

ORDERS CONFIRMATION WORKSHEET (2011)

NAME: _____ RANK _____

I understand that any changes made to the supporting documents (Officer Record Brief [ORB]/Enlisted Record Brief [ERB]) must be updated with your S1. An updated ORB/ERB needs to be submitted to Reassignments Processing before any corrections can be made to PCS Orders.

I am married to another Soldier: YES _____ NO _____

Military spouse name (if applicable): _____ RANK _____

Is military spouse on orders (if applicable): YES _____ NO _____

MARRIED - family member address is: _____

SINGLE - family member address is: _____

Family Members: WILL _____ WILL NOT _____ remain at their current address. If Family Members remain at current address, Permissive Temporary Duty (PTDY) IS NOT authorized.

PERMISSIVE TEMPORARY DUTY (PTDY): Applies to Stateside and Short Overseas Tours ONLY. PTDY is a period of ten (10) days for house hunting purposes ONLY. Dates of leave and PTDY should be established based on your PCS reporting date (or early report if applicable).

I DO _____ I DO NOT _____ want Permissive Temporary Duty (PTDY)

OVERSEAS: If Family Members are not relocating to the overseas assignment, then you must provide the following information to the Reassignments Section: DD Form 1172 (DEERS Enrollment – listing all Family Members), and the address at which your Family Members will reside during your overseas duty tour.

ADDRESS: _____

OVERSEAS: Shipping pet(s): YES _____ NO _____ (Shipping pets is at owner's expense)

ALASKA: I elect to: FLY _____ DRIVE _____

SOLDIER CONTACT INFORMATION:

WORK PHONE: _____

HOME PHONE: _____

CELL PHONE: _____

AKO EMAIL: _____

SIGNATURE

DATE

Unit Letterhead

Office Symbol

DATE

MEMORANDUM FOR (Unit Commander)

SUBJECT: PCS Readiness Clearance Screening

1. This memorandum serves as verification that a PCS medical and administrative deployment readiness clearance screening was performed on:

NAME: _____ RANK: _____ LAST 4 SSN: _____ DATE: _____

2. The above named Soldier was found (compliant/out of tolerance) with current HQDA and Fort Stewart PCS policy and (does/does not) require further medical evaluation or action by the chain of command prior to out-processing the current duty station. He/she is currently available for deployment if required at the gaining installation.

3. Further medical evaluation or administrative action by the chain of command is necessary to ensure the Soldier meets the standards required to out-process the installation. It has been determined that the Soldier will need:

(Unit Commander Signature)

PCS Readiness Checklist

For Individual Soldier and S-1 Use Only

Section I must be completed by the Soldier within 5 days of assignment notification and returned to the BN S1

(Use this form for verifying the deployment readiness of Soldiers PCSing or being re-assigned intra-post)

Section I: Individual Soldier please complete questions 1 through 11 and sign block 23			
1. Name:	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 circling Yes, No, or NA. If additional documentation is required please attach to this form. Upon completion please turn in to BDE/Unit S-1.

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)	YES Temporary/Permanent	NO
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)	YES	NO
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)	YES	NO
10. Did the MOS/Medical Retention Board (MMRB) or Medical/Physical Evaluation Board (MEB/PEB) determine you to be non-deployable?	YES	NO
11. Are there any other conditions or problems (administrative or medical) that would prevent you from deploying? (Please provide comments in the remarks section below if answered yes)	YES	NO
Section II: BDE/Unit S-1 please complete questions 12 through 22 and sign block 24. Turn document in to Re-assignment section prior to or at Soldier's scheduled Levy Brief		
12. Has the Soldier deployed to a country for combat purposes in the last 12 months?	YES	NO
13. Has the overseas assignment history on the Soldier's ERB/ORB reflect this deployment? (If no please have Soldier provide documents showing the deployment period such as TCS orders or an award covering the time of deployment to the Unit S-1 for update)	YES	NO
14. Is the Soldier pregnant or still postpartum?	YES	NO/NA
15. Has the Soldier currently adopted a child in the last 180 days?	YES	NO
16. Is the Soldier a single parent or dual military?	YES	NO
17. Does the Soldier have an approved family care plan?	YES	NO/NA
18. Is the Soldier a sole surviving son or daughter?	YES	NO
20. Is the Soldier currently under suspension of favorable actions?	YES	NO
21. Is the Soldier currently within 7 days of ETS?	YES	NO
22. Is the Soldier a conscientious objector?	YES	NO

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:

23. Individual Soldier Signature:	Date:
24. Last Name, First Name, MI of BDE/Unit S-1	Title/Organization of BDE/Unit S-1:
BDE/Unit S-1 Signature:	Date:

PCS Readiness Checklist
Individual Soldier Readiness Verification
For Unit Physician or Unit S-1

(Use this form for verifying the deployment readiness of Soldiers PCSing or being re-assigned intra-post)

1. Name:	2. Rank	3. SSN:	4. Projected Unit of Assignment:
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Please answer the following questions by circling Yes, No, or NA. Direct Soldier to the appropriate care provider for any routine medical readiness actions that are annotated below within 30 days.

Section III: S-1s or Physician Assistant please fill out questions 1 through 18 (verifying all data using MEDPROS) and sign block 19.			
1. Does the Soldier have a temporary or permanent profile that has a geographic or climate duty limitation?	YES	NO	NA
2. Does the Soldier have a temporary or permanent profile that precludes deployment?	YES	NO	NA
3. Are the Soldier's PULHES factors updated in MEDPROS?	YES	NO	
4. Is the Soldier's PHA current and up to date?	YES	NO	Date:
5. Is the Soldier's PDHRA current and up to date?	YES	NO	Date:
6. Has the Soldier had their annual eye exam?	YES	NO	Date:
7. Does the Soldier have their required number of corrective lenses and mask inserts?	YES	NO	NA
8. Does the Soldier have their required hearing protection?	YES	NO	
9. Is the Soldier currently taking medication that precludes deployment?	YES	NO	
10. Is the Soldier's Women's Readiness Category green?	YES	NO	NA
11. Is the Soldier a dental category 3 or 4?	YES	NO	
12. Does the Soldier have their required warning identification tags?	YES	NO	NA
13. Does the Soldier have a current HIV test?	YES	NO	Date:
14. Does the Soldier have a current DNA Sample on file?	YES	NO	
15. Are Soldier's immunizations up to date?	YES	NO	
16. Does Soldier require mental awareness counseling?	YES	NO	
17. Is Soldier Medically Fit? (If Soldier is not out of tolerance on any medical readiness requirements please complete Medical Readiness Clearance Memo. If no please refer Soldier to the appropriate care provider)	YES	NO	
18. If Soldier exceeds standards of AR 600-9 or has not passed an APFT, has FLAG been transferred to gaining unit	YES	NO	

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

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

Military Personnel Division Personnel Deployable Checklist
Re-assignment/Outprocessing Verification
For Military Personnel Division Use Only

(Use this form for verifying the PCS/deployment readiness of Soldiers PCSing)

1. Name:	2. Rank	3. SSN:	4. Projected Unit of Assignment:
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Please answer the following questions by circling Yes or No. If additional documentation is required please attach to this form.

Section IV: Military Personnel Division Representative please complete questions 1 through 5 and sign block 6.			
1. Is Soldier being re-assigned or PCSing to a deploying unit?	YES	NO	
2. Has Soldier submitted all requested documents based on the answers provided in questions 1-11?	YES	NO	NA
3. Does the Soldier require further evaluation or action? (If yes please identify what evaluations or actions Soldier needs to complete in the remarks section below)	YES	NO	
4. Is Soldier's Medical Readiness Classification Code (MRC) updated?	YES	NO	
5. Is Soldier cleared to PCS or be re-assigned intra-post?	YES	NO	

Please provide additional comments on Soldier's ability to deploy and/or be re-assigned; ie: needs MMRB, MEB/PEB; Soldier is pending UCMJ, etc...

REMARKS: _____

Military Personnel Division Representative's Signature:

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