REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT

SUPPORTING DOCUMENTATION OPNAVINST 1300.14C

MEMBER'S NAME:			SSN:	DATE:
PRESENT SHIP/STATION:	UIC:	OVERSEAS LOCATION:		UIC:
NUMBER OF DEPENDENTS:				

PART I: COMMAND REVIEW - The purpose of the Command Review is to determine, via record review and personal interview, member and spouse/family member(s)' suitability for overseas duty/life in the assigned overseas location. (To be completed by Commanding Officer of transferring command.) Refer to MILPERSMAN Articles 1300-302 and 1300-304. Any questions checked "YES" (with the exception of questions 11 and 15), disqualifies member for overseas assignment. If command still recommends member should be considered for overseas assignment, submit waiver request per MILPERSMAN 1300-302.

1. ☐ YES ☐ NO Has the member or any spouse/family member(s) previously been reassigned, prior to normal tour completion, due to their unsuitability?

2. ☐ YES ☐ NO (For Enlisted Personnel) Does the member refuse to obligate sufficient service (OBLISERV) to complete the prescribed tour? If "NO", ensure member reenlist (NAVPERS 1070/621) to incur sufficient OBLISERV, per MILPERSMAN 1306-106. Page 13 entries for OBLISERV are prohibited. **(OBLISERVE MUST BE COMPLETED WITHIN 30 DAYS OF RECEIPT OF ORDERS).** For SRB issues, see the current NAVADMIN.

3. ☐ YES ☐ NO (E5 and above) Does the member, spouse, or family member(s) have serious problems of indebtedness, credit loss or other financial problems which have not been reconciled with the creditor(s) or interested parties (i.e., bankruptcy)?

   ☐ YES ☐ NO a. (E4 and below) Member must complete debt-to-income (DTI) ratio screening IAW OPNAVINST 1740.5A, (Command Financial Specialist Training Manual 15608). Is DTI ratio 30% or greater.

4. ☐ YES ☐ NO Has the member been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or had any involvement in any ongoing civil or criminal action?

5. ☐ YES ☐ NO Has spouse or any family member(s) been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or have any involvement in any ongoing civil or criminal action?

6. ☐ YES ☐ NO Does the member have a record of any involvement with illegal drugs or alcohol within the past 24 months? For alcohol related cases, if member has completed an education or early intervention program, they are suitable for overseas assignment and this question can be answered "NO".

7. ☐ YES ☐ NO Does the spouse/family member(s) have a record of any involvement with illegal drugs or alcohol within the past 24 months?

8. ☐ YES ☐ NO Is the member or spouse/family member(s) involved in an open FAP (Family Advocacy Program) case that is still under investigation or for which treatment is still ongoing? (Any case/cases that has/have been adjudicated "Closed," shall not be considered disqualifying).

   ☐ YES ☐ NO a. In any case, does the local FAP representative have any reason to NOT favorably endorse member with family members for overseas duty?

9. ☐ YES ☐ NO Was the member's spouse previously a member of the armed forces and the characterization of separation other than "Honorable"? Explain in the remarks section.

MEMBER'S NAME:	SSN:	DATE:

10. ☐ YES ☐ NO Are there any concerns whether member/spouse has legal custody of all accompanying minor family members?

11. ☐ YES ☐ NO Are any of the member's family members covered in a custody agreement? If "NO," go to question 12.

☐ YES ☐ NO a. Does agreement prevent removal of family members from CONUS without prior court approval or agreement between the interested parties? If "NO," go to question 12.

☐ YES ☐ NO b. Has member obtained prior court approval of requisite agreement from other interested party for removal of family members from CONUS, if required by state law? (Please note: Navy policy does not require a separate agreement if not required by state law.)

12. ☐ YES ☐ NO Single parents/military couples with family members). Are there any reasons why family member care requirements can not be met in accordance with OPNAVINST 1740.4A?

NOTE: While the unique situation of single parents with family members is not in itself disqualifying, this fact should be pointed out upon submission of message certification of screening to NAVPERSCOM (PERS-40)/(EPMAC.)

13. ☐ YES ☐ NO Is member an initial accession enroute to his first duty station with pre-service moral waiver(s) (drug, alcohol, or criminal) as defined by COMNAVCRUITCOMINST 1130.8F?

14. ☐ YES ☐ NO Does member have a history of unsatisfactory or below standard performance (any mark below 3.0) in the last two years?

15. ☐ YES ☐ NO Has member and adult dependents received "Level I" Antiterrorism Force Protection (Level III for O-5/O-6 Commanding Officer Awareness Training), prior to transfer, and recorded on Page 13? (Contact your local Family Service Center if training is not available at your command)

FOR PERSONNEL E-3 AND BELOW: Ensure the member been counseled that personnel in these paygrades, having family members, will not be assigned accompanied overseas duty? Members can be assigned unaccompanied based on readiness needs. (NOTE: Single E-3 and below who acquire (a) family member(s) en route and bring them without dependent entry approval/command sponsorship, will most probably return them at personal expense and serve the complete area tour unaccompanied.)

I have been counseled on the above: ☐ YES ☐ NO

MEMBER'S SIGNATURE:	DATE:

REMARKS:

I, _____, am aware that the failure to divulge disqualifying information or amplifying information (medical, dental, personal) pertaining to the questions on this checklist may ultimately result in disciplinary action punishable under the UCMJ.

MEMBER (NAME, RANK/RATE):	MEMBER (SIGNATURE):	DATE:
INTERVIEWER (NAME, RANK/RATE, COMMAND TITLE):	INTERVIEWER (SIGNATURE):	DATE:

MEMBER'S NAME:	SSN:	DATE:

PART II: RECOMMENDATION OF COMMANDING OFFICER (OR OIC) OF MEDICAL TREATMENT FACILITY.

Based on the information available as a result of screening and on the capabilities of the Medical/Dental Treatment Facility in the area of assignment to which ordered, the following recommendation is forwarded

1. Medical, dental and educational screening was conducted per BUMEDINST 1300.2.
2. Recommendation is based on a review of NAVMED 1300/1, Part I and II. One form has been completed for each service and family member screened.
3. If a shaded block is checked on NAVMED 1300/1, coordination is required with the gaining MTF/DTF supporting the overseas, remote duty or operational location or with the senior medical department representative of an operational platform. Coordination must indicate whether or not required medical, dental or educational capabilities are available.
4. Family member screening is not required if an unaccompanied tour of 24 months or less (Exception: Screening is required for Diego Garcia/Souda Bay, Crete).
5. Do not forward sensitive medical or personal information with this form.

The following recommendation(s) are made based on a review of each NAVMED 1300/1, Part I and II, and if required, the response from the gaining MTF/DTF or senior medical department representative of the gaining command:

☐ YES ☐ NO **SERVICE MEMBER IS SUITABLE FOR THIS ASSIGNMENT.**

FAMILY MEMBERS SUITABILITY FOR THIS ASSIGNMENT:

☐ YES ☐ NO (NAME)	☐ YES ☐ NO (NAME)
☐ YES ☐ NO (NAME)	☐ YES ☐ NO (NAME)
☐ YES ☐ NO (NAME)	☐ YES ☐ NO (NAME)

The following family member(s) were referred for Exceptional Family Member Program (EFMP) enrollment (DO NOT DELAY SCREENING FOR ESM DETERMINATION):

NAME(s):

NAME OF CO/OIC OR DESIGNEE OF MEDICAL TREATMENT FACILITY:	DATE:	SIGNATURE OF CO/OIC OR DESIGNEE OF MEDICAL TREATMENT FACILITY:

MEMBER'S NAME:	SSN:	DATE:

PART III: CMC/COB/SEA ENDORSEMENT

On the basis of all available information, I endorse ☐/ I do not endorse ☐ the member's orders for the overseas assignment..

CMC/COB/SEA (NAME, RANK)	CMC/COB/SEA (SIGNATURE)	DATE

PART IV: COMMANDING OFFICER'S ENDORSEMENT

On the basis of all available information, I endorse ☐/ I do not endorse ☐ the member's orders for the overseas assignment.

Commanding Officer (Name, Rank)	Commanding Officer (Signature)	Date

REMARKS:

PRIVACY STATEMENT: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR FUTURE DUTY ASSIGNMENT.

COMPLETION OF THE FORM IS MANDATORY EXCEPT FOR DUTY AND HOME PHONE NUMBERS OR FAILURE TO PROVIDE REQUIRED INFORMATION, MAY RESULT IN DELAY IN RESPONSE TO OR DISAPPROVAL OF YOUR REQUEST.