DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 1300.2 CH-1
BUMED-31
8 Aug 2000

BUMED INSTRUCTION 1300.2 CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING AND EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT

Encl: (1) Revised Pages 4, 7 and 8 of the Basic Instruction;
Revised Pages 3 and 12 through 23 of Enclosure (2);
Revised Page 1 of Enclosure (5);
Revised Pages 1 and 2 of Enclosure (7);
Revised Pages 1, 2, and 3 of Enclosure (8); and
Revised Page 3 of Enclosure (10)

1. Purpose. Clarifies the policy and procedures for screening active duty Navy and Marine Corps members for fitness and assignment to operational units following limited duty and physical evaluation boards. Incorporates the Exceptional Family Member Medical and Educational Summary, DD 2792 (3-00), which replaces NAVPERS 1754/1, 1754/3, and 1754/4.

2. Action. Remove and replace the following with the like-numbered pages of enclosure (1).

a. Pages 4, 7 and 8 of basic instruction.

b. Pages 3, and 12 through 23 of enclosure (2).

c. Page 1 of enclosure (5).

d. Pages 1 and 2 of enclosure (7).

e. Pages 1, 2, and 3 of enclosure (8).

f. Page 3 of enclosure (10).

3. Forms

a. DD 2792 (3-00), Exceptional Family Member Medical and Educational Summary is available at http://webl.whs.osd.mil/icdhome/DDEFORMS.HTM. DD 2792 (3-00) replaces NAVPERS 1754/1 (Rev. 8-92), 1754/3 (Rev. 8-92), and 1754/4 (Rev. 8-92).

b. NAVMED 1300/2 (Rev. 6-00) and NAVMED 1300/1 (Rev. 6-00) have been revised to include the DD 2792 and are available at http://navymedicine.med.navy.mil/instructions/external/external.htm.

4. Retain. For record purposes, keep this change transmittal in front of basic instruction.

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Available at:
http://navymedicine.med.navy.mil/instructions/external/external.htm

determinations: Subacute or chronic conditions which require recurrent or frequent medical visits, chronic medication need, behavior which may impact good order and discipline, and physical as well as emotional attributes. Transferring commands require information as accurate as possible concerning the potential receiving platform's environment and medical and dental capability.

(3) Communicate and document full disclosure of potential environmental exposures and possible health effects at locations where required.

(4) Convene a medical evaluation board when a service member cannot perform their duties or meet anticipated requirements of future assignments due to medical conditions. The board will determine the appropriate disposition of the member, i.e., temporary limited duty (TLD) (if eligible), or referral to the Physical Evaluation Board (PEB). Under the Disability Evaluation System (DES), members with certain duty-limiting conditions may be considered "fit for duty." However, this does not imply suitability for worldwide operational deployment. When it is clearly indicated that the member's condition will continually interfere with the ability to function effectively in the operational arena or to be worldwide deployable, and that TLD or PEB referral is inappropriate, the transferring command, in coordination with and under the guidance of the NAVPERSCOM or CMC, may process the member for administrative separation.

(5) Assign responsibility for suitability screening to an organization within the MTF. Designate a suitability screening coordinator (SSC) within that organization to oversee the screening process.

(6) Assign specific MTF providers (medical officers, physician assistants, nurse practitioners, or independent duty corpsmen (IDCs)) with the responsibility to conduct medical screening. First-hand knowledge of an operational or overseas environment is desirable. IDCs assigned to deployable units may screen active duty Naval personnel without family members.

(7) In facilities or units without available dental capabilities, train the medical screener to properly screen dental records.

(8) Designate an Exceptional Family Member Coordinator (EFMC) to oversee EFMP enrollment, assist current and prospective EFM families, and provide training and marketing for the EFMP. When feasible, assign the SSC and EFMC functions to one person.

5. Forms

a. SF 603 (10-75), Health Record, Dental, NSN 7540-00-634-4179 is available through normal supply channels.

b. SF 603A (10-75), Health Record, Dental (Continuation), NSN 7540-00-577-5881 and EZ 603.1 (trial) and EZ 603A (trial), Health Record, Dental are available at all dental commands.

c. SF 88, Report of Medical Examination is available on the following Web sites:

(1) SF 88 (Rev. 3-89), http://forms.psc.gov/sforms.htm (the table is in error, it lists (Rev. 10-94), but supplies (Rev. 3-89)).

(2) SF 88 (Rev. 10-94), http://web1.whs.osd.mil/icdhome/SFEFORMS.HTM.

(3) SF 88 (Rev. 10-94) is also available from the Navy Supply System and may be requisitioned using S/N 7540-00-634-4038.

(4) Commands may use whichever version serves their purpose; local reproduction is authorized.

d. SF 93 (6-96), Report of Medical History is available at http://webl.whs.osd.mil/icdhome/SFEFORMS.HTM.

e. DD 2792 (3-00), Exceptional Family Member Medical and Educational Summary with Addendum A, Addendum A-1, Addendum A-2, and Addendum B, is available at http://webl.whs.osd.mil/icdhome/SFEFORMS.HTM. DD 2792 replaces the NAVPERS 1754/1, 1754/3, and 1754/4.

f. NAVPERS 1300/16 (Rev. 4-99), Report of Suitability for Overseas Assignment is available at http://www.persnet.navy.mil/pers45l/osr.html.

g. The following forms are available from BUMED's Web site at http://navymedicine.med.navy.mil/instructions/external/external.htm:

(1) NAVMED 1300/1 (Rev. 06-00), Medical, Dental, and Educational Suitability Screening for Service and Family Members.

(2) NAVMED 1300/2 (Rev. 06-00), Medical, Dental, and Educational Suitability Screening Checklist and Worksheet.

6. Reports Exemption. The reporting requirements contained in this instruction are exempt from reports control per SECNAVINST 5214.2B.

7. Publication. NAVPERS 15614C, Exceptional Family Member Program Guide, S/N 0500-LP-754-1900, is available from the Navy Supply System and may be requisitioned per CD ROM NAVSUP PUB 600(NLL).

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Available at:
http://navymedicine.med.navy.mil/instructions/external/external.htm

b. All LIMDU personnel who are reevaluated and found fit for duty will undergo suitability screening before availability for orders of any kind. The results of suitability screening are forwarded to the servicing personnel office and a copy placed in the medical record and LIMDU file. The personnel office, in coordination with NAVPERSCOM or CMC, will use this information to determine assignment availability of the service member.

c. Any shaded block checked on NAVMED 1300/1 (enclosure 8) could indicate a potential problem in completing either an overseas or operational assignment. Even though the location of the next assignment is not known, the intent of this "generic screen" is to identify general limitations that will provide useful information to detailers in making assignment decisions. For example, the generic screen might indicate "Not suitable unless assigned to a command with a medical officer."

d. A similar situation can occur with a PEB. As in paragraph 2b, all members for whom the PEB finds "fit for continued Naval service" will also undergo suitability screening before availability for orders of any kind. The MTF will provide both the suitability screening results and PEB findings to the member's personnel office for forwarding to NAVPERSCOM or CMC for review and further disposition.

e. When writing medical board reports in general for referral to the PEB, refer to paragraph 9q(3) for information needed by the PEB on duty performance.

3. Remote Duty Locations in the United States

a. Enclosure (3) lists remote duty locations that require suitability screening.

b. Service members, with SSC or EFMP coordinator assistance, when required, are responsible for coordinating the early intervention and special education needs of family members with local civilian agencies or school systems that provide these services.

c. Commands desiring inclusion on the remote duty list should submit a request with justification to NAVPERSCOM (NPC-6) via BUMED (MED-31).

(3) Advise service and family members to obtain extra supplies, replacement batteries for appliances, glasses, etc.

q. For service members in receipt of orders found unsuitable upon screening: (Excludes members found fit following medical boards. Paragraphs 2a through 2d addresses procedures for such cases.)

(1) If the unsuitable determination is based on a readily resolved constraint, such as assignment to a ship with a medical officer vice one without, recommend an alternate assignment to the parent command.

(2) If the unsuitable determination is based upon the member's inability to perform the duties of his or her grade or rate, or to meet the anticipated requirements of future assignments ashore or afloat, refer the member to an appropriate medical specialty. The specialist will recommend the member be found suitable for transfer, placed on TLD, referred to the PEB, or requires administrative action by the member's command.

(3) For cases referred to the PEB, the medical specialist will include a statement in the medical board narrative detailing how the member's medical condition adversely impacts the safe, reliable, and proficient performance of his or her Navy Enlisted Classification (NEC), Navy Officer Billet Classification (NOBC), or USMC Military Occupational Specialty (MOS).

(4) If a medical condition is anticipated to exceed 60 days and precludes worldwide assignment, the local MTF, with specialty input and in coordination with the member's PSD, will place the member on TLD (if eligible) for a period not to exceed 8 months. NAVPERSCOM (NPC-821) or CMC (MMSR-4) approval is not required for this initial TLD for enlisted personnel. If the recommended TLD exceeds 8 months (or 16 months total during the member's career), forward the recommendation to Service Headquarters for Departmental Review. Service Headquarters must approve all recommendations for TLD for officer personnel. TLD is intended to provide intensive treatment or rehabilitation, with the goal of enabling the member to deploy worldwide. The attending health care provider will:

(a) Conduct a detailed treatment or rehabilitation assessment and develop a treatment or rehabilitation plan.

(b) Conduct follow-up evaluations every 2 months. This supersedes the frequency requirements of reference (h) and the Navy Disability Manual. At each evaluation, document

objective findings of continued unsuitability, progress toward recovery (including degree of participation in treatment), findings and recommendations of specialty evaluations, modifications to the treatment and rehabilitation plan, and prognosis for deploying worldwide.

(c) Obtain approval from NAVPERSCOM (NPC-821) or CMC (MMSR-4) if TLD in excess of 8 months is recommended.

(5) If the member's condition cannot be resolved during TLD, or if the condition will permanently prevent effective functioning in an operational or overseas assignment, notify the transferring or parent command and Service Headquarters.

10. Procedures for Dental Screening. DTF providers responsible for suitability screening shall:

a. Review military and civilian dental records for each service and family member to determine if examination or treatment is required. Service members and Selected Reserve personnel require an annual dental examination. Reference (n) provides policy on dental screening. Service and family members are unsuitable for an overseas, remote duty, or operational assignment if Dental Class 3 or 4.

b. If records are not current, perform a type 2 dental examination. Examinations of family members performed by civilian providers within the past 6 months are considered current.

c. If no treatment is required, complete NAVMED 1300/1, Part II, for each service and family member screened. Entries are made on SF 603, SF 603A, EZ 603.1 (trial), or EZ 603A (trial).

d. For family members examined or treated at a non-Navy dental facility, review NAVMED 1300/1, Part II, and any supporting records and determine suitability or if a reexamination by a Navy DTF is required.

e. For service members, arrange for any required treatment at a Navy DTF or elsewhere as necessary. Do not complete NAVMED 1300/1, Part II, until treatment placing them in at least dental Class 2 is completed or the gaining DTF indicates the capability to support the service member at the new location.

f. For family members, inform them of any required treatment. Advise them to have treatment completed by a civilian dentist or military DTF on a standby, space-available basis. Family members

enrolled in the TRICARE Active Duty Family Member Dental Plan must have treatment completed by their civilian dentist. Do not complete NAVMED 1300/1, Part II, until treatment placing them in at least Dental Class 2 is completed or if the gaining DTF indicates the capability to support the family member at the new location.

g. Ensure the SSC is notified of the estimated date for completion of treatment and informed of any delays.

h. Contact the overseas, remote duty, or operational DTF to determine the availability of follow-on care such as orthodontic care, implants, specialty prosthetics, or other potentially complex conditions.

(1) Document the contact in the dental treatment record and on NAVMED 1300/1, Part II, including the date of contact, DTF and person contacted, availability or non-availability of care, and signature of the person making the inquiry.

(2) If care is not available, annotate NAVMED 1300/1, Part II as unsuitable. Attach documentation of inquiry to the form and return to the SSC.

11. Completion of Suitability Screening. The SSC shall:

a. Ensure the NAVMED 1300/1, Part I and II, for each service and family member is complete and contains required signatures.

b. If special needs are identified, refer the service member for EFMP enrollment or update of previous enrollment. Enclosure (10) contains EFMP enrollment procedures. Also notify the transferring command. Per references (d) or (e), the transferring command submits a suitability pending message due to EFMP enrollment or update of enrollment.

c. If a shaded block is checked on NAVMED 1300/1, Part I or II, forward a suitability inquiry to the gaining MTF/DTF or medical department supporting the operational platform. Screening is not complete without a written response. The suitability inquiry determines:

(1) If the gaining MTF/DTF or operational platform can provide the required support.

(2) The likelihood of the environment exacerbating the underlying condition to the point of exceeding support capabilities.

d. Forward the suitability inquiry to the gaining MTF via electronic communication (message or e-mail). Send especially sensitive information via a medium which adequately protects confidentially and ensures timely arrival. Use a local mailing address and not an FPO or APO address if a commercial express mail service is used. Include the following information in the suitability inquiry:

(1) Sponsor identification, family member names, and relationship to sponsor.

(2) The ICD-9—CM code for each diagnosis.

(3) Ensuring confidentiality of sensitive medical or personal information, a brief history with inpatient treatments, severity, etiology, complications, current treatment and medications, necessary supplies, appliances, special accommodations, etc.

(4) For early intervention, special education, and related services requirements, forward a copy of the IFSP, IEP, or other documentation and note in the message that they were sent separately.

(5) A point of contact including voice and telefax numbers and e-mail address to facilitate two-way communication and to clarify any residual issues.

(6) If available, the EFMP category code.

e. Concurrently inform all commands listed on the service member's orders of the ongoing suitability inquiry.

f. Allow 7 working days from receipt of the inquiry for a response. Immediately follow-up if the reply is not received by the due date.

g. Ensure only MTF personnel are involved in the suitability inquiry. The SSC, medical officer, or dental officer at the gaining MTF/DTF are the designated sources of a suitability determination. Service and family members, their personal contacts, or personnel from other activities do not make suitability determinations.

h. When a reply to a suitability inquiry is received from the gaining MTF or DTF, forward the information to the medical or dental officer for completion of NAVMED 1300/1.

i. Upon completion of NAVMED 1300/1, complete and sign NAVMED 1300/2.

j. Forward the completed NAVMED 1300/1 and NAVMED 1300/2 for each service and family member and a copy of NAVPERS 1300/16, Part II to the MTF commanding officer or officer in charge. If available, indicate the EFMP category code on NAVPERS 1300/16, Part II.

k. The MTF commanding officer or officer in charge shall review the screening forms and complete and sign NAVPERS 1300/16, Part II. Separate recommendations are made for the service member and each family member. Return NAVPERS 1300/16, Part II and screening forms to the SSC.

l. Retain a file copy of the signed NAVPERS 1300/16, Part II and forward the original to the transferring command for final suitability determination.

m. For each person screened:

(1) Place the original NAVMED 1300/1, NAVMED 1300/2, SF 93, supplemental documentation, and suitability inquiry messages in their military health record.

(2) Retain a file copy of the completed NAVPERS 1300/16, NAVMED 1300/1, NAVMED 1300/2, SF 93, supplemental documentation, and suitability inquiry messages. The retention period is 2 years after completion of screening.

12. Gaining MTF/DTF Responsibilities. The SSC at the gaining MTF/DTF or the senior medical department representative of an operational platform shall:

a. Track the suitability inquiry and reply via message to the screening MTF within 7 working days of receipt of the inquiry.

b. Upon receipt of a suitability inquiry, forward the inquiry to appropriate staff to determine if available medical, dental, or educational resources can support the special needs of the service or family member. The suitability determination is based on a variety of factors to include:

(1) The severity of the condition and the frequency and level of treatment.

(2) The medical and dental capabilities of the MTF/DTF and local civilian community.

(3) The availability of ancillary, early intervention, special education, and medically related services.

(4) Transportation and travel time to a medical facility or specialist.

(5) Climate and environmental conditions.

(6) The probable risk and consequences if the condition becomes exacerbated.

c. For infants and toddlers receiving or eligible to receive EIS, forward the IFSP and supporting documents to the local EDIS program for a suitability determination.

d. For preschool and school-age children receiving or eligible to receive special education, to include related services or MRS, forward the IEP to the local DDESS or DoDDS special education coordinator and to the local EDIS program for a suitability determination. Enclosure (4) lists DoDDS regional special education coordinators.

e. Contact the screening MTF/DTF by the fastest means available, normally e-mail, if additional information is needed. The assessment of risk may require one-on-one communication between medical and dental staff at the gaining and screening MTF/DTF. The gaining MTF/DTF is most knowledgeable about its resources and should make the final determination. However, if the gaining and screening MTF/DTF disagree over suitability, obtain further expert advice which may include an additional specialty consultation. If the issue remains unresolved, the following will review for suitability:

(1) The medical consultant to the type commander for operational assignments.

(2) BUMED (MED-02) for special duty assignments.

(3) BUMED (MED-31) for overseas or remote duty assignments or EFMP issues.

f. Although service and family members should be afforded every courtesy, exercise caution when offering information outside of regular channels. Such information can be misconstrued or interpreted to meet preconceptions or personal objectives. Suitability determinations are conveyed between SSCs at the screening and gaining MTFs and not through the service member, family member, or personal contact.

g. Ensure health records of newly arrived service and family members are reviewed to determine if they were properly screened and that services to address special needs are available.

h. Per references (d) and (e), promptly report screening deficiencies as outlined in paragraph 20 of this enclosure.

13. Special Cases: Environmental Concerns and Risk Assessment

a. Certain locations require the communication of potential environmental exposures and the assessment of risk for possible health effects. Where required, SSC and MTF personnel will ensure full disclosure of potential environmental concerns and possible health risks are communicated to service and family members.

b. Enclosure (9) contains a Health and Environmental Fact Sheet and a SF 600 overprint for Naval Air Facility (NAF) Atsugi, Japan. The following procedure applies when the transfer orders indicate an assignment to NAF Atsugi:

(1) The SSC will provide a copy of the fact sheet to each service and family member 18 years of age or older with orders to NAF Atsugi.

(2) The MTF provider will communicate and discuss potential environmental exposures and possible health effects, and document the full disclosure on the SF 600 overprint. Complete a SF 600 overprint for each service and family member 18 years of age or older.

14. Special Cases: Intermediate Duty Assignments

a. Conduct an initial suitability screening for service and family members when a service member is assigned to intermediate duty before final transfer to an overseas, remote duty, or operational assignment. The initial screening is valid for 12 months.

b. The initial suitability screening must be as complete as possible even though the location of the final assignment is not known. Annotate the screening form to indicate incomplete or pending items.

c. Inform the service member of their responsibility to inform his or her command and the SSC at the intermediate MTF of any change in special needs status. Changes include pregnancy,

illness or injury requiring treatment or rehabilitation for longer than 90 days, additions or changes to medication, or any other situation or condition which might alter the initial screening.

d. The commanding officer or officer in charge of the screening MTF signs NAVPERS 1300/16, Part II, so the transfer process can continue.

e. Results of each service and family member screening are included in the medical record before transfer to the intermediate assignment. The MTF conducting the initial screening retains a copy of the screening forms. The service member brings the originals to the intermediate duty assignment.

f. The SSC supporting the intermediate duty assignment completes suitability screening, to include conducting suitability inquiries with the gaining MTF when the final location becomes known. Additional screening is required for new family members or when a change in special needs status occurs.

15. Special Cases: Consecutive Assignments

a. Normally, suitability screening is not required when commands are serviced by the same MTF. However, the unit commanding officer may request suitability screening when a service member receives orders for an in place consecutive assignment. The commanding officer or officer in charge of the MTF serving the duty station will provide a suitability recommendation when requested.

b. Suitability screening occurs when service and family members receive orders to another overseas, remote duty, or operational assignment.

c. Consecutive assignments for service members, who have children with disabilities who were born or identified at the overseas or remote duty location, require particular attention. Special need requirements may exceed the capabilities of the current duty station. Close coordination is required with DoDDS and the local EDIS program.

16. Special Cases: Family Members Joining Service Members at Overseas or Remote Duty Assignments

a. Unaccompanied service members may request a change to an accompanied tour and command sponsorship for family members. NAVPERSCOM approval is required for Navy personnel.

b. If command sponsorship is granted, suitability screening is required for each family member. Screening within the past 12 months meets this requirement, provided the service member signed a statement in their service record indicating they will notify their command and SSC of any change in special needs status. Changes include pregnancy, illness or injury requiring treatment, or rehabilitation for longer than 90 days, additions or changes to medication, or any other situation or condition which might alter the initial suitability recommendation.

c. Per reference (a), screening is not required for family members acquired overseas or at the remote duty station.

17. Special Cases: Non-Navy MTF/DTF or Civilian Providers

a. The following situations may result in suitability screening by other than a Navy MTF/DTF:

(1) Family members do not reside with sponsor.

(2) Service member is deployed.

(3) Service member is screened separately by battalion or flight surgeon to save duty time.

(4) Family members are enrolled in a civilian health care program such as TRICARE.

(5) Service or family members are not located near a Navy MTF/DTF.

(6) Family member is in college or a residential facility.

(7) Children reside with separated or divorced spouse.

(8) Family members were not initially screened before an intermediate duty assignment.

b. Service and family members may be screened at a non-Navy MTF/DTF which includes Army, Air Force, Coast Guard, or public health service facilities.

c. The following requirements apply when service and family members are screened by a non-Navy MTF/DTF or civilian provider:

(1) The transferring command should contact the nearest Navy MTF to coordinate suitability screening.

(2) The SSC at the Navy MTF:

(a) Coordinates the screening process.

(b) Provides the required forms to include NAVMED 1300/2, NAVMED 1300/1, SF 93, and SF 603 or SF 603A.

(c) Provides a telephone and telefax number, e-mail address, and duty hours to answer inquiries from the service and family member or screener.

(d) Provides guidance to the non-Navy MTF/DTF or civilian provider on requirements and procedures addressed in this instruction.

(e) Completes EFMP enrollment forms for family members who meet enrollment criteria.

d. Civilian providers are required to:

(1) Possess a medical or dental license and communicate effectively in English.

(2) Provide supplemental information, when appropriate, such as narrative summaries, lab results, radiology results, dental records, etc.

(3) Complete and legibly sign the forms and enter his or her name, telephone number, and address.

(4) Return completed forms and supporting documents for each service and family member to the SSC for review and determination of suitability.

e. Sponsors are responsible for civilian provider costs to screen family members, to include related care such as tests, referrals, examinations, immunizations, etc., except when TRICARE covers part or all of the cost.

18. Special Cases: Deployed Service Members

a. Suitability screening can be completed at sea or in the field if no specialized consults, tests, or procedures are required.

b. Family members are screened by a fixed MTF/DTF.

19. Special Cases: Air Facility and Field Activity Assignments

a. At a command's convenience, service members may be screened by battalion or flight surgeons assigned to the organic medical or dental facility. Screening personnel must have knowledge of screening guidelines and procedures and access to required forms.

b. Family members are screened at a fixed Navy MTF/DTF when feasible.

c. The commanding officer or officer in charge of the Navy MTF reviews the service and family member screening forms and makes the final suitability recommendation.

20. Suitability Screening Deficiency Reports

a. To identify and correct failures in the suitability screening process, the commanding officer or officer in charge of the gaining MTF or medical representative of an operational command will report deficiencies when they occur.

b. A deficiency report is submitted when:

(1) The deficiency pertains to a special need.

(2) Service or family members arrive without medical, dental, or educational screening.

(3) The screening MTF identified a special need and made a suitability determination without coordinating with the gaining MTF.

(4) The service member did not report a special need to the screening MTF/DTF before transfer.

(5) Medical, dental, or educational screening records are incomplete, missing, or do not contain required signatures.

c. References (d) and (e) contain guidelines and sample deficiency reports. Deficiency reports are submitted in message format and require enough detail to enable an assessment of the nature of the deficiency and where and when it occurred.

d. Forward a copy of the deficiency report to:

(1) For Navy personnel: NAVPERSCOM, Code NPC-451 and the Enlisted Personnel Management Center, New Orleans (for non-designated SN/FN/AN).

(2) For Marine Corps personnel: Headquarters, Marine Corps, CMC, Washington DC, Codes MMIA and MMEA (enlisted) or MMOA (officer).

(3) BUMED (MED-31).

(4) The transferring command.

(5) The type commander, when applicable.

e. NAVPERSCOM or Headquarters, Marine Corps, in coordination with BUMED, will research the report and recommend corrective action.

21. Early Returns

a. If the commanding officer or officer in charge of the gaining MTF or unit commander, on the advice of a senior medical representative, determines that a special need can not be met, an early return request (humanitarian reassignment for Marines) is initiated.

b. The gaining MTF or senior medical department representative forwards a written report to the service member's current command, providing sufficient information to justify the early return. If the reason is due to a possible screening deficiency, the early return and deficiency reports are combined. References (d) and (e) contain additional guidance.

FORM REFERENCE GUIDE

As indicated, use the following forms when conducting medical, dental, and educational suitability screening, or EFMP enrollment:

1. Overseas Duty Screening

   NAVMED 1300/2 (enclosure (7))

   NAVMED 1300/1 (enclosure (8))

   SF 93 (Rev. 6-96)

   DD 2792, Addendum B (for preschool and school-age family members)

   SF 600 Overprint and Fact Sheet (enclosure (9))

   NAVPERS 1300/16, Part II

2. Remote Duty Screening

   NAVMED 1300/2 (enclosure (7))

   NAVMED 1300/1 (enclosure (8))

   SF 93 (Rev. 6-96)

   DD 2792, Addendum B (for preschool and school-age family members)

   NAVPERS 1300/16, Part II

3. Operational (Sea Duty) Screening

   NAVMED 1300/2 (enclosure (7))

   NAVMED 1300/1 (enclosure (8))

   SF 93 (Rev. 6-96)

   NAVPERS 1300/16, Part II

4. Dental Screening

   NAVMED 1300/1, Part II, (enclosure (8))

   SF 603 or SF 603A

   EZ 603.1 (trial) or EZ 603A (trial)

5. Exceptional Family Member Program Enrollment

   DD 2792 and Addendum A, A-1, A-2, or B as appropriate

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 1 year of transfer. *Date Drawn:* *Roster Number:*			
☐ Blood type.			
☐ DNA testing.			
☐ Required immunizations *(assignment specific)*.			
☐ Military dental records			

NAVMED 1300/2 (Rev. 06-00)

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:* ☐ 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):* ☐ Copy of DD 2792, Addendum B 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:* ☐ 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): ☐ 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):

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MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING FOR SERVICE AND FAMILY MEMBERS

SERVICE MEMBER NAME	GRADE / RATE	SSN
FAMILY MEMBER NAME	FAMILY MEMBER PREFIX	SSN
NEXT DUTY STATION:	NEXT UNIT IDENTIFICATION CODE (UIC):	

PART I

Medical Screening. Completed by the medical provider to identify special needs and determine if a service or family member is suitable for an overseas, remote duty, or operational assignment. Complete the Report of Medical History (SF 93) and attach to this form.

Yes	No	N/A	ITEM
			1. All health records (military and civilian) reviewed?
			2. Physical examinations are current?
			3. G-6P-D, PPD, and Sickle Cell trait test and Blood Type completed and documented?
			4. Immunizations are up-to-date and meet destination country requirements?
			5. Reference audiogram documented on DD 2215?
			6. Latest audiogram (DD 2216) reviewed?
			7. HIV testing completed or drawn?
			8. DNA testing completed and documented?
			9. Are there pending consults or tests that have a bearing on assignment suitability?
			10. Any past limited duty or medical board(s)? (document on SF 93)
			11. Pap smear and pelvic/breast examination within past year?
			12. Mammogram current (based on age)?
			13. Pregnancy screening (verbal inquiry)?
			14. If pregnant? (EDC:)
			15. If a Special Duty assignment, is there a condition, which by MANMED, chapter 15, section IV, is disqualifying?
			16. Are there any conditions requiring ongoing care in the following areas? (document on SF 93)
			a. Orthopedic conditions (e.g., chronic back, knee, joint pain or weakness)
			b. Cardiovascular conditions (e.g., chest pain/angina, arrhythmia, valve disease, infarction)
			c. Gynecologic conditions (e.g., chronic pelvic pain, abnormal PAP, breast mass)
			d. Neurologic conditions (e.g., seizure, pinched nerve, migraine, neuropathy)
			e. Respiratory conditions (e.g., asthma, RAD, chronic sinus, allergies)
			f. Mental health or behavioral conditions (e.g., depression, adjustment/personality disorder, ADD/ADHD)
			g. Recurrent or frequent medications (list on SF 93)
			h. Alcohol abuse or dependence
			i. Developmental concerns (e.g., motor, cognitive, communication, social/emotional, or adaptive development)
			j. Other conditions or concerns? (explain):
			17. For service/family members requiring medication in excess of 90 days: (if not applicable, check block and skip to #18)
			a. Is the patient in the maintenance phase of treatment?
			b. Should medication use cease, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior or result in a limited duty, MEDEVAC, or early return situation?
			c. Is the medical staff at the gaining MTF/operational platform competent to manage the medication manipulation(s) if the underlying condition exacerbates?
			d. Can the pharmacy at the gaining MTF/operational platform obtain the medication for the duration of the assignment? Non-authorized medical allowance list (AMAL) medications may be provided by the supporting MTF for up to 180 days or obtained through the national mail order pharmacy program.

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Yes	No	N/A	ITEM
			18. For service/family members with underlying medical conditions: (if not applicable, check block and skip to #19)
			a. Is there a requirement for special medical supplies, adaptive equipment, assistive technology devices, special accommodations, etc.?
			b. If exposed to a physically or emotionally demanding environment, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior, or result in a limited duty or MEDEVAC situation?
			c. Can the gaining MTF/operational platform provide the current required medical support?
			d. Can the gaining MTF/operational platform provide required medical support (diagnostic and therapeutic) if the underlying condition is exacerbated?
			e. Are there any chronic medical or mental health conditions requiring routine or continuing access to care or access to specialized medical care? (document on SF 93)
			f. If required, were potential environmental concerns and possible health effects communicated to each service and family member? (document on appropriate SF 600 overprint)
			19. For infants and toddlers (birth through age 2 inclusive) with a disability, is the child receiving or eligible to receive early intervention services as evidenced by an Individualized Family Service Plan (IFSP)?
			20. For preschool and school children (ages 3 to 21) with a disability, is the child receiving or eligible to receive special education and related services as evidenced by an Individualized Education Program (IEP) and DD 2792, Addendum B?
			21. Other concerns? (specify)

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, QUERY THE GAINING MILITARY TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. *(attach reply)*

Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL ASSIGNMENT? *(completed by a MTF designated military medical screener only)*

Military Medical Screener (Signature) Date	Civilian Medical Screener (Signature) Date
Printed Name, Rank or Grade	Printed Name
MTF or Duty Station	Address
Telephone Number (include area/country code)	City, State, and Zip Code
DSN Number	Telephone Number (include area/country code)
Telefax Number (include area/country code)	Telefax Number (include area/country code)
E-mail Address	E-mail Address

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PART II

Dental Screening. Completed by the dental screener to assess and match the dental needs of service or family member to the support capabilities during an overseas, remote duty, or operational assignment.

Yes	No	N/A	ITEM
			1. All dental records (military and civilian) reviewed?
			2. Dental examinations are current?
			3. Is a reexamination required by a DTF if examined or treated at a non-Navy facility?
			4. If service/family member is in Dental Class 3 or 4, can dental treatment or examination be completed before the transfer?
			5. Is there a requirement for follow-on care such as orthodontics, implants, specialty prosthetics, etc.?
			6. Are there any chronic dental conditions requiring routine or continuing access to care or access to specialized dental care?
			7. Other concerns? (specify)

Dental Classifications:

Class 1 - Patients who do not require dental treatment.
Class 2 - Patients who have dental conditions that are unlikely to result in a dental emergency within 12 months.
Class 3 - Patients who have dental conditions that are likely 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) examination by a dental officer within the past 12 months or, (2) A patient's dental record does not exist, or 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, QUERY THE GAINING DENTAL TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. *(attach reply)*

Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL ASSIGNMENT? *(completed by a DTF designated military dental screener only)*

Military Dental Screener (Signature) Date	Civilian Dental Screener (Signature) Date
Printed Name, Rank or Grade	Printed Name
DTF or Duty Station	Address
Telephone Number (include area/country code)	City, State, and Zip Code
DSN Number	Telephone Number (include area/country code)
Telefax Number (include area/country code)	Telefax Number (include area/country code)
E-mail Address	E-mail Address

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f. Determine if the family member resides with the service member and perform a DEERS check for all potential EFM.

g. Provide a copy of DD 2792 to the service member and a copy of the EFMP Guide (NAVPERS 15614C). A separate form is completed for each family member enrolled.

h. Assist the service member in completing DD 2792. The service member's signature on the form certifies he or she has read the Privacy Act Statement and reviewed the form and summaries to ensure the information is complete and correct to the best of their knowledge.

i. Ensure the appropriate MTF provider completes DD 2792, Addendum A - Medical Summary; Addendum A-1 - Asthma/Reactive Airway Disease Summary; and/or Addendum A-2 - Mental Health Summary.

j. Attach a copy of the current IFSP to the completed DD 2792, Addendum B - Special Education/Early Intervention Summary for infants and toddlers receiving EIS. The service member's signature on Addendum B authorizes the release of information by the early intervention program.

k. Ensure the school completes DD 2792, Addendum B - Special Education/Early Intervention Summary and attaches a copy of the current IEP for preschool or school age children receiving or eligible to receive special education and related services. The service member's signature on Addendum B authorizes the release of information by the school.

l. Review the enrollment forms and ensure they are complete and contain the required signatures and attachments.

m. Coordinate enrollment with the SSC when a family member is on orders for any overseas or remote duty assignment.

n. Retain a file copy of enrollment forms and addenda for 24 months.

o. Forward the original enrollment form and addenda to the Central Screening Committee (CSC) supporting the geographic area as indicated in enclosure (11).

p. Update EFMP enrollment following the same procedures as an initial enrollment. Navy requires service members to update enrollment every 3 years and Marine Corps every 2 years. Service members are also required to update enrollment whenever a change in special needs occurs.

DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 1300.2
BUMED-03
17 Feb 2000

BUMED INSTRUCTION 1300.2

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING AND EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT

Ref: (a) OPNAVINST 1300.14B
(b) SECNAVINST 1754.5
(c) OPNAVINST 1754.2A
(d) NAVPERS 15909F, Enlisted Transfer Manual, Chapter 4
(e) NAVPERS 15559B, Officer Transfer Manual, Chapter 4
(f) MCO P1300.8R, Chapter 2
(g) CINCUSNAVEURINST 1300.1
(h) NAVMED P-117, Manual of the Medical Department
(i) SECNAVINST 1000.10
(j) OPNAVINST 6000.1A
(k) MCO 5000.12D
(l) BUMED Notice 6320 of 26 Oct 1999
(m) ASD(HA) memo of 9 Feb 1999
(n) ASD(HA) memo of 19 Feb 1998
(o) DoD 1010.13-R
(p) DoDINST 1342.12
(q) BUMEDINST 6230.15
(r) MCO P1754.4A

Encl: (1) Glossary of Terms, Abbreviations, and Definitions
(2) Guidelines, Procedures, and Responsibilities for Medical, Dental, and Educational Suitability Screening
(3) Remote Duty Locations in the United States
(4) Department of Defense Dependents Schools (DoDDS) Special Education Coordinators
(5) Forms Reference Guide
(6) Summary of Requirements for Medical, Dental, and Educational Suitability Screening
(7) Medical, Dental, and Educational Suitability Screening Checklist and Worksheet, NAVMED 1300/2 (Rev. 02-00)
(8) Medical, Dental, and Educational Suitability Screening for Service and Family Members, NAVMED 1300/1 (Rev. 02-00)
(9) Naval Air Facility Atsugi, Japan Health and Environmental Fact Sheet and SF 600 (overprint)
(10) Guidelines, Procedures, and Responsibilities for Exceptional Family Member Program (EFMP) Enrollment
(11) EFMP Central Screening Committees and EFMP Enrollment Managers

1. Purpose

a. Reference (a) requires the Bureau of Medicine and Surgery (BUMED) to: prescribe procedures for medical, dental, and educational suitability screening; monitor execution of screening procedures; determine the cause and institute corrective action for screening deficiencies; and make recommendations for additions or deletions of locations considered as remote duty stations to the Navy Personnel Command (NAVPERSCOM). References (b) and (c) require BUMED to develop policy for health care providers and patient administrators to identify and enroll eligible service and family members in the EFMP and to maintain central screening committees. This instruction addresses these requirements.

b. Screening procedures are used to:

(1) Determine the suitability of Navy and Marine Corps service and family members for overseas, remote duty, or operational assignments by identifying medical, dental, and educational requirements, henceforth referred to as special needs.

(2) Determine suitability for worldwide operational assignments subsequent to periods of limited duty (LIMDU) or the finding of "fit for continued Naval service" by the Physical Evaluation Board (PEB).

(3) Identify family members who are eligible for enrollment in the EFMP.

c. Enclosure (1) contains a glossary of terms, abbreviations, and definitions used in this instruction.

2. Cancellation. NAVMEDCOMINST 1300.1C.

3. Background

a. Service and family members with special needs who are improperly screened can arrive at overseas, remote duty, or operational assignments with requirements beyond the capability of local medical, dental, educational, or community facilities. This may result in increased absences from duty, decreased quality of life, early return from the assignment, billet gaps, and unplanned expenditures of temporary additional duty (TAD) or permanent change of station (PCS) funds. Proper screening ensures a productive tour for the service member, family, and command and reduces costs.

b. Service members (including reservists with orders specifying active duty of more than 30 days) are arriving on ships or in the field with medical conditions which are either beyond the treatment capability of the operational unit or with medical conditions which, while not considered unfit for duty ashore, are nonetheless incompatible with successful assignment to a particular operational platform. Naval operations will continue to rely on fewer personnel to operate systems of increasing complexity and can no longer tolerate unplanned losses of deployed personnel. The loss of a single Sailor or Marine may compromise the readiness of a unit.

c. Screening supports readiness by ensuring the service member can execute his or her military duties associated with the military occupation and assignment. Communication and collaboration among and between the transferring and gaining commands and the screening and gaining military treatment facilities (MTFs) during the transfer process is essential to ensure successful assignments.

4. Responsibilities

a. Per references (a), (d), and (e), the commanding officer of the transferring command shall:

(1) Ensure each service and family member is screened within 30 days of receipt of transfer orders. Service and family members will not be transferred before satisfactory completion of all aspects of the suitability screening process. Reference (f) prescribes requirements for the Marine Corps and reference (g) prescribes requirements for U.S. Naval Forces, Europe.

(2) Determine suitability for an overseas, remote duty, or operational assignment based on a command review and the medical, dental, and educational suitability recommendation.

b. A commander, commanding officer, or officer in charge of a MTF shall:

(1) Provide the transferring command with a recommendation on a service or family member's suitability for an overseas or remote duty assignment by identifying and evaluating special needs.

(2) For operational assignments, provide the transferring command with thorough, specific, and sound medical advice concerning the service member's medical and dental status. The following conditions must be considered for suitability

determinations: Subacute or chronic conditions which require recurrent or frequent medical visits, chronic medication need, behavior which may impact good order and discipline, and physical as well as emotional attributes. Transferring commands require information as accurate as possible concerning the potential receiving platform's environment and medical and dental capability.

(3) Communicate and document full disclosure of potential environmental exposures and possible health effects at locations where required.

(4) Convene a temporary limited duty (TLD) board or a medical evaluation board when a service member can not perform the duties of his or her grade or rate or meet anticipated requirements of future assignments ashore or at sea. Keep the commanding officer of the parent command informed of all actions. The board will determine if the member is fit for transfer, placed on LIMDU or referred to a PEB. Under the Disability Evaluation System (DES), members with certain duty-limiting conditions are considered "fit for duty," however, this does not imply suitability for worldwide operational deployment. When it is clearly indicated that the member's condition will continually interfere with the ability to function effectively in the operational arena or to be worldwide deployable, the transferring command, in coordination with and under the guidance of the NAVPERSCOM, may process the member for administrative separation.

(5) Assign responsibility for suitability screening to an organization within the MTF. Designate a suitability screening coordinator (SSC) within that organization to oversee the screening process.

(6) Assign specific MTF providers (medical officers, physician assistants, nurse practitioners, or independent duty corpsmen (IDCs)) with the responsibility to conduct medical screening. First-hand knowledge of an operational or overseas environment is desirable. IDCs assigned to deployable units may screen active duty Naval personnel without family members.

(7) In facilities or units without available dental capabilities, train the medical screener to properly screen dental records.

(8) Designate an Exceptional Family Member Coordinator (EFMC) to oversee EFMP enrollment, assist current and prospective EFM families, and provide training and marketing for the EFMP. When feasible, assign the SSC and EFMC functions to one person.

(9) Ensure SSC, MTF provider, and EFMC personnel understand their roles and responsibilities in the screening process and are knowledgeable of the relevant parts of references (h) through (m) and this instruction. Enclosures (2) and (10) contains detailed guidelines, procedures, and responsibilities for the SSC, MTF, and dental treatment facility (DTF) provider and EFMC.

(10) Provide the current name, telephone and telefax numbers, and e-mail address of the SSC and EFMC to BUMED (MED-31BAS) for inclusion in the Patient Administration Directory available on BUMED's website. Also, provide this information to the local DTF, line commands, fleet liaison officers, personnel support detachments (PSD), family service centers, child development centers, and other activities that provide resource or referral information to service and family members.

(11) Require MTF staff to identify family members with special needs and enroll them in the EFMP, either during routine medical care or through the suitability screening process.

(12) Supplement this instruction with written procedures unique to local situations such as:

(a) Screening family members who are joining service members already overseas.

(b) Return of service and family members to their current overseas or operational assignment by the Global Patient Movement Requirements Center (GPMRC).

(c) Intra-theater transfers.

(d) Transfers to a location where medical services are the responsibility of a non-Navy MTF or DTF.

(13) At an overseas or remote MTF:

(a) Ensure the SSC and MTF providers respond within 7 working days of receipt of screening inquiries.

(b) Ensure the SSC, MTF providers, and the EFMC are aware of current local resources and constraints.

(c) Coordinate with the local Educational and Developmental Intervention Services (EDIS) program for infants and toddlers with disabilities and their families who require early intervention services (EIS) to ensure such services are available.

(d) Coordinate with the regional DoD Educational Activity (DoDEA) special education coordinator and EDIS program for preschool and school-age children with disabilities who require special education or related services to ensure such services are available.

(e) Ensure health records of newly transferred service and family members are reviewed and checked into the MTF.

(f) Promptly report screening deficiencies.

c. The commanding officer or officer in charge of a DTF shall:

(1) Designate a dental SSC to oversee the dental screening process and ensure coordination with the SSC from the referring MTF.

(2) Assign specific DTF providers with the responsibility to conduct dental screening.

(3) Ensure the SSC and DTF staff are trained, understand their roles and responsibilities in the screening process, and are knowledgeable of the relevant parts of references (h) and (n) and this instruction.

(4) Ensure written directives are developed and implemented that address local procedures for screening and EFMP enrollment.

(5) Require DTF staff to identify family members with special needs and enroll them in the EFMP, either during routine dental care or through the suitability screening process.

d. The commander or commanding officer of Naval Medical Center, Portsmouth; Naval Medical Center, San Diego; and U.S. Naval Hospital, Yokosuka shall maintain a central screening committee composed of multidisciplinary specialties who will:

(1) Provide developmental pediatric training to health care providers.

(2) Assist in the identification and evaluation of EFM.

(3) Provide screening functions and recommendations to the NAVPERSCOM (NPC-662F) regarding EFMP enrollment.

(4) Assist Navy families in the care of their EFM.

5. Forms

a. SF 603 (10-75), Health Record, Dental, NSN 7540-00-634-4179 is available through normal supply channels.

b. SF 603A (10-75), Health Record, Dental (Continuation), NSN 7540-00-577-5881 and EZ 603.1 (trial) and EZ 603A (trial), Health Record, Dental are available at all dental commands.

c. SF 88, Report of Medical Examination is available on the following web sites:

(1) SF 88 (Rev. 3-89), http://forms.psc.gov/sforms.htm (the table is in error, it lists (Rev. 10-94), but supplies (Rev. 3-89)).

(2) SF 88 (Rev. 10-94), http://web1.whs.osd.mil/icdhome/SFEFORMS.HTM.

(3) SF 88 (Rev. 10-94) is also available from the Navy Supply System and may be requisitioned using NSN 7540-00-634-4038.

(4) Commands may use whichever version serves their purpose; local reproduction is authorized.

d. SF 93 (6-96), Report of Medical History is available at http://web1.whs.osd.mil/icdhome/SFEFORMS.HTM.

e. The following forms are available from the Navy Supply System and may be requisitioned per CD ROM NAVSUP PUB 600(NLL):

(1) NAVPERS 1754/1 (Rev. 8-92), Exceptional Family Member (EFM) Program Application, S/N 0106-LF-014-9400.

(2) NAVPERS 1754/3 (Rev. 8-92), Functional Medical Summary, S/N 0106-LF-014-9500.

(3) NAVPERS 1754/4 (Rev. 8-92), Special Education Worksheet, S/N 0106-LF-014-9600.

f. NAVPERS 1300/16 (Rev. 4-99), Report of Suitability for Overseas Assignment is available at http://www.persnet.navy.mil/pers451/osr.html.

g. The following forms are available from BUMED's website at http://navymedicine.med.navy.mil/instructions/external/external.htm:

(1) NAVMED 1300/1 (Rev. 02-00), Medical, Dental, and Educational Suitability Screening for Service and Family Members.

(2) NAVMED 1300/2 (Rev. 02-00), Medical, Dental, and Educational Suitability Screening Checklist and Worksheet.

6. Reports Exemption. The reporting requirements contained in this instruction are exempt from reports control per SECNAVINST 5214.2B.

7. Publication. NAVPERS 15614C, Exceptional Family Member Program Guide, S/N 0500-LP-754-1900, is available from the Navy Supply System and may be requisitioned per CD ROM NAVSUP PUB 600(NLL).

R. A. NELSON

Available at:
http://navymedicine.med.navy.mil/instructions/external/external.htm

GLOSSARY OF TERMS, ABBREVIATIONS, AND DEFINITIONS

1. Accompanied. Term applied when command-sponsored family members are authorized to travel and reside with the sponsor.

2. Assistive Technology Device. Any item, piece of equipment, or product system used to increase, maintain, or improve functional capabilities of individuals with disabilities.

3. Assistive Technology Service. Any service that directly assists individuals with disabilities in the selection, acquisition, and use of an assistive technology device.

4. Composite Health Care System (CHCS). A computer-based medical management information system used in DoD health care facilities.

5. Defense Enrollment Eligibility Reporting System (DEERS). A computerized data bank which lists all active and retired military members and their family members.

6. Dental Treatment Facility (DTF). Military health care system dental facilities operated by the military medical departments.

7. Deoxyribonucleic Acid (DNA). Genetic material found in cell nuclei used for identification.

8. Department of Defense Dependents Schools (DoDDS). The component of the Department of Defense Educational Activity responsible for the education of DoD children residing in locations overseas.

9. Department of Defense Educational Activity (DoDEA). The headquarters level organization which operates Domestic Dependents Elementary and Secondary Schools and Department of Defense Dependents Schools.

10. Developmental Delay. A significant discrepancy in the actual functioning of an infant, toddler, or child when compared with a non-disabled infant, toddler, or child of the same chronological age in any of the following areas: physical, cognitive, communication, social or emotional, and adaptive development as measured using standardized evaluation instruments and confirmed by clinical observation and judgement. High probability for developmental delay includes infants and toddlers with a diagnosed physical or mental condition, such as chromosomal disorders and genetic syndromes, that places the infant or toddler at substantial risk of evidencing a developmental delay.

11. Domestic Dependents Elementary and Secondary Schools (DDESS). The component of the DoDEA responsible for the education of DoD children residing on a military installation in the U.S. or in U.S. territories, commonwealths, and possessions. Formerly called Section 6 schools.

12. Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) - 4th Edition. A manual that contains diagnostic categories and criteria which are used by a clinician in diagnoses and treatment of various mental disorders.

13. Disability Evaluation System (DES). Process by which the DoD adjudicates physical fitness for duty and disposition of physical disability of active and reserve component service members.

14. Educational and Developmental Intervention Services (EDIS). Local MTF programs that provide early intervention and medically related services. EDIS are normally staffed with a developmental pediatrician, child clinical psychologist, social worker, community health nurse, occupational therapist, physical therapist, speech-language pathologist, and an early childhood special educator.

15. Exceptional Family Member (EFM). A family member with an identified special need requiring special health care or education services.

16. Exceptional Family Member Program (EFMP). A mandatory program requiring the identification and enrollment of family members with special needs to assist detailers and monitors in assigning service members to locations where the needs can be met. Managed by NAVPERSCOM for the Navy and Headquarters, Marine Corps for the Marines.

17. Early Intervention Services (EIS). Services designed to meet the developmental needs of an infant or toddler with a disability in one or more of the following areas of development: physical, cognitive, communication, social or emotional, and adaptive. EIS include, but are not limited to: family training, counseling, and home visits, special instruction, speech pathology and audiology, occupational therapy, physical therapy, psychology, service coordination, medical services for diagnostic or evaluation purposes, early identification, screening and assessment, ophthalmology, and social work. Also included are assistive technology devices and assistive technology services, health services necessary to enable the infant or toddler to benefit from the above EIS, and transportation and related costs necessary to enable an infant or toddler and the family to receive EIS. EIS

are provided to infants and toddlers with disabilities (birth through age 2) and their families following an individualized family service plan (IFSP).

18. Fit. Able to perform all duties requisite to a service member's assignment without medical impairment.

19. Fit to Continue Naval Service. A finding by the PEB that indicates the member is "fit to continue Naval service" based on evidence that establishes the member is able reasonably to perform the duties of his or her office, grade, rank or rating, to include duties during a remaining period of Reserve obligation. Within a finding of "fit to continue naval service" is the understanding that the mere presence of a diagnosis is not synonymous with a disability. It must be established that the medical disease or condition underlying the diagnosis actually interferes significantly with the member's ability to carry out the duties of his or her office, grade, rank or rating. Members found "fit to continue Naval service" by the PEB are eligible for appropriate assignment. However, a finding of fit by the PEB does not preclude subsequent temporary determinations of unsuitability for deployment, physical readiness test, or physical fitness test participation, disqualification for special duties, TLD, or administrative action resulting from such determinations.

20. Gaining Military Treatment Facility (MTF). The medical facility supporting the overseas or remote duty location or the medical resources or unit supporting an operational platform to include the organic medical department.

21. Glucose-6-Phosphate Dehydrogenase (G-6-PD). A blood enzyme which is tested to determine tolerance to anti-malarial medication.

22. Human Immunodeficiency Virus (HIV). Virus responsible for acquired immunodeficiency syndrome (AIDS).

23. International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). A publication containing standardized codes and nomenclature for all diseases.

24. Individualized Educational Program (IEP). A written plan for a preschool or school-age child with a disability (age 3 to 21 inclusive) which outlines the special education programs and related services (including those of a medical nature) that are required to meet the unique needs of a special education student.

25. Individualized Family Service Plan (IFSP). A written plan for an infant or toddler (birth through age 2) with a disability and the family of such an infant or toddler that is based on a multi-disciplinary assessment of the unique needs of the child and concerns and priorities of the family. The IFSP identifies the early intervention and other services appropriate to meet such needs, concerns, and priorities.

26. Individuals with Disabilities Education Act (IDEA). The public law that requires the provision of EIS to infants and toddlers with disabilities (birth through age 2) and their families and a free appropriate public education (FAPE), to include special education and related services, to preschool and school-age children with disabilities (age 3 to 21 inclusive).

27. Limited Duty (LIMDU). See TLD or permanent limited duty (PLD).

28. Medical Evaluation Board (MEB). A body of physicians convened to report when a service member's physical and/or mental qualifications to continue full duty is in doubt or whose physical and/or mental limitations preclude their return to full duty within a reasonable period of time. The MEB is convened to evaluate and report on the diagnosis; prognosis for return to full duty; plan for further treatment, rehabilitation, or convalescence; estimate of the length of further disability; and a medical recommendation of disposition of such members.

29. Medically Related Services (MRS). DoD term for related services of a medical nature required to determine a student's eligibility for special education, and, if eligible, the direct or indirect services specified in an IEP that are necessary for the student to benefit from the educational curriculum. MRS may include medical services for diagnostic or evaluative purpose, social work, community health nursing, dietary, occupational therapy, physical therapy, audiology, ophthalmology, and psychological testing and therapy. MRS are provided to students with disabilities (age 3 to 21 inclusive). Entitlement is based on eligibility to enroll in DoDDS overseas and meeting DoDDS special education eligibility criteria. (See Related Services for comparison.)

30. Military Treatment Facility (MTF). Military health care system medical facilities operated by the military medical departments.

31. Operational Assignment. Term used in this instruction to designate an assignment to any Department of Navy unit which can be expected to deploy from its home base or port for a period of more than 30 days. Operational assignments include all sea duty,

remote inside the continental United States (CONUS) and outside the continental United Status (OCONUS), fleet marine force, special operations, construction battalion, and forward deployed Naval forces orders.

32. Overseas. Term used in this instruction to designate locations outside the 48 contiguous United States. Alaska and Hawaii are exempt from suitability screening requirements except for locations designated as remote.

33. Permanent Limited Duty (PLD). A specified period of LIMDU for active duty members found unfit for duty authorized by a PEB and approved by NAVPERSCOM or Commandant of the Marine Corps (CMC).

34. Physical Evaluation Board (PEB). A board established on behalf of the Secretary of the Navy in making determinations of fitness for duty, entitlement to benefits, and disposition of service members referred for disability evaluation.

35. Purified Protein Derivative (PPD). Test administered to screen for tuberculosis.

36. Related Services. Transportation and such developmental, corrective, and other supportive services required to assist a child (age 3 to 21 inclusive) with a disability to benefit from their special education program. (See Medically Related Services for comparison.)

37. Remote Duty. Term used in this instruction for locations within the 50 United States that require suitability screening. Remote duty locations are designated based on timely access to health care services. Timely access for remote duty designation purposes is defined as 2 hours of drive time under most conditions to access specialty care.

38. Screening. Term used in this instruction to describe the process of identifying a service or family member with a special need that requires special health care or education services at an overseas, remote duty, or operational assignment. Screening is the systematic use of a series of interview questions, review of medical and educational records, and/or direct examination. Screening does not provide a diagnosis, but may require referral for further evaluation to determine a diagnosis.

39. Special Education. Instruction and related services for which a preschool or school-age child (age 3 to 21 inclusive) is entitled when a school determines a child's educational performance is adversely affected by one or more disabling conditions.

40. Special Needs. Term used in this instruction to address any special medical, dental, mental health, developmental, educational or environmental requirements, wheelchair accessibility, adaptive equipment, and assistive technology devices or services.

41. Sponsor. A military service member or DoD civilian employee at an overseas or remote duty assignment who is accompanied by command-sponsored family members.

42. Suitability. A determination made by the commanding officer of the transferring command that a service or family member meets all requirements for an overseas, remote duty, or operational assignment. The determination is based on all information available, including but not limited to: medical, dental, mental health, developmental, educational or environmental requirements, behavioral, financial, professional performance, family stability and personal interview.

43. Temporary Limited Duty (TLD). The specified period of LIMDU authorized by NAVPERSCOM, CMC, or a medical board at a MTF. TLD addresses cases where the prognosis indicates the service member can be restored to full duty within the specified period. Generally, TLD is assigned in increments of 8 months, but not to exceed a total of 16 months.

44. TRICARE. The DoD regional managed health care program for service families with three health care options:

(1) TRICARE Prime. A voluntary health maintenance organization-type (HMO) option.

(2) TRICARE Extra. A preferred provider option.

(3) TRICARE Standard. A cost share option (formerly called CHAMPUS).

45. Unaccompanied. Term applied when family members are not authorized, or choose not, to travel and reside with the sponsor. Also called an "all others tour."

46. Unfit. Finding by a PEB that a service member is not fit to continue active service based on evidence which establishes that the service member is unable to perform assigned duties, to include reserve obligations.

GUIDELINES, PROCEDURES, AND RESPONSIBILITIES FOR MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING

1. General

a. Screening identifies special needs or potential duty-limiting conditions which are used to determine a service or family member's suitability for an overseas, remote duty, or operational assignment.

b. Screening also provides an opportunity to communicate and document full disclosure of potential environmental exposures and possible health effects in certain locations.

c. Every effort will be made to ensure confidentiality of sensitive medical or personal information.

d. The underlying principle of suitability screening is to screen each service and family member as a specific individual for a specific location at a specific time. A service or family member may be suitable for one location or platform, but unsuitable for another, or suitable at one time and unsuitable at another. Two individuals with the same diagnosis may have different medical requirements, or a duty location may have a capability at one time, but not another.

e. Enrollment in the DEERS is required for family members before proceeding with screening. If not enrolled, notify the service member's command for resolution of DEERS status before proceeding with screening.

f. Service members require screening when in receipt of orders to all overseas, remote duty, sea or field duty, fleet marine force, special operations, construction battalion, or forward deployed Naval force assignments. Screening is also required upon conclusion of temporary LIMDU or upon a finding of "fit for continued Naval service" by a PEB.

g. If a service member is in receipt of orders described in paragraph 1f, their family members require screening when:

(1) Orders authorize an accompanied tour.

(2) A Navy service member is serving an unaccompanied tour for 24 months or more, or if a Marine Corps service member is serving an unaccompanied tour for more than 24 months.

(3) They plan to later join the service member.

h. Sponsors with dependent parents or parents-in-law, step parents or parents-by-adoption need to be aware they are responsible for payment of medical and dental bills for services received outside the MTF and DTF.

i. The entire suitability screening process is completed within 30 days of receipt of orders. Notify the transferring command if a delay is anticipated beyond 30 days. The transferring command is required to notify NAVPERSCOM if the results of screening are pending.

j. The MTF shall maintain a dialog with transferring commands and the PSD to facilitate the immediate referral of service and family members for suitability screening upon receipt of orders. Ongoing communication will ensure prompt reporting for suitability screening and help prevent service and family members from arriving in the later part of the 30-day period with the expectation that the MTF will expedite screening.

k. Completion of suitability screening within 30 days of receipt of orders is dependent on cooperation and coordination among and between the people involved in the process to include the service member, the transferring command, PSD, SSC, and MTF/DTF staff. The MTF should consider implementing memoranda of agreement with procedures for:

(1) The transferring command or PSD to provide a list of service and family members who require suitability screening to the SSC as soon as orders are received.

(2) The transferring command or PSD to provide service and family members with a copy of enclosure (7) which lists the information and documents required for suitability screening.

(3) The transferring command or PSD to set up an appointment with the MTF for preliminary screening to obtain necessary direction, forms, and appointments.

(4) The SSC to notify the transferring command or PSD when service and family members fail to show up for scheduled screening or appointments.

2. Limited Duty and Physical Evaluation Boards

a. Currently, some LIMDU personnel who are reevaluated and found fit for full duty are made available for orders, receive orders to sea duty, and then fail suitability screening. This situation results in additional workload and cost for the Navy and uncertainty and consternation for the service member.

b. All LIMDU personnel who are reevaluated and found fit for duty will undergo suitability screening before availability for orders of any kind. The results of suitability screening are forwarded to the servicing PSD and a copy placed in the medical record and LIMDU file. The PSD, in coordination with NAVPERSCOM, will use this information to determine assignment availability of the service member.

c. Any shaded block checked on NAVMED 1300/1 (enclosure 8) could indicate a potential problem in completing either an oversees or operational assignment. Even though the location of the next assignment is not known, the intent of this "generic screen" is to identify general limitations which will provide useful information to detailers in making assignment decisions. For example, the generic screen might indicate "not suitable unless assigned to a command with a medical officer."

d. A similar situation can occur with a PEB. A service member found unsuitable for overseas, remote or operational duty may have their case referred to a PEB. If the PEB finds the member "fit for continued Naval service," the MTF will forward both the suitability and PEB findings to NAVPERSCOM for review. A repeat suitability screen is not required.

e. To assist the PEB, providers will include a definitive statement in the medical board narrative detailing how the service member's medical condition adversely impacts the safe, reliable, and proficient performance of his or her Navy Enlisted Classification (NEC) or Navy Officer Billet Classification (NOBC) that they would likely be assigned.

3. Remote Duty Locations in the United States

a. Enclosure (3) lists remote duty locations that require suitability screening.

b. Service members, with SSC or EFMP coordinator assistance, when required, are responsible for coordinating the early intervention and special education needs of family members with local civilian agencies or school systems that provide these services.

c. Commands desiring inclusion on the remote duty list should submit a request with justification to NAVPERSCOM (NPC-6) via BUMED (MED-31).

4. Operational Assignments (Sea or Field Duty)

a. There are conditions which carry a significantly higher risk for unsuccessful completion of a full operational tour. These include knee problems, lower back pain, other bone, cartilage, or tendon ailments, cardio-respiratory ailments such as coronary insufficiency and asthma, pregnancy, and psychological conditions including adjustment disorders, depression, psychosis, and substance abuse or dependence.

b. All conditions, subacute or chronic, which require recurrent or frequent medical or dental visits, chronic medication need, behavior which may impact good order and discipline and physical and emotional attributes must be considered. Failure to recognize the incompatibility of a service member's medical condition in a specific operational environment will inevitably lead to the exacerbation of the condition and, if not outright loss, at the least a decreased reliability and efficacy.

c. Operational platforms rely on organic medical capabilities for a significant portion of their operational cycle. For that reason it is of particular importance that the screening MTF determine:

(1) The level of medical expertise available to the service member while deployed, for example, IDC, physician assistant, general medical officer or board certified medical officer, and dental officer.

(2) The level of ancillary capabilities while deployed such as laboratory, x-ray, pharmacy, physical therapy services, etc.

(3) The physical environment while deployed such as temperature fluctuations, ladders, operations tempo (op tempo), etc.

d. Even if a service member is deemed fit for continued service by a PEB or after LIMDU, the screening MTF must:

(1) Clearly communicate any special need or ongoing support requirements to the medical representative of the receiving operational platform per procedures in paragraph 11d.

(2) Request a direct assessment as to the platform's ability to support such requirements.

5. Civilian Employees

a. Per reference (o):

(1) DoD civilian employees are selected for positions outside the United States based on job requirements and merit factors. The fact that a civilian employee has a dependent child with early intervention, special education, or related services requirements or a family member with medical needs can not be the basis for non-selection for a position.

(2) DoD civilian employees will identify dependent children with early intervention, special education or related services requirements and family member with medical needs each time they process for an assignment to a location outside the U.S. where family member travel is authorized at Government expense.

(3) Emphasis must be placed on providing the civilian selectee with comprehensive medical, dental and educational information on the overseas community where the position is located, so that the selectee can make an informed choice about accepting the position. Civilian employees must also be informed of any immunization requirements for the overseas location.

b. The SSC will assist the cognizant human resources office (HRO) or civilian personnel office (CPO) with the identification and processing of civilian employees and their family members.

c. Civilian employees and their family members are not enrolled in the EFMP.

6. Infants and Toddlers and Preschool and School-Age Children with Disabilities

a. Per reference (p), infants and toddlers (birth through age 2) and preschool and school-age children (ages 3 to 21 inclusive) with disabilities have a statutory entitlement to services overseas under IDEA. Failure to provide these services places DoD at risk for non-compliance with the statute. Close coordination is essential for this group.

b. Per reference (o), family travel and command sponsorship can not be denied due to the non-availability of EIS, special education, or MRS deemed necessary to the education of a family member since these are statutory entitlements under the IDEA. It can be denied when medical care deemed necessary to the health of a family member is not available.

c. For infants and toddlers receiving or eligible to receive EIS, ensure EIS requirements are coordinated with the local EDIS program at the gaining MTF. EIS requirements are specified in the infant's or toddler's IFSP.

d. For preschool and school-age children receiving or eligible to receive special education, to include related services or MRS, ensure requirements are coordinated with the regional DoDDS special education coordinator and local EDIS program at the gaining MTF. Special education requirements are specified in the student's IEP. Enclosure (4) lists DoDDS special education coordinators worldwide.

e. Stateside SSCs are encouraged to develop a comprehensive database containing local special education points of contact with telephone and telefax numbers for facilitating timely completion of the Special Education Worksheet, NAVPERS 1754/4.

f. Refer all infants, toddlers, or children who are receiving services specified in an IFSP or IEP for enrollment in the EFMP.

7. Special Concerns for Women

a. Per reference (l), all active duty women require an annual health maintenance examination which includes, but is not limited to the following:

(1) Pap smear.

(2) Pelvic examination.

(3) Breast examination.

(4) Blood pressure measurement.

b. Annual health maintenance examinations are encouraged for family members 18 years or older, or if sexually active.

c. References (l) and (m) provide policy on mammography. A baseline mammogram should be offered to all women at age 40. A baseline mammogram at age 35 is appropriate for women identified as high risk. A screening mammogram should be offered to all women every 1 to 2 years between the ages of 40 and 49, and yearly for all women age 50 or older.

d. References (i), (j), and (k) provide policy on pregnancy. Service members who suspect pregnancy, must obtain prompt confirmation and inform their commanding officer.

e. Pregnancy screening (verbal inquiry) is required for all female service members. At the discretion of the medical provider, a pregnancy test may be administered.

f. Pregnant service members are unsuitable:

(1) If scheduled to detach and arrive overseas during the third trimester (after the 28th week). However, they may detach from an overseas duty station in the third trimester with medical authorization for travel.

(2) At any stage of pregnancy if the overseas or remote duty location does not have the capability to address anticipated complications.

(3) At any stage of pregnancy for dependents-restricted tours.

(4) At any stage of pregnancy for sea or field duty.

g. Airlines may not allow a pregnant woman to travel after the 34th week.

h. Suitability screening is conducted at approximately 8 weeks post partum, when the infant is immunized and the mother and infant can be safely screened.

8. Procedures for Preliminary Screening

a. Enclosure (5) contains a reference guide for the required forms used for suitability screening and EFMP enrollment. Enclosure (6) contains a summary of suitability screening requirements.

b. The SSC shall:

(1) Provide the service member with a copy of the Medical, Dental, and Educational Suitability Screening Checklist and Worksheet (NAVMED 1300/2) (enclosure (7)).

(2) Assist service and family members with obtaining the required information and documents.

(3) Complete a NAVMED 1300/2 for each service and family member screened.

(4) Review the information and documents provided, preferably with the service and family members present, and

verify they are complete and current. If discrepancies are noted, assist service and family members with correcting the discrepancies. Annotate the review on NAVMED 1300/2.

(5) Assist in scheduling required appointments for examinations, tests, or immunizations. Reference (q) provides guidance on immunization requirements. Ensure results are placed in the military health record.

(6) Retrieve medical information from the CHCS and include with the screening documents.

(7) If feasible, schedule service and family members together for medical and dental screening. Provide information on MTF/DTF locations, hours, telephone numbers, etc.

(8) Provide a target date for completing medical, dental, and educational screening and instruct the service member to report problems in meeting the target date. Screening is completed within 30 days of receipt of orders. Screening is not complete until all tests, evaluations (including specialty consultations), and suitability inquiries and determinations are received and documented.

(9) Advise service member that orders may be held in abeyance until screening is completed and delays may affect the amount of leave in transit.

(10) Notify the transferring command or servicing PSD:

(a) When a delay is anticipated beyond the 30-day period. Provide the reason and estimated date of completion.

(b) When a service or family member fails to report for scheduled screening or appointments.

(11) Coordinate screening conducted by non-Navy MTF/DTF staff.

9. Procedures for Medical Screening. MTF providers responsible for suitability screening shall:

a. Interview service and family members together when feasible.

b. Review NAVMED 1300/2, SF 93, military and civilian health records, narrative summaries of inpatient admissions, results of

tests and procedures, and current health and duty status for each person screened. Enclosure (6) summarizes screening requirements.

c. Complete a NAVMED 1300/1, Part I, for each service and family member screened. Ensure all potentially disqualifying impairments or conditions are noted such as acute or chronic medical, dental, or mental health concerns, home health services, or conditions requiring recurrent or continuing access to specialized medical care. Use additional pages if required.

d. Compare information, when appropriate, with patient data from the CHCS, especially medical requirements, dispensed medications, and radiology and laboratory results. If discrepancies are noted or documentation is lacking, screening can not be completed.

e. In coordination with the SSC, schedule examinations, screenings, tests, or immunizations if currently indicated or if due by the transfer date. Reference (q) provides guidance on immunization requirements.

f. Notify the SSC and, if necessary, the transferring command if the target date can not be met.

g. For operational assignments, refer to special concerns and requirements in paragraph 4 of this enclosure.

h. For infants and toddlers or children with disabilities, refer to special concerns and requirements in paragraph 6 of this enclosure.

i. For women, refer to special concerns and requirements in paragraph 7 of this enclosure.

j. Consult with the pharmacy department to review required medications, especially those taken chronically. The pharmacy department will:

(1) Assist in determining the availability of required medications at the gaining MTF or operational pharmacy.

(2) Dispense, by prescription, sufficient quantities for the en route period of transfer or period needed by the gaining pharmacy to obtain the required medications (up to 180 days).

(3) Assist with obtaining medications through the National Mail Order Pharmacy Program. The web address for the pharmacy program is: www.dscp.dla.mil/medical/pharm/nmop.

k. For service or family members with a history of alcohol or substance abuse or dependence:

(1) Ensure the condition, dates of aftercare, and names of health care providers and counseling and assistance centers are in the health record.

(2) Determine if rehabilitation or aftercare will be completed by the transfer date. If not, provide a recommendation to the transferring command.

l. For service or family members with a history of mental health or behavioral disorders:

(1) Review information on diagnosis, type of care (inpatient or outpatient), period of treatment, medications used in treatment, and narrative summaries. Specific information on episodes of care during past 12 months is necessary.

(2) Ensure an evaluation by a psychiatrist, psychologist, or appropriate provider if:

(a) An episode of inpatient psychiatric treatment occurred in the past year.

(b) An exacerbation occurred which did not result in hospitalization, but produced a disability lasting longer than 3 days.

(c) Currently undergoing evaluation or treatment for a mental disorder, as defined by the DSM-IV.

(d) Two or more significant outpatient interventions were required in the past year. Treatment is not considered significant if it involved:

1. Brief treatment for marital problems, bereavement, or mild, short-term adjustment disorders.

2. Psychotherapy or counseling averaging less than once per week for less than 90 days.

3. Taking medications of low toxicity (e.g., Prozac, Zoloft, or Paxil) for less than 90 days. However, service or family members who were on these medications should be evaluated for subclinical depression or anxiety which is likely to be exacerbated by an overseas, remote duty or operational assignment.

(e) A family member is identified with Attention Deficit-Hyperactivity Disorder (ADHD). Family members with ADHD are suitable if:

1. Taking medication (e.g., Ritalin or Cylert) for the condition.

2. The condition is well-controlled and stable.

3. The medication and any behavioral support can be managed by a primary care physician at the gaining MTF.

4. The child can be managed in a regular classroom or, if enrolled in special education, required special education and EDIS resources are available.

m. Refer to or consult with other clinical specialties, as required. If a disagreement over suitability occurs, seek an additional specialist's opinion, review the case with the Director of Clinical Services or senior medical officer or consult an appropriate specialty leader. Ensure the person understands the nature of the environment and medical resource limitations at the assignment location. Refer to BUMED (MED-31) for final resolution if agreement is not reached.

n. Determine if the service and family members are suitable or unsuitable for transfer or if a suitability inquiry is required with the gaining MTF. Inform the SSC of the need for a suitability inquiry.

o. Sign NAVMED 1300/1, Part I. The MTF provider's signature denotes accountability for a complete and thorough suitability screening for each service and family member. Do not sign NAVMED 1300/1 until the suitability inquiry is completed and all requirements for screening are met.

p. If otherwise suitable:

(1) Ensure a 30-day minimum supply of required medications. A 180-day supply may be required for medications which are not normally stocked at overseas, remote duty, or operational locations. Obtain an adequate supply of over-the-counter medications because they may not be commercially available.

(2) Advise service and family members that home nebulizers, walkers, wheelchairs, and other durable equipment are not always available in overseas locations and should be procured before transfer.

(3) Advise service and family members to obtain extra supplies, replacement batteries for appliances, glasses, etc.

q. For service members found unsuitable:

(1) If the unsuitable determination is based on a readily corrected constraint of the assignment, such as assignment to a ship with a medical officer vice one with an IDC, recommend an alternate assignment to the transferring command.

(2) If the unsuitable determination is based on the service member's general inability to perform the duties of his or her grade or rate, or to meet the anticipated requirements of future assignments ashore or at sea, refer the service member to an appropriate medical specialty. The medical specialist, in coordination with the transferring command, will consider either a TLD board or a MEB. The MEB forwards the findings to the PEB for adjudication.

(3) If a condition precludes a worldwide assignment anticipated to last beyond 60 days, the local MTF, with input from the appropriate specialty and in coordination with the member's PSD, will place the member on TLD for a period not to exceed 8 months. Approval from NAVPERSCOM (NPC-821) or Commandant, Marine Corps (CMC) (MMSR-4) is not required for this initial period of TLD. This period is devoted to intensive treatment or rehabilitation with the goal of enabling the member to deploy worldwide. Attending physicians will:

(a) Conduct a detailed treatment/rehabilitation assessment and develop a treatment or rehabilitation plan.

(b) Conduct follow-up evaluations every 2 months. At each evaluation, document objective findings of continued unsuitability, progress toward recovery (including degree of participation in his or her treatment), findings and recommendations of specialty evaluations, modifications to the treatment/rehabilitation plan, and prognosis for deploying worldwide.

(c) Obtain approval from NAVPERSCOM (NPC-821) or CMC (MMSR-4) for periods of TLD greater than 8 months.

(4) If the service member's condition can not be corrected during the initial or subsequent period of TLD and treatment, or if it is clear the condition will continually interfere with or preclude effective functioning in an operational arena or to deploy worldwide, notify the transferring or parent command and NAVPERSCOM. Subsequent to the second

period of TLD, if appropriate, a MEB package is sent to the PEB for adjudication. If the PEB finds the member "fit to continue Naval service," NAVPERSCOM will direct the command to initiate appropriate administrative action which may include a recommendation of administrative separation.

10. Procedures for Dental Screening. DTF providers responsible for suitability screening shall:

a. Review military and civilian dental records for each service and family member to determine if an examination or treatment is required. Service members and Selected Reserve personnel require an annual dental examination. Reference (n) provides policy on dental screening. Service and family members are unsuitable for an overseas, remote duty, or operational assignment if Dental Class 3 or 4.

b. If records are not current, perform a type 2 dental examination. Dental examinations of family members performed by civilian providers within the past 6 months are considered current.

c. If no treatment is required, complete a NAVMED 1300/1, Part II, for each service and family member screened. Appropriate entries are made on SF 603, SF 603A, EZ 603.1 (trial), or EZ 603A (trial).

d. For family members examined or treated at a non-Navy dental facility, review NAVMED 1300/1, Part II, and any supporting records and determine suitability or if a reexamination by a Navy DTF is required.

e. For service members, arrange for any required treatment at a Navy DTF or elsewhere if necessary. Do not complete NAVMED 1300/1, Part II, until treatment placing them in at least dental Class 2 is completed or if the gaining DTF indicates the capability to support the service member at the new location.

f. For family members, inform them of any required treatment. Advise them to have treatment completed by a civilian dentist or at the military DTF on a standby, space-available basis. Family members enrolled in the TRICARE Active Duty Family Member Dental Plan must have treatment completed by their civilian dentist. Do not complete NAVMED 1300/1, Part II, until treatment placing them in at least Dental Class 2 is completed or if the gaining DTF indicates the capability to support the family member at the new location.

g. Ensure the SSC is notified of the estimated date for completion of treatment and informed of any delays.

h. Contact the overseas, remote duty, or operational DTF to determine the availability of follow-on care such as orthodontic care, implants, specialty prosthetics, or other potentially complex conditions.

(1) Document the contact in the dental treatment record and on NAVMED 1300/1, Part II, including the date of contact, DTF and person contacted, availability or non-availability of care, and signature of the person making the inquiry.

(2) If care is not available, annotate NAVMED 1300/1, Part II as unsuitable. Attach documentation of inquiry to the form and return to the SSC.

11. Completion of Suitability Screening. The SSC shall:

a. Ensure the NAVMED 1300/1, Part I and II, for each service and family member is complete and contains required signatures.

b. If special needs are identified, refer the service member for EFMP enrollment or update of previous enrollment. Enclosure (10) contains EFMP enrollment procedures. Also notify the transferring command. Per references (d) or (e), the transferring command submits a suitability pending message due to EFMP enrollment or update of enrollment.

c. If a shaded block is checked on NAVMED 1300/1, Part I or II, forward a suitability inquiry to the gaining MTF, DTF, or medical department supporting the operational platform. Screening is not complete without a written response. The suitability inquiry determines:

(1) If the gaining MTF/DTF or operational platform can provide the required support.

(2) The likelihood of the environment exacerbating the underlying condition to the point of exceeding support capabilities.

d. Forward the suitability inquiry to the gaining MTF via electronic communication (message or e-mail). Send especially sensitive information via a medium which adequately protects confidentially and ensures timely arrival. Use a local mailing address and not an FPO or APO address if a commercial express mail service is used. Include the following information in the suitability inquiry:

(1) Sponsor identification, family member names, and relationship to sponsor.

(2) The ICD-9-CM code for each diagnosis.

(3) Ensuring confidentiality of sensitive medical or personal information, a brief history with inpatient treatments, severity, etiology, complications, current treatment and medications, necessary supplies, appliances, special accommodations, etc.

(4) For early intervention, special education and related services requirements, forward a copy of the IFSP, IEP, or other documentation and note in the message that they were sent separately.

(5) A point of contact including voice and telefax numbers and e-mail address to facilitate two-way communication and to clarify any residual issues.

(6) If available, the EFMP category code.

e. Concurrently inform all commands listed on the service member's orders of the ongoing suitability inquiry.

f. Allow 7 working days from receipt of the inquiry for a response. Immediately follow-up if the reply is not received by the due date.

g. Ensure only MTF personnel are involved in the suitability inquiry. The SSC, medical officer, or dental officer at the gaining MTF/DTF are the designated sources of a suitability determination. Service and family members, their personal contacts, or personnel from other activities do not make suitability determinations.

h. When a reply to a suitability inquiry is received from the gaining MTF/DTF, forward the information to the medical or dental officer for completion of NAVMED 1300/1.

i. Upon completion of NAVMED 1300/1, complete and sign NAVMED 1300/2.

j. Forward the completed NAVMED 1300/1 and NAVMED 1300/2 for each service and family member and a copy of NAVPERS 1300/16, Part II to the MTF commanding officer or officer in charge. If available, indicate the EFMP category code on NAVPERS 1300/16, Part II.

k. The MTF commanding officer or officer in charge shall review the screening forms and complete and sign NAVPERS 1300/16, Part II. Separate recommendations are made for the service member and each family member. Return NAVPERS 1300/16, Part II and screening forms to the SSC.

l. Retain a file copy of the signed NAVPERS 1300/16, Part II and forward the original to the transferring command for final suitability determination.

m. For each person screened:

(1) Place the original NAVMED 1300/1, NAVMED 1300/2, SF 93, supplemental documentation, and suitability inquiry messages in their military health record.

(2) Retain a file copy of the completed NAVPERS 1300/16, NAVMED 1300/1, NAVMED 1300/2, SF 93, supplemental documentation, and suitability inquiry messages. The retention period is 2 years after completion of screening.

12. Gaining MTF/DTF Responsibilities. The SSC at the gaining MTF/DTF or the senior medical department representative of an operational platform shall:

a. Track the suitability inquiry and reply via message to the screening MTF within 7 working days of receipt of the inquiry.

b. Upon receipt of a suitability inquiry, forward the inquiry to appropriate staff to determine if available medical, dental, or educational resources can support the special needs of the service or family member. The suitability determination is based on a variety of factors to include:

(1) The severity of the condition and the frequency and level of treatment.

(2) The medical and dental capabilities of MTF/DTF and local civilian community.

(3) The availability of ancillary, early intervention, special education and medically related services.

(4) Transportation and travel time to a medical facility or specialist.

(5) Climate and environmental conditions.

(6) The probable risk and consequences if the condition becomes exacerbated.

c. For infants and toddlers receiving or eligible to receive EIS, forward the IFSP and supporting documents to the local EDIS program for a suitability determination.

d. For preschool and school-age children receiving or eligible to receive special education, to include related services or MRS, forward the IEP to the local DDESS or DoDDS special education coordinator and to the local EDIS program for a suitability determination. Enclosure (4) lists DoDDS regional special education coordinators.

e. Contact the screening MTF/DTF by the fastest means available, normally e-mail, if additional information is needed. The assessment of risk may require one-on-one communication between medical and dental staff at the gaining and screening MTF/DTF. The gaining MTF/DTF is most knowledgeable about its resources and should make the final determination. However, if the gaining and screening MTF/DTF disagree over suitability, obtain further expert advice which may include an additional specialty consultation. If the issue remains unresolved, the following will review for suitability:

(1) The medical consultant to the type commander for operational assignments.

(2) BUMED (MED-02) for special duty assignments.

(3) BUMED (MED-31) for overseas or remote duty assignments or EFMP issues.

f. Although service and family members should be afforded every courtesy, exercise caution when offering information outside of regular channels. Such information can be misconstrued or interpreted to meet preconceptions or personal objectives. Suitability determinations are conveyed between SSCs at the screening and gaining MTFs and not through the service member, family member, or personal contact.

g. Ensure health records of newly arrived service and family members are reviewed to determine if they were properly screened and that services to address special needs are available.

h. Per references (d) and (e), promptly report screening deficiencies as outlined in paragraph 20 of this enclosure.

13. Special Cases: Environmental Concerns and Risk Assessment

a. Certain locations require the communication of potential environmental exposures and the assessment of risk for possible health effects. Where required, SSC and MTF personnel will ensure full disclosure of potential environmental concerns and possible health risks are communicated to service and family members.

b. Enclosure (9) contains a Health and Environmental Fact Sheet and a SF 600 overprint for Naval Air Facility (NAF) Atsugi, Japan. The following procedure applies when the transfer orders indicate an assignment to NAF Atsugi:

(1) The SSC will provide a copy of the fact sheet to each service and family member 18 years of age or older with orders to NAF Atsugi.

(2) The MTF provider will communicate and discuss potential environmental exposures and possible health effects, and document the full disclosure on the SF 600 overprint. Complete a SF 600 overprint for each service and family member 18 years of age or older.

14. Special Cases: Intermediate Duty Assignments

a. Conduct an initial suitability screening for service and family members when a service member is assigned to intermediate duty before final transfer to an overseas, remote duty, or operational assignment. The initial screening is valid for 12 months.

b. The initial suitability screening must be as complete as possible even though the location of the final assignment is not known. Annotate the screening form to indicate incomplete or pending items.

c. Inform the service member of their responsibility to inform his or her command and the SSC at the intermediate MTF of any change in special needs status. Changes include pregnancy, illness or injury requiring treatment or rehabilitation for longer than 90 days, additions or changes to medication, or any other situation or condition which might alter the initial screening.

d. The commanding officer or officer in charge of the screening MTF signs NAVPERS 1300/16, Part II, so the transfer process can continue.

e. Results of each service and family member screening are included in the medical record before the transfer to the intermediate assignment. The MTF conducting the initial screening retains a copy of the screening forms. The service member brings the originals to the intermediate duty assignment.

f. The SSC supporting the intermediate duty assignment completes suitability screening, to include conducting suitability inquiries with the gaining MTF when the final location becomes known. Additional screening is required for new family members or when a change in special needs status occurs.

15. Special Cases: Consecutive Assignments

a. Normally, suitability screening is not required when commands are serviced by the same MTF. However, the unit commanding officer may request suitability screening when a service member receives orders for an in place consecutive assignment. The commanding officer or officer in charge of the MTF serving the duty station will provide a suitability recommendation when requested.

b. Suitability screening occurs when service and family members receive orders to another overseas, remote duty, or operational assignment.

c. Consecutive assignments for service members, who have children with disabilities who were born or identified at the overseas or remote duty location, require particular attention. Special need requirements may exceed the capabilities of the current duty station. Close coordination is required with DoDDS and the local EDIS program.

16. Special Cases: Family Members Joining Service Members at Overseas or Remote Duty Assignments

a. Unaccompanied service members may request a change to an accompanied tour and command sponsorship for family members. NAVPERSCOM approval is required for Navy personnel.

b. If command sponsorship is granted, suitability screening is required for each family member. Screening within the past 12 months meets this requirement, provided the service member signed a statement in their service record indicating they will notify their command and SSC of any change in special needs status. Changes include pregnancy, illness or injury requiring treatment, or rehabilitation for longer than 90 days, additions or changes to medication, or any other situation or condition which might alter the initial suitability recommendation.

c. Per reference (a), screening is not required for family members acquired overseas or at the remote duty station.

17. Special Cases: Non-Navy MTF/DTF or Civilian Providers

a. The following situations may result in suitability screening by other than a Navy MTF/DTF:

(1) Family members do not reside with sponsor.

(2) Service member is deployed.

(3) Service member is screened separately by battalion or flight surgeon to save duty time.

(4) Family members are enrolled in a civilian health care program such as TRICARE.

(5) Service or family members are not located near a Navy MTF/DTF.

(6) Family member is in college or residential facility.

(7) Children reside with separated or divorced spouse.

(8) Family members were not initially screened before an intermediate duty assignment.

b. Service and family members may be screened at a non-Navy MTF/DTF which includes Army, Air Force, Coast Guard, or public health service facilities.

c. The following requirements apply when service and family members are screened by a non-Navy MTF/DTF or civilian provider:

(1) The transferring command should contact the nearest Navy MTF to coordinate suitability screening.

(2) The SSC at the Navy MTF:

(a) Coordinates the screening process.

(b) Provides the required forms to include NAVMED 1300/2, NAVMED 1300/1, SF 93, and SF 603 or SF 603A.

(c) Provides a telephone and telefax number, e-mail address, and duty hours to answer inquiries from the service and family member or screener.

(d) Provides guidance to the non-Navy MTF/DTF or civilian provider on requirements and procedures addressed in this instruction.

(e) Completes EFMP enrollment forms for family members who meet enrollment criteria.

d. Civilian providers are required to:

(1) Possess a medical or dental license and communicate effectively in English.

(2) Provide supplemental information, when appropriate, such as narrative summaries, lab results, radiology results, dental records, etc.

(3) Complete and legibly sign the forms and enter his or her name, telephone number, and address.

(4) Return completed forms and supporting documents for each service and family member to the SSC for review and determination of suitability.

e. Sponsors are responsible for civilian provider costs to screen family members, to include related care such as tests, referrals, examinations, immunizations, etc., except when TRICARE covers part or all of the cost.

18. Special Cases: Deployed Service Members

a. Suitability screening can be completed at sea or in the field if no specialized consults, tests, or procedures are required.

b. Family members are screened by a fixed MTF/DTF.

19. Special Cases: Air Facility and Field Activity Assignments

a. At a command's convenience, service members may be screened by battalion or flight surgeons assigned to the organic medical or dental facility. Screening personnel must have knowledge of screening guidelines and procedures and access to required forms.

b. Family members are screened at a fixed Navy MTF/DTF when feasible.

c. The commanding officer or officer in charge of the Navy MTF reviews the service and family members screening forms and makes the final suitability recommendation.

20. Suitability Screening Deficiency Reports

a. To identify and correct failures in the suitability screening process, the commanding officer or officer in charge of the gaining MTF or medical representative of an operational command will report deficiencies when they occur.

b. A deficiency report is submitted when:

(1) The deficiency pertains to a special need.

(2) Service or family members arrive without medical, dental, or educational screening.

(3) The screening MTF identified a special need and made a suitability determination without coordinating with the gaining MTF.

(4) The service member did not report a special need to the screening MTF/DTF before transfer.

(5) Medical, dental, or educational screening records are incomplete, missing, or do not contain required signatures.

c. References (d) and (e) contain guidelines and sample deficiency reports. Deficiency reports are submitted in message format and require enough detail to enable an assessment of the nature of the deficiency and where and when it occurred.

d. Forward a copy of the deficiency report to:

(1) For Navy personnel: NAVPERSCOM, Code NPC-451 and the Enlisted Personnel Management Center, New Orleans (for non-designated SN/FN/AN).

(2) For Marine Corps personnel: Headqurters, Marine Corps, CMC, Washington DC, Codes MMIA and MMEA (enlisted) or MMOA (officer).

(3) BUMED (MED-31).

(4) The transferring command.

(5) The type commander, when applicable.

e. NAVPERSCOM or Headquarters, Marine Corps, in coordination with BUMED, will research the report and recommend corrective action.

21. Early Returns

a. If the commanding officer or officer in charge of the gaining MTF or unit commander, on the advice of a senior medical representative, determines that a special need can not be met, an early return request (humanitarian reassignment for Marines) is initiated.

b. The gaining MTF or senior medical department representative forwards a written report to the service member's current command, providing sufficient information to justify the early return. If the reason is due to a possible screening deficiency, the early return and deficiency reports are combined. References (d) and (e) contain additional guidance.

REMOTE DUTY LOCATIONS IN THE UNITED STATES

Based on the accessibility of health care services, the Bureau of Medicine and Surgery and the Navy Personnel Command determined the following locations in the United States are remote and require suitability screening for service and family members before transfer:

STATE	LOCATION
Alaska	Adak Juneau Kodiak
California	Bridgeport San Clemente Island San Nicolas Island
Florida	Key West
Hawaii	Barking Sands
Maine	Cutler Winter Harbor
Nevada	Fallon
West Virginia	Sugar Grove

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS (DoDDS)
SPECIAL EDUCATION COORDINATORS

Headquarters: Department of Defense Educational Activity (DoDEA) 4040 North Fairfax Drive Arlington, VA 22203-1635	Voice: (703) 696-4492 Extension: 1947/1951/1940 Telefax: (703) 696-8924
Europe Area Office **(Primary point of contact)**: DoDDS - Europe Area Office CMR 443, Box 125 APO AE 09096	Voice: 011-49-611-380-7662 Telefax: 011-49-611-380-7565
Europe **(Secondary points of contact)**: DoDDS - Brussels District PSC 79, Box 3 APO AE 09724	Voice: 011-322-720-7105 Telefax: 011-322-721-2822
DoDDS - Heidelberg District Unit 29237 APO AE 09102	Voice: 011-49-6221-768081 Telefax: 011-49-6221-761883
DoDDS - Hessen District Unit 7565, Box 29 APO AE 09050-0029	Voice: 011-49-69-695-80324/80312 Telefax: 011-49-69-693258
DoDDS - Italy District Unit 31401, Box 11 APO AE 09630-0005	Voice: 011-39-444-51-8457 Telefax: 011-39-444-30-2541
DoDDS - Kaiserslautern District Unit 3405 APO AE 09094	Voice: 011-49-631-351370 Telefax: 011-49-631-98762
DoDDS - Turkey District PSC 94, Box 3148 APO AE 09824	Voice: 011-90-322-346-2203/2183 Telefax: 011-90-322-346-1939
DoDDS - United Kingdom District Unit 5185, Box 470 APO AE 09461-5470	Voice: 011-44-1638-52-7252 Telefax: 011-44-1638-52-7243
DoDDS - Wuerzburg District 417 BSB, Unit 26124 APO AE 09031	Voice: 011-49-9321-30063 Telefax: 011-49-9321-37815

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS (DoDDS) SPECIAL EDUCATION COORDINATORS (CONTINUED)	
PACIFIC AREA OFFICE **(Primary point of contact):** DoDDS - Pacific Area Office Unit 35007 FPO AP 96373-5007	Voice: 011-81-98-876-0279 Telefax: 011-81-98-876-4263
PACIFIC **(Secondary points of contact):** DoDDS - Japan District Unit 5072 APO AP 96328-5072 DoDDS - Korea District Unit 15549, Box 115 APO AP 96205 DoDDS - Okinawa District Unit 5166 APO AP 96368-5166	Voice: 011-81-311-755-7763 Telefax: 011-81-311-755-3952/ 2811 Voice: 011-82-2-7918-5197 Telefax: 011-82-2-7918-4280 Voice: 011-81-611-734-5575 Telefax: 011-81-611-732-8752
CARIBBEAN **(Primary point of contact):** DoDDS - Panama District Unit 0925 APO AA 34002	Voice: 011-507-285-4345 Telefax: 011-507-285-6697

FORM REFERENCE GUIDE

As indicated, use the following forms when conducting medical, dental, and educational suitability screening, or EFMP enrollment:

1. Overseas Duty Screening

   NAVMED 1300/2 (enclosure (7))

   NAVMED 1300/1 (enclosure (8))

   SF 93 (Rev. 6-96)

   NAVPERS 1754/4 (for preschool and school-age family members)

   SF 600 Overprint and Fact Sheet (enclosure (9))

   NAVPERS 1300/16, Part II

2. Remote Duty Screening

   NAVMED 1300/2 (enclosure (7))

   NAVMED 1300/1 (enclosure (8))

   SF 93 (Rev. 6-96)

   NAVPERS 1754/4 (for preschool and school-age family members)

   NAVPERS 1300/16, Part II

3. Operational (Sea Duty) Screening

   NAVMED 1300/2 (enclosure (7))

   NAVMED 1300/1 (enclosure (8))

   SF 93 (Rev. 6-96)

   NAVPERS 1300/16, Part II

4. Dental Screening

   NAVMED 1300/1, Part II, (enclosure (8))

   SF 603 or SF 603A

   EZ 603.1 (trial) or EZ 603A (trial)

5. Exceptional Family Member Program Enrollment

   NAVPERS 1754/1 (Rev. 8-92)

   NAVPERS 1754/3 (Rev. 8-92)

   NAVPERS 1754/4 (Rev. 8-92)

6. Forms Authorized for Use

SF 88 (Rev. 3-89) and SF 88 (Rev. 10-94)

SF 93 (Rev. 6-96)

7. Form Not Authorized for Use

SF 93 (10-74)

SUMMARY OF REQUIREMENTS FOR
MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING

REQUIREMENT	SERVICE MEMBER	FAMILY MEMBER ADULT	FAMILY MEMBER CHILD
Medical Record Review (military and civilian)	R	R	R
Medical History (SF 93)	R	R	R
Routine physical, aviation, submarine, radiation, asbestos or other type of screening or examination as required	1,2	2	2
Hearing examination (audiogram)	1,2	N	N
Vision examination	1,2	N	N
HIV test	1	4	4
Blood type	1	N	N
G-6-PD test	1	N	N
PPD test	1	2	2
Sickle Cell trait test	1	N	N
DNA testing	1	N	N
Immunizations	5	5	5
Annual health maintenance examination for females (Pap smear, pelvic & breast exam, blood pressure measurement)	1,2	4,2	N
Mammogram	1,2	4,2	N
Pregnancy screen (verbal inquiry)	R	4	7
Environmental concerns and possible health effects communicated and documented	8	8	N
Individualized Family Service Plan (IFSP)	N	N	9
Individualized Education Program (IEP)	N	N	10
Dental examination	R	R	R

Legend:

R - Required.
N - Not required.
1 - Required if routinely due by transfer date or if not previously documented in health record.
2 - Required if indicated by screening interview or review of military or civilian medical records, medical history (SF 93), or CHCS data.
3 - Recommended if routinely due by transfer date.
4 - Recommended but not required.
5 - Required if due or if specified for the destination country.
6 - Standard requirements for newborn at 8 weeks of age.
7 - Recommended if 18 years or older or if sexually active.
8 - Required for certain assignment locations, e.g., NAF Atsugi, Japan.
9 - Required if receiving early intervention services.
10 - Required if receiving special education and related services.

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. *Date Drawn:* *Roster Number:*			
☐ Blood type.			
☐ DNA testing.			
☐ Required immunizations (assignment specific).			
☐ Military dental records			

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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: ☐ 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): ☐ 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: ☐ 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): ☐ 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):

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MEDICAL, DENTAL AND EDUCATIONAL SUITABILITY SCREENING FOR SERVICE AND FAMILY MEMBERS

SERVICE MEMBER NAME	GRADE / RATE	SSN
FAMILY MEMBER NAME	FAMILY MEMBER PREFIX	SSN
NEXT DUTY STATION:	NEXT UNIT IDENTIFICATION CODE (UIC):	

PART I

Medical Screening. Completed by the medical provider to identify special needs and determine if a service or family member is suitable for an overseas, remote duty, or operational assignment. Complete the Report of Medical History (SF 93) and attach to this form.

Yes	No	N/A	ITEM
			1. All health records (military and civilian) reviewed?
			2. Physical examinations are current?
			3. G-6P-D, PPD and Sickle Cell trait test and Blood Type completed & documented?
			4. Immunizations are up-to-date and meet destination country requirements?
			5. Reference audiogram documented on DD 2215?
			6. Latest audiogram (DD 2216) reviewed?
			7. HIV testing completed or drawn?
			8. DNA testing completed and documented?
			9. Are there pending consults or tests that have a bearing on assignment suitability?
			10. Any past limited duty or medical board(s)? (document on SF 93)
			11. Pap smear and pelvic/breast examination within past year?
			12. Mammogram current (based on age)?
			13. Pregnancy screening (verbal inquiry)?
			14. If pregnant? (EDC:)
			15. If a Special Duty assignment, is there a condition, which by MANMED, chapter 15, section IV, is disqualifying?
			16. Are there any conditions requiring ongoing care in the following areas? (document on SF 93)
			a. Orthopedic conditions (e.g., chronic back, knee, joint pain or weakness)
			b. Cardiovascular conditions (e.g., chest pain/angina, arrhythmia, valve disease, infarction)
			c. Gynecologic conditions (e.g., chronic pelvic pain, abnormal PAP, breast mass)
			d. Neurologic conditions (e.g., seizure, pinched nerve, migraine, neuropathy)
			e. Respiratory conditions (e.g., asthma, RAD, chronic sinus, allergies)
			f. Mental health or behavioral conditions (e.g., depression, adjustment/personality disorder, ADD/ADHD)
			g. Recurrent or frequent medications (list on SF 93)
			h. Alcohol abuse or dependence
			i. Developmental concerns (e.g., motor, cognitive, communication, social/emotional, or adaptive development)
			j. Other conditions or concerns? (explain):
			17. For service/family members requiring medication in excess of 90 days: (if not applicable, check block and skip to #18)
			a. Is the patient in the maintenance phase of treatment?
			b. Should medication use cease, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior or result in a limited duty, MEDEVAC, or early return situation?
			c. Is the medical staff at the gaining MTF/operational platform competent to manage the medication manipulation(s) if the underlying condition exacerbates?
			d. Can the pharmacy at the gaining MTF/operational platform obtain the medication for the duration of the assignment? Non-authorized medical allowance list (AMAL) medications may be provided by the supporting MTF for up to 180 days or obtained through the national mail order pharmacy program.

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Yes	No	N/A	ITEM
			18. For service/family members with underlying medical conditions: (if not applicable, check block and skip to #19)
			a. Is there a requirement for special medical supplies, adaptive equipment, assistive technology devices, special accommodations, etc.?
			b. If exposed to a physically or emotionally demanding environment, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior, or result in a limited duty or MEDEVAC situation?
			c. Can the gaining MTF/operational platform provide the current required medical support?
			d. Can the gaining MTF/operational platform provide required medical support (diagnostic and therapeutic) if the underlying condition is exacerbated?
			e. Are there any chronic medical or mental health conditions requiring routine or continuing access to care or access to specialized medical care? (document on SF 93)
			f. If required, were potential environmental concerns and possible health effects communicated to each service and family member? (document on appropriate SF 600 overprint)
			19. For infants and toddlers (birth through age 2 inclusive) with a disability, is the child receiving or eligible to receive early intervention services as evidenced by an Individualized Family Service Plan (IFSP)?
			20. For preschool and school children (ages 3 to 21) with a disability, is the child receiving or eligible to receive special education and related services as evidenced by an Individualized Education Program (IEP) and Special Education Worksheet (NAVPERS 1754/4)?
			21. Other concerns? (specify)

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, QUERY THE GAINING MILITARY TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. (attach reply)

Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? (completed by a MTF designated military medical screener only)

Military Medical Screener (Signature) Date	Civilian Medical Screener (Signature) Date
Printed Name, Rank or Grade	Printed Name
MTF or Duty Station	Address
Telephone Number (include area/country code)	City, State, and Zip Code
DSN Number	Telephone Number (include area/country code)
Telefax Number (include area/country code)	Telefax Number (include area/country code)
E-mail Address	E-mail Address

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PART II

Dental Screening. Completed by the dental screener to assess and match the dental needs of service or family member to the support capabilities during an overseas, remote duty, or operational assignment.

Yes	No	N/A	ITEM
			1. All dental records (military and civilian) reviewed?
			2. Dental examinations are current?
			3. Is a reexamination required by a DTF if examined or treated at a non-Navy facility?
			4. If service/family member is in Dental Class 3 or 4, can dental treatment or examination be completed before the transfer?
			5. Is there a requirement for follow-on care such as orthodontics, implants, specialty prosthetics, etc.?
			6. Are there any chronic dental conditions requiring routine or continuing access to care or access to specialized dental care?
			7. Other concerns? (specify)

Dental Classifications:
Class 1 - Patients who do not require dental treatment.
Class 2 - Patients who have dental conditions that are unlikely to result in a dental emergency within 12 months.
Class 3 - Patients who have dental conditions that are likely 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) examination by a dental officer within the past 12 months or, (2) A patient's dental record does not exist, or 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, QUERY THE GAINING DENTAL TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. *(attach reply)*

Yes	N0	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? *(completed by a DTF designated military dental screener only)*

Military Dental Screener (Signature) Date	Civilian Dental Screener (Signature) Date
Printed Name, Rank or Grade	Printed Name
DTF or Duty Station	Address
Telephone Number (include area/country code)	City, State, and Zip Code
DSN Number	Telephone Number (include area/country code)
Telefax Number (include area/country code)	Telefax Number (include area/country code)
E-mail Address	E-mail Address

NAVMED 1300/1 (Rev. 02-00)

Naval Air Facility, Atsugi, Japan
Health and Environmental Fact Sheet

This fact sheet is the first in a series designed to inform residents and other interested parties about health risks and the Navy's efforts to reduce those risks resulting from exposure to air pollution at Naval Air Facility, Atsugi, Japan. Fact sheets will be produced periodically to keep individuals informed about ongoing health risk reduction efforts, health studies, and in response to other items of community interest. Distribution is coordinated through the Naval Air Facility, Atsugi Health Risk Communication officer, telephone: 011-81-311-764-4920/4921/4922/4923.

1. Introduction. The Navy is committed to protecting the health and well being of all our personnel and their families. In keeping this commitment, we have prepared this Health and Environmental Fact Sheet to inform you of the environmental conditions at NAF Atsugi and the Kanto Plain area of Japan where NAF Atsugi is located. This fact sheet also discusses the possible health effects of living in this area of Japan.

2. Background. In addition to a moderate climate, which can cause problems for asthma and allergy suffers from pollen counts, the air quality on the Kanto Plain and at NAF Atsugi is generally poor. Overall, the air quality is worse than in most major cities in the United States (US). Several factors are involved:

a. The first is population. Japan has one half the population of the US in a land area the size of California. This means more vehicles in a smaller area and more pollution from vehicles. It also means there is little room for disposal of trash and garbage. As a result, the Japanese burn their refuse in incinerators, which adds to the pollution.

b. The second is that the Kanto Plain is one of the major industrial centers of Japan and there are many sources of air pollution. Environmental laws related to pollution are less strict in Japan than in the US, and Japanese environmental officials have less enforcement authority when violations are identified.

c. The third is the presence of a primary pollution source, the Jinkanpo Incinerator, next to NAF Atsugi. This incinerator, which is located very close to several Navy family housing units, the child care center, and the elementary school, burns both residential trash and hazardous waste. The prevailing winds blow

air emissions from this incinerator across the base approximately 6 months out of each year. This occurs primarily during the months of April through October. Many NAF Atsugi residents believe the incinerator to be a major health and quality of life issue.

3. Air Quality and Health Effects. The Navy has conducted three air quality studies; 1991, 1994 and 1997. Two screening health risk assessments were done with data collected in 1994 and 1997 to study the possible health effects from exposure to air pollutants at NAF Atsugi. A full health risk assessment is now underway. While the air quality at NAF Atsugi meets Japanese air standards, it does not meet US Environmental Protection Agency Standards for breathable dusts and a number of chemicals, including benzene, dioxin, nitrogen dioxide, chromium, and several other metals. The results of the two screening health risk assessments indicate that there is a potential for increased risk for both cancer and non-cancer health effects. These possible health effects are greatest for children less than 6 years of age, and for individuals who suffer from respiratory diseases such as asthma.

4. Short Term Health Effects. The health effects of short-term exposure to air pollution depend on a variety of factors. These include the type and amount of pollutants present, weather conditions, duration of exposure, and the susceptibility of the exposed individual. In view of the wide variability of these parameters, the actual air quality and its effect on your health can vary considerably from day to day.

a. Many of the air pollutants present at NAF Atsugi are mucous membrane irritants. In high concentrations these can irritate your eyes, nose, and throat. This irritation can cause eye watering or redness, sneezing, and sore throat.

b. Many pollutants, including several of those present in the air at NAF Atsugi, are lung irritants. These pollutants can cause bronchitis, coughing, shortness of breath, and wheezing. They may also make you more open to diseases such as the common cold, influenza, and pneumonia. Exposure to these pollutants can also result in asthma even if you have no prior history of that disease. Children can be especially open to asthma-like conditions caused by air pollution.

c. Clearly related to the poor air quality in the Kanto Plain is a condition known as Tokyo-Yokohama asthma. Although not really definable as asthma, this condition was first seen in soldiers and sailors living in the heavy industrial areas of

Japan in the 1940s. The illness differs from true asthma in that most people affected have no history of allergy, and when they leave the polluted area their symptoms go away and don't return.

d. If you have a chronic respiratory disease, such as asthma or chronic obstructive lung disease, you may be more open to the affects of exposure to air pollutants. If you have asthma, you are likely to experience aggravation of your symptoms.

5. Long Term Health Effects. Based on two screening health risk assessments, the poor air quality at NAF Atsugi could result in as much as one additional cancer in a population of 10,000 adults after approximately 6 years of exposure. This represents an increase over and above the background incidence of cancer estimated by the American Cancer Society, which is 5,000 cases per 10,000 men and 3,333 cases per 10,000 women. For children under 6 years of age, this same level of risk (one additional cancer case per 10,000 population) is reached after an exposure period of approximately 3 years. Using the American Cancer Society background incidence, if 10,000 men and 10,000 women lived at NAF Atsugi for 6 years we would expect 5,001 men and 3,334 women to get cancer. The added cancer risk from exposure to the air at NAF Atsugi does not go away after exposure ends. It lasts the lifetime of those exposed.

To help individuals put the excess cancer risk at Atsugi into perspective, the increase in cancer risk from exposure to cosmic radiation by living in Denver, Colorado, a mile above sea level, as opposed to living at sea level is provided for comparison. For Denver residents, the excess cancer risk is one additional case of cancer in 10,000 individuals after 2 years of residence in Denver, when compared to a population living at sea level.

6. Things You Can Do to Protect Your Health

- Limit your exercise to indoor activities when air pollution levels are high.
- Keep your children indoors when air pollution levels are high.
- Wash your children's toys frequently.
- Keep surfaces in your home free of dust.
- Wash your hands frequently.
- Recognize that your children ingest more soil as a result of hand to mouth contact and take actions to lessen their exposure.

7. Conclusion. We are concerned for the health and well being of all our personnel and their families living at NAF Atsugi. That is why we are working with the Government of Japan to reduce air emissions from the Jinkanpo incinerator. Specifically, we are pressing the Government of Japan to close the incinerator or cause the incinerator owner to significantly change his operations. We are also taking action to reduce your exposures by filtering indoor air and providing information about other protective measures. At the same time, we are conducting additional health and environmental studies to better understand the nature of the health risks to ensure protection of your health.

8. Additional Information. For additional health information about health and environmental issues at NAF Atsugi, contact the Health Risk Communication Officer at 011-81-311-764-4920/4921/4923/4924, or the Navy Environmental Health Center in Norfolk, VA at (757) 462-5548 or DSN 253-5548.

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

To Be Retained in the Permanent Health Record **(page 1/2)**

This SF 600 is to document full disclosure of potential environmental exposures and possible health effects for all personnel and their families who are assigned to Naval Air Facility (NAF) Atsugi, Japan.

Before you execute a Permanent Change of Station (PCS) transfer to NAF Atsugi your health care provider will review the current and past medical history of yourself and all your family members. Your health care provider will discuss the current environmental conditions at NAF Atsugi and possible related health effects. You will receive a Health and Environmental Fact Sheet with additional detailed information, including personal precautions that you may take to minimize exposure to air pollution. Your health care provider will discuss with you any medical conditions, current or past, that might worsen with exposure to environmental conditions at NAF Atsugi.

A full Health Risk Assessment (HRA) is ongoing at NAF Atsugi. This study will evaluate the environmental conditions at NAF Atsugi and the pollutants discharged by a nearby incinerator to more fully define the health risk posed by the environmental conditions. The most current information about the status of the full HRA is available from the NAVENVIRHLTHCEN Environmental Programs Directorate via phone ((757) 462-5548 or DSN 253-5548) or the Environmental Programs Page of the NAVENVIRHLTHCEN Website at http://www-nehc.med.navy.mil).

Your signature on this document indicates that you have been informed of the environmental conditions and possible health effects of living at NAF Atsugi. You have received the Health and Environmental Fact Sheet and have been advised of the medical findings from today's health consultation. Before you sign this document, ask any questions you may have.

Acknowledgment of Environmental Counseling and Health Consultation

Patient Statement:

Patient Statement must be completed by all individuals who are 18 years of age and older.

I have received information regarding the environmental conditions at NAF Atsugi and possible effects of living at NAF Atsugi. I have read and understand the Health and Environmental Fact Sheet which recommends personal precautions that individuals may take to minimize exposure to air pollution. I understand the medical findings and recommendations of today's health consultation. I have had an opportunity to ask questions and know where to obtain additional information.

Patient signature _____ Date _____

(over)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entities, give: Name - last, first, middle; ID No or SSN; Sex; *Date of Birth; Rank/Grade.)*	REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (Rev. 06-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202.1

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

To Be Retained in the Permanent Health Record (**page 2/2**)

Health Care Provider Acknowledgment of Completion of Environmental Counseling and Health Consultation for Individuals Executing a Permanent Change of Station Transfer to NAF Atsugi

Health care providers must complete the following:

1. This SF 600 was completed before PCS transfer to NAF Atsugi as a component of the medical overseas screening. ❑ Yes ❑ No

2. I have provided and reviewed with the individual the Health and Environmental Fact Sheet # _____ dated _____.

Health Care Provider Statement

Following the requirements for individuals undergoing Permanent Change of Station (PCS) transfer to Naval Air Facility Atsugi, Japan, I have discussed with the individual the current environmental conditions at NAF Atsugi and possible health effects of living in that area of Japan. I have completed a health consultation including a medical record review, completion or review of a current SF 93 (SF 93 must have been completed within 12 months of PCS transfer to NAF Atsugi), and identification of existing medical conditions that may be worsened by the current environmental conditions at NAF Atsugi. I have discussed these findings with my patient and make the following notation: (Circle appropriate response.)

1. The patient has no current medical condition potentially exacerbated by the environmental conditions at NAF Atsugi.

OR

2. The patient has the following medical conditions potentially exacerbated by the environmental conditions at NAF Atsugi: (List medical conditions)

Potentially Exacerbate	Potentially Disqualify

3. Based upon these findings, I have determined that this individual (is / is not) suitable for overseas assignment to NAF Atsugi and have completed any necessary administrative paperwork. ❑ Yes ❑ No

Health care provider signature _____ Date _____

STANDARD FORM 600 (Rev. 06-97) BACK

GUIDELINES, PROCEDURES, AND RESPONSIBILITIES FOR EXCEPTIONAL FAMILY MEMBER PROGRAM ENROLLMENT

1. The objectives of the EFMP are:

a. Identify, document, and code special need requirements of family members for consideration by military personnel activities during the assignment process.

b. Provide a comprehensive and coordinated approach for medical, educational, community, housing, and personnel support for families with special needs.

2. Family members who are enrolled in DEERS and normally reside with the sponsor qualify for enrollment.

3. Family members qualify for enrollment if one or more of the following conditions are met:

a. Chronic medical condition and physical problems or a requirement for ongoing health care or specialty services.

b. Received inpatient mental health services within the last 5 years or require any mental health services at the present time or projected for the future.

c. A diagnosis of asthma or other respiratory related diagnosis with wheezing that meets one of the following criteria:

(1) Routine (greater than 10 days per month or 4 months per year) use of anti-inflammatory agents or bronchodilators.

(2) History of one or more hospitalizations in the past 5 years.

(3) History of intensive care unit admissions.

(4) History of emergency room use.

d. A diagnosis of attention deficit disorder (ADD) or ADHD that meets one of the following criteria:

(1) 1 mg per kilo per day of Ritalin or equivalent.

(2) Co-morbid diagnosis.

(3) Multiple medications.

(4) Psycho stimulants.

(5) For family members 5 years of age or younger, require management and treatment by a mental health provider.

(6) Require subspecialty consultants, other than a family practice physician, more than twice a year on a chronic basis.

(7) Require modifications of the educational curriculum or the use of behavioral management specialists.

e. A diagnosis of deafness, blindness, serious emotional impairment, pervasive developmental disorder (including autism), or severe to profound mental retardation.

f. An infant or toddler with a developmental disability or potential disability, birth through age 2, who requires EIS as specified in an IFSP.

g. A preschool or school-age child with an educational disability, age 3 to 21 inclusive, who requires special education or MRS as specified in an IEP.

h. A family member of any age with a temporary condition requiring specialized care expected to last more than 6 months, but less than a year.

3. Per reference (b), enrollment is mandatory. Identification and enrollment may occur during suitability screening or at any time during routine health care.

4. The EFMP Coordinator shall:

a. Oversee the identification and enrollment of eligible service and family members. EFMP guidelines are contained in references (b) and (c) and subsequent NAVPERSCOM guidance.

b. Provide EFMP information to service and family members, installation commands and activities, and MTF/DTF personnel.

c. Provide EFMP training to MTF personnel and all area commands.

d. At an overseas MTF, coordinate with the DoDDS and the cognizant EDIS program.

e. Develop and maintain the portion of the EFMP database that reflects local special needs resources.

f. Determine if the family member resides with the service member and perform a DEERS check for all potential EFM.

g. For each family member, provide one set of EFMP enrollment forms (NAVPERS 1754/1 series) to the service member and a copy of the EFMP Guide (NAVPERS 15614C).

h. Assist the service member in completing NAVPERS 1754/1, EFMP Application. The service member's signature on the first page certifies he or she has read the Privacy Act Statement and the signature on the second page authorizes the release of information. A separate form is completed for each family member enrolled.

i. Ensure a MTF/DTF provider completes NAVPERS 1754/3, Functional Medical Summary, parts I through VII. The service member's signature on the last page certifies he or she has reviewed the medical and dental information and it is complete and correct to the best of their knowledge.

j. Attach a copy of the current IFSP to NAVPERS 1754/3 for infants or toddlers receiving EIS.

k. Ensure the school completes NAVPERS 1754/4, Special Education Worksheet, for preschool or school age family members receiving special education and related services. Attach a copy of the current IEP to NAVPERS 1754/4. The service member's signature on the first page authorizes the release of information by the school.

l. Review the enrollment forms and ensure they are complete and contain the required signatures and attachments.

m. Coordinate enrollment with the SSC when a family member is on orders for any overseas or remote duty assignment.

n. Retain a file copy of enrollment forms and attachments for 24 months.

o. Forward original enrollment forms and attachments to the Central Screening Committee (CSC) supporting the geographic area as indicated in enclosure (11).

p. Update EFMP enrollment following the same procedures as an initial enrollment. Navy requires service members to update enrollment every 3 years and Marine Corps every 2 years. Service members are also required to update enrollment whenever a change in special needs occurs.

q. Disenroll when:

(1) An EFM no longer requires ongoing health care, specialty services, early intervention, or special education. The service member provides necessary forms and documentation to the EFMP coordinator which are forwarded to the CSC for processing.

(2) An EFM is no longer a service member's dependent. A change in status may result from divorce, child custody arrangements, marriage, death, etc. The service member provides appropriate verification; such as a letter from his or her commanding officer or officer in charge, a copy of a court decree or death certificate; directly to the EFMP manager indicated in enclosure (11).

r. The Marine Corps EFMP is a separate program. Coordinate enrollment with the EFMP coordinator at the family service center on the Marine Corps base. Reference (r) provides specific guidance.

5. The regional CSC shall:

a. Review (or update) the enrollment package.

b. Contact the EFMP coordinator or service member to obtain or clarify information.

c. Recommend or non-concur with enrollment.

d. Assign a category code based on the severity of the condition and medical, dental, or educational requirements.

e. Forward the enrollment package to the appropriate EFMP enrollment manager indicated in enclosure (11). The EFMP enrollment manager reviews the recommendation and category code and enters the information into a database. The information is used to coordinate assignments to locations where the special needs of the EFM can be met.

EXCEPTIONAL FAMILY MEMBER PROGRAM

CENTRAL SCREENING COMMITTEES

EFMP enrollment applications are forwarded to the CSC within the region of the service member's command. The CSC reviews the information, assigns an enrollment category, and forwards the application to the Navy EFMP enrollment manager.

Locations in the United States east of the Mississippi River and in Africa, Europe, the Caribbean, Middle East, and South America:	Naval Medical Center (Code 505A) EFMP Central Screening Committee Building 1 620 John Paul Jones Circle Portsmouth, VA 23708-2197 Commercial: (757) 953-5900/5833 Telefax: (757) 953-7702
Locations in the United States west of the Mississippi River, including Alaska and Hawaii	Naval Medical Center (Code CGH) EFMP Central Screening Committee 34800 Bob Wilson Drive San Diego, CA 92134-5000 Commercial: (619) 532-7291 Telefax: (619) 532-6333 DSN prefix: 522-
Locations in the west Pacific and Asia	U.S. Naval Hospital Yokosuka EFMP Central Screening Committee PSC 475, Box 1 FPO AP 96350-1600 Commercial: 011-81-311-743-7260 Telefax: 011-81-311-743-5891 DSN prefix: 243-

EFMP ENROLLMENT MANAGERS

Navy EFMP Manager	Navy Personnel Command (PERS-662F) Millington, TN Commercial: (901) 874-4391 Toll-free: (800) 527-8830 Telefax: (901) 874-2689 DSN prefix: 882-

EFMP ENROLLMENT MANAGERS (continued)	
Marine Corps EFMP Manager	HQ, U.S. Marine Corps (MMIA) Quantico, VA Commercial: (703) 784-9211/9212 Telefax: (703) 784-9838 DSN prefix: 278-
Army EFMP Manager	HQ, Army Medical Command San Antonio, TX Commercial: (210) 221-7217
Air Force EFMP Manager	Brooks Air Force Base San Antonio, TX Commercial: (210) 221-7977