Please utilize this document as a tool to complete your prerequisites. This document is not required for your screening; it’s here to provide instructions.

Please work with your Primary Care Provider (PCP) to complete many of the below requirements.

- Do you have a copy of the Letter of Intent (LOI) or Orders? Please bring a copy to Suitability/Overseas Screening Center at NTC.

- Do you have the Suitability/Overseas Screening Packet? (EACH family member must have a packet to include; NAVMED 1300-1, DD FORM 2807-1, DD FORM 2792-1 (required for all dependents ages 3-21 going to overseas destinations), & NAVPERS 1300/16 (1 sheet per family).

**REQUIRED DOCUMENTS:**

1a. For Pages 1 & 2 of NAVMED 1300-1 PART I, please fill out ONLY the personal information on the top portion of Pages 1 and 2, leave the rest entirely blank! This form is to be completed by a screening provider, not your Primary Care Provider.

- SSN
- Name
- Family Prefix
- Next duty station
1b. Page 3 of NAVMED 1300/1 (NAVMED 1300/1 Part II) is a Dental Form. IT IS REQUIRED FOR ALL DEPENDENTS. This form must have a dental class, and signed by a dentist, or for those under age 1, may be signed by Primary Care Provider, “no teeth”, “no cleft lip” or “no cleft palate”.

<table>
<thead>
<tr>
<th>PART II</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE / FAMILY MEMBER NAME</td>
</tr>
<tr>
<td><strong>Dental Screening:</strong> Completed by a dental officer/priviledged dentist 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 medical treatment facility.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Specify Dental Class: (required for service members)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dental Classifications:** (Per DoD 0025.10) |

- **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.
- **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/priviledged dentist within the past 12 months, (2) A patient’s dental record does not exist, (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 medical treatment facility or medical department supporting the overseas, remote duty, or operational location to determine if the required dental support is available. (Attach reply.)

<table>
<thead>
<tr>
<th>ITEM</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTF Medical Screener (Signature)</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Civilian Medical Screener (Signature)</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Printed Name, Rank or Grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTF or Duty Station</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number (include area/country code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DSN Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TDD Number (include area/country code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NAVMED 1300/1 (Rev. 9-2010), Part II

**Complete your Name and SSN (Completed by you)**

**Dental Class Assigned (Completed by Dental provider)**

**Civilian Dental Provider’s signature**

**Military Dental Provider’s signature**
2. **DD 2807-1 (Medical History Form)**

One form for each DEPENDENT, Please complete blocks 1 – 29. **PLEASE LEAVE THE 3rd PAGE BLANK, FOR THE PROVIDER TO COMPLETE.**

Complete all blocks that require your name and social security, top of page 2 & 3.

EXPLAIN ALL “YES” ANSWERS HERE IN DETAIL WITH DATES:

***LEAVE EVERYTHING BELOW YOUR NAME BLANK***
3. **DD FORM 2792-1 (SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY)** – required for all dependents ages 3-21, to be completed by both parents and school.

Please read instructions carefully.
This page is to be completed and signed by parent/guardian.

This page is to be completed and signed by School or the School District.
4. NAVPERS 1300/16 (Over Sea Screening) - ONLY 1 FORM IS NEEDED PER FAMILY

Fill in the Sponsor’s Name (Active Duty Member) and LEAVE DATE BLANK on top of page.

Enter Each Family Member’s name.

Do NOT fill in the “Yes” or “No” Bubble.

REQUIRED IMMUNIZATIONS

☐ Each family member must have a copy of immunization record or titers showing immunity to include:

1. Polio (documented vaccine history, or recent vaccination)
2. Varicella (documented vaccine history or labs showing immunity)
3. Hep A and Hep B (documented vaccine history or labs showing immunity)
4. MMR (documented vaccine history or labs showing immunity)
5. TDAP (Current, within the last 10 years)
6. JEV for Japan & Guam (Required upon finalization of Screening/Suitability determination)
7. Either PPD (Tuberculosis Skin Test)/Quantiferon is *REQUAIED FOR FAMILY MEMBER 4-YEARS OF AGE AND OLDER, WITHIN LAST 12 MONTHS* If you are a PPD converter (+PPD), do you have a negative Chest X-Rays within the last 12 months?
PHYSICALS

☐ A current Physical within the last 12 months
☐ ___Well child physical (age appropriate physical)
☐ ___Male (Head-to-Toe Physical)
☐ ___Woman (Well Women Exam or Head-to-Toe physical)

☐ For women, current PAP smear pathology report per 2013 American College of Gynecology Guidelines (Under Age of 21- No PAP recommended, Ages 21-29 Normal PAP within 3 years, Ages 30-65 - Normal PAP AND negative HPV within 5 years or Normal PAP within 3 years)? If the pap was abnormal, and a colposcopy was done, we would need the colposcopy pathology report too. If you are unsure, bring in the latest PAP smear pathology report(s) for review.

☐ For women 40 and over, please bring an official Mammogram report within the last year?

☐ For dependent women who are that are currently pregnant and expect to deliver at the next duty station, they must fly prior to 36 weeks of Gestational Age (active duty women prior to 28 weeks of Gestational Age. If the female dependent just had a baby, a post-partum physical would be needed as her physical. The baby must have a 2 month physical with the immunizations, prior to screening.

Exceptional Family Member Program (EFMP)

☐ Are your dependents enrolled in EFMP? If so, please bring in the EFMP enrollment letter or the EFMP paper work, it has recently been submitted.

Point of Contact:

Any questions, please contact NTC Suitability Screening office:
Front Desk Number: 619-524-0562
Address: 2051 Cushing Road, San Diego CA, 92106-6000
Walk in prescreening hours: 7:30 – 11:00 & 13:00 – 14:30 Monday – Friday

WEBSITE INFORMATION: Google “NTC Suitability Screening” – 1st result is our website.

http://www.med.navy.mil/sites/nmcsd/Pages/Care/Suitability-Screening-Center.aspx