DENTAL SCREENING (Page 4)

This section is completed by an authorized dental provider.

A. Appointed Dental Provider Screening

1. If Dental Exam is completed by DON dental provider ≤90 days ago, the member is DRC1, no shaded responses in section H above, and member answers "no" to question 11.a. on DD Form 2807-1, Dental Provider Screening is not required.

COMMENTS: Provide comment on any shaded area responses in the 'Appointed Dental Provider Screening' section.

B. Appointed Dental Provider Demographics

Any appointed GS or Contractor dentists should indicate their type of employment (GS or CTR) in the Rank/Grade section.

PART IV – MEDICAL SCREENING (Page 5)

This section is completed by an authorized medical provider.

A. Appointed Medical Provider Screening

i. Medications

7. Direct member to <https://militaryrx.express-scripts.com/home-delivery> if using TMOP.

v. Special Considerations

6. See COCOM specific requirements for potential disqualifiers related to gear restrictions.

vi. Deployment Limiting Considerations

1. Deployment Limiting Medical Conditions (DLMC) will have been identified in Section II, and IV where shared responses are checked. An AOR Waiver must be requested for any of the required conditions listed in DoDI 6490.07.

COMMENTS: Provide comment for any shaded area responses in section A.

B. Appointed Medical Provider Demographics

C. Waiver Request

PART V – FINAL REVIEW/ CERTIFICATION (Page 7)

Navy Medicine Commanding Officer, Officer in Charge, or Designee

This section must be completed by a Commanding Officer, Officer in Charge, or designee of the Navy Medicine command conducting the screening (e.g., NMRTC, NMRTU, AMMU, etc.).

NAVMED 1300/4: EXPEDITIONARY MEDICAL AND DENTAL SCREENING FOR INDIVIDUAL AUGMENTEE (IA) AND SUPPORT ASSIGNMENTS TO OVERSEAS CONTINGENCY OPERATIONS (OCO)

This form MUST be completed in conjunction with DD Form 2807-1, Report of Medical History

Privacy Act Statement

Authority: 5. U.S.C 301, Department Regulations; N06150-02 (SORN), Navy Health Care Records; EDHA-07 (SORN), Military Health Information System; OPNAVINST 1300.14 series, Suitability Screening for Overseas and Remote Duty Assignment; BUMEDINST 1300.2 series, Suitability Screening, Medical Assignment Screening, and Exceptional Family Member Program Identification and Enrollment

Purpose: Information is collected on Department of Navy Deployers, Service Members, Civilians and Contractors by Medical Department Representatives to identify medical and dental requirements and deficiencies for individual augmentee and support assignments to Overseas Contingency Operations. Routine Use: The information collected is utilized for medical readiness determinations and may be covered by the Privacy Act of 1974 as amended and/or Health Insurance Portability and Accountability Act (PL104-191). Uses and disclosures of personally identifiable information and protected health information collected in this document are subject to the routine uses outlined in DoDI 5400.11, DoD Privacy Program and DoDM 6025.18. Additional uses and disclosures may be found in the N06150-02 and EDHA-07 System of Record Notices listed in the authority section of this privacy act statement and may be found at <https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/>. Disclosure: Mandatory; IAW DoDI 6025.19, all individual Service members in the Active Component and Selected Reserve, as a condition of continued participation in military service, have a responsibility to maintain their health and fitness, meet IMR requirements, and report medical issues (including physical, dental, and mental/behavioral health) that may affect their readiness to deploy, ability to perform their assigned mission or fitness for retention in military service. Full, accurate information is necessary to ensure a complete medical assessment can be made to determine suitability and safety to execute the proposed mission for which you have been designated.

PART I - MEMBER DEMOGRAPHICS

Member Name (Last, First, MI):				DODID/ EDIPI:		Age:	
Sex:	Service:	Component:	Rank/Pay Grade:	Current Duty Station:		UIC/RUC:	

Anticipated Duties:

ASSIGNMENT/DEPLOYMENT INFORMATION

1. Reason for submission? <i>(select all that apply)</i> :		Deployment	TEMADD	OCONUS Mobilization	Other
1a. Anticipated Assignment/Deployment location (City/State/Country):				1b. Assignment/Deployment UIC/RUC:	
2. What platform are you being assigned?			3. Anticipated COCOM?		
4. Estimated theatre entry date?			4a. Estimated theatre departure date?		

PART II - RECORD REVIEW

(Shaded area responses require explanation in comment section and must be addressed prior to completion of Part II of this form)

A. MEDICAL READINESS

	Yes	No	N/A
1. Periodic Health Assessment (PHA) (DD 3024), completed within 6 months of estimated theater entry date?			
2. Report of Medical History (DD 2807-1 member input items 1 - 28) complete?	Date:		
3. Total Force Health Readiness Flow Sheet (DD 2766) complete per DHA-PI 6490.03?			
4. Current special duty status physical (DD Form 2808) in Deployment and Electronic Health Records (EHR)?			
4a. If "Yes" to question 4, type of special duty physical:	Date Completed:		
5. Fully Medically Ready in Medical Readiness Reporting System (MRRS)?			
6. Any prior Post-Deployment Health Reassessment (PDHRA), DD Form 2900, due in MRRS? <i>Note: All prior PDHRA's must be completed. The requirement does not expire.</i>			
7. For members on Active Duty, currently on or expecting to be placed on LIMDU, or being evaluated/pending evaluation by a Physical Evaluation Board (PEB)?			
8. <i>(RC only)</i> Currently on/expecting to be placed on Temporarily Not Physically Qualified (TNPQ), or have a medical Manpower Availability Status (MAS) code for Not Physically Qualified – Retention recommended (NPQ-RR) or any other medical MAS code, or awaiting completion of an LOD adjudication from PERS-95, or pending an MRR determination, or in an adjudicated LOD status?"			
9. Deployment estimated theater entry and departure dates entered in MRRS? <i>Note: Triggers deployment event in MRRS to track all deployment health requirements.</i>			
10. Pre-deployment Health Assessment, (PreDHA), DD Form 2795, completed within 120 days of estimated theater entry date in MRRS?			
11. Pre-deployment neurocognitive assessment (ANAM) <12 months of estimated theater entry date in MRRS?			

Member Name:				DoDID:							
12. Passed all Service fitness assessments within the last year? e.g., (BCA & PRT) or (BCP & PFT/CFT).											
13. Most recent Vital Signs within 6 months:				BP:	HR:	Temp:	RR:	Ht:	Wt:	BMI:	Date:
14. For UN Missions, UN MS. 2 (11-01), Entry Medical Examination completed? <i>Note: UN Forms are AOR Specific.</i>											
B. AUDIOGRAM							Yes	No	N/A		
1. If required, audiogram (DD Form 2215 or DD Form 2216) completed within 12 months of deployment start date? <i>Note: Deployers do not require an audiogram if they are not already assigned to the hearing conservation program unless the member is expected to be exposed to (1) more than 85 decibels A-weighted (dBA) as an 8-hour time weighted average; or (2) impulse noise sound pressure levels of 140 decibels peak sound pressure or greater.</i>							Exam Date:				
2. Hearing aid(s): If required, do they have batteries for the duration of the deployment or travel period?											
C. IMMUNIZATIONS							Yes	No	N/A		
1. Are member's routine readiness immunizations up-to-date and documented in MRRS, to include annual influenza vaccine?											
2. Completed all AOR (Location specific) immunization requirements and Force Health Protection (FHP) immunization requirements per COCOM guidance? https://www.health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/Vaccine-Recommendations/Vaccine-Recommendations-by-AOR											
D. LABS							Yes	No	N/A		
1. All Service-mandated labs (Blood type and Rh factor, Sickle Cell Trait, DNA, and G6PD) must be completed and documented in MRRS; if any are missing, they must be ordered and confirmed complete prior to deployment.											
1a. If Sickle Cell Trait positive, does member have medical warning tags, and has member completed participation in educational program per DoDI 6465.01?											
1b. G6PD Deficient member has Red Dog Tags with statement "G6PD Def. NO PRIMAQUINE", and has member completed participation in educational program per DoDI 6465.01?											
2. Biennial Human Immunodeficiency Virus (HIV) laboratory test complete and documented in MRRS?											
3. Pre-Deployment blood donor screening completed ≤ 120 days of estimated theater entry date for OCONUS deployments greater than 30 days?											
4. Pre-Deployment Serum drawn ≤ 365 days, or ≤ 120 days for CENTCOM deployments, of estimated theater entry date? (Red top serum or force screening HIV antibody test.)											
E. FEMALE REPRODUCTIVE SYSTEM AND CANCER SCREENING <i>Mark "N/A" for males and proceed to next section.</i>							Yes	No	N/A		
1. For members with a uterus: Currently pregnant or in their service specific post-partum period? <i>Note: Post-partum operational deferment 180 days for USMC, and 356 days for USN.</i>											
1a. Member requests post-partum waiver to deploy? <i>Note: Member can request a post-partum waiver per OPNAVINST 6000.1D or MCO5000.12E. Pregnant Service members are non-deployable and not eligible for a deployment waiver.</i>											
2. For members with a uterus: Counseled member on requirement for pregnancy test ordered per OPNAVINST 6000.1D & MCO 5000.12E?											
3. Females over 50 years: Last mammogram completed in accordance with recommended guidelines and report in record? (See Instructions)											
4. Cervical cancer screening: If under 30 years of age, does member have normal screening results within the last 3 years? If 30 years of age and over, does member have normal screening results within the last 5 years with HPV co-testing performed, or have normal screening results within the last 3 years if no co-testing performed? (See Instructions)											
4a. If no, absence of cervix, congenital or surgical?											
F. EYE EXAMINATION							Yes	No	N/A		
1. Does the member require visual correction with glasses?											
1a. If "Yes" to question 1, eye examination within 2 years of assignment?											
1b. Best corrected distant vision (OU) on last eye exam:							Date:				
1c. If "Yes" to question 1, two sets of glasses with current prescription? <i>Note: Update in MRRS.</i>											
2. Best corrected or uncorrected visual acuity meets minimum standards? (e.g., visual acuity is 20/40 or better) (See Instruction)											

Member Name:		DoDID:	
3. M40 gas mask inserts with current prescription? <i>Note: Required for all OCONUS deployments except EUCOM.</i>			
4. Prescription inserts for ballistic eyewear? <i>Note: Required for all OCONUS deployments except EUCOM.</i>			
<i>Note: Contact lenses are not authorized for use by personnel in the CENTCOM AOR unless written authorization is provided by the deploying medical provider and placed in the deployment medical record. Members may wear contact lenses only when authorized by the deployed unit commander. Members deployed with contact lenses must receive pre-deployment education on the safe wear and maintenance of contact lenses in the CENTCOM AOR environment. Members must deploy with 2 pairs of eyeglasses and a supply of contact lens maintenance items adequate for the duration of the deployment.</i>			
G. MEDICATIONS		Yes	No
1. Food/drug anaphylaxis documented in medical record, with medical warning tags on hand?			
2. Does the member require any prescription medications?			
2a. If "Yes" to question 2, current medications documented in the medical record and on DD 2807-1?			
2b. Does member have enough doses on hand to cover the length of deployment, for required medications? <i>Note: include OTCs, supplements, etc. as appropriate.</i>			
2c. If member will be utilizing the TRICARE Mail Order Pharmacy (TMOP) Program during deployment to obtain medications, then has the member been provided with the TMOP info/booklet, and hard copy prescriptions to provide to TMOP?			
H. DENTAL		Yes	No
1. Dental exam completed in the last 90 days and determined DRC 1 by Department of the Navy (DON) dental provider? <i>Note: If Dental Exam is ≤ 90 days ago, and patient is DRC1, See Instructions (Page 1) of this form.</i>	Exam Date:		
2. Dental Readiness Class (DRC) 2, 3, or 4 as determined by a dental provider within the military health system? <i>Note: If DRC 2, 3, or 4, a dental officer/privileged dentist must complete Part III of this form.</i>	Dental Class:		
3. Does the dental record contain current panoramic and bitewing radiographs, as well as all periapical radiographs and CBCTs specific to previous complex dental procedures or treatment within the last 5 years? <i>Note: If the radiographs are digital only, ensure a printed copy is included in the record due to AOR limitations.</i>			
I. RECORD REVIEW VERIFICATION		Yes	No
1. Are there any shaded boxes checked in Part II, A through H? <i>Note: if yes, comment on all shaded responses below.</i>			
COMMENTS ON ALL SHADED AREA RESPONSES (Attach additional pages as needed, include line number)			
Record Reviewer Name (Last, First, MI):		Rank/Pay Grade:	
Position:	NMRTC or Duty Station Name:	NMRTC or Duty Station UIC/RUC:	
Telephone Number (Include Area Code):	DSN:	E-Mail Address:	
Signature: <i>I certify I have reviewed the member's records as the designated medical record reviewer and attest all the above information to be true and accurate.</i>		Date:	
PART III - DENTAL SCREENING (Completed by the Dental Provider. Shaded area responses require explanation in comment section.) <i>Note: If Dental Exam is ≤ 90 days ago, and the member is DRC1, and no shaded responses in section H above, dental provider screening may be waived, see Instructions (Page 1) of this form.</i>			
A. APPOINTED DENTAL PROVIDER SCREENING		Yes	No
1. All current dental records (military and civilian) reviewed?			
2. For DRC3 or DRC4, can dental treatment be completed and patient be converted to DRC1 or DRC2 prior to assignment? <i>Note: All specialty dental treatment must be completed prior to reporting to Navy Mobilization Processing Sites (NMPS). Members in need of orthodontic appliances (retainers) to maintain stability should have these appliances in hand.</i>			

Member Name:		DoDID:		
3. Does member have a dental or oral condition requiring or likely to require urgent dental care within 6 months, active orthodontic care, conditions requiring endodontic care, uncontrolled periodontal disease, conditions requiring prosthodontic care, conditions with immediate restorative dentistry needs, or conditions with a current requirement for oral-maxillofacial surgery?				
4. Are there any chronic dental conditions requiring routine or continuing access to care or access to specialized dental care?				
5. Does gaining site/operational platform have the capabilities to provide the current required dental support?				
6. After review of the dental package, MANMED Chs. 15 & 18, and DoDI 6130.03 Vol 2 (Retention Medical Standards), is the member "Dentally Suitable" for assignment? <i>Note that if any gray boxes in Part III A are checked, a dental deployment waiver may be required.</i>				
OPTIONAL COMMENTS ON SHADED AREA RESPONSES (Include line number)				
B. APPOINTED DENTAL PROVIDER DEMOGRAPHICS				
Dental Provider Name (Last, First, MI):		Rank/Pay Grade:		NMRTC or Duty Station Name:
Telephone Number (Include Area Code):	DSN:		E-Mail Address:	
Signature: <i>I certify I have reviewed the member's records as the designated dental provider and attest all the above information to be true and accurate.</i>			Date:	
PART IV - MEDICAL SCREENING				
(Completed by the Medical Provider. Shaded area responses require explanation in comment section.)				
	Yes	No	N/A	
1. All current health records (military and/or civilian) reviewed?				
2. Current medications and treated conditions reconciled? (All current medications documented on DD Form 2807-1, DD2766, and the EHR)				
3. Member stable on each medication for >= 60 days? (Stability is determined by the prescribing provider; indications of stability include but are not limited to: no more than minor dose adjustments, member has an adequate response and is without serious adverse effects)				
4. Member taking therapeutic anticoagulation, or antiplatelet medication (e.g., aspirin, Coumadin, Plavix, etc.)?				
5. Member taking immune suppressive or biologic medications (e.g., chronic steroids, chemotherapy, abatacept, adalimumab, etanercept, infliximab, etc.)?				
6. Member taking medication that requires special handling or storage (e.g., refrigeration)?				
7. Counseled on the risk of aspirin use in combat zones (HA Policy 09-006)?				
8. If member will be utilizing the TRICARE Mail Order Pharmacy (TMOP) Program during deployment to obtain medications, have hard copy prescriptions been provided? (See Instructions)				
9. Does member have enough doses on hand to cover the length of deployment for required medications? <i>Note: include OTCs, Supplements, etc. as appropriate.</i>				
10. Females with a uterus only: Counseled on availability of contraceptives for family planning and menstrual suppression.				
10a. If needed/desired, member has enough contraceptive to last duration of the deployment (long-acting reversible, such as implant or intrauterine device; topical or combined oral contraceptive).				
10b. If no to 10a, member has been prescribed adequate supply or referred to proper clinic for placement of long-term reversible contraceptive.				
ii. Medical Equipment	Yes	No	N/A	
1. Does member have a medical condition (such as obstructive sleep apnea) that requires durable medical equipment, adaptive equipment, assistive technology devices, special accommodations or appliances? <i>Note: A Deployment Medical Waiver requiring personal durable medical equipment will also be considered applicable to the equipment. See current Electronic Foreign Clearance Guide at: https://www.fcg.pentagon.mil/fcg.com</i>				
2. Does member have a medical condition that requires a medical warning tag? <i>If yes, counsel the member that they must wear the medical warning tag at all times.</i>				
iii. Active Temporary, Surgical/Post-Surgical Conditions	Yes	No	N/A	
1. Does member have an active temporary or acute condition (anticipated to last < 30-90 days) that is unlikely to fully resolve prior to theater date and could post an imminent threat to self or others or result in LOD or MEDEVAC?				

Member Name:		DoDID:		
2. Is member recommended for or pending a medically necessary surgery for condition that could result in imminent risk to self or others or result in LOD or MEDEVAC? <i>(Waiver Required)</i>				
3. Is member cleared/released by surgeon, if duty limiting surgery within the past year?				
4. Does member have surgery or rehabilitation indicated during the anticipated assignment/deployment period or that could result in a MEDEVAC? <i>Note: Consider the presence of a condition (e.g., unrepaired hernia) where surgery has NOT been performed, or additional surgery to remove devices (e.g. external fixator placement).</i>				
iv. Chronic Conditions		Yes	No	N/A
1. Does member have chronic medical condition that requires specialty visits more than every 6 months or monitoring with special studies that cannot be safely delayed or adjusted for anticipated deployment/assignment period? <i>(If yes, member should be evaluated by specialist for recommendation in support of possible waiver)</i>				
1a. Specialty:	1b. Frequency of visits or monitoring:			
2. Does member have condition that is failing to respond to management or has not been evaluated and could result in imminent risk to self or others or result in LOD or MEDEVAC?				
3. Is member less than 1 year status post hospitalization for suicidality or other mental health condition?				
4. Does member have current or history of cardiovascular conditions (e.g., angina, arrhythmia, valve disease, infarction) requiring ongoing follow-up with specialist more than every 6 months, special monitoring, or immediate access to specialist, has resulted in hospitalization <1 year ago and/or that could result in imminent risk to self or others or result in LOD or MEDEVAC?				
5. Does member have condition that has previously resulted in MEDEVAC from OCONUS or operational environment?				
6. Pre-deployment blood donor screening completed and reviewed?				
7. Does member have history of blood borne disease (Hepatitis B or C, HTLV, HIV)?				
8. Diagnosis of obstructive lung disease (e.g., COPD or asthma) and has a Forced Expiratory Volume -1 (FEV-1) < 70% of predicted volume despite appropriate therapy or has required hospitalization two or more times in the past 12 months or any hospitalization within the last 90 days?				
9. Chronic mental health disorder that has been under medication treatment for <= 60 days of demonstrated stability from last change in treatment regimen (new or discontinued medication, or dose change)? <i>(Stability is determined by the prescribing provider; indications of stability include but are not limited to: no more than minor dose adjustments, member has an adequate response and is without serious adverse effects.)</i>				
v. Special Considerations		Yes	No	N/A
1. Does member have history of heat or cold injury?				
2. Does member have history of tracheotomy or aphonia?				
3. Does member have history or self-report of claustrophobia?				
4. Does member have history of alcohol or drug misuse that require ongoing care, to include support groups or mandated after-care treatment?				
5. Does member have temporary or permanent lifting restrictions or other significant limitation to physical activity?				
6. Does member have inability to enter or exit a vehicle or climb or descend a ladder with an additional 60lb of gear? <i>(See Instructions)</i>				
7. Has the member elected to decline or have a medical contraindication or documented exception for any FHP recommended or country required immunizations?				
8. Are there any potential environmental concerns or possible health effects at the gaining location? <i>(If yes, communicate to member and document on appropriate SF 600.)</i>				
vi. Deployment Limiting Considerations		Yes	No	N/A
1. <i>Are there any identified Deployment Limiting Medical Conditions (DLMC)? (Are any of the above shaded blocks in Part II and IV checked?) Note: A Deployment Medical Waiver must be requested for any of the required conditions listed in DoDI 6490.07, or in the electronic Foreign Clearance Guide. See Part IV, Section E. Medical waiver requests for details.</i>				
2. Does/should the DLMC prevent the member from deploying? <i>If yes, consider referral to LIMDU (AC or Activated Reservists) or TNPQ (RC only).</i>				
3. Does member have any other underlying condition, not previously noted, that could pose an imminent threat to self or others, or result in a Line of Duty (LOD) or MEDEVAC situation?				
Member Name:		DoDID:		

Note: For conditions identified that are considered a DLMC or do not meet retention standards as outlined in the DoDI 6130.03 Vol 2, Retention Standards, member must be further evaluated for enrollment in the appropriate disability program for management and final determination for continued service: LIMDU/DES process (AC) and the TNPQ/MRR or LOD process (RC).

H. COMMENTS ON SHADED AREA RESPONSES (Include line number)

B. APPOINTED MEDICAL PROVIDER DEMOGRAPHICS

Medical Provider Name (Last, First, MI):	Provider Type:	Rank/Pay Grade:	Duty Station Name:	UIC/RUC:
Telephone Number (Include Area Code):	DSN:	E-Mail Address:		
Signature: I certify I have reviewed the member's records as the designated medical provider and attest all the above information to be true and accurate.				Date:

C. WAIVER REQUEST

(Copies of waivers must be documented in MRRS and on the DD 2766, with copies in the health record)

1. Medical waiver requests shall follow the waiver request format outlined in the Electronic Foreign Clearance Guide for the specified COCOM and country. Location of information may vary per country but is generally found under "Immunizations and Other Medical Requirements" or "Mandatory Pre-Travel Training and Documentation, Medical" <https://www.fcg.pentagon.mil/fcg.com>.
2. Medical waiver approval authority lies at the Combatant Command, delegated to the Combatant Command Surgeon. It may be delegated to the Service component surgeons.
3. Medical department representative shall ensure printed copies of approved medical waivers are entered in member's medical record and documented in the deploy tab of MRRS.
4. Firearm Carry and Issuance Waivers for mental health conditions shall be submitted to the member's Commanding Officer through the servicing military medical unit (for Service members) or through the individual's personnel office (for civilian employees) with medical input provided by the individual's medical provider following the OPNAVINST 3591.1 series.

1. Firearm Carry and Issuance Waiver:	Approved	Denied	N/A	Date:
2. Medical Waiver:	Approved	Denied	N/A	Date:

PART V - FINAL REVIEW / CERTIFICATION

NAVY MEDICINE COMMANDING OFFICER, OFFICER IN CHARGE, OR DESIGNEE (MC, NC, DC, MSC)	Yes	No	N/A
1. Based upon a review of the member's medical and dental status and Parts I-IV of this form, the member is suitable for the proposed assignment.			

Name (Last, First, MI):	Rank/Pay Grade:	Designator:	Duty Station Name:	UIC/RUC:
Telephone Number:	DSN:	E-Mail Address:		
Signature:			Date:	