



NMAU Suitability Screening Cover Sheet

Last, First Name:

Branch & DoD ID:

Current Command:

EDD Date:

Gaining Command Name & Location	
Screening Type	CONUS/REMOTE/Shore CONUS/REMOTE/OPERATIONAL CONUS/OPERATIONAL OCONUS/REMOTE (non-remote) OCONUS/REMOTE (remote) OCONUS/OPERATIONAL
Special Physicals (if applicable to orders)	SUB NFD DIVE SWO EXP NSW FLIGHT COMMISSIONING Others:
Pending IMR Items	DENTAL AUDIO PDHRA PHA EYE HIV FLU PAP IMMZ:
List of your dependents <u><i>OCONUS or enrolled in EFMP ONLY</i></u> i.e. 1. Brown, Ellen-spouse (EFMP); 2. Brown, Bob-1 st child; 3. Brown, Willy- 2 nd child (EFMP); etc.	
Remarks	