U.S. DOD Form dod-navmed-1300-1

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

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

PART I

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

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

NAVMED 1300/1 (Rev. 02-00)