COMMAND SPONSORSHIP: MEDICAL CLEARANCE PACKET CHECKLIST

(ADMIN) Received by (SNT/MOC initial/date):_____ DATE:____/____/____
(ADMIN) Received by (SNC/LPN initial/date):_____ DATE:____/____/____
(ADMIN) AF1466 Pick-Up: DATE NOTIFIED SPONSOR: (Initial):_____CALL/EMAIL (encircle one) DATE: ____/____/____

SPONSOR NAME/RANK:_____ CONTACT #:_____

SPOUSE NAME & CONTACT#: _____DEPENDENT >18 YRS.OLD & CONTACT#:_____

(SPONSOR) DATE PACKET RECEIVED: _____/_____/_____ DATE COMPLETED PACKET SUBMITTED: _____/_____/_____

FAMILY INFORMATION: TOTAL # OF DEPENDENTS:_____# DEPENDENTS W/ SPECIAL NEEDS:_____

COMMAND SPONSORSHIP APPLICANT'S USE ONLY

FORMS	STATUS (✓ or X)	COMMENT
Are dependents enrolled in DEERS?		
AF4380 (1 per family)		
Copy of Orders/Assignment Notification		
AF1466 (1 per family)		
DD2792 with medical records for EACH dependents		
DD2792 -1 for EACH children with IEP/IFSP/homeschooled (if any)		
AF1466-D for EACH dependents		
DD2870		
Schedule Health Physical Date & Time		

ADMIN USE ONLY

FORMS	STATUS (✓ or X)	COMMENT (Ensure initialized & date-stamp annotations)
Are dependents enrolled in DEERS?		
AF4380 (1 per family)		
Copy of Orders/Assignment Notification		
AF1466 (1 per family)		
DD2792 with medical records for EACH dependents		
DD2792 -1 for ALL children with IEP/IFSP/homeschooled (if any)		
AF1466-D EACH dependents		
DD2870		
SNC & MRO Interview Schedule Date & Time		

MRO: PLEASE RETURN BY: DATE:___/____/___ SGH REVIEW DATE:___/___/___ CS DTA / CS DTNA

EFMP: CONTACT: 671-366-2853
OFFICE HOURS: Monday to Friday: 0800-1200 / 1300-1500 or by appointment
CLOSED during 2nd Wednesday of the month for Training Day
CLOSED during Family Down Days and Holidays
ORG BOX: usaf.andersen.36-mdg.mbx.fmts@health.mil