

NAVY MEDICINE READINESS AND TRAINING COMMAND CORPUS CHRISTI
SUITABILITY SCREENING CONTACT SHEET

Privacy Act Statement: This document may contain information covered under, but not limited to, the Privacy Act of 1974, 5 USC 522(a).
Purpose: The primary collection of this information is from individuals requiring a suitability screening for overseas, remote duty, or operational assignments. The information collected on this form is used to assist designated MTF Suitability Screening personnel in collecting administrative information to complete suitability screening requests.
Disclosure: Voluntary; however, failure to provide this information may delay the screening process.

Sponsor Information

Last Name, First Name, Middle Name (Suffix)	DOD ID	Branch	Rate/Rank	Today's Date
Email		Phone #		

Admin Information

Current Command	UIC
Admin Contact Info	Detachment Date
Gaining Command Name (as shown in orders)	Location
	UIC

Screening Information

Type of Screening(s) Requested	Overseas <input type="checkbox"/>	Individual(s) to be Screened:	Service Member ONLY <input type="checkbox"/>
	Remote Duty <input type="checkbox"/>		Dependent(s) ONLY <input type="checkbox"/>
	Operational <input type="checkbox"/>		Member + Dependent(s) <input type="checkbox"/>
	Other (e.g. EFMP) <input type="checkbox"/>		

Dependent Information (if screened ONLY)

Name	Date of Birth	DOD ID
Name	Date of Birth	DOD ID
Name	Date of Birth	DOD ID
Name	Date of Birth	DOD ID

Screening Forms

Send this Suitability Contact Sheet, copy of orders, and the following forms to:
dha.corpuschristi.corpus-christi-nhc.list.corp-overseas-screenin@health.mil

- ☐ **NAVPERS 1300/16**, Report of Suitability for Overseas Assignments **(Part I only, signed by command supervisor)**
- ☐ **DD Form 2807-1**, Report of Medical History **(one for each member and dependent)**
- ☐ **NAVMED 1300/1**, Medical, Dental, and Educational Suitability Screening **(one for each member and dependent)**
- ☐ **NAVMED 1300/2**, Medical, Dental, and Educational Suitability Screening Checklist **(one for each member and dependent)**
- ☐ **DD Form 2792**, Family Member Medical Summary **(one for each dependent enrolled in EFMP)**
- ☐ **DD Form 2792-1**, Early Intervention/Special Education Summary **(one for each dependent child 0-22 years)**