

**Privacy Act Sensitive**

**FLEET PATIENT MOVEMENT CHECKLIST**

TO BE COMPLETED BY SMDR FOR SHIPS AT SEA OR IN PORT FOR URGENT OR PRIORITY MOVEMENTS ONLY.  
PLEASE REFER TO FLEET OPORD ANNEX Q FOR FURTHER GUIDANCE.

**PATIENT INFORMATION**

Last Name, First, Middle: \_\_\_\_\_, DODID#: \_\_\_\_\_, Rank: \_\_\_\_\_,  
Service: \_\_\_\_\_, Contact Number: \_\_\_\_\_, Email: \_\_\_\_\_, DOB: \_\_\_\_\_

**SHIP INFORMATION**

Ship Name: \_\_\_\_\_, Fleet: \_\_\_\_\_, SMDR Email: \_\_\_\_\_, SMDR Phone: \_\_\_\_\_

**FLEET CHECKLIST ACTION ITEMS**

- 1. Notify Fleet Battle Watch (BWC) via phone.
- 2. "Doc to Doc" communication to conduct warm hand off to MTF/CTF (Military Treatment Facility/Civilian Treatment Facility). May use Global Teleconsultation Portal (GTP) consult.
  - a) MTF/CTF Facility: \_\_\_\_\_
  - b) Provider Full Name: \_\_\_\_\_, Contact Number: \_\_\_\_\_, Date/Time: \_\_\_\_\_
- 3. Contact MTF Patient Movement Activation POC (per Fleet AOR Smart Pack) with patient information:
  - Estimated date and time of arrival (ETA): \_\_\_\_\_, Location: \_\_\_\_\_
- 4. Assign non-medical attendant (NMA), see NMA Agreement, page 2.
- 5. Create a GTP consult (as time permits), to provide clinical information to the MTF/CTF, record GTP Case number: \_\_\_\_\_
- 6. Finalize Medical/Dental documentation and provide hard copy for patient.
- 7. Ensure patient has adequate supply of medication (minimum 3 days).
- 8. Create 30 Day Funded TAD orders for both patient and NMA, if required.
- 9. Ensure Government Travel Charge Card (GTCC) is activated for both patient and NMA.
- 10. Arrange lodging for both patient and NMA, if required.
- 11. Verify the following:
  - a) MEDEVAC message via SIPR within 24 hours (see Annex Q for template)
  - b) ID/Passport for both patient and NMA
  - c) Personnel Casualty Report (PCR) initiated if required
- 12. Notify Fleet Surgeon via GTP and email per Fleet AOR SMART Pack.
- 13. Upload this Fleet Patient Movement checklist to GTP Case as an attachment.

**NUMBERED FLEET BWC PHONE NUMBERS**

USFF/CTF80: BWC 757-836-5397	Alternate BWC 757-836-5398
C2F: BWC 757-836-6159	Alternate BWC 757-836-6159
C3F: BWC 619-553-7102	Alternate BWC 619-524-9534
C4F: BWC 904-270-7355	Alternate BWC 904-270-7216
C5F: BWC +973-1785-3879	Alternate BWC N/A
C6F: BWC +39-081-568-3646	Alternate BWC N/A
C7F: BWC +81-46-896-9251	Alternate BWC N/A

**OFMLS DUTY PHONE NUMBERS**

Bahrain OFMLS: +011-973-1785-3465  
 Bremerton OFMLS: 360-536-5812  
 Camp Lejeune OFMLS (Transfer Center): 910-449-2774  
 Guam OFMLS: 671-483-2596  
 Jacksonville OFMLS: 904-250-6308  
 Okinawa OFMLS: +011 81 90 6861 4208  
 Portsmouth OFMLS (Transfer Center): 757-953-6289  
 San Diego OFMLS: 619-302-8944  
 Tripler OFMLS: (808) 433-2210  
 Yokosuka OFMLS: +01181-90-3310-9939

Reviewed by SMDR: Full Name, Rank: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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**Version: 29 NOV 2023**

# FLEET PATIENT MOVEMENT CHECKLIST

## NON MEDICAL ATTENDANT (NMA) AGREEMENT

Your duties and responsibilities, as a NMA for a patient movement, include but are not limited to the following: (Initial at the end of each paragraph to acknowledge your understanding and intended compliance.)

1. **You are on duty;** the General Orders of a Sentry apply. Your shipmate is your post and you are on duty until properly relieved. If you have any questions, contact your command or utilize the contact information sheet provided in your briefing packet for any additional concerns.

NMA Initial here for acknowledgment: \_\_\_\_\_

2. **Your primary responsibility is the welfare of your shipmate.** You are responsible for the welfare of your shipmate while in transit and during treatment. Your duties will include carrying luggage, getting meals and/or supplies, maintaining communication with your shipmate's family and the CoC, and any administrative matters that may arise.

NMA Initial here for acknowledgment: \_\_\_\_\_

3. **Consuming Alcohol or any drugs is prohibited.** While in transit with the patient you are prohibited from consuming alcohol, any drugs (except prescribed medications that do not reduce alertness), driving a vehicle, or leaving the vicinity of the patient unless the member is being cared for by medical personnel. You are not permitted to consume alcohol while performing your duties as the NMA.

NMA Initial here for acknowledgment: \_\_\_\_\_

4. **Daily Reports.** Daily status updates are required to be reported to the command and Operational Forces Medical Liaison Services (OFMLS). Information such as significant changes to the patients' medical condition, plans for movement, concerns you might have, and/or anything that you feel the command should be informed of should be reported.

NMA Initial here for acknowledgment: \_\_\_\_\_

5. **You are required to be with your shipmate at all times.** If you are escorting a mental health patient you are required to be with that patient at all times, unless directed by the medical staff. This includes berthing, traveling in any vehicle, and trips to the head. This may include safety watch duties at destination until final disposition by treating medical team.

NMA Initial here for acknowledgment: \_\_\_\_\_

6. **Completion of duty.** OFMLS representatives will notify you when your duty is complete. Upon completion of duty, contact your command as soon as possible to receive instruction on how you will return.

NMA Initial here for acknowledgment: \_\_\_\_\_

7. **You represent the United States Navy.** Your personal conduct must be impeccable. You are traveling on orders (possibly in a foreign country), and you must be vigilant, courteous, and maintain a high level of situational awareness. Any misconduct that occurs while you are off ship will be subject to action under the UCMJ. The stipulations outlined in this document constitutes a lawful order.

NMA Initial here for acknowledgment: \_\_\_\_\_

### 8. Required Pre-Travel Items:

- a) 30-day Travel Orders for you and the patient (if required)
- b) GTCC for both you and the patient
- c) Patient medical documentation
- d) Completed Fleet Patient Movement Checklist
- e) Fleet AOR Smart Pack contact information sheet
- f) Lodging accommodations (if required)

### 9. Required Documentation: You are required to document the following items below as they happen and report the data to OFMLS:

- a) Patient arrived at medical facility, Date/Time: \_\_\_\_\_
- b) Contact OFMLS upon arrival to provide NMA contact information, Date/Time: \_\_\_\_\_
- c) For Civilian Treatment Facility arrival, notify SMDR of originating Ship/Parent Command, Date/Time: \_\_\_\_\_
- d) Patient seen by medical provider, Date/Time: \_\_\_\_\_
- e) Patient was  Admitted or  Discharged Date/Time: \_\_\_\_\_
- f) Contacted OFMLS following patient disposition, Date/Time: \_\_\_\_\_
- g) Relieved by OFMLS, Date/Time: \_\_\_\_\_

### Non-Medical Attendant Information:

Name: \_\_\_\_\_, Signature: \_\_\_\_\_, Date/Time: \_\_\_\_\_

Email: \_\_\_\_\_, Cell Phone: \_\_\_\_\_

### Ship Medical Dept. Patient Movement Briefer:

Name: \_\_\_\_\_, Signature: \_\_\_\_\_, Date/Time: \_\_\_\_\_

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