

**OPERATIONAL DUTY SCREENING
TO BE COMPLETED WITHIN 30 DAYS OF RECEIPT OF ORDERS**

Date

From: Personnel Support Activity Detachment, Pearl Harbor
To: Naval Health Clinic Hawaii, Pearl Harbor
Via: Command PLR, _____

Subj: **OPERATIONAL DUTY SCREENING ICO** _____

1. The above listed member has received transfer orders to sea duty. In accordance with BUMED WASHINGTON DC 210129ZDEC94, personnel transferring to sea duty must be screened for existing medical conditions that may prevent treatment while assigned to sea duty.

2. Request medical screening be completed, signed, and given to member to return to the PSD transfers section.

Date

FIRST ENDORSEMENT

From: Naval Health Clinic Hawaii, Pearl Harbor, HI
To: Command PLR, _____

Subj: **OPERATIONAL DUTY SCREENING ICO** _____

1. Operational duty screening has been completed. SNO / SNM has been found Suitable / Unsuitable for assignment to sea duty:

- HIV was drawn on _____.
- Health care provider signature/stamp: _____

Date

SECOND ENDORSEMENT

From: Command PLR, _____
To: Personnel Support Activity Detachment, Pearl Harbor, HI

Subj: **OPERATIONAL DUTY SCREENING ICO** _____

1. I hereby acknowledge that SNO / SNM have completed operational duty screening and is / is not recommended for assignment to sea duty.

Command PLR Signature