HIGH RISK INSTRUCTOR SCREENING

From: _____ (Medical Officer) | Date

To: Commanding Officer,

Subj: RESULTS OF MEDICAL SCREENING FOR HIGH RISK COURSE INSTRUCTOR DUTY IN THE CASE OF _____

Ref: (a) NAVEDTRA 135A
(b) CNATRAINST 3710.13D

1. The medical screening required by references (a) and (b) has been conducted. Information does/ does not currently exist which should be considered prior to CO/XO/ Department Head interview.

Signature of Medical Officer

From: _____ (CO/XO /Department Head) | Date

To: Commanding Officer,

Subj: RESULTS OF SERVICE RECORD SCREENING FOR HIGH RISK COURSE INSTRUCTOR DUTY IN THE CASE OF _____

Ref: (a) NAVEDTRA 135A
(b) CNATRAINST 3710.13D

1. The service record screen of _____ for duty as a high risk training program instructor has been conducted per references (a) and (b). Information does/does not currently exist which should be considered prior to CO/XO/ Department Head interview.

Signature of CO/XO/Department Head

FOR THE RECORD | Date

1. _____ was interviewed and screened per references (a) and (b) and is considered qualified/not qualified for high risk instructor duty.

Signature of CO/XO

Copy to:
NATOPS Training Jacket
Medical Record
Service Record

RESET

EMAIL TO: