

REPORT OF SUITABILITY FOR OVERSEAS AND REMOTE DUTY ASSIGNMENTS**NAVPERS 1300/16 (Rev. 07-2024)**

Supporting Directive OPNAVINST 1300.14E

1. Member's Name (Last, First, MI)		2. Date	3. Number of Dependents
4. Current Ship/Station	5. Current UIC	6. Proposed Overseas/Remote Location	7. Proposed UIC

Part I: Command Review

The purpose of the command review is to determine, via a records review and personal interview, member's and their dependents suitability for duty/life in the proposed overseas/remote duty location per MILPERSMAN 1300-302. Any questions checked "YES" (with the exception of questions 10, 13-14 disqualifies the member for overseas/remote duty assignment. Complete PART I and obtain waiver(s) prior to starting PART II (NAVVED) 1300/1).

1. Has the member or his or her dependent(s) previously been reassigned, prior to normal tour completion, due to unsuitability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. (For Enlisted Personnel) Has member obligated for the prescribed DoD tour? If "NO", member is unsuitable. NAVPERS 1070/613 entries for OBLISERV are prohibited. OBLISERV MUST BE COMPLETED WITHIN 30 DAYS OF RECEIPT OF ORDERS. For SRB issues, see the current NAVADMIN. For PFA see current NAVADMIN and OPNAV instruction. Officers and enlisted personnel who REQUEST to separate/retire will be held to the DoD tour length.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.a (E-5 and above) Does the member, spouse, or family member(s) have serious problems of indebtedness, credit loss, or other financial problems which have not been reconciled with creditor(s) or interested parties?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.b (E-4 and below) Member must complete debt-to-income (DTI) ratio screening per OPNAVINST 1740.5D. Do not calculate the spouse's income unless guaranteed employment at the overseas location has been obtained. Is the DTI ratio 30% or greater?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the member or his or her dependent(s) been convicted of any criminal offense (civilian or military) within the last 24 months or has/had any involvement in an ongoing criminal action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has the member or his or her dependent(s) been convicted of a sex offense? Information regarding whether a person is a sex offender may be found at Dru Sjodin National Sex Offender Public Web site (NSOPW) at www.nsopw.gov .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the member or his or her dependent(s) have a record of any involvement with illegal drugs or alcohol within the past 24 months? Successful completion of an aftercare program will qualify the member and the question can be answered NO. A waiver of aftercare program does not qualify the member; answer YES.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is the member or his or her dependent(s) involved in an open Family Advocacy Program (FAP) case that is still under investigation or for which treatment was refused or is still ongoing? (If a local FAP representative is not available to provide a status of FAP issues, contact the Commander Navy Installation Command (CNIC) Lead of Case Management Section for FAP, at (901) 874-4361, DSN 882-4361, for this endorsement.). If the CO still wishes to request a waiver, the gaining command and fleet and family support center (FFSC) must support the waiver request.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Was the member's spouse previously a member of the Military Services and was the characterization of separation "Other than Honorable"? Explain in the remarks section.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has member failed two or more PFAs in a 3-year period? If yes, comply with OPNAVINST 6110.1H and most recent NAVADMIN which govern Physical Readiness Program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are any of the member's dependents covered in a custody agreement? If "NO" or "N/A", go to question 12.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Does agreement prevent removal of family members from continental United States (CONUS) without prior court approval or agreement between the interested parties? If "NO", go to question 12.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has member obtained prior court approval of requisite agreement from other interested party for removal of family members from CONUS, if required by State law? (Navy policy does not require a separate agreement if not required by State law.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Single parents/military couples with family members. Is there any reason why the Family Care Plan cannot be executed or is not per OPNAVINST 1740.4D?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: While the unique situation of single parents with dependents is not disqualifying, this fact should be noted in the remarks.

12. Does member have a history of unsatisfactory or below standard performance (any mark below 3.0) or any NJPs in the last 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Has the member and his or her adult dependents received "Level I" Anti-terrorism Force Protection (Level III for 0-5/0-6 Commanding Officer Awareness) training, prior to transfer, and has it been recorded on NAVPERS 1070/613?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Is the dependent spouse a foreign national? If yes, see MILPERSMAN 1300-302 for "Non-US citizen dependents". Case by case coordination for dependents travel documents will be required.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

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FOR PERSONNEL E-3 AND BELOW: Ensure the member has been counseled and understand he or she cannot be assigned accompanied overseas duty. E-3 and below members will be assigned unaccompanied duty based on readiness needs. Acquiring family member(s) en route and bringing them without dependent entry approval/command sponsorship will most likely result in return to CONUS at his or her expense, and the Service member will complete the tour unaccompanied.

15. I have been counseled on the above statement and understand. Member's Signature:

16. Remarks

I am aware that failure to divulge disqualifying information or amplifying information (medical/dental/personal) pertaining to the questions on this form may ultimately result in disciplinary action punishable under the UCMJ.

17. Member's Name and Rank/Rate:	18. Member's Signature:	19. Date:
20. Interviewer's Name, Rank/Rate and Title:	20. Interviewer's Signature:	22. Date:

Part II: Recommendation of Commanding Officer (or OIC) Medical Treatment Facility

Based on the information available as a result of screening, approved medical/dental waivers received and on the capabilities of the Navy Medicine Readiness and Training Command (NMRTC) in the area of assignment to which ordered, the following recommendation is forwarded.

- Medical, dental, and educational screening was conducted per BUMEDINST 1300.2a.
- Recommendation is based on a review of NAVMED 1300/1, Parts I & II. One form has been completed for each Service member and family member screened.
- If a shaded block is checked on NAVMED 1300/1, coordination is required with the gaining NMRTC supporting the overseas, remote duty, or operational location; or with the senior medical department representative of an operational platform. Coordination must indicate whether or not required medical, dental or educational capabilities are available.
- Family member screening is not required for an unaccompanied tour of 24 months or less (exception: screening is required for Diego Garcia and Souda Bay, Crete).
- Do not forward sensitive medical or personal information with this form.

1. Service Member is suitable for this assignment. ☐ Yes ☐ No

Applicable family members and dependents suitability for this assignment.

2. Name: <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Name: <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Name: <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Name: <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Name: <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Name: <input type="checkbox"/> Yes <input type="checkbox"/> No

The following family member(s) were referred for Exceptional family Member Program (EFMP) enrollment (DO NOT DELAY SCREENING FOR EFM DETERMINATION):

8. Names:

9. Name of CO/OIC or designee of cognizant medical facility.

10. Signature of CO/OIC or designee of cognizant medical facility.

11. Date:

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Part III: CMC/COB/SEA Endorsement

1. On the basis of all available information, I ☐ endorse / ☐ do not endorse the member's orders for the overseas/remote duty assignment.

2. CMC/COB/SEA Name and Rank:	3. CMC/COB/SEA Signature:	4. Date:
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Part IV: CO/OIC Endorsement

1. On the basis of all available information, I ☐ endorse / ☐ do not endorse the member's orders for the overseas/remote duty assignment.

2. Remarks:

If the member is found unsuitable for this overseas/remote duty assignment and the CO/OIC still feels the member should be considered, submit a waiver (non-medical/dental) request per MILPERSMAN - 1300-302

3. CO/OIC Name and Rank:	4. CO/OIC Signature:	5. Date:
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