

Privacy Act Sensitive

FLEET PMMR (Personnel Movement for Medical Reasons) CHECKLIST

TO BE COMPLETED BY SMDR FOR SHIPS AT SEA OR IN PORT FOR URGENT OR PRIORITY PMMRs 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. "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: _____
- 2. Contact MTF PMMR Activation POC (per Fleet AOR Smart Pack) with patient information:
 - Estimated date and time of arrival (ETA): _____, Location: _____
- 3. Assign non-medical attendant (NMA), see NMA Agreement, page 2.
- 4. Create a GTP consult (as time permits), to provide clinical information to the MTF/CTF, record GTP Case number: _____
- 5. Finalize Medical/Dental documentation and provide hard copy for patient.
- 6. Ensure patient has adequate supply of medication (minimum 3 days).
- 7. Create 30 Day Funded TAD orders for both patient and NMA, if required.
- 8. Ensure Government Travel Charge Card (GTCC) is activated for both patient and NMA.
- 9. Arrange lodging for both patient and NMA, if required.
- 10. 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
- 11. Notify Fleet Battle Watch (BWC) via phone.
- 12. Notify Fleet Surgeon via GTP and email per Fleet AOR SMART Pack.
- 13. Upload this Fleet PMMR checklist to GTP Case as an attachment.

Reviewed by SMDR: Full Name, Rank: _____ Date/Time: _____

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Version: 20 MAY 2022

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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 PMMR 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. PMMR Briefer:

Name: _____, Signature: _____, Date/Time: _____

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