EXPEDITIONARY MEDICAL and DENTAL SCREENING
FOR INDIVIDUAL AUGMENTEE (IA) and SUPPORT ASSIGNMENTS to OVERSEAS CONTINGENCY OPERATIONS (OCO)

(This form must be completed in conjunction with DD Form 2807-1, Report of Medical History)

Service Member Name *(Last, First, MI)*		Rate / Rank	SSN
Present Station	UIC	Deployment AOR	Anticipated Duties

PART I - RECORD SCREENING

(Completed by the Designated Medical Department Representative)

Items marked with (●) indicate requirements for CONUS and ADSW Mobilizations. Shaded area responses require explanation in comment sections.

A. MEDICAL READINESS

NOTE: Reserve Component (RC) members have TRICARE benefits 90 days before report date of orders _____ . Date Completed

● 1. Member has medical record in hand.	☐ YES	☐ NO	
● 2 a. Medical Readiness Data entered into Medical Readiness Reporting System (MRRS) and status updated.	☐ YES	☐ NO	
b. Updated printed MRRS report in medical record.	☐ YES	☐ NO	
3. Is member on a Limited Duty Board (AC); pending evaluation by a Physical Evaluation Board (AC); or awaiting Medical Retention Review (RC)?	☐ YES	☐ NO	
4. Is member in a TNPQ, NPQ, LOD status, pregnant or within 12 months post-partum? Member can request a post-partum waiver per OPNAVINST 6000.1C.	☐ YES	☐ NO	☐ Post-Partum Waiver
● 5. Food/drug allergies documented with medical warning tags on hand.	☐ YES	☐ NO	☐ N / A
● 6. NAVMED 6120/4, Periodic Health Assessment (PHA) completed within 6 months of deployment and updated on DD Form 2766. Date _____	☐ YES	☐ NO	
● 7. Report of Medical History (DD Form 2807-1) Date _____	☐ YES	☐ NO	
8. Pre-deployment neurocognitive assessments (example: ANAM) within 12 months of deployment. Date _____	☐ YES	☐ NO	
9. Pre-deployment Health Assessment (DD Form 2795) completed within 60 days of deployment, see page 3, Note 4. If service member screened > 60 days, enter "N/A"; member shall return for electronic submission prior to deployment (Note 4A). Date _____	☐ YES	☐ NO	☐ N / A
10. For UN Missions, UN MS. 2 (11-01), Entry Medical Examination completed? AOR Specific.	☐ YES	☐ NO	☐ N / A
● 11. Previously Deployed Personnel meeting DoDI 6490.03 criteria: DD Form 2900 Documented in MRRS.	☐ YES	☐ NO	☐ N / A
12. Current Physical Fitness Assessment (PFA) failure?	☐ YES	☐ NO	
● 13. Vital Signs: BP _____ Temp _____ Pulse _____ Respirations _____ Date _____	☐ YES	☐ NO	

B. AUDIOGRAM

● 1. Audiogram (DD Form 2215 or DD Form 2216 completed within 12 months of deployment). Date _____	☐ YES	☐ NO	☐ N / A
2. Hearing meets minimum standards or member uses a hearing aid and has supply of batteries for duration of deployment. Note: Hearing loss is not a disqualifying factor if corrected to minimum standard by use of a hearing aid.	☐ YES	☐ NO	☐ N / A

C. IMMUNIZATIONS

Refer to Part IV, Area of Responsibility (AOR) specific guidelines.

NOTE: Vaccinations 10 through 15 are live viruses. If two or more live virus vaccinations are needed, and the member is within 28 days of deployment, then all live virus vaccines (including live attenuated and smallpox vaccine) must be administered concurrently or all live virus vaccines should be withheld. Copy of the Individual Medical Readiness (IMR) must be included in the medical record.

● 1. Hepatitis A initiated (Basic series of 2 must be complete). Date (1) _____ Date (2) _____	☐ YES	☐ NO	
● 2. Hepatits B initiated (Basic series of 3). COCOM Specific. Date (1) _____ Date (2) _____ Date (3) _____	☐ YES	☐ NO	
● 3. PPD or PPD Converter Questionnaire (annual). COCOM Specific. Date _____	☐ YES	☐ NO	
4. Typhoid (Every 2 years for injectable and 5 years for oral). Date _____ Type _____	☐ YES	☐ NO	
5. Anthrax. Basic series of 5 then annual (Received 2 doses prior to deployment). (AOR Specific) (www.anthrax.mil) ☐ Start ☐ 4 Weeks ☐ 6 Months ☐ 12 Months ☐ 18 Months	☐ YES	☐ NO	☐ N / A
● 6. Tetanus-Diphtheria (within 10 years). If due, one-time dose of TDAP in place of Td. Date _____	☐ YES	☐ NO	
7. Meningococcal (within 5 years). Only required for deployments to Sudan, Ethiopia, Eritrea, Djibouti, Somalia, and Kenya. (AOR Specific) Date _____	☐ YES	☐ NO	☐ N / A
● 8. IPV (once). Assumed all post accession are immune and do not need immunization. Date _____	☐ YES	☐ NO	

Service Member Name *(Last, First, MI)*	Rate / Rank	SSN

PART I - RECORD SCREENING (Continued)

C. IMMUNIZATIONS (Continued)

9. Pneumococcal (Give one revaccination 5 or more years after initial vaccination). Only required if asplenic. Date _____	☐ YES	☐ NO	☐ N / A
10. Smallpox or documentation of medical exemption (every 10 years). Include Smallpox Screening Questionnaire as part of DD Form 2766. (AOR Specific) Date _____	☐ YES	☐ NO	☐ N / A
● 11. MMR (once or documented titer). (Assumed all post accession are immune and do not need immunization). Date _____	☐ YES	☐ NO	
12. Yellow Fever (every 10 years). (AOR Specific) Only required for deployments to Sudan, Ethiopia, Eritrea, Djibouti, Somalia, and Kenya. Date _____	☐ YES	☐ NO	☐ N / A
● 13. Influenza. Injection OR Influenza mist (annual). Date _____	☐ YES	☐ NO	
14. Varicella (Screen for prior disease or titer). (Note: Not given concurrently with smallpox.)	☐ YES	☐ NO	
a. Service Member has orders to Detainee Operations? If NO, skip to No. 15.	☐ YES	☐ NO	
b. Documentation of prior disease; prior immunization (2 doses), or Positive titer?	☐ YES	☐ NO	
c. If 14b is NO: Varicella vaccine given: Date _____	☐ YES	☐ NO	
15. Japanese Encephalitis vaccine. Only required for deployments to PACOM, WESTPAC, and Okinawa (AOR Specific).	☐ YES	☐ NO	☐ N / A
● 16. Copy of Individual Medical Readiness (IMR) in medical record.	☐ YES	☐ NO	☐ N / A

D. LABS

Results must be in hand before departing Parent Command/NOSC

● 1. Blood type and Rh factor. ☐ A ☐ B ☐ AB ☐ O ☐ Pos ☐ Neg	☐ YES	☐ NO	
● 2. Sickle trait results. ☐ Pos ☐ Neg	☐ YES	☐ NO	
● 3. DNA sample collected, registry date recorded. AFIP Registry Date _____	☐ YES	☐ NO	
● 4. G6PD results with date. If deficient, Red Dog Tags and the statement "NO PRIMAQUINE".	☐ YES	☐ NO	☐ Red Tags
5. HIV antibody test within 120 days of the projected date of deployment with negative results. Date _____	☐ YES	☐ NO	

E. FEMALES ONLY

Mark "NA" for males and proceed to "F. Eye Examination" ☐ N / A

PAP SMEARS. Routine gynecological examinations are unavailable in the combat zones of the AOR.

● 1. Has member had a comprehensive women's health exam within the past year?	☐ YES	☐ NO	
● 2. Patients 30 years or older with no history of dysplasia in past and 3 consecutive normal PAP smears and have had a PAP smear within 24 months of deployment. If YES, go to question Part I, E5. If NO, go to questions Part I, E3 and/or E4.	☐ YES	☐ NO	☐ N / A
3. Have normal Pathology report results been documented within 12 months of "boots on ground" in the AOR (NOT the date of arrival at NMPS) for periods of deployment >1 year? Date _____	☐ YES	☐ NO	☐ N / A
4. Has member had a hysterectomy for reasons other than cervical dysplasia or cancer and have not had a supracervical hysterectomy (PERMANENTLY EXEMPT FROM PAP SMEAR)	☐ YES	☐ NO	☐ N / A
● 5. Females over 50 years: Normal radiological report for mammogram within one year of "boots on ground" in the AOR (NOT date of arrival at NMPS)? Date _____	☐ YES	☐ NO	☐ N / A
6. Counseling and prescription for contraceptives, if desired. (Prescribe enough for duration of deployment plus 30 days). Counselors will emphasize the need to continue contraception during R&R and leave.	☐ YES	☐ NO	☐ N / A
● 7. Documented negative pregnancy results within 30 days of deployment? (Mark N/A for documented hysterectomy.) Date _____	☐ YES	☐ NO	☐ N / A

F. EYE EXAMINATION

● 1. Member has eye examination within 2 years of deployment. Date _____	☐ YES	☐ NO	☐ N / A
2. Member requires corrective prescription.	☐ YES	☐ NO	☐ N / A
3. If correction required, corrective prescription current (within one year) and on DD Form 771.	☐ YES	☐ NO	☐ N / A
4. If correction required, two sets of glasses with current prescription; to include temple length, bridge size, pupil distance. Required for all OCONUS deployments except EUCOM.	☐ YES	☐ NO	☐ N / A
5. If correction required, M40 gas mask inserts with current prescription. Required for all OCONUS deployments except EUCOM.	☐ YES	☐ NO	☐ N / A
6. If correction required, prescription inserts for ballistic inserts. Required for all OCONUS deployments except EUCOM.	☐ YES	☐ NO	☐ N / A
7. Members best corrected visual acuity meets minimum standards.	☐ YES	☐ NO	☐ N / A

NOTE: Contact lenses are not approved for use by personnel in the CENTCOM AOR unless written authorization is provided by the deploying medical provider and placed in the deployment medical record. Members may wear contact lenses only when authorized by the deployed unit commander. Members deployed with contact lenses must receive pre-deployment education on the safe wear and maintenance of contact lenses in the CENTCOM AOR environment. Members must deploy with 2 pairs of eyeglasses and a supply of contact lens maintenance items adequate for the duration of the deployment.

Service Member Name *(Last, First, MI)*	Rate / Rank	SSN

PART I - RECORD SCREENING (Continued)

G. MEDICATIONS

● 1. Is member taking prescription medications?	☐ YES	☐ NO	
● 2. If yes, which prescription medications?			
3. Current medications documented in the medical record?	☐ YES	☐ NO	
4. Has member been on stable dosage of each medication without adverse effects and adequate response documented?	☐ YES	☐ NO	☐ N / A
5. Does member have 180 days of required prescribed medication if traveling overseas? Required for all OCONUS deployments except EUCOM.	☐ YES	☐ NO	☐ N / A
6. (RC ONLY) Has the RC member obtained a 180 days supply of all required prescribed long term medication, if deployed overseas? See Note 5D.	☐ YES	☐ NO	
● 7. Is member taking over-the-counter medications (such as aspirin, vitamins, herbs, supplements)?	☐ YES	☐ NO	
● 8. If yes, which over-the-counter medications?			
9. Malaria Medications Required. (AOR Specific) ☐ Doxycycline ☐ Mefloquine (See Note 2)	☐ YES	☐ NO	☐ N / A
10. Is member aware of the TRICARE Mail Order Pharmacy (TMOP) Program and has TMOP booklet with copies of prescriptions filed in medical record? Required for all OCONUS deployments except EUCOM.	☐ YES	☐ NO	☐ N / A
11. Is member taking blood modifier; antineoplastics; immunosuppressants; biologic response modifiers; antipsychotics; antimanic agents; anticonvulsants (used for seizure control or psychiatric diagnoses); varenicline; opioids, opioid combination drugs, or tramadol (chronic use); insulin and exenatide. If Yes, see Note 5E.	☐ YES	☐ NO	

NOTES:
1. Aspirin use in combat zones: Aspirin use interferes with blood clotting and may lead to excessive bleeding in the event of injury or surgery. It is not to be used in a combat zone unless prescribed by a medical provider. If member is taking aspirin on the advice of a medical provider, member must meet with provider to review risks and benefits of continued aspirin use while deployed in a combat zone (HA Policy 09-006).
2. Malaria chemoprophylaxis: In AORs where doxycycline and mefloquine are equally efficacious in preventing malaria, doxycycline is the drug of choice. Mefloquine should only be used for personnel with contraindications to doxycycline and do not have any contraindications to the use of mefloquine (active depression, recent history of depression, generalized anxiety disorder, or other major psychiatric disorders or history of convulsions or traumatic brain injury). Malarone is the preferred alternate for members who cannot take doxycycline or mefloquine. Medical providers shall follow most current DoD, Navy Medicine and/or most current USCENTCOM Individual Protection and Individual/Unit Deployment Policy for the most current AOR specific recommendations. (See NAVMED forms listed in Part IIA for AOR specific regional requirements).
3. PPD: Service members deployed to COCOM specific AOR are required to have annual PPD testing.
4. Part I, A7, DD Form 2795, Pre-Deployment Health Assessment:
   A. Within 60 days of deployment and prior to service member detaching from their parent command, service member is required to complete electronic version of DD Form 2795. For service members screened prior to 60 days of deployment, medical providers may review the form with service member, address any concerns, and date and file with NAVMED 1300/4 in the medical record.
   B. Unless otherwise specified, shipboard operations that are not anticipated to involve operations ashore (BOG > 30 days) are exempt from the deployment health assessment requirement (DODI 6490.03, OPNAV 6100.3).
5. Medications:
   A. Service Members are required to complete Deployment Prescription Program (DPP) slideshow training prior to deployment (copy of the summary DPP training points placed in service member's medical record). DPP Support contact: 1-866-ASK4PEC.
   B. TRICARE Mail Order Pharmacy (TMOP) Program: In order for service members to obtain medications during deployment, members are required to be enrolled in TMOP @ https://member.express-scripts.com/web/member/loginreg/dodRegistrationStart.do.
   C. Refrigerated medications cannot be delivered to APO/FPO addresses.
   D. (RC ONLY) RC member must obtain a 180 days supply of all required prescribed long term medications if deploying overseas. Contact Pharmacy Operations Center after receipt of orders at 1-866-ASK4PEC for approval of medications and further guidance. (CENTCOM restrictions may apply).
   E. Part I, G11: Use of medications can be a disqualifier OR may require a medical and a small arms waiver. If Yes, see the most current USCENTCOM Individual Protection and Individual/Unit Deployment Policy and the accompanying PPG-TAB A. Enclosures 3 and 4 of most current BUMEDINST 1300.3 provides additional information on waiver requests.

H. COMMENTS ON SHADED AREA RESPONSES *(Attach additional pages as needed, include line number)*

I. MEDICAL RECORD SCREENER

1. Name	2. Rank / Grade	3. Corps	4. MTF or Duty Station
5. Telephone Number *(Include Area Code)*	6. DSN		7. Facsimile Number *(Include Area Code)*
8. E-Mail Address	9. Signature		10. Date

Service Member Name *(Last, First, MI)*	Rate / Rank	SSN

PART II - MEDICAL SCREENING

(Completed by the Medical Provider. Shaded area responses require explanation in comment sections.)

A. SUPPLEMENTAL FORMS

1. NAVMED 1300/4 outlines requirements for all Individual Augmentee (IA) and Support Assignments to Overseas Contingency Operations (OCO), temporary duty medical assignments, and UN Missions with members deployed Boots On the Ground (BOG) over 30 days. Additionally, the following forms are required:
   DD Form 2795, Pre-Deployment Health Assessment Questionnaire.
   DD Form 2807-1, Report of Medical History.

2. AOR specific requirements are documented on the following forms:
   UN Entry Examination Form MS2 (United Nations (UN) Missions).
   NAVMED 1300/5, Pacific Command (PACOM).
   NAVMED 1300/6, Korean Peninsula.
   NAVMED 1300/7, European Command (EUCOM).
   NAVMED 1300/8, Africa Command (AFRICOM).
   NAVMED 1300/9, Joint Task Force (JTF) Guantanamo Bay (GTMO).
   NAVMED 1300/10, West Pacific & Okinawa, (With Extended Field Exposure).
   NAVMED 1300/11, United Nations Mission.

B. SCREENING

1. Has member been seen at any clinic/hospital for anything other than minor illness in the last 12 months? NOTE: Mark "Acceptable" if determined not a limiting condition by COCOM guidance.	☐ YES	☐ NO	☐ Acceptable
2. Has member been admitted to a hospital for any reason in the past 3 years? NOTE: Mark "Acceptable" if determined not a limiting condition by COCOM guidance.	☐ YES	☐ NO	☐ Acceptable
3. Current medications documented in the medical record?	☐ YES	☐ NO	☐ N / A
4. Does member have 180 days of required prescribed medication if traveling overseas? Required for all OCONUS deployments except EUCOM.	☐ YES	☐ NO	
5. Is member aware of the TRICARE Mail Order Pharmacy (TMOP) Program and has TMOP booklet with copies of prescriptions filed in medical record? Required for all OCONUS deployments except EUCOM.	☐ YES	☐ NO	☐ N / A
6. Does member have a medical condition that could possible interfere with ability to be recalled to active duty? Reserve Component (RC) Only.	☐ YES	☐ NO	☐ N / A
7. Does member have restrictions in lifting?	☐ YES	☐ NO	
8 a. Has member been waived from any part of the PRT? If "no", skip to No. 9.	☐ YES	☐ NO	
b. The waiver is documented in the medical record?	☐ YES	☐ NO	
9. If recent surgery or other minor procedures within the past year, has member been cleared/released by surgeon?	☐ YES	☐ NO	
10. Does member have a potential orthopedic deployment limiting injury? Special attention to cervical and lumbar disc herniations, DDD, DJD, and spondythesis within the last 6 months.	☐ YES	☐ NO	☐ N / A
11. Does member have a referral to physical therapy, chiropractic, or ortho within the last 6 months?	☐ YES	☐ NO	☐ N / A
12. Does member have a condition which prevents the wear of personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical/biological protective garments regardless of the nature of the condition that causes the inability?	☐ YES	☐ NO	☐ N / A
13. Does member have a condition which prohibits required theater immunizations (other than smallpox and anthrax per current guidance) or medications such as antimalarials or other chemo prophylactic antibiotics?	☐ YES	☐ NO	
14. Does member have a condition or current medical treatment or medication that contraindicates the use of chemical/biological protection or antidotes?	☐ YES	☐ NO	
15 a. Has member been diagnosed with diabetes mellitus, Type 1 or 2, on Pharmacological therapy or with HgA1C > 7.0?	☐ YES	☐ NO	
b. Has member been diagnosed with diabetes mellitus, Type 2, on oral agents only, with HgA1C ≤ 7.0? If yes, see USCENTCOM Individual Protection and Individual/Unit Deployment Policy and the accompanying PPG-TAB A for waiver request.			
16. Has member had symptomatic coronary artery disease or myocardial infarction within one year prior to deployment, or is within one year of coronary artery bypass graft, coronary artery angioplasty, stenting, or aneurysm repair?	☐ YES	☐ NO	
17. Does member have dysrhythmias or arrhythmias, either symptomatic or requiring medical or Electro-physiologic control?	☐ YES	☐ NO	
18. Does member have uncontrolled hypertension, current heart failure, or automatic implantable cardiac defibrillator?	☐ YES	☐ NO	
19. Is member on therapeutic anticoagulation (example: Coumadin, Plavix)?	☐ YES	☐ NO	
20. Has member been newly diagnosed with malignancy; or undergoing treatment; or recently diagnosed and treated requiring surveillance, examination, and/or laboratory testing including abnormal PAP, but excluding ASCUS HPV-negative.	☐ YES	☐ NO	
21. Has member been diagnosed with a seizure disorder, either within the last year or currently on anticonvulsant medication for prior seizure disorder/activity?	☐ YES	☐ NO	
22. Does member have a history of heat stroke?	☐ YES	☐ NO	

Service Member Name *(Last, First, MI)*	Rate / Rank	SSN

PART II - MEDICAL SCREENING (Continued)
(Completed by the Medical Provider. Shaded area responses require explanation in comment sections.)

B. SCREENING (Continued)

23. Has member been diagnosed with Meniere's disease or other vertiginous/motion sickness disorder? Mark N/A if member has been diagnosed with Meniere's disease or other vertiginous/motion sickness disorder and is well-controlled on medications available in theater.	☐ YES	☐ NO	☐ N / A
24. Does member have recurrent syncope?	☐ YES	☐ NO	
25. Has member been diagnosed with ataxias?	☐ YES	☐ NO	
26. Does member have a medical condition that requires surgery (e.g. Unrepaired hernia) and surgery has NOT been performed that requires rehabilitation or additional surgery to remove devices (e.g. External fixator placement)?	☐ YES	☐ NO	
27. Has member had a tracheotomy or aphonia?	☐ YES	☐ NO	
28. Does member have current renalithiasis (kidney stones)?	☐ YES	☐ NO	
29 a. Does member have active tuberculosis? b. Does member have latent tuberculosis? If Yes, see USCENTCOM Individual Protection and Individual/Unit Deployment Policy and the accompanying PPG-TAB A for waiver request.	☐ YES	☐ NO	
30. Has member had a medical condition (such as Obstructive Sleep Apnea) that requires durable medical equipment or appliances or that requires periodic evaluation/treatment by a medical specialist not readily available in theater (e.g., TENS, CPAP)? A Waiver for a medical condition requiring personal durable medical equipment will also be considered applicable to the equipment. See current USCENTCOM Individual Protection Policy.	☐ YES	☐ NO	
31. Does member have a chronic psychiatric condition requiring psychotropic medication? Mark N/A if member has small arms waiver approved and in medical record in accordance with current OPNAV Instruction 3591.1 series. Psychotropic medications will be limited to no more than a 180 day supply for both initial prescriptions and refills. Additional guidance on waiver requests can be found on USCENTCOM Individual Protection and Individual/Unit Deployment Policy and the accompanying PPG-TAB A.	☐ YES	☐ NO	☐ N / A
32. Has member been diagnosed with psychotic and/or bipolar disorder?	☐ YES	☐ NO	
33. Does member have a clinical psychiatric disorder with residual symptoms that impair duty performance?	☐ YES	☐ NO	
34. Does member have a chronic psychiatric disorder that has been under treatment for fewer than 3 months of demonstrated stability from last change in treatment regimen (new or discontinued medication, or dose change)?	☐ YES	☐ NO	
35. Does member have a chronic mental health condition that may pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment (example PTSD)?	☐ YES	☐ NO	
36. Does member have a chronic medical condition that requires ongoing treatment with anti-psychotics, lithium, or anti-convulsants?	☐ YES	☐ NO	
37. Does member have a condition, limitation, or injury which would prevent successful completion of a 1 mile walk in boots, carrying field jacket, flak jacket, helmet, and weapon (approx. 60 lbs)?	☐ YES	☐ NO	
38. Does member have a condition, limitation, or injury which would prevent member from entering a 5-ton truck and exiting from rear of truck with approximately 60 lbs of gear? Disqualifier for CENTCOM AOR.	☐ YES	☐ NO	☐ N / A
39. Does member have a chronic medical condition that requires frequent clinical visits and that fails to respond to adequate conservative treatment, or necessitates significant limitation of physical activity?	☐ YES	☐ NO	
40. Does member have a blood borne disease (Hepatitis B or C, HTLV, HIV) that may be transmitted to others in a deployed environment?	☐ YES	☐ NO	
41. If member had refractive eye surgery prior to deployment, has the attending ophthalmologist or optometrist determined member is >3 months post-op of uncomplicated PRK, LASEK, Epithelial LASIK or “Surface Ablation” procedures?	☐ YES	☐ NO	☐ N / A
42. If member had LASIK surgery prior to deployment, has the attending ophthalmologist or optometrist determined the member is > 1 month post-op, completely recovered, and not on eye medications (except artificial tears)?	☐ YES	☐ NO	☐ N / A
43. a. Has member been diagnosed with asthma and does NOT have a Forced Expiratory Volume -1<50% of predicted capacity despite appropriate therapy that has required hospitalization at least two times in the past 12 months.	☐ YES	☐ NO	☐ N / A
b. Does member require daily systemic (not inhaled) steroids?	☐ YES	☐ NO	☐ N / A
44. Is member on a Biologic Response Modifier, (immune suppressors) such as Abatacept, Humira, Enbrel, Remicade, chronic steroidals, etc?	☐ YES	☐ NO	
45. Has member had a pre-cancerous lesion that has not been treated and/or evaluated and that may require treatment/evaluation during the anticipated duration of the deployment?	☐ YES	☐ NO	
46. Has member incurred a musculoskeletal condition that significantly Impairs performance of duties in a deployed environment?	☐ YES	☐ NO	
47. Malaria Prophylaxis: Member has been issued time-specific amount of malaria prophylaxis medication appropriate to the AOR (90 days and maximize use of TMOP). Only for AFRICOM and Afghanistan which require terminal prophylaxis with Primaquine (check G6PD status). See note on NAVMED AOR specific forms related to antimalaria medications.	☐ YES	☐ NO	☐ N / A
48. Is member taking over-the-counter medications (such as aspirin)?	☐ YES	☐ NO	
49. Has member been counseled on the risk of aspirin use in combat zones (HA Policy 09-006)?	☐ YES	☐ NO	
50. Has member had any issues of claustrophobia?	☐ YES	☐ NO	
51. Has member ever been diagnosed with traumatic brain injury (TBI) of any severity (including mild TBI or concussion)?	☐ YES	☐ NO	

Service Member Name *(Last, First, MI)*	Rate / Rank	SSN

PART II - MEDICAL SCREENING (Continued)
(Completed by the Medical Provider)

C. WAIVER REQUEST
(Copies of waivers must be maintained in the Medical Record)

NOTE:
1. Medical waiver requests shall follow the waiver request format outlined in Enclosure 4 of the most current BUMEDINST 1300.3 and the most current USCENTCOM Individual Protection and Individual/Unit Deployment Policy.

2. Medical waiver approval authority lies at the Combatant Command Surgeon level. It is delegated to the service component surgeons.

3. Medical providers shall ensure printed copies of the approved medical waivers are entered in member's deployment medical record and in the deployment section of MRRS.

4. Medical waivers shall be forwarded to the points of contact in the appropriate AOR listed in Enclosure 3 of the most current BUMEDINST 1300.3 with copies forwarded to Expeditionary Combat Readiness Center (ECRC) at: ecrc.medical.fct@navy.mil and BUMED IA Deployment support (POC).

5. Small Arms Waivers and Small Arms Exceptions signed by the service member's commanding officer will be submitted via the chain of command to Chief, Bureau of Medicine and Surgery, Qualifications and Standards, for review and tracking. Send documents via encrypted e-mail to bumed.physicals@med.navy.mil or FAX documents (following PIA, PII, and HIPAA requirements) to: (202) 762-3470, boldly marking the cover sheet with "SMALL ARMS WAIVER" or "SMALL ARMS EXCEPTION". Enclosure (5) of most current BUMEDINST 1300.3 provides additional information.

1. Small Arms Waiver.	☐ Approved	☐ Denied	☐ N / A	Date _____
2. Medical Waiver.	☐ Approved	☐ Denied	☐ N / A	Date _____

D. COMMENTS ON SHADED AREA RESPONSES *(Include line number)*

E. MEDICAL SCREENER

1. Name	2. Rank / Grade	3. Corps	4. MTF or Duty Station
5. Telephone Number *(Include Area Code)*	6. DSN		7. Facsimile Number *(Include Area Code)*
8. E-Mail Address	9. Signature		10. Date

Service Member Name *(Last, First, MI)*	Rate / Rank	SSN

PART III - DENTAL SCREENING

(Completed by the Dental Provider. Shaded area responses require explanation in comment sections.)

A. SCREENING

● 1. Dental record is in hand 1 year for CONUS.	☐ YES	☐ NO	☐ N / A
● 2. Dental exam completed in the last 90 days. Member is dental class 1 or 2. Readiness status is documented in DENCAS, or current system, and is reflected in MRRS. Exam Date _____	☐ YES	☐ NO	☐ MRRS Entry
3. Is member undergoing active orthodontic care?	☐ YES	☐ NO	☐ N / A
● 4. Does the dental record contain a current panoramic radiograph and current bitewings, as well as all periapical radiographs specific to previous complex dental procedures such as endodontics, prosthodontics, and periodontal treatment? If these radiographs are in digital form, is a printed copy included in the record due to server limitations in AOR?	☐ YES	☐ NO	☐ N / A
● 5. Does member have a dental or oral condition requiring or likely to require urgent dental care within 6 months, active orthodontic care, conditions requiring endodontic care, uncontrolled periodontal disease, conditions requiring prosthodontic care, conditions with immediate restorative dentistry needs, or conditions with a current requirement for oral-maxillofacial surgery.	☐ YES	☐ NO	☐ N / A

Note: Radiographs should be ordered by the dentist based on the individual needs of the patient, presenting problem, and review of the patient's medical and dental histories and not on any kind of arbitrary periodic basis. Refer to the Oral and Maxillofacial Radiology section of the BUMEDINST 6320.82 series for additional guidance.

a. Panoramic X-Ray Date	Printed Digital X-Rays	b. Bite Wings Date	Printed Digital X-Rays
	☐ Yes ☐ No		☐ Yes ☐ No

Note: All specialty dental treatment must be completed prior to reporting to Navy Mobilization Processing Sites (NMPS). Patients in need of orthodontic appliances (retainers) to maintain stability should have these appliances in hand because there is no orthodontic care available in AOR. Any orthodontic retainer or appliance must be passive and removable. Fixed orthodontic appliances present increased risk for post-traumatic bleeding and infection in an operational setting and require removal prior to NMPS. The government will not be liable for re-attaching fixed orthodontic appliances removed in connection with mobilization orders.

Note: (RC ONLY): If desired, enroll in TRICARE SELRES Dental Program.

B. COMMENTS ON SHADED AREA RESPONSES *(Include line number)*

C. DENTAL SCREENER

1. Name	2. Rank / Grade	3. Corps	4. MTF or Duty Station

5. Telephone Number *(Include Area Code)*	6. DSN	7. Facsimile Number *(Include Area Code)*

8. E-Mail Address	9. Signature	10. Date

Service Member Name *(Last, First, MI)*	Rate / Rank	SSN

PART IV - FINAL REVIEW OF CERTIFICATION

A. MEMBER

My signature on this form certifies that I have read the form completely, that I agree with its contents, and that I have fully disclosed to the medical and dental officers in Parts I - III all medical conditions known to me at this time. Failure to fully disclose all of my medical conditions may result in disciplinary or administrative action under the UCMJ and may also result in the denial of treatment.

a. Name	b. Rank / Rate	c. Signature	d. Date

B. AREA OF RESPONSIBILITY (AOR) FORMS

(Specific AOR Requirements for Individual Augmentee (IA)/Overseas Contingency Operations (OCO) are documented)

1. NAVMED 1300/5, Pacific Command (PACOM).	☐ YES	☐ NO	☐ N / A
2. NAVMED 1300/6, Korean Peninsula.	☐ YES	☐ NO	☐ N / A
3. NAVMED 1300/7, European Command (EUCOM).	☐ YES	☐ NO	☐ N / A
4. NAVMED 1300/8, Africa Command (AFRICOM).	☐ YES	☐ NO	☐ N / A
5. NAVMED 1300/9, Joint Task Force (JTF) Guantanamo Bay (GTMO).	☐ YES	☐ NO	☐ N / A
6. NAVMED 1300/10, West Pacific & Okinawa, (With Extended Field Exposure).	☐ YES	☐ NO	☐ N / A
7. NAVMED 1300/11, United Nations Missions.	☐ YES	☐ NO	☐ N / A
8. UN Entry Examination Form MS2 (United Nations (UN) Missions).	☐ YES	☐ NO	☐ N / A
9. DD Form 2795, Pre-Deployment Health Assessment Questionnaire. If screening completed more than 60 days prior to deployment, service member to return prior to detaching parent command for electronic submission.	☐ YES	☐ NO	☐ N / A
10. DD Form 2807-1, Report of Medical History.	☐ YES	☐ NO	

C. WAIVER REVIEW

(Copies of waivers must be maintained in the Medical Record)

1. Small Arms Waiver	☐ Approved	☐ Denied	☐ N/ A	Date _____
2. Medical Waiver	☐ Approved	☐ Denied	☐ N/ A	Date _____

D. MEDICAL CERTIFICATION

(Part IV B - E completed by a Commanding Officer or Designee; also complete Suitability Section of NAVPERS 1300/21)
(Includes MTF OIC/CO Designee, Reserve Unit CO/Designee)

1. BASED UPON A REVIEW OF THE SERVICE MEMBERS MEDICAL AND DENTAL STATUS AND PARTS I-IV OF THIS FORM, THE SERVICE MEMBER IS SUITABLE FOR THE PROPOSED OPERATIONAL ASSIGNMENT.	☐ YES	☐ NO
2. BASED UPON A REVIEW OF THE SERVICE MEMBERS MEDICAL AND DENTAL STATUS AND PARTS I-IV OF THIS FORM, THE SERVICE MEMBER HAS NO MEDICAL/DENTAL LIMITING CONDITIONS.	☐ YES	☐ NO
3. DEPLOYMENT SECTION ENTRIES IN MEDICAL READINESS REPORTING SYSTEM (MRRS) UPDATED.	☐ YES	☐ NO

E. COMMANDING OFFICER OR DESIGNEE

(Includes MTF OIC/CO Designee, Reserve Unit CO/Designee)

1. Name	2. Rank / Grade	3. Command or Duty Station
4. Telephone Number *(Include Area Code)*	5. DSN Number	6. Facsimile Number *(Include Area Code)*
7. E-Mail Address	8. Signature	9. Date

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