

PLEASE BE SURE TO FILL OUT THE FOLLOWING INFORMATION LEGIBLY.

Name:

Current Location:

Phone Number:

Email:

Age:

Next Location

DEPENDENT SUITABILITY SCREENING CHECKLIST

PLEASE FILL OUT ALL **YELLOW HIGHLIGHTED PORTIONS. **BLUE** IS FOR PROVIDER TO COMPLETE**

FOR ANY QUESTIONS PLEASE REFER THEM TO THE SUITABILITY SCREENING COORDINATOR.



QR CODE FOR GROUP EMAIL



HOW ARE WE DOING?

Please take a moment to provide feedback on our services by scanning the QR code above.

By providing feedback you assist us with our continuous process improvement, no matter how satisfied or dissatisfied you are. We thank you for taking the time to give your honest feedback.

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PLEASE NOTE

DO NOT SCHEDULE ANY TRAVEL ARRANGEMENTS, HOUSEHOLD GOOD PACK OUTS, OR TRAVEL ALLOWANCES UNTIL ALL MEDICAL SCREENINGS ARE COMPLETE AND YOU AND YOUR FAMILY MEMBERS HAVE BEEN ACCEPTED BY THE GAINING COMMAND. HAVING YOUR ITEMS PICKED UP BEFORE A MEDICAL APPROVAL/DENIAL HAS BEEN WARRANTED, IS NOT RECOMMENDED. PLEASE KEEP IN MIND THAT THIS MAY COMPROMISE YOU IN PAYING FOR YOUR HOUSEHOLD ITEMS TO BE SHIPPED BACK TO THE STATES YOURSELF IF YOU OR YOUR DEPENDENT IS FOUND MEDICALLY UNSUITABLE.

PLEASE READ INFO BELOW!!!

- **1. NAVMED 1300/1 PART I** - MUST HAVE CIVILIAN PRIMARY CARE SIGN OFF UNDER NON-NAVY MTF MEDICAL SCREENER.
- **2. NAVMED 1300/1 PART II** - MUST HAVE A MILITARY DENTAL PROVIDER SIGNATURE WITH A DENTAL CLASS.
- **3. DD 2807-1 REPORT OF MEDICAL HISTORY**- FILL OUT BLOCKS 1-29, WITH EXPLANATIONS OF ALL YES ANSWERS IN BLOCK 29.
- **4. DD FORM 2792-1**- REQUIRED FOR ALL DEPENDENTS AGES **BIRTH TO 21 YEARS OLD** GOING TO OVERSEAS/ REMOTE DUTY LOCATIONS.
- IF PACKAGE IS FILLED OUT BY A CIVILIAN PROVIDER IT WILL NEED TO BE COUNTERSIGNED BY A NAVY MTF PROVIDER FOR MEDICAL AND DENTAL.
- **IF A FAMILY MEMBER IS ENROLLED IN EFMP, PLEASE BRING PAPERWORK** (DD 2792; DD 2792-1; INDIVIDUALIZED EDUCATION PLAN OR INDIVIDUALIZED FAMILY SERVICE PLAN).
- **IF YOU HAVE BEEN REFERRED OR CURRENTLY UNDER THE CARE OF ANY SPECIALIST** (i.e. ORTHOPEDICS, ENDOCRINOLOGY, MENTAL HEALTH, PHYSICAL THERAPY, SPEECH THERAPY, etc.) **PLEASE COMPLETE THE FOLLOW UP APPOINTMENTS AND BRING A COPY OF ALL MEDICAL NOTES/ RECORDS FROM THAT PROVIDER.**
- **ONCE ALL OF THE ABOVE IS COMPLETE. PLEASE RETURN THE PACKET TO THE OSS OFFICE, WHERE THE SCREENER WILL SCHEDULE YOUR DEPENDENTS TO GET SEEN AT MEDICAL HOMEPORT FOR THEIR FINAL SIGNATURE.**

OSS SIGNATURE AND DATE: _____

BUMEDINST 1300.2b

Rev. May 2023