

**INDIVIDUAL AUGMENTEE (IA) and
SUPPORT ASSIGNMENTS to OVERSEAS CONTINGENCY OPERATIONS (OCO)
SPECIFIC REQUIREMENTS FOR JOINT TASK FORCE (JTF) GUANTANAMO BAY (GTMO)
AREA OF RESPONSIBILITY (AOR)**

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| 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. REVIEW OF PSYCHOLOGICAL HISTORY TO ENSURE SOUND MENTAL COMPETENCY FOR THE MISSION (NO BEHAVIORAL INCIDENTS OR ANGER MANAGEMENT ISSUES WITHIN THE PAST THREE YEARS.) | REQUIREMENT MET? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. PHYSICAL FITNESS STANDARDS: GITMO DETAINEE OPERATIONS IS AN ARDUOUS ASSIGNMENT. THE CLIMATE IS EXTREMELY HOT AND THE WORK ENVIRONMENT IS PHYSICALLY DEMANDING. SAILORS MUST HAVE PASSED THE LAST PRT CYCLE AND CURRENTLY BE WITHIN BCA STANDARDS. | REQUIREMENT MET? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. ENSURE ALL DEPLOYING SAILORS (INCLUDING PCS) TO JTF-GTMO ARE SCREENED UTILIZING THE ELECTRONIC DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2795). A COPY OF THE DD FORM 2795 IS TO BE PLACED IN THEIR MEDICAL RECORD. (PER SOUTHCOM COMMANDER) | REQUIREMENT MET? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. MEMBERS WITH SLEEP APNEA AND USING A C-PAP MACHINE ARE ELIGIBLE FOR DEPLOYMENT TO JTF-GTMO. (MEMBERS ARE REQUIRED TO HAVE USED IT FOR ONE MONTH AND NOT HAVE ISSUES WITH CURRENT SETTING.) MEMBERS ARE ADVISED THAT THEY MAY BE WITHOUT C-PAP IF REPAIRS ARE NEEDED, UNLESS LOANER CAN BE USED. | REQUIREMENT MET? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| 6. ANY VISIBLE TATTOOS: THIS IS AN ADMINISTRATIVE ISSUE AND WILL BE EVALUATED BY THE RESPECTIVE AUTHORITY. THE MEMBER <u>MAY</u> BE ASKED TO REMOVE THE TATTOO; OR NOT PERMITTED TO ENTER GTMO. | REQUIREMENT MET? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| 7. VARICELLA (SCREEN FOR PRIOR DISEASE OR TITER). ONLY REQUIRED FOR DETAINEE OPS PERSONNEL WITHOUT A POSITIVE VARICELLA TITER. | REQUIREMENT MET? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. MEMBER CLEARED FOR MISSION | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 9. COMMENTS | |

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| 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 | | |