Active Military

The following is checklist to assist in the pre-deployment phase of your processing.   All forms mentioned below can be obtained from the UDC Website.

_____ Security Clearance (Start within 48 hours of notification of assignment)

_____ Passport (Start within 48 hours of notification of assignment) Military can deploy without a passport but it is recommended you have one.

_____ Itinerary (Can be made any time after notification of assignment)

_____ Government Credit Card

ADMINISTRATIVE (Should be accomplished within one week after notification of assignment)

_____ Log on to EngLink and update your Personal and Record of Emergency Data

_____ ENG 6037-E Family Readiness Information Form

_____ Direct Deposit Form.

_____ DD Form 93 Record of Emergency Data

_____ Complete a Family Care Plan if applicable.

_____ DD Form 2887 (For Eagle Cash Card)

_____ UDC Clothing Issuance Form

PREDEPLOYMENT TRAINING (Should be completed within one week after notification of assignment):

_____ CRC Prerequisite Training

_____ Construction Deployment Safety Training Checklist (if applicable)

WEAPONS QUALIFICATION

_____ All active and reserve military personnel must have a current (within one month) weapons qualification prior to reporting to the UDC. If this cannot be done, weapons qualification can be conducted while attending the UDC.

INFORMATION MANAGEMENT (Within two weeks after notification of assignment)

_____ Ensure you have a valid AKO Account and **KNOW YOUR USER NAME/ PASSWORD.**

_____ System Authorization Access Request Form. (USACE Only)

_____ Information Awareness Training (USACE Only)

MEDICAL (Medical appointments should be made within 48 hours after notification of your assignment) Ensure you print off this part of your checklist and take it with you to your doctor to ensure all medical tests are completed.

* If you are having your physical done at a military installation, your can be certified for deployment if a military doctor signs off on page three of a DA Form 7425.   Otherwise the following needs to be completed and sent in for the UDC Doctor to approve your deployment:

MEDICAL FORMS

_____ DD Form 2808, Report of Medical Exam

_____ DD Form 2807-1, Report of Medical History

_____ DD Form 2795, (needs to be filled out electronically through AKO).

_____ DD Form 2813, Report of Dental Exam

_____ DD Form 771, Eyewear Prescription.   If you do not require glasses, write at the bottom of the form, "glasses not required"

_____ OSHA Respiratory Medical Evaluation Questionnaire

LABS:

_____ Urinalysis (Routine), not a drug screening

_____ Chem 7 (include, as part of the Chem 7, a Hemoglobin A1c if you have diabetes, are glucose intolerant [high blood sugars], or are taking medicine to control blood sugar)

_____ CBC

_____ LIPID Profile (over 40 years of age)

_____ G6PD (must have a normal result with taking anti-malaria medication)

_____ Blood Type/RH

_____ HIV (within 120 days)

_____ DNA on File (Not always possible)

REQUIRED TESTS:

_____ EKG (if over 40 years of age).

_____ Framingham Coronary Heart Disease Risk Percentage. Fill out the information to calculate your 10 year risk assessment. When completed, print out and sent to your APPO representative.

_____ If on prescription medications, you MUST deploy with at least a 180 day supply

_____ Audiogram (Can be annotated on the DD Form 2808

Females

_____ PAP smear (within one year).

_____ Mammogram (within two years if over 40 and within one year if over 50).

_____ Pregnancy test or waiver required upon arrival at the UDC.

IMMUNIZATIONS

_____ ANTHRAX

_____ HEPATITIS A

_____ HEPATITIS B

_____ INFLUENZA

_____ MMR (Measles, Mumps, Rubella) (As an adult, once in a lifetime). People born before 1957 do not require a MMR vaccine. MMR should be given either simultaneously or 30 days before receiving anticipated smallpox vaccination.

_____ POLIO (oral or IM) (As an adult, once in a lifetime)

_____ SMALLPOX (Administration per the latest DoD Guidance) required every 10 years. Must complete Smallpox Vaccination Pre-Screening Form and have it reviewed by a Health Care Provider at the UDC site prior to receiving immunization.

_____ TETANUS /DIPHTHERIA

_____ TUBERCULIN SKIN TEST (PPD)

_____ TYPHOID