

Reintegration briefing (In Uniform) Date: Time: Location:	Langley Reintegration Checklist				
Name:	Grade:	Unit:	Last 4:		
Date Returned:	Deployed Location(s):		Deployment Length		
PRP:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fly Stat:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Activity	Yes	No	Date	Signature	
PRU Check In Bring 1 copy of orders(Pick up receipt to file travel voucher)					
Turn In DD Form 2796- Deployed Med Record Bldg 74 rm 229 (aerospace medicine)	<input type="checkbox"/>	<input type="checkbox"/>			
Referral to PCM (Provider)	<input type="checkbox"/>	<input type="checkbox"/>			
Post Deployment Serum	<input type="checkbox"/>	<input type="checkbox"/>			
Force Health Mgmt Review TB Eval, PIMR, blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>			
BW/CW Antidote Turn In	<input type="checkbox"/>	<input type="checkbox"/>			
Medical Intel Redeploy Brief	<input type="checkbox"/>	<input type="checkbox"/>			
Finance Travel Voucher/Entitlements Review. Must have receipt from PRU to file voucher					
Safety Briefing					
Reintegration Briefing Family Support Bldg 15 rm 100					
Turn in mobility bags Bldg 330					
Turn in weapon Follow weapon checklist					
Unit Requirements UDM/CSS					
Commander's Welcome Back Appointment Date:				Signature not required	