

**INDIVIDUAL AUGMENTEE (IA) and
SUPPORT ASSIGNMENTS to OVERSEAS CONTINGENCY OPERATIONS (OCO)
SPECIFIC REQUIREMENTS FOR UNITED NATIONS MISSIONS
AREA OF RESPONSIBILITY (AOR)**

1. NAVMED 1300/4, EXPEDITIONARY MEDICAL and DENTAL SCREENING FOR INDIVIDUAL AUGMENTEE (IA) and SUPPORT ASSIGNMENTS to OVERSEAS CONTINGENCY OPERATIONS (OCO) COMPLETED?	<input type="checkbox"/> YES <input type="checkbox"/> NO COMPLETION DATE:
2. UN MS. 2 (11-01), ENTRY MEDICAL EXAMINATION COMPLETED?	<input type="checkbox"/> YES <input type="checkbox"/> NO COMPLETION DATE:
3. VERIFICATION OF US MILITARY OBSERVERS GROUP (USMOG) IMMUNIZATION REQUIREMENTS	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. CURRENT HEARING TEST	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. VISUAL ACUITY TO INCLUDE COLOR VISION	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. EKG (AGE SPECIFIC)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
7. CHEST X-RAY	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. FASTING LABS: - CBC - U/A WITH MICRO - VDRL - ESR - CHEMISTRY (COMPREHENSIVE) - HCG (WOMEN) - STOOL (IF INDICATED)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
9. PROVIDER EXAM (CREDENTIALLED) THE MISSION MAY REQUIRE AIR TRAVEL BY HELICOPTER, OR LIGHT AIRCRAFT. ALTHOUGH THE MISSION IS PEACEKEEPING IN NATURE, THERE HAVE BEEN INSTANCES OF VIOLENT SURGES AND EFFORTS MET WITH HOSTILITY. IT IS OF IMPORTANCE THAT THE MEMBER IS IN EXCELLENT PHYSICAL CONDITION TO SUSTAIN IN THE MISSION.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. MEMBER CLEARED FOR MISSION IF MEMBER NOT CLEARED PLEASE CONTACT: Chief of Operations US Military Observers Group - Washington Telephone (703) 696-3991 Fax (703) 696-2463	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. COMMENTS	

Patient Identification <i>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; DOB; Rank/Grade.)</i>	Practitioner Name	
	Signature	Date
Hospital or Medical Facility		