

**MWR OVERSEAS INTERN PROGRAM
MEDICAL SCREENING FORM
(To be completed by physician)**

Name: _____ Base: _____

The student above has been selected to participate in the Navy's Morale, Welfare, & Recreation (MWR) Overseas Intern Program. Many overseas bases can not routinely treat certain medical conditions. Therefore, we require students to be evaluated by their physician. Please answer the following questions. Your answers will be confidential.

1. Is the student receiving treatment for any medical conditions, physical or mental, on a recurring basis?

Yes _____ No _____

If yes, please explain: _____

2. Does the student have any allergies?

Yes _____ No _____

If yes, please explain: _____

3. Is the student taking any prescribed medications on a recurring basis?
(Not necessary to list birth control medication).

Yes _____ No _____

If yes, please explain: _____

4. In your opinion, is the student physically and mentally fit to complete their overseas assignment?

Yes _____ No _____

If no, please explain: _____

Physician: _____

Signature

Date

Address: _____

Phone: _____

**Navy Personnel Command
MWR Overseas Intern Program (PERS-654G)
5720 Integrity Drive
Millington, TN 38055-6540**