

MEDICAL AND DENTAL OVERSEAS SCREENING REVIEW
FOR ACTIVE DUTY OR DEPENDENT

EXAMINEE	GRADE, RATE, OR DEPENDENT	SSN	FMP
SPONSOR'S NAME (IF APPLICABLE)	PRESENT DUTY STATION	NEXT DUTY STATION	NEXT UIC

PART I: MEDICAL SCREENING. The purpose of the medical screening (the review of military/civilian medical records and history; and the interview with the examinee) is to assess the physical and mental suitability for transfer to overseas areas where access to medical facilities may be limited or where capabilities do not exist in certain medical specialties. SF 93, Report of Medical History, will be completed during the interview for every examinee and attached to NAVMED 1300/1.

1. Are there any chronic medical or mental conditions requiring routine or continuing access to care or access to specialized medical care?

- (,) NO - Proceed to next question.
- (,) YES - List all chronic medical or mental conditions. Indicate examinee's treatment requirements for all conditions. For dependent, complete NAVPERS 1754/3 (Form M), Rev. 5-90. Refer sponsor to Exceptional Family Member (EFM) Coordinator after medical screening.

2. (For school age child) Has dependent ever been placed in special education classes or received an Individualized Education Program (IEP) at school?

- () NO - Proceed to question 3.
- () YES - Sponsor should have NAVPERS 1754/3 (Form M), (Rev. 5-90), reviewed or completed by screener and noted under question 1 above. Refer child to Exceptional Family Member (EFM) Coordinator after medical screening.

3. (For female) Is the examinee pregnant?

- () NO - Proceed to question 4.
- () YES - Complete the following:
 - a. If complications are anticipated, ensure they are indicated in question 1 above.
 - b. Are obstetrical and pediatric care readily available at assignment location?
 - () NO - Proceed to question 5 and find examinee unsuitable for this assignment.
 - () YES - Complete next question.
 - c. Will the examinee arrive at the overseas location during the third trimester of pregnancy?
 - () NO - Proceed to question 4.
 - () YES - Proceed to question 5 and find examinee unsuitable for this assignment.

4. If question 1, 2, or 3 is answered YES, receiving MTF must be queried about local capabilities and transportation accessibility for required services. Attach reply to this form.

5. What is your recommendation on examinee's suitability for this assignment?

Suitable () Unsuitable ()

or

Military MTF: Privileged Practitioner's Signature

Civilian facility: Signature of Examining Physician

Name/Rank or Grade (Print)

Physician's Name (Print)

SSN

Address

MTF or Duty Station

City/State/Zip Code

Phone No.

Date

Phone No.

Date

PART II: DENTAL SCREENING. The purpose of the dental screening examination and dental record review is to determine if the dental health of the examinee is suitable for assignment to overseas areas where access to dental care may be limited or where the capability for dental care within a military facility does not exist. Complete SF 603, Dental Health Record, and NAVMED 6600/3, Dental Health Questionnaire, and attach to NAVMED 1300/1.

1. Does the examinee have any acute or chronic dental conditions (including active orthodontics) requiring routine or continuing access to care or access to specialized dental care?

- () NO - Proceed to question 4.
- () YES - Proceed to next question.

2. List all acute or chronic dental conditions or illnesses as noted in the (a) dental record review, (b) dental examination, and (c) interview with the examinee:

3. If examinee's condition(s) will make him/her unsuitable for this assignment and can be corrected, do not complete this form until treatment is completed and/or examinee is found suitable/unsuitable. Arrange for treatment at your clinic or elsewhere as appropriate. Can treatment be completed prior to transfer date?

- () NO - Provide service member's command with estimated date of completion of treatment and overseas screening.
- () YES - Schedule treatment and completion of screening.

4. What is your recommendation on examinee's suitability for this assignment?

Suitable () Unsuitable ()

or

Military DTF: Examining Dentist's Signature

Civilian facility: Examining Dentist's Signature

Name/Rank or Grade (Print)

Dentist Name (Print)

SSN

Dentist's Address

DTF or Duty Station

City/State

Phone No.

Date

Phone No.

Date