

SPECIAL PROGRAM SCREENING FORM

SUPPORTING DIRECTIVE MILPERSMAN 1306-900

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|-------------------|----------------------------------|
| RATE/RANK: | NAME: |
| SSN: | PROPOSED DETACHMENT DATE: |

PROPOSED PROGRAM/DUTY STATION:

SECTION A: GENERAL CRITERIA

**INTERVIEWER'S
INITIALS**

| | | | | | |
|--------------------------|---------------|--------------------------|-----------|--|--|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 1. Within the past 36 months, has member been found unsuitable or disqualified for any previous special program(s)? | |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 2. Performance Evaluation (NAVPERS 1616/26): Has member received at least 3.0 on all traits, been recommended for retention and promotable or higher for advancement for the past 36 months? | |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 3. Has member had any NJP, courts-martial, civil conviction, or significant involvement with civil authorities within the past 36 months? | |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 4. Has member had any alcohol related incidents in the past 36 months? | |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 5. Has member had any involvement with illegal drugs in the past 36 months? | |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 6. Has member signed the required OBLISERV for this program? | |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 7. Is member currently within height, weight, or body fat standards, and has member passed the most recent, regularly scheduled Physical Fitness Assessment (PFA)? | |
| HT | INCHES | | | | |
| WT | POUNDS | | | | |
| BF | % | | | | |

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|---|---------------------------------------|--------------|
| PERSONNEL OFFICER'S NAME AND RANK: | PERSONNEL OFFICER'S SIGNATURE: | DATE: |
|---|---------------------------------------|--------------|

SECTION B: MEDICAL/DENTAL SCREENING

**INTERVIEWER'S
INITIALS**

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|--------------------------|------------|--------------------------|-----------|--|--|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 1. Has member completed required medical screening for this program? If "no", will the gaining MTF accept? | |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 2. Is member in proper dental class for PCS transfer? | |

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| MEDICAL OFFICER'S NAME AND RANK: | MEDICAL OFFICER'S SIGNATURE: | DATE: |
|---|-------------------------------------|--------------|

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| DENTAL OFFICER'S NAME AND RANK: | DENTAL OFFICER'S SIGNATURE: | DATE: |
|--|------------------------------------|--------------|

SECTION C: FINANCIAL/COMMAND MASTER CHIEF SCREENING

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|--------------------------|------------|--------------------------|-----------|--|--|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Has the member been interviewed by the Command Financial Specialist per OPNAVINST 1740.5A, and is the member financially stable? | |
|--------------------------|------------|--------------------------|-----------|--|--|

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|--|--|--------------|
| COMMAND FINANCIAL SPECIALIST'S NAME AND RANK: | COMMAND FINANCIAL SPECIALIST SIGNATURE: | DATE: |
|--|--|--------------|