



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH, VA 22042

IN REPLY REFER TO  
BUMEDINST 1300.2B  
BUMED-M3  
27 Jul 2016

BUMED INSTRUCTION 1300.2B

From: Chief, Bureau of Medicine and Surgery

Subj: SUITABILITY SCREENING, MEDICAL ASSIGNMENT SCREENING, AND  
EXCEPTIONAL FAMILY MEMBER PROGRAM IDENTIFICATION AND  
ENROLLMENT

Ref: (a) through (ag), see enclosure (1)

Encl: (1) References  
(2) Definitions  
(3) Overseas, Remote Duty, and Operational Suitability Screening  
(4) Medical Assignment Screening  
(5) Exceptional Family Member Program Identification and Enrollment  
(6) Medical Cognizance Responsibility Guide Responsibility Guide – Continental United States & Outside the Continental States  
(7) Suitability Screening Program Overview  
(8) Overseas Screening Process  
(9) Remote Duty Locations in the United States  
(10) Forms Reference Guide Suitability Screening, Medical Assignment Screening and Exceptional Family Member Program Enrollment  
(11) Summary of Requirements for Medical, Dental, and Educational Suitability Screening  
(12) Acronyms

1. Purpose

- a. To provide policy, procedures, and responsibilities for:
  - (1) Medical, dental, and educational suitability screening;
  - (2) Medical assignment screening (MAS); and
  - (3) Exceptional Family Member Program (EFMP) identification and enrollment;
  - (4) References (a) through (ag) listed in enclosure (1), provide additional information.
  - (5) Enclosure 2 provides definitions listed throughout the instruction.
- b. This instruction addresses the following requirements:

(1) Reference (a) requires the Bureau of Medicine and Surgery (BUMED) to provide procedures for medical, dental, and educational suitability screening; monitor execution of suitability 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) (PERS-451). References (a) through (e) contain screening policy specific to the Navy and reference (f) is specific to the Marine Corps.

(2) Reference (g) requires BUMED to prescribe procedures to conduct MAS for Navy Service members.

(3) References (h) through (j) require BUMED to develop policy and training for health care providers and patient administrators to identify and enroll eligible Service and family members in the EFMP and maintain Central Screening Committees. Reference (k) contains EFMP policy specific to the Marine Corps. References (l) through (v) provide amplifying information.

c. Suitability screening procedures are used to:

(1) Determine suitability of Navy and Marine Corps Service members and their family members, in receipt of orders or an Overseas Screening Notification (OSN) to overseas or remote duty assignments by identifying special medical, dental, and educational requirements, from now on referred to as special medical and/or educational needs.

(2) Determine suitability of Navy and Marine Corps Service members in receipt of orders to operational assignments, to include special duties as defined in reference (n), Chapter 15, Section IV, Articles 15-62 to 15-110, as appropriate.

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

d. MAS procedures are used to identify ongoing medical conditions of Navy and Marine Corps Service members in special communities that may impact the Service member's readiness following periods of Temporary Limited Duty (TLD) or a finding of "fit for continued Naval Service" by the Secretary of the Navy Council of Review Boards Physical Evaluation Board (PEB). MAS may be directed by Service Headquarters.

e. This instruction is a complete revision and must be reviewed in its entirety.

2. Cancellation. BUMEDINST 1300.2A.

3. Scope. This instruction applies to Ships and Stations having Medical Department Personnel.

4. Background

a. Service members and family members with special medical and/or educational 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 resources. This may result in increased absences from duty, decreased quality of life, early return from the assignment, billet gaps, and unplanned expenditures of temporary duty (TDY) or permanent change of station (PCS) funds. Proper screening reduces overall costs and ensures a productive tour for the Service member, family, and the command.

b. Service members occasionally report to operational assignments with medical conditions beyond the treatment capability of the operational unit. While not considered unfit for duty ashore, these conditions may be 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 cannot 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 occupation and assignment. Communication and collaboration between the transferring and gaining points of contact (POC) of each command during the transfer process is essential to ensure successful assignments and must include the Military Medical Department's POC counterparts. Organizational POCs include the transferring command, the Service member, Personnel Support Detachment (PSD), screening and gaining medical treatment facility (MTF)/operational platform personnel (e.g., Suitability Screening Coordinator (SSC), and Educational and Developmental Intervention Services (EDIS) personnel), Department of Defense Education Activity (DoDEA) Special Education Overseas Screening Coordinator, TRICARE, and non-MTF civilian health care providers.

## 5. Responsibilities

a. Per references (a) through (d), the commanding officer (CO) of the transferring (parent) command must:

(1) Ensure each Service member is screened within 30 days of receipt of transfer orders or OSN, and each family member is screened within 60 days. Service members and family members will not transfer until satisfactory completion of the suitability screening process and issuance of official area clearance.

(2) Document Service member and family member suitability/unsuitability for an overseas or remote duty assignment on the NAVPERS 1300/16, Report of Suitability for Overseas. Assignments based on a command review and the medical, dental, and educational suitability recommendation from the screening MTF.

(3) Determine Service member suitability for an operational assignment based on a command review and the medical/dental suitability recommendation from the screening MTF and detaching command.

(4) Ensure MAS is conducted for Service members when directed by NAVPERSCOM, or when a Service member in a special community is being returned to duty (RTD) following a period of TLD or PEB fit finding per guidance in reference (n). Additional information for enlisted members is contained in reference (g), and reference (v) for officers.

b. COs/officers in charge (OIC) of MTFs and medical departments must:

(1) Ensure medical, dental, and educational suitability screening is conducted per enclosure (3).

(a) Provide the transferring command with a recommendation on a Service and family member's suitability for an overseas or remote duty assignment by identifying and evaluating special medical and/or educational needs. Suitability recommendations are based on the capabilities to address the medical and/or educational needs at the gaining location.

(b) For operational assignments, provide the transferring command with a suitability recommendation concerning the operational capabilities to address the Service member's medical and dental status.

(c) When suitability screening identifies a medical condition that interferes with a Service member's ability to perform the duties of his or her office, grade, rank, or rating, or meet the anticipated requirements of future assignments ashore or at sea, the physician initiates a medical evaluation board. The board will determine if the Service member requires TLD for temporary medical conditions or referral to the Disability Evaluation System (DES) per reference (w). The MTF must inform NAVPERSCOM (PERS-40) for enlisted and NAVPERSCOM (PERS-454) for officers found medically "unsuitable" in the suitability screening process via naval message and provide recommendations characterizing their deployability limitations per reference (e). NAVPERSCOM (PERS-454) approves all officer TLD and third period or higher enlisted TLD.

(d) Refer family members to the EFMP coordinator to initiate enrollment when any special medical and/or educational need is identified during the suitability screening process. Enclosure (5) contains guidance on EFMP identification and enrollment. Suitability screening and EFMP enrollment are two separate processes. The suitability screening process does not stop to await EFMP enrollment per references (a) and (c).

(e) Ensure that a medical recommendation is documented on the NAVMED 1300/1 Medical, Dental, and Educational Suitability Screening for Service and family members and the NAVPERS 1300/16. Delegation below the executive officer (XO), OIC or Director for Administration (DFA) is not authorized on the NAVPERS 1300/16; "by direction" authority to sign must be in writing and must be no lower than department head level.

(2) Ensure MAS is conducted as required in enclosure (4) when directed by NAVPERSCOM or when a Service member in a special community (e.g., special programs such as submarine, nuclear,

aircrew duty, special operations, and dive duty) is RTD following TLD or after a PEB finding PEB adjudicates a Service member's "fitness for continued Naval service." A Service member found "fit for continued Naval service" may still have limitations and not be suitable for all assignments.

(3) Ensure eligible family members are identified and referred to the EFMP coordinator to initiate enrollment per reference (i) and enclosure (5) of this instruction.

(a) During a scheduled medical appointment for routine medical care and/or a suitability screening, MTF staff members are required to identify family members with special medical and/or educational needs. MTF providers must complete the DD Form 2792, Family Member Medical Summary, and refer to the EFMP coordinator immediately to initiate EFMP enrollment. A DD Form 2792-1, Special Education/Early Intervention Summary, must be completed for children receiving early intervention or special education services.

(b) Priority must be given for EFMP enrollment packages of family members undergoing suitability screenings or early return (ER) requests.

(c) The EFMP coordinator must refer families with more significant medical needs to the MTF medical case manager and/or referral manager. The beneficiary counselor and assistance coordinator (BCAC) can also assist beneficiaries with questions related to TRICARE benefits.

(d) Enclosure (6) must be used to determine the MTF who has the medical cognizance (MEDCOG) per reference (x) for Service members and family members at duty stations not located near a Navy MTF. The appropriate MEDCOG will act as the EFMP coordinator in such instances and must complete all necessary actions consistent with responsibilities of an EFMP coordinator.

(4) Assign responsibility for suitability screenings and MAS to a MTF department or division. Designate a SSC within the department or division to oversee the suitability screening process.

(a) The SSCs must be appointed by the CO in writing. Individuals appointed to this position will be E-6 or above and have appropriate operational and/or overseas experience (ship duty for ship screening, etc.). The appointed SSC will be in the position for a minimum of 2 years to provide continuity.

(b) In addition, the SSC must complete specific training per references (a) through (c), (e) through (g), (n), and (o). It is highly recommended that all training requirements be completed prior to initiating the duties of the SSC.

(5) Assign responsibility for EFMP identification and enrollment to a MTF department or division, and designate an EFMP coordinator to oversee EFMP enrollment and assist current and prospective families throughout the enrollment/update process.

(a) The EFMP coordinator must be appointed by the CO in writing. Individuals appointed to this position will be E-5 or above or civilian equivalent. The appointed EFMP Coordinator will be in the position for a minimum of 2 years to provide continuity.

(b) In addition, the EFMP coordinator must complete EFMP specific training. It is highly recommended that all training requirements be completed prior to initiating the duties of the EFMP Coordinator.

(c) Due to the overlap of screenings and EFMP functions, it is highly recommended the SSC and EFMP coordinator functions be assigned to the same department within the MTF.

(d) For Marines, the EFMP coordinator must assist in compiling EFMP packages, but enrollment is the responsibility of Headquarters Marine Corps (HQMC) per reference (k).

(6) Appoint in writing specific MTF providers (medical officers, dental officers, physician assistants, nurse practitioners, or Independent Duty Corpsman (IDC)) the responsibility to conduct suitability and medical/dental suitability screening. Experience in an operational and/or overseas environment is critical for all providers performing screenings. IDCs may screen Service members only. Non-IDC corpsman must be limited to the administrative portions of the screening process.

(7) Appoint a dental SSC to oversee the dental screening process and ensure coordination with the SSC from the screening MTF. The dental SSC will be appointed in writing by the CO or OIC and will be an E-6 or above with appropriate operational and/or overseas experience. Experience in an operational environment (ship or field) is critical for SSCs involved in the screening process. The SSC will additionally have specific training in the details of this instruction, and acknowledge that training in accepting the position.

(a) Assign specific dental officers the responsibility to conduct dental screening. In facilities or units without available dental capabilities, medical screeners should be trained to properly screen dental records.

(b) Ensure the staff are trained, understand their roles and responsibilities, and are knowledgeable of the relevant sections of this instruction and references (a) through (c), (e), through (g), (n), and (o). It is highly recommended that all training requirements be completed prior to initiating the duties of the dental SSC. The requirement for adequate training will be stated in the CO's appointment letter for dental SSCs and dental officers.

(8) Ensure SSC, deployability coordinator, MTF provider, and EFMP personnel understand their roles and responsibilities in the suitability screening, MAS, and EFMP

enrollment processes and are knowledgeable of the relevant sections of this instruction. Enclosures (3) through (5) contain detailed guidelines, procedures and responsibilities for conducting suitability screening, MAS, and EFMP identification and enrollment. The SSC, deployability coordinator, and screening providers will be trained regarding the screening process and the requirements as set forth in this instruction. Completion of training will be noted in the appointment letters for those personnel.

(9) Ensure all suitability inquiries are forwarded to the gaining MTF and DoDEA Special Education Overseas Screening Coordinator when any shaded area is marked on the NAVMED 1300/1, or when there are concerns regarding the gaining location's medical, dental, or educational capabilities. Enclosure (7) contains an overview of the suitability screening program. The SSC, deployability coordinator, and screening providers will be trained to identify their counterparts at locations that may not be serviced by a Navy MTF.

(a) Enclosure (6) must be used to determine the screening and/or gaining MTF who has the MEDCOG per reference (x) for Service members or family members at duty stations not near a Navy MTF. The appropriate MEDCOG will act as the SSC in such instances and must complete all necessary actions consistent with responsibilities of a SSC.

(b) The TRICARE area office (TAO) contacts are responsible for providing recommendations to the gaining SSC based on medical capabilities in locations not near a MTF, or outside of the enrollment of a MTF, including embassies and consulates. The gaining SSC must forward the suitability inquiry to the TAO contact via secure transmission of protected health information/personally identifiable information (PHI/PII).

(10) For overseas or remote MTFs (or operational units remote from a MTF), the following procedures must be followed:

(a) Ensure the screening SSC forwards the screening packet via secure transmission of PHI/PII to the gaining SSC and maintains contact until a written response is received; verbal responses are not acceptable. The gaining SSC must coordinate the packet with the appropriate MTF providers, as well as non-Navy MTF counterparts and/or servicing TAO if indicated; and must provide a written response within 7 working days from receipt of the screening inquiry.

(b) Coordinate early intervention and special education services. The screening SSC must:

1. Forward the DD Form 2792-1 to the gaining SSC, who must coordinate with the cognizant EDIS program manager, which may be the responsibility of another Military Department.

2. Forward the DD Form 2792-1 and individualized education program (IEP) to the DoDEA Special Education Overseas Screening Coordinator.

3. Contact the EFMP coordinator to confirm or initiate EFMP enrollment of all children receiving early intervention or special education services specified in an IEP or individualized family service plan (IFSP). Enclosure (5) contains EFMP identification and enrollment procedures.

(c) Ensure the gaining SSC, MTF providers, and senior medical department representatives (SMDRs) are aware of current local medical, dental, and educational resources and constraints.

(d) The gaining SSC must coordinate with their military medical department counterpart at the MTF responsible for the medical care at the location where the member will be assigned (to include non-Navy MTFs).

(e) The gaining SSC must collaborate with the servicing TAO when a Service member and/or family members with special medical needs has orders to a location outside of the enrollment of a MTF (e.g., embassies, consulates). Enclosure (3) details the process for the TAO to provide a review and recommendation of the TRICARE capabilities.

(f) The gaining MTF/operational platform must ensure health records of newly transferred Service member and family members are reviewed and checked into the MTF.

(g) The gaining SSC must promptly report all screening deficiencies to the parent command and inform BUMED Family Readiness. The parent command must submit a suitability screening deficiency report to NAVPERSCOM (PERS-451). Paragraph 17 of enclosure (3) contains procedures to report screening deficiencies.

c. Naval Medical Centers Portsmouth and San Diego must maintain a Central Screening Committee composed of multidisciplinary specialties that must have dedicated time to:

(1) Review EFMP enrollment forms (DD Form 2792 and DD Form 2792-1) and provide recommendations to NAVPERSCOM (PERS-456).

(2) Collaborate with BUMED to provide input regarding training of health care providers to identify and enroll in EFMP.

d. Enclosures (6) through (11) contain supplemental information and the summary of requirements for suitability screening, MAS, and EFMP identification and enrollment.

6. Publications. NAVPERS 15614J (8/08), Exceptional Family Member Program Resource Guide is available at: <http://www.public.navy.mil/bupers-npc/support/efm/Documents/EFMPResourceGuide.pdf>.

7. Records. Records created as a result of this instruction, regardless of media and format, must be managed per reference SECNAV M-5210.1 of January 2012.



8. Reports. The reports required in this instruction, are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 7K

9. Forms

a. The following NAVMED forms are available via paper only and are available for order at: <https://navalforms.documentservices.dla.mil/>.

(1) NAVMED 6600/13, Oral Exam, (S/N) 0105-LF-128-1500.

(2) NAVMED 6600/14, Dental Treatment, (S/N) 0105-LF-128-2700.

b. The following NAVMED forms are available at:  
<http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.

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

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

(3) NAVMED 1300/3, Medical Assignment Screening.

c. The following DD forms are available at: <http://www.dtic.mil/whs/directives/forms/>.

(1) DD Form 2807-1, Report of Medical History.

(2) DD Form 2792, Family Member Medical Summary.

(3) DD Form 2792-1, Special Education/Early Intervention Summary.

d. The following NAVPERS forms are available at:  
<http://www.npc.navy.mil/ReferenceLibrary/Forms/NAVPERS/>.

(1) NAVPERS 1300/16, Report of Suitability for Overseas Assignments.

(2) NAVPERS 1300/28, Overseas Screening Deficiency Report/Early Return Request.

e. The following Standard Forms are available electronically from the U.S. General Services Administration at: <http://www.gsa.gov/portal/forms/type/SF>.

- (1) SF 603A, Medical Record-Dental-Continuation
- (2) SF 603, Medical Record-Dental



C. FORREST FAISON III

Releasability and distribution:

This instruction is cleared for public release and is available electronic only via the Navy Medicine Web site at: <http://www.med.navy.mil/Pages/default.aspx>

REFERENCES

- (a) OPNAVINST 1300.14D
- (b) MILPERSMAN 1300-302
- (c) MILPERSMAN 1300-304
- (d) MILPERSMAN 1300-306
- (e) MILPERSMAN 1300-800
- (f) MCO 1300.8
- (g) MILPERSMAN 1306-801
- (h) SECNAVINST 1754.5B
- (i) OPNAVINST 1754.2D
- (j) MILPERSMAN 1300-700
- (k) MCO 1754.4B
- (l) DoD Instruction 1342.12 of 17 June 2015
- (m) DoD Instruction 1315.19 of 16 February 2011
- (n) NAVMED P-117
- (o) SECNAVINST 1000.10A
- (p) OPNAVINST 6000.1C
- (q) MCO 5000.12E
- (r) SECNAVINST 5300.39
- (s) BUMEDINST 6230.15A
- (t) DoD Instruction 1300.17 of 10 February 2009
- (u) SECNAVINST 6120.3
- (v) MILPERSMAN 1301-122
- (w) DoD Instruction 1332.18 of 5 August 2014
- (x) BUMEDINST 6320.85
- (y) MILPERSMAN 1306-1200
- (z) 32 CFR 199.17
- (aa) CNO WASHINGTON DC 022044Z Sep 14 (NAVADMIN 203/14)
- (ab) SECNAVINST 5300.30E
- (ac) MILPERSMAN 1300-1300
- (ad) DoD Instruction 1315.18 of 28 October 2005
- (ae) CNO WASHINGTON DC 232159Z Jan 14 (NAVADMIN 014/14)
- (af) DoD Instruction 6025.18 of 2 December 2009
- (ag) DoD Instruction 8580.02 of 12 August 2015

## 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 a disability in the selection, acquisition, and use of an assistive technology device.
4. Blood Borne Pathogens (BBP). Are infectious diseases including human immunodeficiency virus, (HIV), Hepatitis B Virus, and Hepatitis C virus.
5. Composite Health Care System (CHCS). Computer-based medical management system used in Department of Defense (DoD) health care facilities.
6. Defense Enrollment Eligibility Reporting System (DEERS). DEERS is a data repository containing all active and retired military members and their family members.
7. Deoxyribonucleic Acid (DNA). Genetic material found in cell nuclei used for identification.
8. DoDEA. Headquarters level organization which operates Domestic Dependents Elementary and Secondary Schools (DDESS) and Department of Defense Dependents Schools (DoDDS).
  - a. DDESS. Component of the DoDEA responsible for the education of DoD children residing on a military installation in the United States, or in U.S. territories, commonwealths, or possessions.
  - b. DoDDS. Component of the DoDEA responsible for the education of DoD children residing in locations overseas.
9. Deployability. The ability to be assigned to a particular Continental United States (CONUS), Outside the Continental States (OCONUS), operational, and remote assignment.
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 judgment. High probability for developmental delay includes infants and toddlers with a diagnosed physical or mental condition, such as chromosomal disorders and genetic syndromes, which places the infant or toddler at substantial

risk of evidencing a developmental delay includes infants and toddlers with a diagnosed physical or mental condition, such as chromosomal disorders and genetic syndromes, which places the infant or toddler at substantial risk of evidencing a developmental delay.

11. Diagnostic and Statistical Manual of Mental Disorders (DSM). Manual containing diagnostic categories and criteria used by a clinician in diagnosis and treatment of various mental disorders available at: <https://www.appi.org/products/dsm-manual-of-mental-disorders>.

12. DES. The DES must be the mechanism for determining return to duty, separation, or retirement of Service members because of a disability per reference (w).

13. Early Intervention Services (EIS). EIS is a community-based program that provides Family-centered services of an educational, developmental, and social nature that also includes certain allied health support services. Services are designed to meet the needs of an infant or toddler (birth to 36 months) and their families, in one or more of the following areas of development: physical, cognitive, communicative, social or emotional, and adaptive. EIS include, but are not limited to: family training, counseling, home visits, special instruction, medical services for diagnostic or evaluation purposes, early identification, and screening and assessment. EIS are provided as specified in an IFSP and are delivered by EDIS personnel in domestic and overseas areas.

14. EDIS. A community-based program that provides services to support families of children with developmental delays, disabilities, or special education needs in domestic and overseas areas. EDIS programs are assigned to the Military Medical Departments and deliver EIS to eligible children (birth to 36 months) and related services to eligible children receiving special education (ages 3 to 22<sup>nd</sup> birthday). EDIS will be included on any suitability screening inquiries regarding any children requiring such services or has a current IFSP or IEP.

15. EFMP. A mandatory program that requires the identification and enrollment of family members with special medical and/or educational needs for the purpose of assisting detailers/monitors in assigning Service members to locations where the needs can be met. Needs may include any special medical, developmental, educational, or environmental requirements, wheelchair accessibility, adaptive equipment, or assistive technology devices or services. The EFMP is managed by NAVPERSCOM (PERS-456) for Sailors and HQMC for Marines.

16. Family Member. For the purposes of this instruction, a dependent enrolled in DEERS and typically resides with the sponsor.

17. Fit for Duty. Term applied when a physician or Medical Evaluation Board (MEB) decides that a Service member, who was previously on light duty or TLD as a result of illness, injury, or disease, has healed or recovered, and can now serve in a medically unrestricted duty status.

18. Fit for Continued Naval Service. A finding made exclusively by the Department of Navy (DON) PEB in determining an active duty Service member's ability to continue serving in the Navy or Marine Corps. However, a Service member found "fit for continued Naval service" may still have assignment limitations and may not be suitable for all assignments.
19. Glucose-6-Phosphate Dehydrogenase (G-6-PD). Blood enzyme used to test for tolerance to certain medications such as anti-malarial medication.
20. HIV. Virus responsible for acquired immunodeficiency syndrome (AIDS).
21. IDES. The process by which DON adjudicates a Service member's "fitness for continued Naval service" and decides on the disposition of a Service member who is found not fit for continued Naval service.
22. International Classification of Diseases (ICD). (Current Publication in use by the Military Health System). Publication containing standardized codes and nomenclature for all diseases are available at: <http://www.who.int/classifications/icd/en/>.
23. IEP. A written plan for a preschool or school-age child (ages 3 to 22<sup>nd</sup> birthday) which outlines the special education program and related services (educational and not medical in nature) that are required to meet the unique needs of a student receiving special education.
24. IFSP. A written plan for the family of an infant or toddler (birth to 36 months) receiving EIS. The IFSP is based on an assessment of the unique needs of the child and the family's concerns and priorities.
25. Individuals with Disabilities Education Act (IDEA). Public law that requires the provision of:
  - a. EIS to infants and toddlers with disabilities (birth to 36 months), and their families, and
  - b. Free appropriate public education (FAPE), to include special education and related services, to preschool and school-age children with disabilities (ages 3 to 22<sup>nd</sup> birthday).
26. MAS. Only applies to the Service member. Requires completion of the NAVMED 1300/3, Medical Assignment Screening. The process of identifying ongoing medical conditions, which may limit the ability to serve in specific assignments. MAS may be requested by Service Headquarters subsequent to a finding of "fit for duty" after a period of TLD or a finding of "fit for continued Naval service" by the PEB to better delineate assignment limitations per reference (g).
27. Medical Evaluation Board (MEB). Medical evaluation of Navy and Marine Corps active duty Service member in which a medical condition will be responsible for the member's inability to operate in a medically unrestricted duty status. MEBs will determine whether the member

will be placed on TLD and/or referred into the DES. Board comprised of a panel of providers attached to a MTF whose commander/CO has been expressly designated to hold a MEB “convening authority.” The deliberations of a MEB will result in a document of findings known as a Medical Evaluation Board Report (MEBR). The MEBR will either:

- a. Recommend placement of the Service member on TLD for a specified period.
- b. Recommend referral of the case to the DON PEB for disability adjudication and determination of “fitness for continued Naval service.”

28. Medical Treatment Facility (MTF). A medical facility operated by the military medical departments. The (MEDCOG) Responsibility Guide located in enclosure (6) must be used to determine the MTF for Service members or family members for duty stations not near a Navy MTF. The appropriate MEDCOG must act as the SSC in such instances and must complete all necessary actions consistent with responsibilities of a SSC.

a. Screening MTF. The medical facility that supports the transferring command, and is responsible for conducting medical, dental, and educational suitability screening, and providing suitability recommendation to transferring command.

b. Gaining MTF. The medical facility that supports the overseas or remote duty location; or the medical resources or unit that supports an operational platform to include the organic medical department to which the member is being assigned.

29. Non-Service Treatment Record (NSTR). Chronology of outpatient medical, dental, and mental health care received by non-Service members and applies to anyone that does not meet the criteria for STR. The NSTR for DoD family members is created at the MTF or where the beneficiary is first seen.

30. Operational Assignment. Term used in this instruction to designate an assignment to any DON 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 locations inside CONUS and OCONUS, Fleet Marine Force, special operations, construction battalion, and forward deployed Naval forces.

31. Overseas. Term used in this instruction to designate locations outside the 48 contiguous United States that require suitability screening. Alaska and Hawaii are exempt from suitability screening requirements except for locations designated as remote in enclosure (9) or family members enrolled in EFMP. For OCONUS see Joint Travel Regulations (JTR) Appendix “A”.

32. OSN. A letter that notifies the transferring command of a Service member's pending orders to facilitate the commencement of overseas screenings. The MTF must treat the OSN the same as receipt of orders and must initiate the suitability screening process. NOTE: U.S. Marine Corps does not utilize OSN letters.

33. PEB. A board that acts on behalf of the Secretary of the Navy Council of Review Boards to make determinations of fitness for continued Naval service, entitlement to benefits, disability ratings, and disposition of Service members referred to it.
34. Periodic Health Assessment (PHA). An annual in-person assessment for all active duty personnel which consolidates medical, occupational health and risk screening services, medical record review, preventive counseling, and risk communication under the umbrella of an annual health assessment. The PHA includes, but is not limited to: blood pressure measurement; height and weight measurement; cardiovascular risk factors screening; medical readiness for deployment; immunization update; age and gender based clinical preventive services; and individualized counseling and/or referrals targeted to individual risk factors and behaviors. Reference (u) contains additional PHA guidance.
35. Purified Protein Derivative (PPD). Test administered to screen for tuberculosis.
36. Related Services. Transportation and such developmental, corrective, and other supportive services, as required, to assist a child, (age 3 to 22<sup>nd</sup> birthday), who is eligible for special education. The term includes speech-language pathology and audiology, psychological services, physical and occupational therapy, recreation including therapeutic recreation, early identification and assessment of disabilities in children, counseling services including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluative purposes. That term also includes school health services, social work services in schools, and parent counseling and training. The sources for those services are school, community, and MTF. Related services are provided as specified in an IEP and are delivered by EDIS personnel in domestic and overseas areas.
37. Related Services Assigned to the Military Medical Departments (formerly Medically Related Services). Services provided by EDIS to students (ages 3 to 22<sup>nd</sup> birthday), under the development or implementation of an IEP, necessary for the student to benefit from special education. Those services 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. Entitlement is based on eligibility to enroll in DoDEA overseas and meeting DoDEA special education eligibility criteria.
38. Remote Duty. Term used in this instruction to designate locations within the 50 United States, listed in enclosure (9), that require suitability screening. Remote duty locations are designated based on timely access to health care services. Timely access for remote duty designation purposes in CONUS is defined as residing and assigned to a duty station that is greater than 2 hours driving time from a MTF under normal conditions.
39. SMDR. The SMDR serves as the representative of the CO in all medical recommendations or decisions. In some cases, the SMDR may not be a licensed medical officer (e.g., IDC).



40. Special Education. Instruction and related services to which a preschool or school-age child (ages 3 to 22<sup>nd</sup> birthday) is entitled when a school determines a child's educational performance is adversely affected by one or more disabling conditions.
41. Special Medical and/or Educational Needs. Term used in this instruction to address any special medical, dental, developmental, educational, or environmental requirements, wheelchair accessibility, adaptive equipment, or assistive technology devices or services.
42. Sponsor. A person who is a member of the Armed Forces serving on active duty, or a full-time civilian employee of the DoD and a citizen or national of the United States, and who is authorized on travel orders to transport dependents to or from an overseas area at Government expense and is provided an allowance for living quarters in that area.
43. Service Treatment Record (STR). The chronologic record of medical, dental, and mental health care received by Service members during the course of their military career. It includes documentation of all outpatient appointments (i.e., without overnight admittance to a hospital, clinic, or treatment facility), as well as summaries of any inpatient care (Discharge Summaries) and care received while in a military theater of operations. The STR is the official record used to support continuity of clinical care and the administrative, business-related, and evidentiary needs of the DoD, the VA, and the individual.
44. Suitability. Determination made by the CO of the transferring command that a Service member 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, developmental, educational or environmental requirements, behavioral, financial, professional performance, family stability, and personal interview.
45. Suitability Screening. The process of determining a Service members' and family members' suitability for projected assignment locations at a particular point in time and includes information from the transferring command and the MTF. The medical portion of a suitability screening is the systematic use of a series of interview questions; review of medical, dental, and educational records, and/or direct examination. MTFs are responsible for screening Service member and family members for relocation to an overseas, remote duty, or operational assignment; identifying any medical, dental, early intervention and/or special education needs; conducting necessary suitability inquiries at the gaining MTF/operational platform; and providing a recommendation to the transferring command. Screening does not provide a diagnosis, but may require referral for further evaluation to determine a diagnosis. The screening MTF completes the NAVMED 1300/1 and NAVMED 1300/2, Medical, Dental, and Educational Suitability Screening Checklist and Worksheet for each Service and family member. One completed NAVPERS 1300/16 summarizes the Service and family members' suitability and must not contain PHI. The NAVPERS 1300/16 is used by the transferring command to determine overall suitability for overseas/remote assignment.

46. TLD. TLD is a medical disposition which signifies that the Service member has a medical condition which prohibits the member from fully executing the duties and responsibilities of their rank, rate, specialty, or office including operational/worldwide assignability. TLD occurs in periods up to 6 months per Chapter 18 of reference (n), and reference (y).
47. Secure Transmission of PHI/PII. The act of transmitting sensitive PHI/PII through a secure means. Per reference (ag), secure transmission of PHI/PII should be conducted via DON approved or recommended systems that provide expeditious, secure and confidential delivery (i.e., CAC encrypted e-mail).
48. TRICARE. DoD's worldwide health care program available to eligible beneficiaries from any of the uniformed services per reference (z).
49. Unaccompanied. Term applied when family members do not accompany the Service member to the overseas/remote location.
50. Unfit for Continued Naval Service. A finding by the DON PEB that a Service member is not able to perform the duties of his or her office, grade, rank, or rating as a result of illness, injury, or disease.
51. U.S. Preventive Services Task Force (USPSTF). An independent panel of experts in primary care and prevention which systematically reviews evidence for effectiveness and develops recommendations for clinical preventive services.
52. 30/60-Day Timeline. Specific to the Navy only. Sailors with dependent(s) will be given 30 days from the day the transferring command receives the orders/OSN to complete the screening process for the Sailor. These Sailors will be given 60 days from the day the transferring command receives the orders/OSN to complete the screening process for their dependent(s). If the Service member's or dependent(s) screening process is not completed, and suitability determination is not reported by the transferring command within the time allotted, the proposed orders will be canceled, making the Sailor subject to an assignment based on the needs of the Navy without further negotiation. If a delay in submitting the NAVMED 1300/1, NAVMED 1300/2, and DD Form 2807-1 is outside of the Service member's control, request for waivers can be submitted to NAVPERSCOM (PERS-4).

OVERSEAS, REMOTE DUTY, AND OPERATIONAL SUITABILITY SCREENING

1. General

a. This enclosure contains policy, procedures, and responsibilities for conducting medical, dental, and educational suitability screening for:

(1) Navy and Marine Corps Service members in receipt of orders or an OSN to overseas, remote or CONUS sea/operational duty assignments.

(2) Family members accompanying Navy and Marine Corps Service members to overseas or remote duty assignments.

b. Suitability screening identifies medical, dental, and/or educational requirements, or potential duty-limiting conditions. This information is used to determine if a Service member or family member can successfully transfer to the assignment location indicated on the orders.

c. The underlying principle of suitability screening is to screen each Service member and family member as a specific individual for a specific location at a specific time. A Service member 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.

d. Every effort will be made to ensure confidentiality of sensitive medical or personal information. Per reference (a), individual identifiable health information is protected under the Health Insurance Portability and Accountability Act (HIPAA) and may only be released per reference (af).

e. The transferring command is responsible for ensuring the Service member is screened within 30 days of receipt of transfer orders or OSN, and family members are screened within 60 days of receipt of transfer orders or OSN (now referred to a "30/60-day timeline") per reference (aa). In the instance when a medical screening cannot be completed in the required timeframe (beyond the member or command's control), the MTF's SSC must provide supporting documentation to the Service member to give to the transferring command as described in paragraph 9b(15)(a) of this enclosure. The transferring command is required to notify NAVPERSCOM of a delay or when the results of screening are pending. If a delay in submitting the required forms (NAVMED 1300/1, NAVMED 1300/2, and DD Form 2807-1) and notification is outside of the Service member's control, request for waivers can be submitted to NAVPERSCOM (PERS-451).

f. The screening MTF's SSC must maintain a dialog with the transferring command to facilitate the immediate referral of Service member and family members for suitability screening upon receipt of orders or an OSN. Ongoing communication will ensure prompt reporting for suitability screening and help prevent Service member and family members from commencing screening so late in the 30/60 day timeline that the MTF cannot reasonably complete the screening in the required timeframe. Delay in reporting the Service member's unsuitability creates billet gaps at sea/operational and/or overseas commands. While timeliness is a key consideration, accuracy is very important. Sending a Service member and/or family members to a location that does not have the necessary services creates personnel gaps that impact readiness for the command and wastes PCS funds.

g. Completion of suitability screening within the 30/60-day timeline is dependent on cooperation and coordination with the POCs of each organization involved in the process to include: the transferring command, the Service member, PSD, screening and gaining MTF personnel (SSC, providers and EDIS personnel), DoDEA Special Education Overseas Screening Coordinator, TRICARE, non-Navy MTF SSC counterparts, and/or non-MTF civilian health care providers. BUMED must provide an updated key POC listing to all SSCs. As necessary, the MTF must implement procedures for:

(1) The transferring command to provide a list of Service members and family members who require suitability screening to the SSC as soon as orders notification or an OSN is received.

(2) The transferring command to direct the Service member to immediately contact the MTF's SSC to initiate preliminary screening to obtain necessary direction, forms, and appointments.

(3) Providing each Service member and family member with a copy of DD Form 2807-1, and NAVMED 1300/2.

(4) The SSC to notify the immediate supervisor in charge at the transferring command annotated on the orders or an OSN when Service member and/or family members fail to show up for scheduled screening or appointments.

h. Medical, dental, and educational suitability screening forms are valid for 12 months from the date of completion if there were no significant changes in the health or educational status of the Service member or family member. The Service member must notify his or her CO or OIC of any change in medical, dental, or education status of either the Service member or any family members, to include pregnancy per reference (c). The SSC must be alerted of any change in medical, dental, or education status to determine if the change impacts the suitability screening.

i. Service members with BBP like HIV who are requesting assignment to sea/operational or overseas will be assigned per references (ab) and (ac), and will be required to complete the required overseas or sea/operational screening as applicable. All coordination for assignment of

these Service members assignments will be approved and coordinated through NAVPERSCOM (PERS-454), [mill\\_DAOPers-454@navy.mil](mailto:mill_DAOPers-454@navy.mil) , DSN 882-3201 or commercial (901) 874-3201. Medical Screeners with questions pertaining to Service members with BBP must be directed to NAVPERSCOM (PERS-454).

## 2. Remote Duty Locations in the United States

a. Enclosure (9) lists remote duty locations that require suitability screening.

b. Service members 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. The EFMP Case Liaison and School liaison officer at Fleet and Family Support Center (FFSC) or family case worker at Marine and Family Programs may assist the Service member as needed.

c. Commands desiring inclusion on the remote duty list need to submit a request with justification to NAVPERSCOM (PERS-451) via BUMED Healthcare Operations (BUMED-M3). Remote duty locations are designated based on timely access to health care services. Timely access for remote duty designation purposes is defined as residing and assigned to a duty station that is greater than 2 hours driving time from a MTF under normal conditions.

## 3. Sea/Operational Assignments

a. Certain medical conditions may carry a significantly higher risk for unsuccessful completion of a full operational tour, including but not limited to: knee problems; lower back pain; other bone, cartilage, or tendon ailments; cardio-respiratory ailments such as coronary insufficiency and asthma; pregnancy; and various psychological conditions.

b. Subacute or chronic conditions, which require recurrent or frequent specialty medical visits, certain chronic medication needs, or behaviors which may impact good order and discipline must be considered in suitability recommendations. Transferring commands require accurate information regarding the receiving platform's environment and medical and dental capability.

c. Operational platforms rely primarily on organic medical capabilities and to a lesser extent Medical Augmentation Personnel (MAP) for a portion of their operational cycle medical care. For that reason, it is of particular importance the screening MTF determine the following:

(1) All required special examinations are current, e.g., aviation physicals, submarine physicals, etc., and interval history does not include a disqualifying condition per reference (n).

(2) The level of medical expertise available to the Service member while deployed (e.g., IDC, physician assistant, allied health care provider, mental health care provider, general medical officer, board certified medical officer, and dental officer).

(3) The level of ancillary capabilities while deployed such as laboratory, radiology, pharmacy, physical therapy services, etc.

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

d. The screening SSC must conduct suitability inquiries to the gaining SMDR for the stateside or overseas operational platform any time a shaded block is checked on the Service member's NAVMED 1300/1, Part I or Part II, or when there are concerns regarding the gaining location's medical, dental or educational capabilities. Follow guidance described in paragraph 13 of this enclosure. Suitability inquiry ensures the condition will not interfere with the Service member's ability to perform in the operational environment. This inquiry will only be sent once all pending medical appointments and supporting documentation (consultations, lab results, X-rays, etc.) are complete.

e. If there are any shaded blocks checked on NAVMED 1300/1, Part I or Part II or if there are concerns regarding the gaining location's medical, dental, or educational capabilities for a family member who is accompanying a Service member to an overseas operational assignment, the screening SSC must forward a suitability inquiry following the procedures in paragraph 13 of this enclosure to the gaining MTF supporting the overseas location where the family member will reside. This inquiry will only be sent once all pending medical appointments and supporting documentation (consultations, lab results, X-rays, etc.) are complete.

f. If the gaining MTF/operational platform does not have the capabilities to support the Service member, the operational platform SSC must submit unsuitability recommendations to the cognizant medical Type Commander (TYCOM) Surgeon's office for review and adjudication. Once the TYCOM Surgeon's Office concurs for the operational platform, the gaining MTF must reply via secure transmission of PHI/PII to the screening SSC with their formal recommendation.

(1) The screening MTF will annotate "No" on the NAVMED 1300/1 Section B of Part I and/or Part II to indicate unsuitability and attach the gaining MTF/operational platform's reply. The screening MTF will annotate "No" on the NAVPERS 1300/16 Part II for overseas/remote duty, noting the date and POC information from the gaining MTF/operational platform, and forward to the transferring command with a recommendation against transfer.

(2) The transferring command will make their recommendation; for overseas operational commands, submit the unsuitability in Bureau of Naval Personnel Online (BOL) and for CONUS operational commands, comply with reference (e). Refer to paragraph 15a of this enclosure when transferring and gaining medical CO/OIC/SMDR (including TYCOM Surgeon's Office) do not agree on final suitability recommendation

4. Family Members

a. Family members require screening when:

(1) A Service member with dependents who is in receipt of orders or an OSN to an overseas or remote duty assignment and the dependents intend to accompany the member to the overseas/remote location.

(2) A family member plans to later join the Service member at the assignment location at any time (the screening is only good for 12 months).

(3) Reference (b) defines dependent restricted/12 month unaccompanied tours that require a modified overseas/remote duty screening for dependents.

b. Enrollment in 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.

c. Recommendations for family members include:

(1) Pregnancy screening (verbal inquiry) for all women of reproductive age.

(2) Health maintenance screening tests, per current USPTSF recommendations.

d. Post pregnancy suitability screening for mother and child is conducted approximately 8 weeks post-delivery, to ensure the infant is immunized and the mother and infant can safely travel. NOTE: Mother must be screened prior to delivery to determine suitability but must be administratively re-screened at the infant's suitability screening to confirm she remains "suitable."

e. When a Service member assigned overseas requests family member command sponsorship as a result of marriage or adoption, local commands require medical, dental, and educational suitability screening prior to granting command sponsorship at the overseas location.

f. Secondary dependents must be listed on member's NAVPERS 1070/602 (e.g., dependent parents or parents-in-law, step parents or parents-by-adoption) and are only eligible for care at the MTF on a space available basis per reference (z). The sponsor must be informed that they are responsible for payment of medical and dental bills for services received outside the MTF. Sponsors need to be counseled on ensuring dependent parents have appropriate private medical insurance to cover the cost of health care.

5. Infants and Toddlers; Preschool and School-Age Children

a. Per reference (l), infants and toddlers (birth to 36 months) and preschool and school-age children (ages 3 to 22<sup>nd</sup> birthday) receiving EIS or special education services have a statutory entitlement to services under IDEA. Failure to screen for the availability of these services places DoD at risk for non-compliance with the statute.

(1) Coordination with the DoDEA Special Education Overseas Screening Coordinator and the cognizant EDIS program manager must occur to ensure:

(a) statutory compliance.

(b) efforts to identify pinpoint locations in the overseas areas when EIS or special education services are required.

(2) If EIS or special education services are not available at the projected location and timeframe, the screening SSC must document the lack of services on the NAVPERS 1300/16 Part II.

b. Per reference (m), family members who require early intervention or special education services must receive the same consideration for family travel at Government expense to an overseas duty location as families who don't require such services. Therefore it is critical to coordinate the screening inquiry with the gaining EDIS and DoDEA Special Education Overseas Screening Coordinators for dependent children who receive EIS or special education services to determine the availability of such services.

c. Command sponsorship can be denied when medical care deemed necessary to the health of a family member is not available at the overseas location per reference (ad).

d. Complete a DD Form 2792-1, on all dependent children. The local early intervention program (children birth to 36 months of age; primary care manager may sign if child does NOT receive EIS) or school (children ages 3 up to 22<sup>nd</sup> birthday or high school graduation) official signs the DD Form 2792-1, annotating if services are provided or not provided. If the child receives EIS or special education services, the SSC must forward to the appropriate individuals.

(1) Infants and toddlers receiving EIS.

(a) The screening SSC ensures a copy of the IFSP and the DD Form 2792-1, is forwarded to the gaining SSC following suitability inquiry procedures described in paragraph 13 of this enclosure.

(b) The gaining SSC must coordinate with the cognizant EDIS program manager for the gaining location following procedures described in paragraph 14 of this enclosure.



(2) Preschool and school-age children receiving education services.

(a) The screening SSC forwards a copy of the IEP and DD Form 2792-1, to the DoDEA Special Education Overseas Screening Coordinator to determine availability of special education services at the projected location.

(b) The screening SSC must annotate the DoDEA and EDIS POCs and dates of coordination on the NAVMED 1300/2 and annotate DoDEA's recommendation following procedures described in paragraphs 13 and 15 of this enclosure.

e. SSCs are encouraged to maintain a list of local school special education and early intervention program POCs, to include telephone and telefax numbers, for facilitating timely completion of DD Form 2792-1.

f. Contact the EFMP coordinator to confirm or initiate EFMP enrollment of all infants, toddlers, and children receiving early intervention or special education services specified in an IFSP or IEP. Enclosure (5) contains EFMP enrollment procedures.

6. Service members

a. Per reference (n), Chapter 15, Section V, article 15-112, active duty members require a current PHA.

b. DON policy on pregnancy and parenthood is contained in reference (o), Navy policy in reference (p), and Marine Corps policy in reference (q). References (p) and (q) also contain guidance regarding overseas, remote, and operational assignments.

c. Pregnancy screening (verbal inquiry) is required for all Servicewomen. At the discretion of the medical health care provider, a pregnancy test may be administered. Servicewomen who suspect pregnancy must obtain prompt confirmation and inform their CO or OIC within 2 weeks of pregnancy confirmation. Servicewomen assigned to Marine Corps deploying units must comply with the pregnancy testing provisions of reference (q).

d. The transferring command is responsible for referring all Servicewomen of reproductive age, and with intact uterus and ovaries, to have a pregnancy test administered no more than 30 days prior to detaching. Servicewomen assigned to Marine Corps deploying units must comply with the pregnancy testing provisions of reference (q).

e. See paragraph 4d of this enclosure regarding post pregnancy suitability screening.

f. Per references (p) and (q), Servicewomen who intend to place their infant for adoption are not eligible for overseas, remote or operational assignments until after convalescent leave and adoption requirements are completed.

7. Civilian Employees. Per reference (m):

a. DoD civilian employees are selected for positions outside the United States based on job requirements and merit factors, as specified in statute. The fact that a civilian employee or selectee has a family member with early intervention, special education or medical/dental needs, cannot be the basis for non-selection for a position.

b. After notifying a DoD civilian employee or selectee of a pending appointment to an overseas position where family member travel is authorized at Government expense, DoD civilian human resource representatives are required to query the employee or selectee to determine if a family member has special medical and/or educational needs.

c. If the civilian employee or selectee indicates a family member has special medical and/or educational needs, DoD civilian human resource representatives are required to coordinate with the gaining command's human resource activity to determine the availability of medical/dental care from the local MTF, the availability of EIS from EDIS, or the availability of special education programs from DoDEA.

d. Emphasis must be placed on providing the civilian employee or selectee with comprehensive medical, dental, and educational information on the community in the overseas area where the position is located, to assist the civilian employee or selectee in making an informed choice about accepting the position. Civilian employees must also be informed of any immunization requirements for the overseas location.

e. SSCs must assist civilian human resource representatives in obtaining information on medical/dental care available from the local MTF community, special education services from DoDEA, and early intervention and related services from EDIS.

f. DoD civilian employees and their family members are not enrolled in the EFMP.

8. Immunizations

a. References (r) and (s) contain guidelines for immunizations. The Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics, and the Defense Health Agency recommend an immunization status review prior to international travel. Immunizations are administered depending upon the potential risks for exposure to pathogens in overseas locations and/or the entry requirements of the countries to be visited, or intermediate travel through, as stated on the PCS orders or OSN.

b. International travel increases the risk for exposure to infectious diseases for which effective vaccines are available. These diseases include Hepatitis A, Hepatitis B, measles, yellow fever, typhoid fever, Japanese encephalitis, meningococcal disease, among others. Thus,

persons not immunized who travel to overseas duty stations, are at risk for acquiring severe and even fatal illnesses. Additionally, if these diseases are acquired, a medical evacuation (MEDEVAC) of the patient may be required to a CONUS MTF or OCONUS tertiary such as Tripler Army Medical Center or Landstuhl Army Medical Center to provide definitive medical treatment.

c. Immunization religious exemption requests for waivers for active duty personnel are addressed in reference (t).

d. Family members are not mandated to receive immunizations. However, omission of certain immunizations may have consequences under host country policies, which could include compulsory immunization, detention, quarantine, or denial of entry as addressed in reference (s). Family members who decline certain ACIP recommended vaccines may be determined medically unsuitable for overseas assignment if there is an unacceptable risk at the gaining location. Based on national immunization standards and practice, family members are highly encouraged to receive all recommended vaccinations as medically indicated. Vaccine preventable illness still exists and to not vaccinate increases one's risk to acquire these serious illnesses which can cause significant morbidity and even mortality; international travel only serves to increase this risk. Refer to current ACIP recommended immunization to protect from diseases with outbreak potential. Countries may have specific immunization requirements that change often. Refer to the regional supporting Navy Environmental Preventive Medicine Unit (NEPMU) for international immunization guidelines.

e. Family members electing to decline immunizations must receive counseling by the medical screener to include the benefits and risks of vaccination, as well as the possibility that lack of immunizations may have consequences as noted in paragraph 8d of this enclosure to include the medical recommendation of family member travel to the projected location. The immunization declination and counseling (to include the potential for exclusion from child care centers and school enrollment) must be documented on the individual's NAVMED 1300/1 and must address any concerns or questions of the individual.

(1) A suitability inquiry must be conducted for all family members who have declined ACIP or country specific recommended immunizations. The gaining MTF's response must be attached to the NAVMED 1300/1 and include local conditions and history of infection, etc.

(2) "Suitable" individuals who have declined immunizations: The CO of the gaining MTF determines a family member medically "suitable" if they have no immediate concerns in the region for outbreaks, vaccine preventable infections, etc.

(3) "Unsuitable" due to lack of immunization with unacceptable risk: The gaining MTF must submit documentation to the gaining Navy Medicine region if they have determined there is an unacceptable level of risk to the un-immunized family member who would otherwise be medically "suitable."

(a) The gaining SSC must submit substantiating documentation to the gaining Navy Medicine region to adjudicate. The submission must include (following consultation with the MTF Preventive Medicine Officer (when assigned) or the regional NEPMU), CO/XO endorsement and the following information:

1. Age and health of the dependent,
2. Local laws and Status of Forces Agreements with the host nation,
3. Local conditions and public health concerns,
4. Any area of responsibility specific guidance,
5. Ability of nearest MTF to treat infection and the local capabilities to accommodate an outbreak,
6. Plan for childcare and school attendance (i.e., child development center, DoDEA, homeschool, etc.), and
7. Potential impact on the mission.

(b) If the gaining Navy Medicine region findings are consistent with “unsuitable,” the Navy Medicine region must submit the substantiating documentation to BUMED Family Readiness within 7 working days to facilitate final adjudication of the recommendation for medical suitability.

(c) Only a flag officer at BUMED has the authority to recommend a medically “unsuitable” finding related to immunizations alone for Navy and Marine Corps family members. The flag officer’s finding must be returned within 7 working days to the gaining SSC. The finding must be attached to the NAVMED 1300/1 and filed in the individual’s medical record.

f. Most states allow parents to defer immunizations for their children for religious reasons or when there is concern about adverse effects from immunizations. However, parents should be advised about the potential for exclusion from public school and child care after exposure to active cases of disease or during a community outbreak. Many private schools and child care centers require immunizations as entry requirements; families should refer to each school and child care centers to determine requirements for immunizations. DoDEA policy requires dependent children (including preschool children who may not have received all required doses) to meet specific immunization requirements. For DoDEA students under the age of 5 years, immunization compliance is based on the age appropriate immunization schedule established by ACIP. Families should refer to current DoDEA immunization guidelines and policy prior to enrollment in a DoD school.

9. Procedures and Responsibilities for Preliminary Screening

a. Enclosure (8) is a summary of the suitability screening process. Enclosure (10) contains a reference guide listing the forms used for suitability screening, MAS and EFMP enrollment. Enclosure (11) contains a summary of requirements for suitability screening.

b. The SSC must:

(1) Oversee the suitability screening process and ensure the NAVPERS 1300/16 Part I is completed prior to scheduling the medical screening appointments. The SSC must obtain and review the following information:

(a) NAVMED 1300/2, (one for each Service and family member).

(b) DD Form 2792-1, (one for each dependent child from birth to 22<sup>nd</sup> birthday or high school graduation) regardless of EFMP status.

(c) Current DD Form 2792, for each family member enrolled in EFMP.

(2) Assist Service member and family members with obtaining any required information and documents.

(3) Review the information and documents provided, preferably with the Service member and family members present, and verify they are complete, current, and legible. If discrepancies are noted, assist Service member and family members with correcting the discrepancies.

(4) For each Service member and family member screened, complete the SSC review portion of NAVMED 1300/2.

(5) For operational assignments, refer to special concerns and requirements in paragraph 3 of this enclosure.

(6) For Service members, ensure an annual PHA is current and documented in the health record. If Service member's duty requires a special duty physical examination, ensure this is also current and documented in the health record. If either the PHA or the special duty physical examination is not current, the Service member must be referred to the MTF POC for expedited PHA screening or special duty assessment. References (n) and (w) contain guidance for PHA screening and special duty assessment.

(7) For family members, refer to special concerns and requirements in paragraph 4 of this enclosure.

(8) For children from birth to 22<sup>nd</sup> birthday receiving early intervention or special education services, refer to special concerns and requirements in paragraph 5 of this enclosure.

(9) For Service members, refer to special concerns and requirements in paragraph 6 of this enclosure.

(10) Assist in scheduling appointments for any necessary examinations, screenings, tests, or immunizations. Ensure results are in the military outpatient treatment record.

(11) Retrieve medical information from the CHCS and the DoD electronic health record, include this information with the screening documents.

(12) Schedule Service member and family members for medical and dental screening. Provide information on MTF locations, hours, telephone numbers, etc. Every effort must be made to schedule appointments with the Service member and family members together to reduce multiple visits.

(13) Provide a target date to the Service member for completing medical, dental, and educational screening. Screening is not complete until all tests, evaluations (including specialty consultations), and suitability inquiries and determinations are received and documented. Instruct the Service member to report problems meeting the 30/60-day timeline to the transferring command, providing supporting documentation if the reason is beyond the Service member's control as described below in paragraph 9b(15)(a).

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

(15) Notify the transferring command:

(a) When a delay is anticipated beyond the 30/60-day timeline and beyond the Service member's control (such as awaiting specialty care), the screening SSC must provide written supporting information for the delay. The SSC will instruct the Service member to provide the documentation to their command to formally request a waiver in BOL. Care is given to protect PHI while providing written documentation that must include:

1. The reason for the delay,
2. Dates of any future appointments, and
3. The anticipated screening completion date.

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

(16) Oversee screening conducted by non-Navy MTF staff who are not familiar with Navy screening requirements following the procedures in paragraph 16d of this enclosure.

(17) Compile and submit the completed screening documents to the MTF medical screeners and provide administrative assistance to support the completion of the screening.

(18) Conduct suitability inquiries to the gaining MTF/operational platform if any of the shaded blocks are checked on NAVMED 1300/1, Part I or Part II, or when there are concerns regarding the gaining location's medical, dental, or educational capabilities. Follow guidance described in paragraph 13 of this enclosure.

(19) Ensure the medical portion of the suitability screening process is complete and forwarded to the transferring command within the 30/60-day timeline, following guidance in paragraph 15 of this enclosure.

(20) Notify the deployability coordinator when a Service member's suitability screening results in "unsuitable" based on an inability to perform the duties of his or her office, grade, rank, or rating as a result of illness, injury, or disease.

10. Procedures and Responsibilities for Medical Screening. MTF health care providers (physicians, nurse practitioners, physician assistants or IDCs) who are responsible for conducting suitability screening must:

a. Interview Service member and family members. Every effort must be made to schedule appointments with the Service member and family members together to reduce multiple visits. IDCs are limited to screening the Service member.

b. Complete NAVMED 1300/1, Part I Medical, for each Service member and family member screened. Ensure all potentially disqualifying impairments or conditions are noted such as: acute or chronic medical, dental, or concerns; early intervention or special education services; home health services; or conditions requiring recurrent or continuing access to specialized medical care. Use additional pages if required. The MTF medical screener must also review and countersign all suitability screenings completed by non-Navy MTF providers following procedures in paragraph 16d of this enclosure. Review each item on the NAVMED 1300/1 with the Service member and each family member and include a review of the following documents:

(1) NAVMED 1300/2 (for each Service member and family member).

(2) DD Form 2807-1 (for each Service member and family member).

(3) DD Form 2792 (for each family member enrolled in EFMP).

(4) DD Form 2792-1 (for each dependent child from birth to 22<sup>nd</sup> birthday or high school graduation, regardless of EFMP enrollment).

(5) STR)/NSTR.

- (6) Civilian health record and/or summaries (as applicable).
- (7) Narrative summaries of inpatient admissions.
- (8) Results of tests and procedures.
- (9) Current health and duty status for each person screened.
- (10) Enclosure (11) contains a summary of screening requirements.

c. Compare information, when appropriate, with patient data from CHCS and DoD electronic health record, especially medical requirements, dispensed medications, and radiology and laboratory results. If discrepancies are noted or documentation is lacking, screening cannot be completed.

d. For Service members, ensure an annual PHA is current and documented in the health record. If Service member's duty requires a special duty physical examination, ensure this is also current and documented in the health record. If either the PHA or the special duty physical examination is not current, the Service member will be referred to the MTF POC for expedited PHA screening or special duty assessment. References (n) and (u) contain guidance for PHA screening and Special Duty assessment.

e. For operational assignments, refer to special concerns and requirements in paragraph 3 of this enclosure.

f. For female family members, refer to special concerns and requirements in paragraph 4 of this enclosure.

g. For children from birth to 22<sup>nd</sup> birthday receiving early intervention or special education services, refer to special concerns and requirements in paragraph 5 of this enclosure.

h. For Service members, refer to special concerns and requirements in paragraph 6 of this enclosure.

i. In coordination with the SSC, schedule any necessary examinations, screenings, tests, or immunizations if currently indicated or if due by the transfer date. References (r) and (s) contain guidance on immunization requirements.

j. Notify the SSC if the 30/60-day timeline cannot be met. The SSC must follow procedures described in paragraph 9b(15)(a) of this enclosure to provide the Service member with documentation to give to the transferring command.

k. Consult with the pharmacy department to review required medications, especially those taken chronically. Check CHCS and DoD Electronic Health Record to see what medications are purchased via TRICARE. The pharmacy department must:



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

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

(3) Assist with obtaining medications through the National Mail Order Pharmacy Program. The TRICARE Express-Scripts Pharmacy Program Web address is: [www.express-scripts.com](http://www.express-scripts.com).

l. For Service member or family members with a history of substance abuse or dependence, ensure the condition, dates of aftercare, names of health care providers, and counseling and assistance centers are documented in the health record and on the NAVMED 1300/1.

m. For Service member or family members with a history of inpatient mental health care:

(1) Review information on diagnosis, period of treatment, medications used in treatment, and narrative summaries.

(2) Ensure an evaluation by a psychiatrist, psychologist, or appropriate health care provider, to include a statement verifying eligibility for overseas or operational assignments, if

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

(b) An exacerbation occurred, which did not result in hospitalization, but resulted in the inability to perform military or civilian work duties or to attend school for a period lasting longer than 3 days.

n. Refer to or consult with other clinical specialties as required. If non-concurrence between screening and gaining medical departments over suitability occurs, seek an additional specialist's opinion, review the case with the director of clinical services or senior medical officer TDYSMO, or consult an appropriate specialty leader. Ensure the consultant understands the nature of the environment and medical resource limitations at the assignment location. If agreement is not reached, follow procedures in paragraph 15a of this enclosure for final resolution.

o. Determine if the Service member and family members are suitable for transfer or if a suitability inquiry is required with the gaining MTF/operational platform.

(1) Suitability inquiry must be made with the gaining SSC if any of the shaded areas of the NAVMED 1300/1 Parts I or II are checked following procedures described in paragraph 18 of this enclosure.

(a) Inform the screening SSC to forward the suitability inquiry to the gaining SSC.

(b) Do not sign NAVMED 1300/1 until the suitability inquiry is completed and all requirements for screening are met. The final recommendation from the gaining MTF must be received, reviewed, and documented before the screening is considered complete.

(2) Service member and/or family members found “suitable”:

(a) Check the “Yes” box (i.e., “suitable”) on the NAVMED 1300/1 Part I, Section B if:

1. No shaded boxes are checked on the NAVMED 1300/1 and there are no concerns about the gaining MTF/operational platform’s capabilities, or

2. If the gaining MTF/operational platform responded to the suitability inquiry and confirmed it has the capabilities to support the Service member and/or family member.

(b) 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.

(c) Advise Service member and family members that home nebulizers, walkers, wheelchairs, and other durable equipment are not always available in overseas locations and need to be procured before transfer.

(d) Advise Service member and family members to obtain extra supplies, replacement batteries for appliances, glasses, etc.

(3) Service members and/or family members found “unsuitable”:

(a) If the gaining MTF/operational platform has responded to the suitability inquiry and does not have the capabilities to support the Service member and/or family member, and the TYCOM Surgeon’s Office agrees for operational platforms, the NAVMED 1300/1 Part I Section B will be completed with a recommendation of “No” (i.e., “unsuitable”) for the overseas, remote duty or operational assignment and returned to the screening SSC, who will forward to the MTF CO and NAVPERSCOM per reference (e) and (v).

(b) If the “unsuitable” determination is based on medical restrictions that affect 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 to consider a MEB to determine if TLD or referral to the DES is appropriate.

(c) If a medical disposition for assignment cannot be made within 60 days, the screening MTF must:

1. Notify the transferring command and make the service member “unsuitable.”

2. Provider must recommend TLD status as outlined in Chapter 18 of reference (n) with input from the appropriate specialty, and in coordination with the member's transferring command. This period is devoted to intensive treatment or rehabilitation with the goal of enabling the member to deploy worldwide. For those Service members failing suitability screening, attending physicians must:

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

b. Conduct follow-up evaluations monthly. At each evaluation, document objective findings of continued unsuitability, progress toward recovery (including degree of Service member’s participation in treatment), findings and recommendations of specialty evaluations, modifications to the treatment/rehabilitation plan, and prognosis for deployability.

(d) If the Service member's condition cannot be corrected during the initial or subsequent periods of TLD and treatment, or if the condition will continually interfere with, or preclude the Service member to either effectively function in an operational arena or be deployable, notify the transferring command and the respective Service Headquarters.

p. Sign NAVMED 1300/1, Part I when all requirements for suitability screening are met, including the results of the suitability inquiry. The MTF health care provider's signature denotes accountability for a complete and thorough suitability screening for each Service member and family member. Ensure that a legible provider name and contact number are annotated (printed or stamped).

q. Return the completed NAVMED 1300/1 to the screening SSC to complete the suitability screening process as described in paragraph 15 of this enclosure.

11. EFMP Referral. Any family member who has had a special medical and/or educational need identified during screening must be referred to the EFMP coordinator to initiate enrollment as described in enclosure (5).

a. Suitability screening and EFMP enrollment are two separate processes. Do not stop the member’s suitability screening process due to initiation of EFMP enrollment; suitability screening continues separately from the EFMP enrollment process per references (a) and (c).

b. Pending EFMP enrollment must be annotated on the NAVPERS 1300/16 Part II as the final EFMP category determined by NAVPERSCOM (PERS-456) may impact the Service member’s projected assignment.

12. Procedures and Responsibilities for Dental Screening. References (b) and (u) provide policy on dental screening. Service member and family members are unsuitable for an overseas, remote duty, or operational assignment if Dental Class 3 or 4. Children who are younger than 6 months do not require a dental screening; pediatricians may screen for children less than 24 months with no teeth. Dental health care providers responsible for suitability screening must:

a. Review military and civilian dental records (as available) for each Service member and family member to determine if an examination or treatment is required.

(1) Active and Reserve component personnel require an annual dental examination.

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

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

(4) If treatment is indicated:

(a) For Service members, arrange for any required treatment at a Navy MTF or elsewhere if necessary.

(b) For family members, inform them of any required treatment. Advise them to have treatment completed by a civilian dentist. Family members enrolled in the TRICARE Dental Program must have treatment completed by their civilian dentist.

(c) For follow-on care such as orthodontic care, implants, specialty prosthetics, or care for other potentially complex conditions, the dental SSC must contact the gaining MTF/operational platform to determine the availability of follow-on care through suitability inquiry described below and in paragraph 13 of this enclosure.

b. Ensure the SSC is notified of the estimated date for completion of treatment and informed of any delays. If the dental treatment will exceed the 30/60-day timeline, notify the SSC who must follow procedures described in paragraph 9b(15)(a) of this enclosure to provide the Service member with documentation to give to the transferring command.

c. Conduct a suitability inquiry when any shaded block on the NAVMED 1300/1 Part II is checked or there are any concerns regarding the gaining location's dental capabilities. The final recommendation from the gaining MTF/operational platform must be received and documented before the screening is considered complete.

(1) Inform the screening SSC to forward the suitability inquiry to the gaining SSC who will attach the reply to the NAVMED 1300/1 and include: date of inquiry, POC name, MTF contact info, and availability/non-availability of care. Suitability inquiry procedures are detailed in paragraph 13 of this enclosure.

(2) Complete the NAVMED 1300/1, Part only after treatment is completed, to place member in at least Dental Class 2 after the suitability inquiry has been returned.

(a) If the gaining MTF/operational platform has the capabilities to support the Service member and/or family member, the NAVMED 1300/1 Part II, Section B will be completed with a recommendation of “Yes” (i.e., “suitable”).

(b) If the gaining MTF/operational platform does not have the capabilities to support the Service member and/or family member, the NAVMED 1300/1 Part II Section B will be completed with a recommendation of “No” (i.e., “unsuitable”).

d. Sign NAVMED 1300/1, Part II when all requirements for suitability screening are met, including the results of the suitability inquiry. The MTF health care provider's signature denotes accountability for a complete and thorough suitability screening for each Service member and family member. Ensure that a legible provider name and contact number are annotated (printed or stamped).

e. Document appropriate entries on SF 603, Medical Record-Dental, SF 603A, Medical Record-Dental-Continuation, NAVMED 6600/13, or NAVMED 6600/14, Dental Treatment.

13. Suitability Inquiries. The screening SSC must forward a suitability screening to the gaining MTF/operational platform if any shaded block is checked on NAVMED 1300/1, Part I or Part II or if there are concerns regarding the gaining location's medical, dental or educational capabilities. The reply and POC information must be attached to the NAVMED 1300/1 by the screening SSC for the medical screener's review prior to making their final recommendation. NOTE: Suitability screening and EFMP enrollment are two separate processes and suitability inquiries should occur and not wait for final EFMP category determination from NAVPERSCOM (PERS-456) per reference (a) and (c). If the services are available at the gaining MTF, do not designate the family member unsuitable.

a. The inquiry will only be sent once all pending medical appointments and supporting documentation (consultations, lab results, X-rays, etc.) are complete.

b. The suitability inquiry and reply will be through secure transmission of PHI/PII; undocumented phone conversations without attribution are insufficient. The gaining MTF/operational platform will provide a written response within 7 working days.

c. Screening is not complete without a written response from the gaining MTF/operational platform. The suitability inquiry determines: determine the gaining MTF who has the MEDCOG. The appropriate MEDCOG will act as the gaining SSC in such instances and must complete all necessary actions consistent with responsibilities of a SSC, to include coordination with the servicing TAO and the non-Navy MTF for the geographical areas of responsibility.

(1) Forward the suitability inquiry to the gaining MTF/operational platform's SSC with POC information including telephone numbers and military e-mail address to facilitate two-way communication and to clarify any residual issues. Include the following information for each Service member and/or family member requiring confirmation of the gaining location's capabilities:

(a) NAVMED 1300/1: Will include a brief history that addresses any inpatient treatments, severity, etiology, complications, current treatment and medications, necessary supplies, appliances, special accommodations, etc.

(b) DD Form 2807-1.

(c) DD Form 2792 for family members enrolled in or who have initiated EFMP enrollment; include the final EFMP category code if identified by NAVPERSCOM (PERS-456).

(d) Any supporting documentation that will assist in determining suitability.

(e) For children receiving EIS or special education services:

(1) Birth to 22<sup>nd</sup> birthday (or high school graduation): Forward a copy of the IFSP/IEP, DD Form 2792-1 to the gaining SSC and note in the message that the gaining SSC must forward to the cognizant EDIS program manager. Refer to paragraph 5 of this enclosure for more information.

(2) Ages 3 to 22<sup>nd</sup> birthday (or high school graduation): Forward the IEP and DD Form 2792-1 to the DoDEA Special Education Overseas Screening Coordinator and obtain their recommendation of available special education services. NOTE: As the recommendation for school capabilities is separate from the medical elements of the screening, the screening SSC should forward this portion of the inquiry immediately to DoDEA. Refer to paragraph 5 of this enclosure for more information.

(2) Annotate dates and gaining POC information on the NAVMED 1300/2.

d. In order to protect sensitive medical information, forward the suitability inquiry to the gaining MTF/operational platform's SSC via secure transmission of PHI/PII. Contact the gaining SSC to confirm receipt and identify estimated completion date. If a commercial express mail service is used, use a local mailing address and not a Fleet Post Office (FPO) or Army and Air Force Post Office (APO) address.

e. If the suitability screening will exceed the 30/60-day timeline, follow procedures described in paragraph 9b(15)(a) of this enclosure to provide the Service member with documentation to give to the transferring command.

f. Ensure only MTF personnel or the gaining command's SMO/SMDR are involved in the suitability inquiry recommendation. The military medical department responsible for care at the overseas location must be responsible for determining the adequacy of medical care per reference (ad) to make a recommendation based on MTF and TRICARE capabilities. Service member and family members, their personal contacts, or personnel from other activities do not make suitability recommendations or determinations.

g. The gaining SSC must follow procedures described in paragraph 14 of this enclosure.

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

(1) Attach the written responses from the gaining SSC and DoDEA Special Education Overseas Screening Coordinator to the NAVMED 1300/1. Document the date of receipt and POC on the NAVMED 1300/2.

(2) If a written response is not received from the gaining SSC within 7 working days, request the assistance using the chain of command, and notify the appropriate Navy Medicine region and medical TYCOM Surgeon to take corrective action if necessary.

i. Forward the NAVMED 1300/1 with the attached inquiry response to the medical and/or dental officer for completion of NAVMED 1300/1.

#### 14. Procedures and Responsibilities for the Gaining MTF

a. The suitability recommendation is based on the gaining MTF/operational platform's capabilities to meet the needs of the Service member and/or family member and includes the review of:

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

(2) The current and projected medical and dental capabilities of the gaining MTF/operational platform, other local MTFs (to include non-Navy MTFs) and the TRICARE network.

(3) The availability of ancillary, early intervention, special education and/or 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.
- b. The SSC at the gaining MTF or the SMDR of the gaining operational platform must:
- (1) Track the suitability inquiry and reply via secure transmission of PHI/PII means to the screening MTF within 7 working days of receipt of the inquiry.
  - (2) Forward the inquiry to the appropriate staff to determine the availability of medical, dental, or educational resources to support the needs of the Service member or family member. Consideration should be given to any projected changes (incoming or outgoing) in specialty requirements for the length of the Service member's assignment. For example, neurology services may be currently available, but the services may be projected to discontinue within 12 months of the Service member or family member's arrival.
  - (3) Coordinate with the Military Medical Department's SSC counterpart at facilities supporting the location where the Service member will be assigned to include non-Navy MTFs.
  - (4) For Service members in receipt of orders or OSN to an overseas operational assignment, ensure coordination and approval occurs with the SMDR.
  - (5) For Service members with orders or an OSN to remote areas overseas or areas outside of the enrollment of a MTF (including embassies or consulates):
    - (a) The gaining SSC must forward the inquiry to the servicing TAO using a secure transmission of PHI/PII; document the POC information and the dates of inquiry and receipt of response on the NAVMED 1300/2.
    - (b) The servicing TAO will ensure a review and provide a response to the gaining SSC based on medical capabilities through the Managed Care Support Contractor (MCSC). Attach the TAO's response to the NAVMED 1300/1.
  - (6) For infants, toddlers and children receiving early intervention or special education services, determine any current and/or projected lack of capabilities with the potential to impact the provision of services listed on the child's IFSP or IEP. This information must be included in the reply to the screening SSC.
    - (a) Reference (m) directs that family members who require early intervention or special education services must receive the same consideration for family travel at Government expense to an overseas duty location as families who don't require such services. NOTE: DoDEA is also responsible for the Non-DoD Schools Program (NDSP) to support duty locations that do not have DoD schools.



(b) The gaining SSC must report this information in the written response to the screening SSC to inform the family and the transferring command to accurately represent capabilities and assist in the overall suitability determination.

(7) For infants and toddlers receiving or undergoing eligibility to receive EIS, forward the IFSP and DD Form 2792-1 to the cognizant EDIS program manager for a recommendation regarding their capabilities to provide EIS. NOTE: EDIS must coordinate suitability screening inquiries with the DoDEA Special Education Overseas Screening Coordinator for children receiving EIS who are 24 months of age or older to address potential need for transition to special education services at the time of the child's 3<sup>rd</sup> birthday.

(8) For preschool and school-age children receiving or undergoing eligibility to receive special education services the SSC must:

(a) Forward the DD Form 2792-1 and the IEP and/or IFSP to the cognizant EDIS program manager (may be led by Army, Navy, or Air Force) for their recommendation regarding capabilities to provide related services.

(b) Confirm the DoDEA Special Education Overseas Screening Coordinator special education coordinator received the DD Form 2792-1 and IEP from the transferring SSC and is providing a recommendation of availability of special education services to the screening SSCs.

(9) Contact the screening MTF if additional information is needed. The assessment of risk may require one-on-one communication between health care providers at the gaining MTF/operational platform and at the screening MTF.

c. The gaining MTF or SMDR for the operational platform is most knowledgeable about available resources and makes the final recommendation of medical capabilities.

d. Suitability recommendations are conveyed between SSCs at the screening and gaining MTFs/operational platforms and not through the Service member, family member, or personal contact. Exercise caution when offering information outside of regular channels, although Service member and family members are afforded every courtesy. Such information can be misconstrued or interpreted to meet preconceptions or personal objectives.

e. After arrival of the Service member and/or family members:

(1) Ensure health records of newly arrived Service member and family members are reviewed to determine if they were properly screened and that the services to address any special medical and/or educational needs are available.

(2) Promptly submit suitability screening deficiency reports to the parent command for gained Service member and family members with suitability screening errors following procedures in paragraph 16 of this enclosure.

15. Completion of Suitability Screening. The screening SSC must:

a. Ensure the NAVMED 1300/1, Part I and II, for each Service member and family member is complete, legible, contains required signatures, and the responses and recommendations from the suitability inquiries are attached.

(1) If the screening MTF and the gaining MTF/operational platform non-concur over suitability, communication between the gaining and screening health care providers must occur prior to finalizing the recommendation of NAVMED 1300/1 and NAVPERS 1300/16. If necessary, the screening MTF must obtain further expert advice, which may include additional specialty consultation and the TYCOM's Surgeon Office/responsible Navy Medicine region.

(2) For a Service member with an unresolved suitability recommendation, NAVPERSCOM (PERS-454) medical officer must review for suitability and make the final decision if the Navy Medicine region/TYCOM Surgeon cannot resolve at his/her level.

(3) For a family member with an unresolved suitability recommendation, BUMED Family Readiness must obtain further expert advice as needed. BUMED Family Readiness must review for suitability in coordination with the NAVPERSCOM (PERS-454) medical officer and make the final decision if it cannot be resolved at the Navy Medicine region.

b. Annotate any pending EFMP enrollments on NAVPERS 1300/16 Part II prior to the MTF CO/OIC's final review, indicating that final EFMP category determination from NAVPERSCOM (PERS-456) may impact the Service member's projected assignment. HQMC EFMP does not assign EFMP categories.

c. Prepare the screening package for the MTF CO/XO or OIC's review (to include recommendations from inquiries) and completion of the NAVPERS 1300/16, Part II.

d. Submit the screening documents to the MTF CO/XO or OIC, who must review the screening forms and complete and sign NAVPERS 1300/16, Part II. Delegation below the XO or officers in charge (OIC) is not authorized on the NAVPERS 1300/16; any other individuals must be designated in writing by direction and no lower than the department head level.

(1) Separate recommendations are made for the Service member and each family member based on the gaining location's capabilities to meet their specific needs.

(2) Return the signed NAVPERS 1300/16, Part II and screening forms (NAVMED 1300/1, NAVMED 1300/2, DD Form 2807-1) to the SSC.

e. Retain a file copy of the signed NAVPERS 1300/16, Part II per reference (s) and give the original to the Service member with instructions to deliver to transferring command immediately for final suitability determination.

f. The completed NAVMED 1300/1 and NAVMED 1300/2 contain sensitive personal, medical, dental, and educational information to be used only for suitability recommendations. Do not provide completed forms (or information on these forms) to any person or entity other than “need to know” personnel involved with the medical, dental, or educational suitability determination.

g. For Service and family member screened:

(1) The NAVMED 1300/1, NAVMED 1300/2, and DD Form 2807-1, supplemental documentation, and suitability inquiry messages must be filed in the individual’s STR/NSTR or DoD electronic health record. For operational platforms without capability to upload medical documents, send the documents electronically to the MTF with MEDCOG.

(2) Retain a file copy of the completed NAVPERS 1300/16, NAVMED 1300/1, NAVMED 1300/2, and DD Form 2807-1, supplemental documentation, and suitability inquiry messages per reference (s).

#### 16. Special Cases

a. New Accession/First Term Service Member assignments:

(1) The screening MTF supporting the initial duty station must conduct an initial suitability screening for the Service member and family members before a Service member is assigned to intermediate duty assignment. The initial screening is valid for 12 months. NOTE: A suitability screening is not considered complete nor can a recommendation be made until final assignment location is known. Final suitability disposition (Section B of the NAVMED 1300/1 Parts I and II must not be completed until final assignment location has been identified and any necessary suitability inquiries have been accomplished.

(2) The initial suitability screening must be as complete as soon as possible even if the location of the final assignment is not known. Annotate the screening form to indicate incomplete or pending items.

(3) Inform the Service member of their responsibility to inform his or her command and the SSC at the intermediate MTF of any change in medical, dental, or educational status per reference (c). 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.

(4) The MTF conducting the initial screening places copies of the screening forms (NAVMED 1300/1, NAVMED 1300/2, and DD Form 2807-1 for each Service and family member in the medical record and retains a copy before the transfer to the intermediate duty assignment. The Service member takes the originals to the intermediate duty assignment.

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

(6) Once the screening is completed by the intermediate MTF and the NAVPERS 1300/16 is completed and returned to the member's intermediate duty station, intermediate duty station must coordinate with initial duty station for reporting in BOL.

b. Consecutive Assignments and Intra-Theatre Transfers

(1) Suitability screening is required upon receipt of PCS orders or an OSN to a new overseas or operational platform, including any consecutive assignments or intra-theater transfers. The gaining MTF/operational platform must provide a suitability recommendation for the Service member and family members and may not be waived.

(2) Consecutive assignments for Service members, who have children with disabilities who were born, adopted or whose disability was identified at the overseas or remote duty location, require particular attention. Special medical and/or educational needs requirements may exceed the capabilities of the current duty station. The SSC must ensure coordination with DoDEA and the cognizant EDIS program manager.

c. Family Members Joining Service Members at Overseas or Remote Duty Assignments

(1) Unaccompanied Service members at accompanied tour locations may request an accompanied tour and command sponsorship for family members.

(2) If command sponsored, suitability screening is required for each family member, screening conducted within the past 12 months meets this requirement, provided the Service member signed a statement indicating that they must notify their command of any change in medical, dental or educational 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 that might alter the initial suitability recommendation.

d. Non-Navy MTF or Non-Navy Civilian Health Care Providers

(1) Suitability screening may be completed by other than a Navy MTF with the coordination of a Navy MTF for final review per reference (a) when:

- (a) Family members do not reside with sponsor.
- (b) Service member is deployed.

- (c) Service member is screened separately by a battalion or flight surgeon to save duty time.
- (d) Family members are enrolled in a civilian health care program such as TRICARE.
- (e) Service member or family members are not located near a Navy MTF
  - 1. Receives care at Army, Air Force, Coast Guard, or public health service facilities.
  - 2. Receives care through a non-MTF civilian health care provider.
- (f) Family member is in college or residential facility.
- (g) Children reside with separated or divorced spouse.
- (h) Family members were not initially screened before an intermediate duty assignment.

(2) The transferring command contacts the nearest Navy MTF utilizing the MEDCOG Responsibility Guide in enclosure (6) to act as the SSC to coordinate suitability screening. Non-Navy MTFs or Non-MTF civilian health care providers do not have the knowledge or authority to make recommendations regarding the capabilities at a gaining Navy MTF and/or operational platforms. The SSC with MEDCOG must:

- (a) Coordinate the screening process following procedures in paragraph 9 of this enclosure.
  - 1. Provide guidance to the non-Navy MTF or Non-MTF civilian health care provider on requirements and procedures addressed in this instruction.
  - 2. Provide the required forms to include NAVMED 1300/1, NAVMED 1300/2, DD Form 2807-1, and DD Form 2792 (for family members enrolled in EFMP), and DD Form 2792-1 (dependent children birth to 22<sup>nd</sup> birthday or high school graduation).
  - 3. Provide a telephone number, military e-mail address, and duty hours to answer inquiries from the Service member and family member and/or the screener.
- (b) Contact the EFMP coordinator to confirm or initiate EFMP enrollment for any family members who had a special medical and/or educational need identified in the screening process (DD Form 2792 must be completed by the primary care provider (military or civilian) and DD Form 2792-1 by the early intervention program or education official). Enclosure (5) contains EFMP enrollment procedures.

(c) Coordinate the review of the completed forms with the medical and dental screeners.

1. Submit the completed paperwork to the medical and dental screeners. The screeners must review the paperwork as described in paragraphs 10 and 12 of this enclosure.

2. Complete any necessary suitability inquiries as described in paragraph 13 of this enclosure.

3. The medical and dental screeners must complete Section B of Parts I and II of the NAVMED 1300/1 and provide an overall suitability recommendation (“yes” or “no”) and legibly complete the “MTF Medical Screener” POC information in Section C and sign. The MTF health care provider's signature denotes accountability for a complete and thorough suitability screening for each Service member and family member. Ensure that a legible provider name and contact number are annotated (printed or stamped).

(d) Complete the screening process and NAVPERS 1300/16 Part II following the procedures in paragraph 15 of this instruction.

(3) Non-Navy MTF providers/Non-MTF civilian health care providers/ must:

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

(b) Obtain guidance and forms (NAVPERS 1300/16, NAVMED 1300/1, and NAVMED 1300/2) required for completion of the suitability screening from the screening SSC with MEDCOG.

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

(d) Not provide recommendations regarding the capabilities at a gaining Navy MTF and/or operational platform or make overall final recommendation for suitability of Service member and/or family members.

(e) Complete and legibly sign the appropriate “Non-MTF Civilian Medical Screener” portion of the NAVMED 1300/1 Part I (medical) and II (dental) and enter name, telephone number, and address sections. Specialty and title/position are also desirable.

(f) Return completed (NAVPERS 1300/16, NAVMED 1300/1, and NAVMED 1300/2) and supporting documents for each Service member and family member to the screening SSC to complete the process for final review and recommendation.

(4) If a Service member elects to use a civilian provider outside the TRICARE network to screen family members, the member is responsible for civilian health care provider costs, which include related care such as tests, referrals, examinations, immunizations, etc., except when TRICARE covers part or all of the cost.

e. Field or Sea Deployments

(1) Suitability screening for Service members may be completed in the field or at sea if no specialized consults, tests, or procedures are required. A general medical officer (GMO), nurse practitioner (NP), physician assistant (PA) or IDC must conduct the screening.

(2) Family members are screened at a fixed Navy MTF, or at a non-Navy MTF or by a Non-MTF civilian health provider as described in paragraph 16d of this enclosure.

(3) The CO or OIC of a Navy MTF reviews the Service member and family members screening forms (NAVMED 1300/1, NAVMED 1300/2, and DD Form 2807-1) and makes the final suitability recommendation. Enclosure (6) must be used to determine the screening and/or gaining MTF who has the MEDCOG per reference (w) for Service members or family members at duty stations not near a Navy MTF. The appropriate MEDCOG will act as the SSC in such instances and must complete all necessary actions consistent with responsibilities of a SSC.

f. Air Facility and Field Activity Assignments

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

(2) Family members are screened at a fixed Navy MTF, or at a non-Navy MTF or by a Non-MTF civilian health provider as described in paragraph 16d of this enclosure.

(3) The CO or OIC of a Navy MTF reviews the Service member and family members screening forms (NAVMED 1300/1, NAVMED 1300/2, and DD Form 2807-1) and makes the final suitability recommendation. Enclosure (6) must be used to determine the screening and/or gaining MTF who has the MEDCOG per reference (x) for Service members or family members at duty stations not near a Navy MTF. The appropriate MEDCOG will act as the SSC in such instances and must complete all necessary actions consistent with responsibilities of a SSC.

17. Suitability Screening Deficiency Reports

a. To identify and correct failures in the suitability screening process, the gaining MTF's CO/OIC (or SMDR of an operational command) must alert the parent command who must submit a suitability screening deficiency report per reference (d).

b. In addition, the gaining SSC must alert BUMED Family Readiness (usn.ncr.bumedfchva.mbx.bumed-suitability-screening@mail.mil) when:

- (1) The deficiency pertains to a special medical and/or educational need.
- (2) Service member and/or family members arrive without having completed a medical, dental, or educational screening.
- (3) The screening MTF identified a medical need and made a suitability recommendation without coordinating with the gaining MTF/operational platform.
- (4) The screening MTF identified a need for early intervention or special education services and made a suitability recommendation without coordinating with the gaining MTF and/or DoDEA Special Education Overseas Screening Coordinator.
- (5) The screening MTF identified a need for follow-up dental treatment and made a suitability recommendation without coordinating with the gaining MTF/operational platform.
- (6) The Service member did not report a known special medical and/or need or did not submit their EFMP paperwork to the screening MTF before transfer.
- (7) Medical, dental, or educational screening records are incomplete, missing, illegible or do not contain required signatures.
- (8) The screening MTF identified a special medical and/or educational need, submitted a suitability inquiry to the gaining MTF and recommended that the Service member and/or family member was unsuitable, but travel was authorized to new location by the transferring command or NAVPERSCOM.

c. For Marines Corps personnel, reference (f) contains 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. For Marine Corps Personnel, forward a copy of the deficiency report to HQMC MRA MF MFY-1, and include BUMED Family Readiness, the screening SSC responsible for the original screening, and the cognizant battalion surgeon for operational platforms.

e. For suitability screening deficiency reports with medical, dental or education issues, BUMED Family Readiness must research the deficiency and recommend corrective action to NAVPERSCOM for Navy personnel and HQMC for Marine Corps personnel. BUMED Family Readiness must submit quarterly summary of substantiated deficiency reports.



18. ER

a. If it is determined by the servicing MTF or operational platform that the medical needs of the Service member cannot be met, the MTF must place the Service member on TLD and indicate medical requirements on the Abbreviated MEBR. The Service member's CO must also request an ER per reference (d).

b. If it is determined by the servicing MTF that the medical/educational needs of a dependent cannot be met, the Service member must immediately enroll their dependents in the EFMP. The Service member's CO, based on the recommendation from the MTF, may request an ER/Early Return of Dependents (ERD).

c. Direct communication between the screening and gaining SSCs must occur prior to initiation of any efforts to return the Service member or family member to their duty station to obtain clarifying information.

d. Reference (d) contains guidance on ER/ERD. All requests for ER/reassignment (humanitarian reassignment in the Marine Corps) are submitted via BOL by the parent command. If the reason is due to a possible suitability screening deficiency, the ER and deficiency reports are combined and must follow procedures described in paragraph 18 of this enclosure. The MTF must alert BUMED Family Readiness ([usn.ncr.bumedfchva.mbx.bumed-suitability-screening@mail.mil](mailto:usn.ncr.bumedfchva.mbx.bumed-suitability-screening@mail.mil)) of all recommended ER/ERD when it is deemed the MTF cannot support the medical needs of the individual.

e. NAVPERSCOM must determine each case based on its own merits per reference (d).

MEDICAL ASSIGNMENT SCREENING

1. General. This enclosure contains policy, procedures, and responsibilities for conducting MAS per references (g) and (ae). MAS identifies ongoing medical conditions that may limit the Service member's ability to deploy. Continued TLD and/or referral to the DES should be considered for members who have medical limitations which interfere with their ability to perform the duties of their office, grade, rank, or rating. MAS information is used by the Service Headquarters to make assignments to appropriate locations or platforms consistent with the Service member's medical limitations or to make administrative determinations regarding the Service member.

2. Procedures and Responsibilities for MAS

a. MAS must be conducted per reference (g) and is required when:

(1) Directed by NAVPERSCOM due to an unresolved RTD from TLD/PEB adjudication or continued unsuitability to PCS assignments.

(2) A Service member from special communities (e.g., submarine, nuclear, air crew duty, Explosive Ordnance Disposal (EOD), and Special Warfare) is returned to duty from a period of TLD.

(3) A Service member requests conversion after completing a period of TLD and/or disqualified from the following communities: submarine, nuclear, air crew duty, EOD, and Special Warfare.

b. The Service member's parent command is responsible for MAS. The parent command must ensure:

(1) The Service member is referred to a MTF and completes MAS after meeting one of the conditions described in paragraph 2a of this enclosure.

(2) The MAS report and process are completed not later than 15 days after the member meets one of the conditions described in paragraph 2a of this enclosure.

c. The MTF Deployability Coordinator must:

(1) Coordinate the MAS within the MTF upon referral of a Service member from the parent command.

(2) Inform the parent command when a Service member fails to report for a scheduled MAS appointment.

(3) Inform the parent command of any delays that may preclude meeting the 15-day timeline.

(4) Maintain a dialogue with the SSC to be informed of Service members whose suitability screening results in “unsuitable” based on their inability to perform the duties of his or her office, grade, rank, or rating as a result of illness, injury, or disease.

(5) Maintain a dialogue with parent commands to facilitate the immediate referral of Service members for MAS. Ongoing communication must ensure prompt reporting and help prevent Service members from commencing screening so late in the 15-day period that the MTF cannot reasonably complete the screening in the required timeframe.

(6) Forward results of the completed MAS must be completed no later than 15 days after initiation and forwarded via message traffic to the Command, NAVPERSCOM (PERS-40BB) and NAVPERSCOM (PERS-454) per reference (g). NAVPERSCOM (PERS-454) may be e-mailed at [mill\\_DAOPers-454@navy.mil](mailto:mill_DAOPers-454@navy.mil).

d. The military physician, NP, PA, or IDC conducting the MAS must:

(1) Thoroughly review all medical records and pertinent information regarding the Service member’s medical condition and limitations.

(2) Complete the NAVMED 1300/3, MAS, and supporting all “yes” answers on the form with thorough and specific information to include:

(a) Reason/diagnosis for any medical evaluation boards.

(b) ICD code(s).

(c) Limiting conditions, prognosis, and timeline for improvement.

(d) Other pertinent information.

(3) Return the completed NAVMED 1300/3 promptly to the deployability coordinator of any delays that may preclude meeting the 15-day timeline.

e. Upon receipt of the completed NAVMED 1300/3 the Deployability Coordinator must:

(1) Review NAVMED 1300/3 to ensure it is complete and legible.

(2) Place a copy of the NAVMED 1300/3, in the Service member’s medical record and TLD or PEB file, as applicable.

(3) Retain an audit copy. The retention period is 2 years after which the record is destroyed.

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(4) Forward the completed NAVMED 1300/3, via message traffic to the Command, NAVPERSCOM (PERS-40BB) and NAVPERSCOM (PERS-454) as per reference (g). NAVPERSCOM (PERS-454) may be e-mailed at [mill\\_DAOPers-454@navy.mil](mailto:mill_DAOPers-454@navy.mil).

EXCEPTIONAL FAMILY MEMBER PROGRAM  
IDENTIFICATION AND ENROLLMENT

1. General. This enclosure contains policy, procedures and responsibilities for the identification and enrollment of family members into the EFMP.

a. The objectives of the EFMP are:

(1) Identify, document, and code special medical and/or educational need requirements of family members for consideration by military personnel activities during the assignment process.

(2) Provide a comprehensive and coordinated approach for medical, educational, community, and personnel support for families.

b. References (h) through (k) provide DON and Navy EFMP policy. EFMP enrollment is mandatory and may result from:

(1) Identification of a qualifying condition during routine health care by a MTF or TRICARE provider,

(2) Self-identification by a Service member or family member, or

(3) Identification of a qualifying condition during suitability screening.

(a) Do not stop the suitability screening process for the EFMP enrollment per references (a) and (c). Suitability screening continues separately from the EFMP enrollment process. However, priority must be given to packages for Service members with orders or an OSN that require suitability screening.

(b) The screening SSC must forward a suitability inquiry to the gaining SSC and must include the EFMP paperwork. However, final category is not necessary to make a suitability recommendation; the screening SSC must follow procedures described in paragraph 13 of enclosure (3).

c. Information regarding the Navy EFMP is available online at:  
<http://www.npc.navy.mil/CommandSupport/ExceptionalFamilyMember>.

d. Reference (k) provides EFMP policy for the Marine Corps, which is separate from the Navy EFMP. Marine Corps personnel coordinate enrollment/disenrollment with the EFMP Coordinator at Marine Corps Community Services (MCCS). Information regarding the Marine Corps EFMP is available online at: <http://www.manpower.usmc.mil/HQEFMP> or in the Marine Corps EFMP brochure available at MCCS.

e. Navy MTFs supporting other uniformed services (Air Force, Army, or Coast Guard) must complete the EFMP enrollment DD Form 2792, and DD Form 2792-1, for family members of these Services and forward the forms to the appropriate EFMP manager.

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

g. EFMP enrollment is a prerequisite for participation in the TRICARE Extended Care Health Option (ECHO) Program (unless waived in specific situations by TRICARE while maintaining DEERS eligibility). A qualifying sponsor must show proof of enrollment when applying for the ECHO benefit.

2. Criteria for EFMP Enrollment. Family members who meet one or more of the following special medical or educational needs criteria per reference (m) are enrolled in the EFMP:

a. Potentially life-threatening conditions and/or chronic medical or physical conditions, to include dependents enrolled in or seeking enrollment in the Incapacitated Dependent Program.

b. Current and chronic (duration of 6 months or longer) mental health condition; or inpatient or intensive outpatient service within the last 5 years. This includes medical care from any provider, including a primary health care provider.

c. Requires adaptive equipment, assistive technology devices or services, and/or environmental/architectural considerations.

d. Special educational needs:

(1) An infant or toddler with a developmental disability or potential disability (birth to 36 months) who has or requires an IFSP specifying EIS.

(2) A preschool or school-age child with an educational disability (ages 3 to 22<sup>nd</sup> birthday) who has or requires an IEP specifying special education services.

e. 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. Responsibilities of the EFMP coordinator. The EFMP coordinator must:

a. Oversee the identification and initiation of enrollment of eligible Service member and family members.

b. To request Navy Family Accountability Assessment System (NFAAS) EFMP coordinator access, submit the individual's EFMP coordinator appointment letter along with the following information to: [usn.ncr.bumedfchva.mbx.bumed-efmp@mail.mil](mailto:usn.ncr.bumedfchva.mbx.bumed-efmp@mail.mil).

- (1) Rank, First Name, Last Name
- (2) MTF Name/Location
- (3) EDI-PI from Common Access Card (CAC) (DoD ID number)
- (4) Are you already an NFAAS user?
- (5) Telephone Number
- (6) E-mail Address (Navy.mil or mail.mil address)
- (7) Individual's role

(8) Is the individual an addition or replacement? If replacement, complete the deactivation information below.

c. To deactivate NFAAS EFMP Coordinator access, please submit the following information to: [usn.ncr.bumedfchva.mbx.bumed-efmp@mail.mil](mailto:usn.ncr.bumedfchva.mbx.bumed-efmp@mail.mil).

- (1) Rank, First Name, Last Name
  - (2) What date should NFAAS EFMP Access stop?
- d. Use the EFMP module in NFAAS for all EFMP enrollments, updates, and disenrollments.
  - e. Prioritize EFMP enrollments that impact suitability screenings.
  - f. Distribution of current EFMP enrollment (DD Form 2792 and DD Form 2792-1) located at the Defense Technical Information Center:
  - g. Provide EFMP information to Service member and family members, installation commands and activities, and MTF personnel.
  - h. Provide EFMP training to MTF personnel.
  - i. At locations with a Department of Defense Domestic School or DoDDS, coordinate with the school and the local educational and EDIS program manager.
  - j. Collaborate with EFMP Family Support personnel (EFMP Case liaison at Fleet and Family Support Centers (Navy) or Family Case Worker (Marine Corps) at Marine and Family Programs) and refer families as indicated. EFMP Family Support provides information and

referrals (non-medical case management) to community resources and initiates a smooth transfer to gaining EFMP Family Support personnel during PCS moves to assist families during their time of transition and arrival at their new duty location. EFMP Family Support personnel provide training and marketing to families, commands and community organizations. EFMP coordinators should partner with EFMP Family Support personnel to assist as needed.

k. Collaborate with MTF medical case manager and/or referral manager to assist families who may have more significant medical needs.

l. Confirm that all potential enrolled dependents are in NFAAS and the DEERS.

m. For each family member qualifying for enrollment, provide and assist the Service member with:

(1) DD Form 2792, This must be completed for all EFMP enrollments, to include those receiving only early intervention or special education services.

(2) DD Form 2792-1. Only completed for children ages birth to their 22nd birthday who receive early intervention or special education services. NOTE: The DD Form 2792-1 will be completed for every dependent child during suitability screenings for overseas or remote duty assignments regardless of EFMP enrollment, following procedures in enclosure (3).

4. Procedures for EFMP Enrollment and Updates. The MTF EFMP coordinator must:

a. Provide a DD Form 2792 to all family members with a special medical and/or educational need:

(1) Ensure the patient, parent or guardian reads and understands the “Privacy Act Statement” and “Authorization for Disclosure of Medical Information” sections (page 1) of DD Form 2792 and provides a signature and date on the bottom of the page. A separate form is completed for each individual enrolled.

(2) Assist the patient, parent or guardian with completing the ‘Demographic/Certification’ section (page 2) of DD Form 2792. Ensure all information is accurate and complete.

(3) Ensure the primary care manager and/or specialist completes the medical summary. Additional addenda are completed when asthma, a mental health condition, and/or autism spectrum disorders are present.

b. Provide a DD Form 2792-1 when the child is receiving or undergoing eligibility for early intervention or special education services.



(1) For infants and toddlers receiving EIS:

(a) Ensure the Service member reads and understands the 'Privacy Act Statement' and completes the 'Demographics' section of the DD Form 2792-1. Ensure all information is accurate and complete.

(b) Ensure the child's local early intervention program completes the appropriate sections of the DD Form 2792-1 and provides a copy of the current IFSP.

(c) Attach the IFSP to the completed DD Form 2792-1.

(d) Ensure the parent or guardian has signed the DD Form 2792-1 authorizing the release of early intervention information.

(e) A completed DD Form 2792 must also be submitted as part of the enrollment package.

(2) For preschool or school age family members receiving special education (to include related services):

(a) Ensure the Service member reads and understands the 'Privacy Act Statement' and completes the 'Demographics' section of DD Form 2792-1. Ensure all information is accurate and complete.

(b) Ensure the student's school completes the appropriate sections of the DD Form 2792-1 and provides a copy of the current IEP.

(c) Attach the IEP to the completed DD Form 2792-1.

(d) Ensure the parent, guardian, or student (who has reached the age of majority) has signed the DD Form 2792-1 authorizing the release of educational information.

(e) Ensure a DD Form 2792 is completed and submitted as part of the enrollment package.

(f) Review the enrollment Forms DD Form 2792 and DD Form 2792-1 to ensure they are complete and contain the required signatures and attachments.

(g) Coordinate enrollment with the SSC when a Service member is in receipt of orders, or OSN for any overseas, or remote duty assignment.

c. Compile the completed EFMP package with supporting documents and complete the following:

(1) For family members of Navy personnel:

(a) Upload the enrollment forms DD Form 2792 and DD Form 2792-1 and any supporting documents into NFAAS to the appropriate Central Screening Committee. Secure transmission of PHI/PII may be used only if NFAAS is not available.

1. For commands located in the United States east of the Mississippi River and in Africa, Europe, the Caribbean, Middle East, and South America.

2. For commands located in the United States west of the Mississippi River, including Alaska, west Pacific and Asia, including Hawaii and Guam.

(b) Annotate any time sensitivity on the EFMP enrollment (such as suitability screening or ER requests) and alert the Central Screening Committee of any pending deadlines.

(2) For family members of Marines, EFMP paperwork will be forwarded to HQMC EFMP (MFY-1).

(3) Retain a file copy of the completed DD Form 2792, DD Form 2792-1 and supplemental documentation per reference (s).

(4) File the original EFMP forms (DD Form 2792 and DD Form 2792-1) in the family member's medical record.

(5) Provide a copy of completed DD Form 2792 and DD Form 2792-1 to the sponsor/spouse.

d. File the original completed DD Form 2792 and DD Form 2792-1 in the family member's medical record.

e. Assist Navy and Marine Corps Service members to update enrollment per references (i) through (k).

f. Protect the sensitive personal, medical, and educational information contained on the completed DD Form 2792 and DD Form 2792-1. These forms (or information on these forms) must be provided to persons or entities with a "need to know" basis associated with the EFMP during the suitability screening process.

(1) The DD Form 2792 must be shared with medical personnel only.

(2) Educational (early intervention, special education and related services) information (to include DD Form 2792-1, IFSPs, and IEPs) may be shared with EDIS, DoDEA, or local educational agencies for the purpose of making placement determinations.

(3) Use secure transmission of PHI/PII when sharing information.

5. Procedures and Responsibilities for EFMP disenrollment. Family members are disenrolled from the EFMP when:

a. The family member no longer requires ongoing health care, specialty services, early intervention, or special education.

(1) The Service member must submit DD Form 2792 and DD Form 2792-1 (only for children receiving EIS or special education services) that will contain information to support that the family member should no longer be enrolled to the EFMP coordinator.

(2) The EFMP coordinator forwards the EFMP forms (DD Form 2792 and DD Form 2792-1) of Navy family members to the regional Central Screening Committee, and Marine family members to HQMC EFMP (MFY-1) for disposition.

b. The family member 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 must provide appropriate verification (e.g., a letter from his or her CO or OIC, a copy of a court decree or death certificate) directly to the Navy EFMP Manager or HQMC.

6. Central Screening Committee. The regional Central Screening Committee must:

a. Request NFAAS access for the EFMP module at the Central Screening Committee level from BUMED: [usn.ncr.bumedfchva.mbx.bumed-efmp@mail.mil](mailto:usn.ncr.bumedfchva.mbx.bumed-efmp@mail.mil).

b. Review the enrollment (or update) package giving priority to packages of Service members with orders/OSN that require suitability screening, and ER requests.

c. Contact the EFMP coordinator or Service member to obtain or clarify information.

d. Concur or non-concur with enrollment/disenrollment.

e. Recommend a category code based on the severity of the condition and medical or educational requirements.

f. NAVPERSCOM (PERS-456) must review the recommendation, assign a final category code and maintain the information in the NAVPERSCOM databases.

g. EFMP paperwork for family members of Marines will be forwarded to HQMC EFMP (MFY-1). The Marine Corps uses "level of need" rather than category codes; HQMC EFMP (MFY-1) will determine the family member's level of need. The Marine Corps does not use level of need for assignment purposes.

<b>MEDICAL COGNIZANCE RESPONSIBILITY GUIDE</b>		
<b>CONTINENTAL UNITED STATES &amp; OUTSIDE THE CONTINENTAL STATES</b>		
<b>State</b>	<b>MEDCOG MTF</b>	<b>MEDCOG MTF (2)</b>
<b>Alabama</b>	Naval Hospital Pensacola	N/A
<b>Alaska</b>	Naval Hospital Bremerton	Naval Hospital Oak Harbor
<b>Arizona</b>	Naval Hospital Camp Pendleton	Naval Medical Center San Diego
<b>Arkansas</b>	Naval Hospital Pensacola	Naval Health Clinic Corpus Christi
<b>California</b>	Closest California MTF with capabilities	N/A
<b>Colorado</b>	Naval Medical Center San Diego	Naval Health Clinic Corpus Christi
<b>Connecticut</b>	Naval Health Clinic New England	Walter Reed National Military Medical Center
<b>Delaware</b>	Walter Reed National Military Medical Center	Naval Health Clinic Annapolis
<b>National Capital Region</b>	Walter Reed National Military Medical Center	N/A
<b>Florida</b>	Naval Hospital Jacksonville	N/A
<b>Florida Panhandle</b>	Naval Hospital Pensacola	N/A
<b>Georgia</b>	Naval Hospital Jacksonville	Naval Hospital Beaufort
<b>Hawaii</b>	Naval Health Clinic Hawaii	Naval Medical Center San Diego
<b>Idaho</b>	Naval Hospital Bremerton	Naval Hospital Oak Harbor
<b>Illinois</b>	Captain James A. Lovell Federal Health Care Center	N/A
<b>Indiana</b>	Captain James A. Lovell Federal Health Care Center	N/A
<b>Iowa</b>	Captain James A. Lovell Federal Health Care Center	Naval Hospital Bremerton
<b>Kansas</b>	Captain James A. Lovell Federal Health Care Center	Naval Health Clinic Corpus Christi
<b>Kentucky</b>	Naval Hospital Pensacola	Captain James A. Lovell Federal Health Care Center
<b>Louisiana</b>	Naval Hospital Pensacola	N/A
<b>Maine</b>	Naval Health Clinic New England	Walter Reed National Military Medical Center
<b>Maryland</b>	Walter Reed National Military Medical Center	Naval Health Clinic Annapolis
<b>Massachusetts</b>	Naval Health Clinic New England	Walter Reed National Military Medical Center

State	MEDCOG MTF	MEDCOG MTF (2)
<b>Michigan</b>	Captain James A. Lovell Federal Health Care Center	N/A
<b>Minnesota</b>	Captain James A. Lovell Federal Health Care Center	Naval Hospital Bremerton
<b>Mississippi</b>	Naval Hospital Pensacola	N/A
<b>Montana</b>	Naval Hospital Bremerton	N/A
<b>Missouri</b>	Captain James A. Lovell Federal Health Care Center	Naval Hospital Pensacola
<b>Nebraska</b>	Captain James A. Lovell Federal Health Care Center	Naval Hospital Camp Pendleton/Naval Hospital Bremerton
<b>Nevada</b>	Naval Hospital Camp Pendleton	NMCS D
<b>New Hampshire</b>	Naval Health Clinic New England	Walter Reed National Military Medical Center
<b>New Jersey</b>	Walter Reed National Military Medical Center	Naval Health Clinic New England
<b>New Mexico</b>	Naval Medical Center San Diego	Naval Health Clinic Corpus Christi
<b>New York</b>	Naval Health Clinic New England	Walter Reed National Military Medical Center
<b>North Carolina</b>	Naval Hospital Camp Lejeune	Naval Hospital Cherry Point
<b>North Dakota</b>	Captain James A. Lovell Federal Health Care Center	Naval Hospital Bremerton
<b>Ohio</b>	Captain James A. Lovell Federal Health Care Center	Walter Reed National Military Medical Center
<b>Oklahoma</b>	Naval Health Clinic Corpus Christi	Naval Hospital Pensacola
<b>Oregon</b>	Naval Hospital Bremerton	Naval Hospital Oak Harbor
<b>Pennsylvania</b>	Walter Reed National Military Medical Center	Naval Health Clinic New England
<b>Rhode Island</b>	Naval Health Clinic New England	Walter Reed National Military Medical Center
<b>South Carolina</b>	Naval Hospital Beaufort	Naval Hospital Charleston
<b>South Dakota</b>	Captain James A. Lovell Federal Health Care Center	Naval Hospital Bremerton
<b>Tennessee</b>	Naval Hospital Pensacola	N/A
<b>Texas</b>	Naval Health Clinic Corpus Christi	N/A
<b>Utah</b>	Naval Hospital Camp Pendleton	Naval Hospital Twentynine Palms

State	MEDCOG MTF	MEDCOG MTF (2)
<b>Vermont</b>	Naval Health Clinic New England	Walter Reed National Military Medical Center
<b>Virginia, outside National Capital Region</b>	Naval Medical Center Portsmouth	Naval Hospital Camp Lejeune
<b>Washington</b>	Naval Hospital Bremerton	Naval Hospital Oak Harbor
<b>West Virginia</b>	Walter Reed National Military Medical Center	Naval Medical Center Portsmouth
<b>Wisconsin</b>	Captain James A. Lovell Federal Health Care Center	N/A
<b>Wyoming</b>	Naval Hospital Lemoore	Naval Hospital Oak Harbor
<b>Cadets, students, recruits, trainees</b>	MTF Supporting Training Base	Naval Health Clinic Annapolis, Naval Health Clinic Quantico, Naval Hospital Beaufort, Captain James A. Lovell Federal Health Care Center, Naval Medical Center San Diego, etc.

<b>Outside the Continental States Medical Cognizance Responsibility Guide</b>		
<b>Overseas Region</b>	<b>MEDCOG MTF</b>	<b>MEDCOG MTF (2)</b>
<b>Marianas, Guam</b>	U.S. Naval Hospital Guam	U.S. Naval Hospital Okinawa
<b>Australia, Indonesia, New Zealand</b>	U.S. Naval Hospital Okinawa	U.S. Naval Hospital Yokosuka
<b>Southwest Asia, Central Command, Kuwait</b>	Naval Branch Clinic Bahrain	U.S. Naval Hospital Sigonella
<b>Korea, China, Mainland Japan</b>	U.S. Naval Hospital Yokosuka	U.S. Naval Hospital Okinawa
<b>Southeast Asia, India, Pakistan, Philippines, Singapore, Taiwan</b>	U.S. Naval Hospital Okinawa	U.S. Naval Hospital Guam
<b>Western Russia</b>	Landstuhl Navy EFMP Fleet Liaison	U.S. Naval Hospital Naples
<b>Eastern Russia</b>	U.S. Naval Hospital Yokosuka	U.S. Naval Hospital Okinawa
<b>Western Europe (Germany, Belgium, Netherlands, France &amp; Poland)</b>	Landstuhl Navy EFMP Fleet Liaison	U.S. Naval Hospital Rota, U.S. Naval Hospital Naples
<b>Africa, Djibouti</b>	Landstuhl Navy EFMP Fleet Liaison	U.S. Naval Hospital Sigonella
<b>Italy</b>	U.S. Naval Hospital Naples	U.S. Naval Hospital Sigonella
<b>Israel, Turkey, Greece, Romania, Hungary, Ukraine</b>	Landstuhl Navy EFMP Fleet Liaison	U.S. Naval Hospital Naples
<b>Spain, Portugal</b>	U.S. Naval Hospital Rota	U.S. Naval Hospital Naples
<b>Northern Europe (United Kingdom, Ireland, Norway, Sweden, Finland, Denmark)</b>	Landstuhl Navy EFMP Fleet Liaison	U.S. Naval Hospital Rota, U.S. Naval Hospital Naples
<b>Eastern Canada</b>	Walter Reed National Military Medical Center	Naval Health Clinic New England
<b>Central Canada</b>	Naval Medical Center Portsmouth	N/A
<b>Western Canada</b>	Naval Hospital Bremerton	Naval Hospital Oak Harbor
<b>Western Mexico/Baja Peninsula</b>	Naval Medical Center San Diego	N/A
<b>Central Mexico</b>	Naval Health Clinic Corpus Christi	N/A

Overseas Region	MEDCOG MTF	MEDCOG MTF (2)
<b>Eastern Mexico</b>	Naval Hospital Jacksonville	N/A
<b>Central America</b>	Naval Hospital Jacksonville	Naval Medical Center San Diego
<b>Caribbean</b>	Naval Hospital Jacksonville	Naval Hospital Pensacola
<b>Bahamas, Puerto Rico</b>	Naval Hospital Jacksonville	Naval Medical Center Portsmouth
<b>South America</b>	Naval Hospital Jacksonville	Naval Hospital Pensacola



### SUITABILITY SCREENING PROGRAM OVERVIEW

- The Navy's Suitability Screening Program is designed to determine the suitability of Navy and Marine Corps Service and family members for overseas or remote duty assignments. Service Members also require suitability screening for operational assignments. Suitability Screening guidance is contained in:
    - DoD Instruction 1315.19, of 20 December 2005, Incorporating Change, 20 December 2005, Authorizing Special Needs Family Members Travel Overseas at Government Expense
    - OPNAV Instruction 1300.14D, of 9 April 2007, Suitability Screening for Overseas and Remote Duty Assignments
  - NAVPERS 15560D, Naval Military Personnel Manual, MILPERSMAN 1300-300 through 800
    - Service and family members 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 resources. This may result in increased absences from duty, decreased quality of life, Early Return from the assignment, billet gaps, and unplanned expenditure of TDY or permanent change of station (PCS) funds. Proper screening reduces costs and ensures a productive tour for the Service Member, family, and command.
  - The Navy Personnel Command (NAVPERSCOM) in Millington, TN is the proponent for the Suitability Screening Program. NAVPERSCOM (PERS-451) contact info is: 901-874-4142, DSN 882-4142, or e-mail: [overseas\\_screening@navy.mil](mailto:overseas_screening@navy.mil).
- NAVPERSCOM is responsible for:**
- Prescribing suitability screening policy.
  - Periodically reviewing the effectiveness of screening procedures.
  - Assessing screening deficiencies and coordinating corrective action.
  - Maintaining the EFMP.
- **Navy Suitability Screening forms include:**
- NAVPERS 1300/16, Report of Suitability for Overseas Assignment
  - NAVMED 1300/1, Medical, Dental, and Educational Suitability Screening for Service and Family Members
  - NAVMED 1300/2, Medical, Dental, and Educational Suitability Screening Checklist and Worksheet
- **The CO of the transferring command or unit has overall responsibility for the suitability screening process to include:**
- Ensuring each Service and family member is screened within 30 (Service member) and 60 days (family member) of receipt of transfer orders.

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- Ensuring Service and family members report to the SSC at the installation MTF promptly upon receipt of orders/OSN.
- Conducting a command review to include a review of physical fitness, performance, discipline, financial stability, individual and family characteristics, family advocacy, and drug and alcohol issues.
- Determining and documenting suitability based upon the results of the command review and the medical, dental, and educational suitability recommendation.
- For the CO of the receiving command, reporting non-compliance with screening procedures using the Suitability Screening Deficiency Report.
- For the OIC of the PDS, ensuring expeditious issuance of the transfer documents to the transferring Service Member and command, and ensuring the completion of all screening requirements before affecting the transfer.
- The Bureau of Medicine and Surgery (BUMED) also has suitability screening responsibilities. BUMED Family Readiness suitability screening organizational email is: [usn.ncr.bumedfchva.mbx.bumed-suitability-screening@mail.mil](mailto:usn.ncr.bumedfchva.mbx.bumed-suitability-screening@mail.mil).

**BUMED is responsible for:**

- Prescribing procedures for medical, dental, and educational suitability screening.
- Monitoring the execution of these screening procedures.
- Determining the cause of, and correcting medical, dental and/or educational screening deficiencies.
- Recommending additions or deletions of locations considered as remote duty assignment to NAVPERSCOM.
- Maintaining and providing an updated key POC listing.
- **Navy MTFs are responsible for:**
  - Conducting medical, dental, and educational screening of Navy and Marine Corps Service Members and their families.
  - Forwarding suitability inquiries to the gaining MTF/DoDEA (any shaded block on NAVMED 1300/1 or questions or concerns regarding medical, dental and/or educational capabilities).
  - Providing a suitability recommendation to the CO of the transferring command based on medical, dental, and/or educational findings.
  - Submitting deficiency reports when a medical, dental, and/or educational deficiency is identified.
  - Identifying family members who are eligible for enrollment in the EFMP Program.

# Suitability Screening Process

## 30/60-Day Timeline Begins

**Step 1:** Orders or OSN received - conduct command review & initiate medical, dental & educational screening at supporting MTF immediately.

**Action:** Complete NAVPERS 1300/16 Part I; Provide one NAVMED 1300/2 (Checklist) and DD Form 2807-1 per Service member and family member for suitability screening information and documentation requirements

**Responsibility:** Transferring Command and Service member



**Step 2:** Conduct MTF preliminary reviews to ensure information and documentation requirements are in place.

**Action:** Collect paperwork to include DD Form 2807-1 and NAVMED 1300/2 (Worksheet) for each Service member & family member, DD Form 2792-1 for all dependent children to age 22 or high school graduation, review military and civilian medical records, and schedule medical, dental and educational screening with appointed medical and dental screeners

**Responsibility:** Screening MTF SSC



**Step 3:** Conduct medical, dental and educational screening

**Action:** Review NAVMED 1300/2, medical/civilian health record. Complete NAVMED 1300/1, Part I & II for each Service member & family member (shaded areas require inquiry)

**Responsibility:** Screening MTF's dental screener (dentist) and medical screener (military or civilian physician, nurse practitioner, physician assistant or independent duty corpsman (active duty only)).

**Step 3a:** Special medical and/or educational need identified? (Includes early intervention)

**Action:** Initiate EFMP enrollment (do not stop suitability screening process/inquiry) (DD Form 2792)

**Responsibility:** MTF EFMP coordinator

**Step 3b:** Suitability inquiry required?

**Action:** Forward inquiry documents to gaining MTF and DoDEA overseas screening coordinator (IEP & DD Form 2792-1)

**Responsibility:** Screening MTF SSC



**Step 3c:** Suitability inquiry at gaining MTF/Operational Platform/TRICARE/DoDEA

**Action:** Determine local healthcare, EDIS and/or DoDEA capability & respond to screening MTF within 7 working days

**Responsibility:** Gaining MTF SSC who coordinates with: Operational Platform SSC/ TRICARE Area Office/ EDIS/DoDEA



**Step 4:** Determine medical, dental & educational suitability based on capabilities at gaining location

**Action:** Complete and sign NAVMED 1300/1, Part I & II for each Service and family member

**Responsibility:** MTF medical and dental screener.  
NOTE: if the NAVMED 1300/1 is completed by a non-Navy MTF civilian, it must be reviewed and countersigned by an MTF screener.



**Step 5:** Make medical suitability recommendation

**Action:** Review NAVMED 1300/1, Part I & II and complete & sign NAVPERS 1300/16, Part II; Forward completed 1300/16 to Transferring Command; File suitability forms in medical record and maintain archive

**Responsibility:** MTF CO



**Step 6:** Make suitability determination based on command review and MTF recommendation

**Action:** Complete & sign NAVPERS 1300/16, Part IV

**Responsibility:** Transferring CO

30/60-Day Timeline Ends

**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 (PERS-6) have determined that the following locations in the United States are remote and require suitability screening for Service and family members before transfer.*

<i>STATE</i>	<i>LOCATION</i>
<i>Alaska</i>	<i>Kodiak</i>
<i>California</i>	<i>Bridgeport San Clemente Island San Nicolas Island</i>
<i>Florida</i>	<i>Key West</i>
<i>Hawaii</i>	<i>Barking Sands</i>
<i>Nevada</i>	<i>Fallon (special immunization requirements apply for Nevada school-age children)</i>
<i>West Virginia</i>	<i>Sugar Grove</i>

FORMS REFERENCE GUIDE  
SUITABILITY SCREENING, MEDICAL ASSIGNMENT SCREENING  
AND EXCEPTIONAL FAMILY MEMBER PROGRAM ENROLLMENT

Overseas Suitability Screening

NAVMED 1300/1 and 1300/2

DD Forms 2807-1

DD Form 2792-1 (for all dependent children from birth to 22<sup>nd</sup> birthday)

NAVPERS 1300/16, Part II

Remote Duty Suitability Screening

NAVMED 1300/1 and 1300/2

DD Forms 2807-1

NAVPERS 1300/16, Part II

Operational Suitability Screening

NAVMED 1300/1 and 1300/2

DD Forms 2807-1

NAVPERS 1300/16, Part II

Dental Suitability Screening

NAVMED 1300/1, Part II

NAVMED 6600/13

NAVMED 6600/14

Medical Assignment Screening

NAVMED 1300/3

Exceptional Family Member Program Enrollment

DD Form 2792

DD Form 2792-1 (completed only for dependent children requiring early intervention or special education services)

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 (DD Form 2807-1)	R	R	R
Dental examination	R	R	9
Exceptional Family Member Special Education/Early Intervention Summary (DD Form 2792-1)	N	N	R
Routine physical, aviation, submarine, radiation, asbestos or other type of screening or examination as required	1, 2	2	2
PHA	1	N	N
Hearing examination (audiogram)	1, 2	N	N
Vision examination	1, 2	N	N
HIV test	1	3	3
Blood type	1	N	N
G6PD test	1	N	N
PPD test	1	2	2
Sickle Cell trait test	1	N	N
DNA testing	1	N	N
Immunizations	4	5	5
Annual health maintenance examination for Servicewomen	1, 2	N	N
USPSTF Screening Tests	N	3	3
Pregnancy screen	R	6	6
IFSP	N	N	7
IEP	N	N	8

Legend:

- R - Required.
- N - Not required.
- 1 - Required if routinely due by transfer date or if not previously documented in medical record.
- 2 - Required if indicated by screening interview or review of military or civilian medical records, medical history, or CHCS data.
- 3 - Recommended but not required.
- 4 - Required if due or if specified for the destination country/location.
- 5 - Required if specified for the destination country/location; highly encouraged ACIP recommendations by age
- 6 - Recommended for females of reproductive age.
- 7 - Required if receiving early intervention services.
- 8 - Required if receiving special education and/or related services.
- 9 - Required if child is 6 months or older.

ACRONYMS

ACIP	Advisory Committee on Immunization Practices
ADHD	Attention Deficit-Hyperactivity Disorder
AIDS	Acquired Immunodeficiency Syndrome
APO	Army + Air Forces Post Office
BBP	Blood Borne Pathogens
BCAC	Beneficiary Counselor and Assistance Coordinator
BOL	Bureau of Naval Personnel Online
BUMED	Bureau of Medicine and Surgery
BUPERS	Bureau of Naval Personnel
CAC	Common Access Card
CHCS	Composite Health Care System
CO	Commanding Officer
CONUS	Continental United States
DDESS	Domestic Dependents Elementary and Secondary Schools
DEERS	Defense Enrollment Eligibility Reporting System
DES	Disability Evaluation System
DFA	Director for Administration
DNA	Deoxyribonucleic Acid
DoD	Department of Defense
DoDDS	Department of Defense Dependents School
DoDEA	Department of Defense Education Activity
DON	Department of the Navy
DSM	Diagnostic and Statistical Manual of Mental Disorders
ECHO	Extended Care Health Option
EDIS	Educational and Development Education Services
EFMP	Exceptional Family Member Program
EIS	Early Intervention Services
EOD	Explosive Ordnance Disposal
ERD	Early Return of Dependents
FAPE	Free Appropriate Public Education
FFSC	Fleet and Family Support Center
FPO	Fleet Post Office
G-6-PD	Glucose 6 Phosphate Dehydrogenase
GMO	General Medical Officer
GPMRC	Global Patient Movement Requirement Center
HIV	Human Immunodeficiency Virus
HQMC	Headquarters Marine Corps
ICD	International Classification of Diseases
IDEA	Individuals with Disabilities Education Act
IDC	Independent Duty Corpsman
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
MAP	Medical Augmentation Personnel

MAS	Medical Assignment Screening
MCCS	Marine Corps Community Service
MEB	Medical Evaluation Board
MEBR	Medical Evaluation Board Report
MEDCOG	Medical Cognizance
MEDEVAC	Medical Evaluation
MTF	Medical Treatment Facility
NAVPERSCOM	Navy Personnel Command
NEPMU	Navy Environmental Preventive Medicine Unit
NFAAS	Navy Family Accountability and Assessment System
NP	Nurse Practitioner
NDSP	Non-DoD Schools Program
NSTR	Non-Service Treatment Record
OCONUS	Outside the Continental States
OIC	Officer in Charge
OSN	Overseas Screening Notification
PA	Physician Assistant
PCS	Permanent Change of Duty Stations
PEB	Physical Evaluation Board
PHI	Protected Health Information
PII	Personal Identifiable Information
POC	Point of Contact
PSD	Personnel Support Detachment
RTD	Returned to Duty
SMDR	Senior Medical Department Representative
SMO	Senior Medical Officer
STR	Service Treatment Record
USPSTF	U.S. Preventive Service Task Force
TDY	Temporary Duty
TAO	TRICARE Area Office
TLD	Temporary Limited Duty
TYCOM	Type Commander
XO	Executive Officer