# **New Hires**

The following is checklist to assist in the pre-deployment phase of your processing. All forms mentioned below can be obtained from the UDC Website.

- \_\_\_\_\_ Security Clearance (Start within 48 hours of notification of assignment)
- \_\_\_\_\_ Passport (Start within 48 hours of notification of assignment)
- \_\_\_\_\_ Itinerary (Can be made any time after notification of assignment)
- \_\_\_\_\_ Government Credit Card

# PREDEPLOYMENT TRAINING (Should be completed within one week after notification of

assignment):

\_\_\_\_\_ TSIRT Training Checklist

Construction Deployment Safety Training Checklist (if applicable)

ADMINISTRATIVE (Should be accomplished within one week after notification of assignment)

- \_\_\_\_\_ Complete Personnel Data Sheet
- \_\_\_\_\_ ENG 6037-E Family Readiness Information Form

\_\_\_\_\_ Direct Deposit Form.

- \_\_\_\_\_ Emergency Essential Position
- \_\_\_\_\_ DD Form 93 Record of Emergency
- \_\_\_\_\_ Thrift Savings Plan Form (TSP-19) if you have a TSP loan.
- \_\_\_\_\_ DD Form 2887 (For Eagle Cash Card)

**\_\_\_\_\_ Country Clearance Request Form** Afghanistan and for deployees going to Iraq for less than 30

days.

\_\_\_\_\_ UDC Clothing Issuance Form

# **INFORMATION MANAGEMENT (Within two weeks after notification of assignment)**

\_\_\_\_\_ Ensure you have a valid AKO Account and KNOW YOUR USER NAME/ PASSWORD.

\_\_\_\_\_ System Authorization Access Request Form.

\_\_\_\_\_ Information Awareness Training

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MEDICAL (Medical appointments should be made within 48 hours after notification of your assignment) Ensure you print off this part of your checklist and take it with you to your doctor to ensure all medical tests are completed.

# **MEDICAL FORMS**

\_\_\_\_\_ DD Form 2808, Report of Medical Exam

\_\_\_\_\_ DD Form 2807-1, Report of Medical History

\_\_\_\_\_ DD Form 2795, (needs to be filled out electronically through AKO).

\_\_\_\_\_ DD Form 2813, Report of Dental Exam

\_\_\_\_\_ DD Form 771, Eyewear Prescription. If you do not require glasses, write at the bottom of the form, "glasses not required"

\_\_\_\_\_ OSHA Respiratory Medical Evaluation Questionnaire

#### LABS:

\_\_\_\_\_ Urinalysis (Routine), not a drug screening

\_\_\_\_\_ Chem 7 (include, as part of the Chem 7, a Hemoglobin A1c if you have diabetes, are glucose intolerant [high blood sugars], or are taking medicine to control blood sugar)

\_\_\_\_\_CBC

\_\_\_\_\_ LIPID Profile (over 40 years of age)

\_\_\_\_\_ G6PD (must have a normal result with taking anti-malaria medication)

\_\_\_\_\_ Blood Type/RH

\_\_\_\_\_ HIV (within 120 days)

\_\_\_\_\_ DNA on File (Not always possible)

# **OTHER REQUIRED TESTS:**

\_\_\_\_\_ EKG (if over 40 years of age).

\_\_\_\_\_ Framingham Coronary Heart Disease Risk Percentage. Fill out the information to calculate your 10 year risk assessment. When completed, print out and send to your APPO representative.

\_\_\_\_\_ If on prescription medications, you MUST deploy with at least a 180 day supply.

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Audiogram (Can be annotated on the DD Form 2808

# Females

\_\_\_\_\_ PAP smear (within one year).

\_\_\_\_\_ Mammogram (within two years if over 40 and within one year if over 50).

\_\_\_\_\_ Pregnancy test or waiver required upon arrival at the UDC.

# **IMMUNIZATIONS**

\_\_\_\_\_ ANTHRAX

\_\_\_\_\_ HEPATITIS A

- \_\_\_\_\_ HEPATITIS B
- \_\_\_\_\_ INFLUENZA

\_\_\_\_\_ MMR (Measles, Mumps, Rubella) (<u>As an adult</u>, once in a lifetime). People born before 1957 do not require a MMR vaccine. MMR should be given either simultaneously or 30 days before receiving anticipated smallpox vaccination.

\_\_\_\_\_ POLIO (oral or IM) (<u>As an adult</u>, once in a lifetime)

\_\_\_\_\_ SMALLPOX (Administration per the latest DoD Guidance) required every 10 years. Must complete <u>Smallpox Vaccination Pre-Screening Form</u> and have it reviewed by a Health Care Provider at the UDC site prior to receiving immunization.

\_\_\_\_\_ TETANUS / DIPHTHERIA

\_\_\_\_\_ TUBERCULIN SKIN TEST (PPD)

\_\_\_\_\_ TYPHOID