Occupational Health Department

**CIVILIAN PRE DEPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | COMMENTS/%COMPLIANCE |
| 1 | Was physical exam completed: all correct forms used and signed (Required Forms: DD2807-1, DD2808, DD2813, NAVMED1300/1, NAVMED1300/4). Depending on position description, additional Matrix forms might be required (ie. BBP, NOISE, etc.) and/or SF178 if being hired for a particular position |   |   |   |
| 2 | Occupational history, 5100/15, completed/current/updated |   |   |   |
| 3 | Communication to worker/supervisor/safety whether worker is cleared/not cleared by medical |   |   |   |
| 4 | Correct tests are ordered for examination as required per 798 |   |   |   |
| 5 | Abnormal tests are appropriately followed-up, appropriate f/u in most instances is giving a copy of the abnormal test to worker to take to his/her PMD. |   |   |   |
| 6 | Employee deployed with copy of medical record and original dental films |   |   |    |
| 7 | Immunizations are current and documented, employee provided yellow International Vaccination Record (CDC Form 731) or copy of 2796 Imm. Record. |   |   |  |
| 8 | If indicated, employee entered into Hearing Conservation and meets audiometric standards, or was referred to the audiologist when he/she does not meet audiometric standards |   |   |   |
| 9 | Was Electronic Pre-Deployment Health Assessment Survey (Pre-DHA) DD Form 2795, completed and a copy placed in employee’s medical record (\*DD2795 completed no earlier than 60 days prior to deployment) |  |  | This is per dod Instruction |

**Program Elements FY12**

**CIVILIAN PRE DEPLOYMENT**

**Program Elements FY11**

 Records screened for compliance

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Last Name | Last 4SSN | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Comments |
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 Validated by/Program Manager Signature Date