USCG OVERSEAS/REMOTE DUTY SCREENING PROCESS
FAMILY MEMBERS

Suitability Screening Center
PHONE: 619-524-0562
Branch Health Clinic - Naval Training Center (NTC)
PRE-SCREENING (walk-in):
2051 CUSHING RD.
0730-1100 & 1300-1430
SAN DIEGO, CA 92106
APPOINTMENTS: 0800-1530

Upon receipt the Letter of Intent (LOI) or the hard copy orders, the medical pre-requisites on the next page need to be completed as soon as possible. Please present these documents to the Suitability Screening Center (SSC) for review.

As a medical screening clinic, SSC reviews your eligibility for overseas or remote locations is based on what your medical provider(s) say(s) about you, thus, SSC needs your official medical records.

PART I (PRE-SCREENING) Walk-in basis (0730-1100 and 1300-1430), consists of a thorough review of the completeness of your medical records and verification that all pre-requisite forms have been completed. Not all family members need to be present for pre-screening visits. SSC will not book an appointment if incomplete package is presented.

• All Medical Screenings are booked in person after completion of Part I.

PART II (MEDICAL SUITABILITY SCREENING) by appointments only (0800-1530), where a medical interview and an in-depth record review will be conducted by a medical provider trained in Suitability Screening. The goal of this screening is to identify any medical condition(s) that may be beyond the medical capabilities of the gaining Medical Treatment Facility. All members of the family in need of screening must be present and have an appointment for medical screening. Appointment will be cancelled if member has an incomplete package.

EVERY MEMBER OF THE FAMILY MUST HAVE THE MANDATORY FORMS (FORMS 1-3) COMPLETED IF APPLICABLE:

1. CG-1300B – SPONSOR/DEPENDENT FILL OUT BLOCKS 1-10.
2. DD 2807-1 REPORT OF MEDICAL HISTORY- FILL OUT BLOCKS 1-29, WITH EXPLANATIONS OF ALL YES ANSWERS IN BLOCK 29.
3. DD FORM 2792 - (OVERSEAS AND REMOTE DUTY STATIONS ONLY. MANDATORY FOR ALL family members with any chronic disease, mental health issue or illness lasting over 6 months)
4. DD FORM 2792-1 – REQUIRED FOR ALL DEPENDENTS AGES 3-21 GOING TO OVERSEAS.

If a family member is enrolled in the EFMP program, please bring that paper work.
IF YOU HAVE BEEN REFERRED OR CURRENTLY UNDER THE CARE OF ANY SPECIALIST (i.e. Orthopedics, Endocrinology, Mental Health, Physical Therapy, Speech Therapy, etc.) please complete the follow ups appointments and bring a copy of all medical notes/records completed from the civilian medical institution.

***FAILURE TO COMPLETE THE FOLLOWING PREREQUISITES WILL RESULT IN DELAYS IN SCHEDULING A PART II APPOINTMENT. FAILURE TO PROVIDE THESE DOCUMENTS UPON ARRIVAL TO A PART II APPOINTMENT WILL RESULT IN CANCELLATION OF YOUR APPOINTMENT***

Family Members receiving care at non-military facilities must bring a copy of all pre-requisites listed on this page to their pre-screening as well as their screening appointments.

SPONSOR’S ORDERS/LETTER OF INTENT (LOI) _________
USCG OVERSEAS/REMOTE DUTY SCREENING CHECKLIST
FAMILY MEMBERS

PHYSICAL EXAMS (MUST BE WITHIN LAST 12 MONTHS FOR THOSE AGES 2 AND ABOVE):
CHILDREN: COPY OF A WELL CHILD EXAMS (MUST BE AGE APPROPRIATE: 2 WEEKS, 2 MONTHS, 4 MONTHS, 6 MONTHS, 9 MONTHS, 12 MONTHS, 15 MONTHS, 18 MONTHS, & 24 MONTHS
ADOLESCENTS: COPY OF A PHYSICAL EXAM (SCHOOL PHYSICALS IS NOT SUFFICIENT)
ADULT MALES: COPY OF HEAD TO TOE PHYSICAL EXAM
ADULT FEMALES: COPY OF A WELL WOMAN EXAM OR A HEAD TO TOE PHYSICAL EXAM
PAP SMEAR (PER ACOG GUIDELINES /WITH OFFICIAL LABORATORY RESULTS)
MAMMOGRAM (AGES 40 AND ABOVE/WITH OFFICIAL RADIOLOGY RESULTS)

PPD OR QUANTIFERON: (AGES 4 AND ABOVE WITHIN LAST 12 MONTHS)

IMMUNIZATIONS: COPY OF VACCINE RECORDS OR TITERS SHOWING IMMUNITY
ADULTS: HEPATITIS A&B, MMR, VARICELLA, POLIO, TDAP
TITERS SHOWING IMMUNITY (lab order titers: HEP A AB total, HEP B surface AB, MMRV for MMR and Varicella, do not order titers for Polio and Tdap)
CHILDREN: AGE APPROPRIATE VACCINES

DD FORM 2807-1: (COMPLETED W/ EXPLANATION ON ALL “YES” ANSWERS IN BLOCK 29)
Page 3 of this form will be signed by NTC Medical Screeners only during the appointment

DD FORM 2792-1: (OVERSEAS AND REMOTE DUTY STATIONS ONLY. MANDATORY FOR ALL AGES 3-21)
(COMPLETED BY PARENT/GUARDIAN, AND SCHOOL OFFICIALS)

DD FORM 2792: (OVERSEAS AND REMOTE DUTY STATIONS ONLY. MANDATORY FOR ALL family members with any chronic disease, mental health issue, or illness lasting over 6 months)
(Completed by PCM or Sub-specialist)

EFMP CATEGORY: (IF APPLICABLE)

VERIFICATION OF PREREQUISITES COMPLETED BY NTC SUITABILITY SCREENING STAFF ONLY

PRE-SCREENER NAME: ________________ APPOINTMENT BOOKED YES/NO ___________
PRE-SCREENER REMARKS (Please annotate any discrepancies on the space below):