

Modified Screening For: Overseas Assignment and/or Sea Duty Health Screening

This form is subject to the Privacy Act Statement of 1974

A. EXAMINEE DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL	RATE/RANK	SOCIAL SECURITY NUMBER
UNIT	EXAMINING FACILITY	
PURPOSE OF SCREENING	TRANSFER/DEPLOYMENT LOCATION	DATE

B. HEALTH HISTORY *(completed by examinee)*

1. Would you say your health in general is:	Excellent	Good	Fair	Poor
2. Do you have any medical or dental problems or concerns?			No	Yes
3. Do you have any health related duty limitations?			No	Yes
4. Could you be pregnant? <i>(females request HCG if needed)</i>	N/A	Unknown	No	Yes
5. Are you taking prescription medications? <i>(request refills if needed)</i>			No	Yes
6. During the past year, have you sought or required counseling or mental health care?			No	Yes
7. Explain any "fair, poor, yes, or unknown" responses:				

8. Have you been hospitalized since your last Periodic Health Assessment (PHA)? Yes No *If (Yes) explain.*

I certify that the responses above are true: *(signature of examinee)* _____

C. PERIODIC HEALTH ASSESSMENT (PHA) REVIEW *(current approved PHA required)*

9. Date of most recent PHA:

10. Status of recommendations or further specialist examination:

11. Summary of significant health history since last PHA:

D. HEALTH RECORD & INDIVIDUAL MEDICAL READINESS REVIEW

12. Have routine gynecologic (pap) examinations been completed in the past year? <i>(females)</i>	N/A	No	Yes
13. Does examinee have two pair of glasses? <i>(if required)</i>	N/A	No	Yes
14. Does deployable member have a gas mask insert? <i>(if required)</i>	N/A	No	Yes
15. Has DNA sampling been completed and documented? <i>(once per career)</i>		No	Yes
16. Has G-6PD screening been completed and documented? <i>(once per career)</i>		No	Yes
17. Are immunizations up-to-date and meet requirements for destination?		No	Yes
18. Has an HIV test been drawn (with negative results) in the past 6 months? <i>(foreign country PCS only)</i>	N/A	No	Yes
19. Has a baseline TST been completed and documented?		No	Yes
20. Have specific force health protection requirements been met (e.g. malaria chemoprophylaxis)?	N/A	No	Yes
21. Has a Type 2 dental examination been completed in the past year and is examinee "Class 1 or 2"?		No	Yes
22. Explain any "no" answers: _____			

Contact the Centers for Disease Control and Prevention at <http://www.cdc.gov> and the National Center for Medical Intelligence at <https://www.intelink.gov/ncmi/index.php>

E. SIGNATURE *(Medical and Dental Provider or IDHS)*

Medical Provider/IDHS signature/stamp: _____ Date: _____

Dental Provider/IDHS signature/stamp: _____ Date: _____

F. APPROVAL/DISAPPROVAL *(Clinic Administrator)*

Reviewing/approving authority: _____	Approved Disapproved
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