

Exhibit 1.H.2. OVERSEAS Screening for Active Duty Dependents			
PART I			
Family Member Name:		Relationship to Sponsor/Ben Code:	Date:
Service Member Name:		Grade/Rate:	EMPLID:
Overseas Unit A/D member is being assigned:		Current Duty Station:	
		Reporting Date:	
Privacy Act Statement			
<p>Authority: 5 U.S.C. 301; 10 U.S.C. 671; 14 U.S.C. 93(a); 14 U.S.C. 632; 44 U.S.C. 3101, The Federal Records Act; COMDTINST M1000.8.</p> <p>Purpose: to determine suitability for Overseas Duty for members and their dependents.</p> <p>Routine Uses: in addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may be disclosed outside the Department of Homeland Security as a routine use as follows: in accordance with DHS/USCG-014, Military Pay and Personnel System of Records.</p> <p>Disclosure: Completion/furnishing of this form is VOLUNTARY. However, failure to provide the requested information may result in a delay or the inability to proceed with Overseas Screening, Command Sponsorship, or transfer overseas.</p>			
A physical may be required at medical provider's discretion.			
YES	NO	ITEM (list all "YES" answers in the remarks section).	
		1. Have all health records been reviewed by local Tricare Provider?	
		2. Are all Immunizations up to date. Do they meet destination requirements?	
		3. Are there any pending consults or tests that have a bearing on assignment suitability?	
		4. For dependent wives. (List any abnormal results in the remarks section)	
		a. Has a pap smear/pelvic and breast exam been performed within the past 12 months? Date of Exam: Results:	
		b. Mammogram current (based on age)? Date of test: Results:	
		c. Pregnancy Screening? (Verbal inquiry) Date of test: Results:	
		d. If pregnant, estimated date of delivery?	
		e. Are there any foreseen complications of the pregnancy? ()Yes ()No If "yes" describe:	
		5. Are there any conditions requiring ongoing care in the following area? (List under remarks section)	
		a. Orthopedic conditions (e.g., chronic back, knee, joint pain or weakness)	
		b. Cardiovascular conditions (e.g., chest pain/angina, arrhythmia, valve disease, infarction)	
		c. Gynecologic conditions (e.g. chronic pelvic pain, abnormal PAP, breast mass)	
		d. Neurological conditions (e.g. seizure, pinched nerve, migraine, neuropathy)	
		e. Respiratory condition (e.g. asthma, RAD, chronic sinus, allergies)	
		f. Mental health, or behavioral conditions (e.g. depression, adjustment/personality disorder, ADD/ADHD)	
		g. Chronic or frequent medication use: (List all medications under remarks section)	
		h. Alcohol abuse or dependence	
		i. Developmental concerns (e.g., motor, cognitive, communication, social/emotional or adaptive development)	

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PART II (Command Endorsements)			
Family Member Name:	Relationship to Sponsor/Ben Code:	Date:	
Service Member Name:	Grade/Rate:	EMPLID:	Current Duty Station:
Overseas Unit A/D member is being assigned:			Reporting Date:
Medical Provider Comments:			
Medical Provider Name: (print)	Medical Provider/Screeener Signature:	Date:	
MTF/PCM Name:	Address:	Phone Number:	
Dental Provider Comments:			
Dental Provider Name:	Dental Provider/Screeener Signature:	Date:	
MTF/PCM Name:	Address:	Phone Number:	
Receiving Command:			
1. Can the (MTF/PCM) provide current required medical/dental support? () Yes () No If "NO" list reason why:			
2. Can the (MTF/PCM) provide required medical/dental support (diagnostic, therapeutic and medications) if the underlying condition is exacerbated? () Yes () No If "NO" list reason why:			
Receiving Command Endorsement:			
(A copy of this questionnaire must be returned to originating unit prior to orders being executed) Article 1.H.2.c.(5)			
() Family member is approved to accompany active duty member to this unit.			
() Family member is not approved to accompany active duty member to this unit.			
List reason why:			
Medical Officer/Health Care Provider Name:	Signature:	Date:	
Receiving Command Name:	Address:	Phone:	

Exhibit 1.H.2. INSTRUCTION FOR COMPLETION OF OVERSEAS SCREENING FOR
ACTIVE DUTY DEPENDENTS

Purpose: The information contained in this is gathered for the purpose of determining the dependent's suitability for overseas assignment and to ascertain whether competent medical care is reasonably available at the overseas location for any preexisting conditions.

Instructions for Releasing Command:

This screening form is comprised of two parts:

PART ONE - Overseas Screening for Active Duty Dependents. This form will be completed by the dependent's Primary Health Care provider. Dependents who are enrolled in TRICARE should contact their provider in order to complete the screening as soon as possible. The following procedure will be followed in order to ascertain the dependents' suitability for overseas transfer and to protect patient health information.

1. Upon notification of pending transfer to an OCONUS duty station, dependents of active duty military members will schedule an appointment with their Primary Health Care provider. The unit will provide the member/dependent with a copy of the "Overseas Screening for Active Duty Dependents: form and 2 copies of the DD Form 2870 "Authorization for Disclosure of Medical or Dental Information to take to the provider.
2. If the provider is not a military treatment facility, the provider will complete the screening in accordance with the Route Physical Examinations procedures of the TRICARE Policy Manual 6010.54-M, August 1, 2002. Upon completion of the screening, the provider will either fax or mail the entire package to the medical representatives listed in Blocks 6a and 6b of DD Form 2870.

PART TWO – Command Endorsement:

1. Upon receipt of the completed screening form, the designated medical representative will review the form for completeness and coordinate delivery of the form to the receiving command's medical representative. In the event amplifying information is needed regarding the dependents' medical status, these will addressed solely and directly between medical facilities.
2. The receiving command's medical representative will review the screening form and make a determination whether the dependent is considered qualified to accompany the member overseas. Part Two will be returned to the releasing command to serve as notification of dependent's status in regard to eligibility to accompany the member overseas.