

Officer PCS Readiness Checklist

FSGA/HAAF

(Use this form for verifying the deployment readiness of Officers PCSing or being reassigned intra-post)

Section I: Physical Profile Data <i>Section I must be completed by the Officer within 5 days of assignment notification and returned to the BN S1</i> Individual Officer please complete questions 1 through 11 and sign block 21.								
1. Name: (Last, First MI)		2. Rank		3. SSN:		4. Projected Unit of Assignment:		
5. Height	Weight:	Body Fat %	6. PT Score:	Age:	Today's Date:			
Please answer the following questions by checking Yes, No, or N/A. If additional documentation is required please attach to this form. Upon completion please turn in to BDE/Unit S-1.						Yes	No	N/A
7. Do you have a Temporary or Permanent Profile? (Please circle whether temporary or permanent and provide a copy to be attached to this worksheet)						Temp		
8. If you have a Permanent Profile is it a P3 or P4? (If yes please provide a copy of the profile to be attached to this worksheet)								
9. If you have a P3 or P4 profile have you been through an MOS/Medical Retention Board (MMRB) or Medical/Physical Evaluation Board (MEB/PEB)? (If yes please provide a copy of the MMRB or MEB/PEB results to be attached to this worksheet)								
10. Did the MOS/Medical Retention Board (MMRB) or Medical/Physical Evaluation Board (MEB/PEB) determine you to be non-deployable?								
11. Are there any other conditions or problems (administrative or medical) that would prevent you from deploying? (If yes, please provide comments in the remarks section below.)								
Section II: Deployability Data BDE/Bn S-1 please complete questions 12 through 20 and sign block 22.								
12. Has the Officer deployed to a country for combat purposes in the last 12 months?								
13. Has the overseas assignment history on the Officer's ORB reflect this deployment? (If no, please have Officer provide documents showing the deployment period such as TCS orders or an award covering the time of deployment to Unit S-1 for update)								
14. Is the Officer pregnant or still postpartum?								
15. Has the Officer currently adopted a child in the last 180 days?								
16. Is the Officer a single parent or dual military?								
17. Does the Officer have an approved family care plan?								
18. Is the Officer a sole surviving son or daughter?								
19. Is the Officer currently under suspension of favorable actions?								
20. Is the Officer a conscientious objector?								
Please provide additional information concerning your ability to deploy below, continuation of question 11:								
REMARKS:								
I certify to the best of my knowledge that this information is true and correct:								
21. Individual Officer Signature:						Date:		
22. Last Name, First Name, MI of BDE / Bn S-1						Title/Organization of BDE / Bn S-1:		
BDE/Unit S-1 Signature:						Date:		

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Section III Physician Assistant or S-1s Verification

For Unit Physician or Unit S-1

Please complete questions 23 through 40 (verifying all data using MEDPROS) and sign block 41.

Battalion Commander will certify in Block 42.

23. Name:	Rank	SSN:	Projected Unit of Assignment:		
Please answer the following questions by circling Yes, No, or NA. Direct Officer to the appropriate care provider for any routine medical readiness actions that are annotated below within 30 days.			Yes	No	N/A
24. Does the Officer have a temporary or permanent profile that has a geographic or climate duty limitation?					
25. Does the Officer have a temporary or permanent profile that precludes deployment?					
26. Are the Officer's PULHES factors updated in MEDPROS?					
27. Is the Officer's PHA current and up to date?					
28. Is the Officer's PDHRA current and up to date?					
29. Has the Officer had their annual eye exam?					
30. Does the Officer have their required number of corrective lenses and mask inserts?					
31. Does the Officer have their required hearing protection?					
32. Is the Officer currently taking medication that precludes deployment?					
33. Is the Officer's Women's Readiness Category green?					
34. Is the Officer a dental category 3 or 4?					
35. Does the Officer have their required warning identification tags?					
36. Does the Officer have a current HIV test? If Yes, Date:					
37. Does the Officer have a current DNA Sample on file?					
38. Are Officer's immunizations up to date?					
39. Does Officer require mental awareness counseling?					
40. Is Officer Medically Fit? (If no please refer Officer to the appropriate care provider)					

Battalion PA, Assigned Care Provider, or S-1 Signature:

41. Last Name, First Name, MI	Title/Organization:
Signature:	Date:

Battalion Commander Signature:

42. Last Name, First Name, MI	Title/Organization:
Signature:	Date:

Section IV: Reassignment Verification

For Military Personnel Division Use Only

Military Personnel Division Representative please complete questions 43 through 46 and sign block 47.

43. Has Officer submitted all requested documents based on the answers provided in questions 1-11?				
44. Does the Officer require further evaluation or action? (If yes please identify what evaluations or actions Officer needs to complete in the remarks section on page 3)				
45. Is Officer's Medical Readiness Classification Code (MRC) updated?				
46. Is Officer cleared to PCS or be reassigned intra-post?				

Military Personnel Division Representative Signature:

47. Last Name, First Name, MI:	Title/Organization:
Signature:	Date:

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Name:	Rank	SSN:	Projected Unit of Assignment:
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Remarks or additional information: