

PRIVACY ACT STATEMENT: This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provided to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique identifier to distinguish between employees with the same names and birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed.

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>		
	Security Force Assistance Brigade (SFAB) Applicant Medical Screening Form		
	I, the below signed medical provider, certify that this Service Member's (SM) medical record has been screened and their health history has been reviewed.		
	After evaluating the member using the criteria below and the Minimal Standards of Fitness For Deployment to the CENTCOM AOR criteria put forth in CENTCOM MOD 13 PPG-Tab A, I find the member free of limiting conditions which would prevent assignment to and/or worldwide deployment with an SFAB unit. (sign in blocks on page 2).		
	1. The SM will have a minimum PULHES of 111221.		Y / N
	2. The SM is not currently pregnant.		Y / N
	3. If urgent care is sought after clearance is completed, SM must be re-cleared.		
	4. SM meets all minimum standards of fitness for deployment as described in CENTCOM MOD 13 PPG-Tab A in the following areas:		
	a. Asthma		Y / N
	b. Seizure disorder		Y / N
	c. Diabetes Mellitus		Y / N
	d. Is SM on any medication that is not on the CENTCOM formulary?		Y / N
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPARTMENT/SERVICE
SPONSOR'S NAME		SOCIAL SECURITY/ID NUMBER	RECORDS MAINTAINED AT
PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle; ID NUMBER or Social Security Number; Gender; Date of Birth; Rank/Grade.)</i>		REGISTER NUMBER	WARD NUMBER

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 11/2010)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>
	Security Force Assistance Brigade (SFAB) Applicant Medical Screening Form, page 2
	e. History of heat stroke Y / N
	f. Meniere's disease or other vertiginous/motion sickness disorder Y / N
	g. Recurrent syncope Y / N
	h. Endocrine conditions Y / N
	i. Musculoskeletal conditions which impair duty performance Y / N
	j. Migraine headache frequent/severe enough to disrupt normal duty performance Y / N
	k. Nephrolithiasis, more than 1 episode in the last year Y / N
	l. Obstructive sleep apnea that requires duty limitation. Y / N
	m. Traumatic brain injury in treatment or failed to complete treatment Y / N
	n. BMI > 35 Y / N
	o. Cardiovascular conditions including hypertension and hyperlipidemia Y / N
	p. Infectious disease including hepatitis, HIV, tuberculosis Y / N
	q. Uncorrected vision and / or hearing loss, refractive eye surgery recovery Y / N
	r. Cancer Y / N
	s. Recent surgery not cleared by specialty service to fully RTD Y / N
	t. Psychiatric conditions as described in Para 7.H. of CENTCOM MOD 13 Y / N
	y. Medication usage as described in Para 7.G. of CENTCOM MOD 13 Y / N
	5. If the examining provider feels specialty provider consultation needed to clear the SM for deployability this consultation/clearance must be pursued/obtained prior to packet submission.
	6. If SM elects to pursue CENTCOM MOD 13 deployment waiver, this waiver must be processed by the losing unit and included in the SM's application packet.
	7. Once completed this form will accompany the SM's application packet and should be scanned into his/her electronic medical record.
	Both blocks below must be signed. SM is / is not (circle one) deployable per CENTCOM MOD 13 criteria.
	PCM Sign and Stamp _____
	Specialty Provider Sign and Stamp _____
	(May be PCM if no Specialty Consultation Needed)