NAVAL MEDICAL CLINIC QUANTICO
SUITABILITY SCREENING EFMP QUESTIONNAIRE
(To be completed by Active Duty only)

1. Do you have a spouse, child or dependent parent currently receiving an on-going treatment or medication on a regular basis? (i.e. high blood pressure, thyroid condition, audio/speech therapy, migraines, ADD/ADHD) YES NO N/A. If YES explain:

2. Do you have a spouse or a child with a medical or educational special need? YES NO N/A. If YES explain:

3. Do you have a child or spouse receiving treatment for cancer, lupus, leukemia, mental health, asthma or other long term illness? YES NO N/A If YES explain:

4. Do you have a child in a special needs program? YES NO N/A. If YES explain:

5. Do you have a spouse or child in a residential treatment facility? YES NO N/A. If YES, where and why?

6. Have you applied for humanitarian reassignment for medical reasons? YES NO N/A. If YES explain:

7. Have you recently considered a hardship discharge for special family medical or educational needs? YES NO N/A. If YES explain:

8. Have you recently had to take an unaccompanied tour because a family member failed an overseas screening? YES NO N/A. If YES explain:

9. Do you have a child receiving medical care through a state program? YES NO N/A. If YES Explain:

10. Do you have a family member receiving Social Security Supplemental Income (SSI)? YES NO N/A. If YES explain:

11. Are you a geographical bachelor due to family member special or educational need? YES NO N/A. If YES explain: