

Patient name:

FMP:

Sponsor's SSN:

Date:

### OCONUS PCS Clearance Screening Tool

To be used to determine if DD Form 2792 is required for non-EFMP enrolled dependents PCSing OCONUS. Please comment on any 'yes' responses below. Responses must encompass past 5 years of medical history.

1. EFMP enrolled or do they meet EFMP enrollment criteria? (If yes, stop and complete 2792)

Yes                      No

2. Medical condition(s)/developmental delay(s) requiring specialty care?

Yes                      No

3. Asthma or other chronic respiratory-related disease?

Yes                      No

4. History of mental health diagnosis or treatment?

Yes                      No

5. Does the patient require any medical equipment?

Yes                      No

6. ADD/ADHD with co-morbid psych diagnosis, multiple meds, or specialty care?

Yes                      No

Comments:

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Provider Stamp/Signature: \_\_\_\_\_

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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.

Table with 2 columns: DATE and SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry). The table contains multiple empty rows for data entry.

Form with fields for HOSPITAL OR MEDICAL FACILITY, STATUS, DEPARTMENT/SERVICE, RECORDS MAINTAINED AT, SPONSOR'S NAME, SOCIAL SECURITY/ID NUMBER, RELATIONSHIP TO SPONSOR, PATIENT'S IDENTIFICATION, REGISTER NUMBER, and WARD NUMBER.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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