Fillable

REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENTS

1. MEMBER'S NAME:		2. DATE:			PENDENTS:
T. MENDERG IV WIE.		Z. BATE.	J. NOWL	BER OF BE	ENDERVIO.
4. PRESENT SHIP/STATION:	5. UIC:	6. OVERSEAS LOCATION:		7: UIC:	
PART I: COMMAND REVIEW - The purpose o family member(s)' suitability for overseas duty/lichecked "YES" (with the exception of questions prior to starting PART II (NAVMED 1300/1).	fe in the assigned overseas	location. Refer to MILPERSMAN 13	00-302 and	d 1300-304.	Any questions
Has the member or any spouse/family member unsuitability?	per previously been reassign	ed, prior to normal tour completion, o	due to	Yes	○ No
2. (For Enlisted Personnel) Has member obliga NAVPERS 1070/613 entries for OBLISERV are RECEIPT OF ORDERS. For SRB issues, see instruction. Officers and enlisted who REQUES	prohibited. OBLISERV MUS	ST BE COMPLETED WITHIN 30 DA PFA see current NAVADMIN and O		Yes	○ No
3. (E-5 and above) Does the member, spouse or other financial problems which have not beer			t loss,	Yes	○ No
(E-4 and below) Member must complete del calculate the spouse's income unless guarantee DTI ratio 30% or greater.				Yes	○ No
4. Has the member ever been convicted of a se (civilian or military) within the last 24 months or regarding whether a person is a sex offender m (NSOPW) at www.nsopw.gov.	has/had any involvement in	an ongoing criminal action? **Inform	nation	Yes	○ No
5. Has the spouse or any family member ever the member been convicted of any criminal offense in an ongoing criminal action? ** Information re National Sex Offender Public Website (NSOPW)	(civilian or military) in the las	st 24 months or has/had any involver	ment /	Yes	○ No
6. Does the member have a record of any invo Successful completion of an aftercare program of aftercare program does not quality the memb	will qualify the member and		Waiver (Yes	○ No
7. Does the spouse/family member have a reco	ord of any involvement with il	legal drugs or alcohol within the past	. (Yes	○ No
8. Is the member or spouse/family member invunder investigation or for which treatment was r to provide a status of any FAP issues, then con Management Section for FAP, at (901) 874-436 request a waiver, then the gaining command an	efused or is still ongoing? (I tact the Commander Navy Ir 1, DSN 882-4361, for this er	f a local FAP representative is not available for Command (CNIC), Lead of addressment.) If the CO still wishes to	vailable f Case (Yes	○ No
9. Was the member's spouse previously a men than "Honorable"? Explain in the remarks secti		d the characterization of separation of	other (Yes	○ No
 Has member failed two or more PFAs in a 3 recent NAVADMIN, which govern Physical Rea 		with OPNAVINST 6110.1H and mos	st (Yes	○ No
11. Are any of the member's dependents covered	ed in a custody agreement?	If "NO", go to question 12.	(Yes	○ No
 Does agreement prevent removal of fam approval or agreement between the interest 			or court (Yes	○ No
 b. Has member obtained prior court approv family members from CONUS, if required by agreement if not required by state law) 				Yes	○ No

1. MEMBER'S NAME:		2. DATE:			
12. Single parents/military couples with family members. Is to executed or is not in accordance with OPNAVINST 1740.4D?	nere any reason why the Family Care P	Plan cannot be	○ Yes	○ No	
NOTE: While the unique situation of single parents with dependents is not disqualifying, this fact should be pointed out upon submission of suitability determination.					
13. If member is a first-termer and going to an overseas duty alcohol, or criminal conviction, (identified in Section VI remark mark block YES.				○ No	
14. Does member have a history of unsatisfactory or below standard performance (any mark below 3.0) or any NJPs in the last 2 years?			S Yes	○ No	
15. Have member and adult dependents received "Level I" Antiterrorism Force Protection (Level III for 0-5/0-6 Commanding Officer Awareness Training), prior to transfer, and recorded on NAVPERS 1070/613?				○ No	
16. Is dependent spouse a foreign national? If yes, see MILPERSMAN 1300-302 for "Non-US citizen dependents". Case by case coordination for dependents travel documents will be required.			○ Yes	○ No	
FOR PERSONNEL E-3 AND BELOW: Ensure the members have been counseled that they cannot be assigned accompanied overseas duty. Members will be assigned unaccompanied based on readiness needs. Acquiring family member(s) en route and bringing them without dependent entry approval/command sponsorship will most probably result in return to CONUS at personal expense and servicemembers will complete tour unaccompanied.					
I have been counseled on the above: Yes	No				
		-			
2. MEMBER'S SIGNATURE:		3. DATE:			
2. MEMBER'S SIGNATURE: 4. REMARKS:		3. DATE:			
		3. DATE:			
		3. DATE:			
		3. DATE:			
		3. DATE:			
		3. DATE:			
	, am aware that the failure to divulge checklist may ultimately result in discip		ormation or amplify	ring information UCMJ.	
4. REMARKS: 5. I,	, am aware that the failure to divulge checklist may ultimately result in discip		ormation or amplify nishable under the 7. DATE:	ring information UCMJ.	

1. MEMBER'S NAME:				2. DATE:		
PART II: RECO	MMENDATION OF COM	MANDING	OFFICER (OR OIC	C) OF MEDICAL TREA	TMENT FACILITY.	
Based on the information available a Treatment Facility (MTF/DTF) in the						al
Medical, dental, and educational	screening was conducte	ed per BUME	DINST 1300.2A.			
2. Recommendation is based on a screened.	review of NAVMED 1300)/1, Parts I a	nd II. One form ha	as been completed for e	each service and family member	
3. If a shaded block is checked on loperational location; or with the sen required medical, dental, or education	or medical department r	epresentativ				
4. Family member screening is not Souda Bay, Crete).	required if an unaccomp	anied tour of	24 months or less	s (exception: screening	g is required for Diego Garcia/	
5. Do not forward sensitive medical	or personal information	with this forr	n.			
The following recommendation(s gaining MTF/DTF or senior medic					l if required, the response from	the
1. SERVICEMEMBER IS SUITABI	E FOR THIS ASSIGNM	ENT. ()	Yes No			
	FAMILY MEMB	ERS SUITA	BILITY FOR THIS	ASSIGNMENT.		
2. NAME:	○ Yes	○ No	3. NAME:		☐ Yes ☐ No	
4. NAME:	○ Yes	○ No	5. NAME:		☐ Yes ☐ No	
6. NAME:	○ Yes	○ No	6. NAME:		○ Yes ○ No	
The following family member(s) v	vere referred for Excep	tional Fami	ly Member Progra	am (EFMP) enrollmen	t (DO NOT DELAY SCREENING	i
8. NAME (s):						
9. NAME OF CO/OIC OR DESIGNE TREATMENT FACILITY:	E OF MEDICAL	10. DATE	<u> </u>	9. SIGNATURE OF MEDICAL TREAT	F CO/OIC OR DESIGNEE OF MENT FACILITY:	

1. MEMBER'S NAME:	2. DATE:			
PART III: CMC/COB/SEA ENDORSEMENT				
On the basis of all available information, I endorse				
2. CMC/COB/SEA (NAME AND RANK): 3. SIGNATURE OF	CMC/COB/SEA: 4. D.	ATE:		
PART IV: COMMANDING OFFIC	EER'S ENDORSEMENT			
On the basis of all available information, I endorse / I do not endorse	the member's orders for the overs	seas assignment.		
2. COMMANDING OFFICER (NAME AND RANK): 3. SIGNATURE OF	COMMANDING OFFICER: 4. D.	ATE:		
5. REMARKS: If the Commanding Officer still feels member should be considered for overseas MILPERSMAN 1300-304.	assignment, submit waiver (non-medical/	(dental) request per		
PRIVACY STATEMENT: THE AUTHORITY TO REQUEST THIS INFORMATION THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYE FUTURE DUTY ASSIGNMENT.				
COMPLETION OF THE FORM IS MANDATORY EXCEPT FOR DUTY AND HIS INFORMATION MY RESULT IN DELAY IN RESPONSE TO OR DISAPPROVA		O PROVIDE REQUIRED		