

**COASTAL RIVERINE SCREENING
NAVPERS 1300/26 (01-2013)**

Supporting Directive MILPERSMAN 1300-803

1. NAME:	2. RATE / RANK:
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3. PROPOSED DETACHMENT DATE:	4. PROPOSED PROGRAM / DUTY STATION:
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SECTION A: GENERAL CRITERIA	INTERVIEWER'S INITIALS
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1. Within the past 12 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 12 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 12 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4. Has member had any alcohol related incidents in the past 12 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5. Has member had any involvement with illegal drugs in the past 12 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)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

8. PERSONNEL OFFICER'S NAME AND RANK:	9. PERSONNEL OFFICER'S SIGNATURE:	10. DATE:
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SECTION B: MEDICAL/DENTAL SCREENING	INTERVIEWER'S INITIALS
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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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

3. MEDICAL OFFICER'S NAME AND RANK:	4. MEDICAL OFFICER'S SIGNATURE:	5. DATE:
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6. DENTAL OFFICER'S NAME AND RANK:	7. DENTAL OFFICER'S SIGNATURE:	8. DATE:
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SECTION C: COMMAND FINANCIAL SPECIALIST SCREENING
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1. Has the member been interviewed by the Command Financial Specialist per OPNAVINST 1740.5A, and is the member financially stable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. COMMAND FINANCIAL SPECIALIST'S NAME AND RANK:	3. COMMAND FINANCIAL SPECIALIST SIGNATURE:	4. DATE:

SECTION D: COMMAND MASTER CHIEF SCREENING
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1. This member meets requirement and assignment to Special Programs and is appropriate.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. COMMAND MASTER CHIEF NAME AND RANK:	7. COMMAND MASTER CHIEF SIGNATURE:	8. DATE:

