# MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING CHECKLIST AND WORKSHEET

| SERVICE MEMBER NAME | GRADE / RATE | SSN |
|---|---|---|
| CURRENT UNIT | TELEPHONE NUMBER | |
| NEXT DUTY STATION LOCATION | NEXT UNIT IDENTIFICATION CODE (UIC) | |
| FAMILY MEMBER NAME | FAMILY MEMBER PREFIX | |

The following information and documents, as applicable, are required to conduct suitability screening for an overseas, remote duty, or operational assignment. Complete and current information may preclude family member presence for suitability screening. Missing or incomplete information may delay the screening process, result in orders held in abeyance until completion of suitability screening, or affect the amount of leave in transit. The Suitability Screening Coordinator (SSC) at the military treatment facility (MTF) can assist in obtaining and completing the required information and documents.

Suitability screening is valid for 12 months from the date of completion if there were no significant changes in the medical, dental, or educational status of the service or family member. The service member must notify his or her commanding officer or officer in charge of a change in status (including pregnancy).

Per BUMEDINST 1300.2, the SSC at the screening MTF will complete a copy of this form for each service and family member and verify that information and documentation requirements are complete and current. A copy of the completed form will be filed in the service or family member's military health record.

| | SSC Review | | |
|---|---|---|---|
| **FOR SERVICE MEMBERS:** | **Yes** | **No** | **N/A** |
| ☐ Legible copy of orders. (For operational assignments, orders should indicate the platform to which assigned and a description of the duty assignment.) | | | |
| ☐ Each family member name, family member prefix, social security number, and address and telephone number, if other than the service member's. | | | |
| **Military health record to include:** | | | |
| ☐ Routine physical, aviation, submarine, radiation, asbestos, or other type of examination or screening as required. | | | |
| ☐ Current medical history (SF 93). | | | |
| ☐ Hearing (audiogram). | | | |
| ☐ Vision examination. | | | |
| ☐ G-6-PD test. | | | |
| ☐ PPD test. | | | |
| ☐ Sickle Cell trait test. | | | |
| ☐ Negative HIV results current to I year of transfer.<br>*Date Drawn:* *Roster Number:* | | | |
| ☐ Blood type. | | | |
| ☐ DNA testing. | | | |
| ☐ Required immunizations (assignment specific). | | | |
| ☐ Military dental records | | | |

| FOR SERVICE MEMBERS: | SSC Review | | |
|---|---|---|---|
| *(Continued)* | Yes | No | N/A |
| ☐ Copies of civilian medical, dental, or mental health care records to include narrative summaries of any inpatient admissions in civilian facilities. | | | |
| ☐ Other: | | | |
| **FOR WOMEN:** *(required for service members and recommended for family members 18 years or older and/or if sexually active):* | | | |
| ☐ Results of annual health maintenance examination (pap smear, pelvic and breast examination, and blood pressure measurement). | | | |
| ☐ Baseline and current screening mammogram, if age 40 (age 35 with risk factors) or older. | | | |
| ☐ Pregnancy screen (verbal inquiry). | | | |
| **FOR FAMILY MEMBERS:** | | | |
| ☐ Military health record | | | |
| ☐ Military dental record | | | |
| ☐ Copies of civilian medical, dental, or mental health care records to include narrative summaries of any inpatient admissions in civilian facilities. | | | |
| **FOR INFANTS AND TODDLERS (birth through age 2) receiving or eligible to receive Early Intervention Services:**<br>☐ Copy of the current Individualized Family Service Plan (IFSP) and, if available, developmental assessments or evaluations. | | | |
| **FOR EACH CHILD ENROLLED IN PRESCHOOL OR SCHOOL (age 3 to 21 inclusive):**<br>☐ Copy of Special Education Worksheet, NAVPERS 1754/4, completed by the school. | | | |
| **FOR PRESCHOOL OR SCHOOL-AGE CHILDREN (age 3-21 inclusive) receiving or eligible to receive Special Education to include related services:**<br>☐ Copy of the current Individualized Education Plan (IEP) and, if available, educational assessments or evaluations | | | |
| **FOR EACH FAMILY MEMBER ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP):**<br>☐ Copy of the enrollment application and any EFMP correspondence. | | | |

**FOR SSC USE ONLY**

Date suitability screening conducted:

If applicable to the assignment location, were potential environmental concerns and possible health effects communicated and documented?

( ) Yes ( ) No ( ) N/A

If suitability determination is required:

Date and time group of inquiry: Originator:

Date and time group of reply: Originator:

Suitability Screening Coordinator (signature, printed name, and date):