AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	Preparation for Overseas Reassignment Processing
	1. Subject:
	a. Age:
	b. Gender: ☐ Male ☐ Female
	c. Status: ☐ AIT student ☐ OBC student ☐ Permanent party
	2. Objective: Service member (SM) requests preparation for overseas reassignment processing.
	a. Does SM have DA Form 4036-R (Medical and Dental Preparation for Oversea Movement (LRA))? ☐ Yes ☐ No
	b. Is the SM's medical record available in the clinic? ☐ Yes ☐ No
	3. Assessment: Begin preparation for overseas reassignment processing procedure.
	d. SM's reassignment location:
	4. Plans: Preparation for overseas reassignment processing procedure.
	a. Briefing: Location overview, individual preventive measures, safety and security measures, and sexually transmitted diseases overview. ☐ Yes ☐ No
	b. Laboratory (Stamp required on DA Form 4036-R)
	(1) HIV-AB ☐ Yes ☐ No ☐ NA
	(2) HCG ☐ Yes ☐ No ☐ NA
	c. Immunizations (Stamp required on DA Form 4036-R) ☐ Yes ☐ No ☐ NA
	d. Dental clinic (Stamp required on DA Form 4036-R) ☐ Yes ☐ No ☐ NA
	e. Patient Administration Division (Last section for turn-in of DA Form 4036-R and sign out.)
	f. Completed MEDDAC OP 406 is placed in SM's medical record.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*	REGISTER NO.	WARD NO.

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*