



UNITED STATES MARINE CORPS

I MARINE EXPEDITIONARY FORCE
U. S. MARINE CORPS FORCES, PACIFIC
BOX 555300
CAMP PENDLETON, CA 92055-5300

IN REPLY REFER TO:

1320

CG

SEP 24 1996

POLICY LETTER 04-10

From: Commanding General
To: Distribution List

Subj: I MARINE EXPEDITIONARY FORCE PERSONNEL TRANSFER
INFORMATION REQUIREMENTS

Ref: (a) Leaders Guide for Managing Marines in Distress
Website (<http://www.usmc-mccs.org/LeadersGuide/>)
(b) Combat Operational Stress Control Website
(<http://www.usmc-mccs.org/cosc/>)

Encl: (1) Transfer Screening Checklist
(2) I MEF Medical Screening Form
(3) Directions for Completing Medical Screening Form

1. Situation. Marines and Sailors are often transferred quickly to meet requirements and gaining commanders are not fully apprised of individuals' specific personal situations. This creates gaps in our ability to provide decisive, engaged leadership to every Marine and Sailor on a daily basis.

2. Mission. This policy letter directs commanders to provide detailed turnover documentation when a Marine or Sailor transfers from one unit to another in order to ensure continuity of engaged leadership.

3. Execution

a. Commander's Intent. My intent is that every Marine and Sailor in I MEF receives decisive, engaged, and informed leadership everyday. This requires leaders to have a complete understanding of the personal, financial, physical, and mental health of their Marines. The end state is that every Marine and Sailor is a full member of the team and performing to their full potential.

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b. Concept of Operations. Commanders will ensure that when Marines and Sailors are transferred to another command, or to another unit within the command, a clean hand-off occurs between leaders at the company grade officer level of leadership.

c. Tasks

(1) Leaders. Read and understand the information located in the references. Reference (a) lists potential stressors: deployment, family, personal, harassment, substance abuse, and emotional, with potential problem areas. Within each potential problem area is a section titled, "What to Look For". Reference (b) provides training materials. Use this information as a guideline for leading Marines and Sailors in discussion during interview.

(2) Commanders. Ensure counseling occurs at the time of transfer, and that complete documentation is provided to the receiving command. Final counseling will be conducted by company grade officers supported by Non-Commissioned Officer, Staff Non-Commissioned Officer engagement.

(3) Primary Health Care Providers. Complete enclosure (2) using the guidance provided in enclosure (3). Place a copy of the completed enclosure (2) in the medical record for review by the gaining Medical Department. Assist both the losing and gaining commanders in meeting the intent of the policy.

d. Coordinating Instructions. This document will not be included in the Marine or Sailor's official personnel file.

4. Administration and Logistics. Points of contact regarding this policy letter are the I MEF AC/S G-1 and I MEF Surgeon.

5. Command and Signal. This policy letter is applicable to all I MEF units and is effective the date signed.


J. F. DUNFORD, JR.

DISTRIBUTION: I, II

TRANSFER SCREENING CHECKLIST

Individual Information

Rank Last Name, First Name MI Last 4/MOS Gender
Age Unit MCC/RUC

Service Information

1. Integrity/Judgment. Marine demonstrates sound integrity and judgment.	Yes / No
2. Core Values. Marine thoroughly embraces and exemplifies our core values and leads by example.	Yes / No
3. Disciplinary record and drug or alcohol related incidents.	
a. Courts-martial	Yes / No
b. NJP	Yes / No
c. Page 11 6105 entries	Yes / No
d. Drug or alcohol related incident(s)	Yes / No
4. Physically qualified. The Marine passes the PFT and CFT. PFT score/date: ___ / ___ CFT score/date: ___ / ___	Yes / No
5. Swim qualification/date: ___ / ___	Yes / No
6. MCMAP qualification/date: ___ / ___	Yes / No
7. Assigned to BCP.	Yes / No
8. Weapons qualification: Rifle: ___ / ___ Pistol: ___ / ___	Yes / No
9. Annual training complete:	Yes / No
10. Sound financial health (see attached worksheet):	Yes / No
11. Number of deployments: _____ Date returned from last deployment: _____	

Comments:

CO Signature: _____ Date: _____

Enclosure (1)

Financial Worksheet

Rank _____ Last Name, First Name, MI _____

Last 4/MOS _____

Unit _____

MCC _____

1. Print and review most recent LES.
2. MONTHLY RECURRING BILLS & OBLIGATED DEBTS
(not reflected on LES)

NAME OF CREDITOR

- a. Car:
- b. Insurance:
- c. Credit Cards:
- d. Loans:
- e. Other:
- h. Total Monthly Credit Payments

Monthly payment	Balance Due	Remarks
_____	_____	
+ _____	+ _____	
+ _____	+ _____	
+ _____	+ _____	
+ _____	+ _____	
\$ _____	\$ _____	

Read and answer the questions below	YES	NO
1. Have you ever filed, or are you in the process of going through any type of bankruptcy proceedings (Chapter 7, 11, 13) and/or debt consolidation and/or financial liquidation		
2. Have you ever been denied credit for any reason?		
3. Have you ever been denied housing as a result of a poor credit rating?		
4. Have you ever had anything repossessed?		
5. Are there any other financial issues that are not covered in this checklist?		

Signature of Marine _____

Date _____

Comments:

Commanding Officer Printed Name _____

Rank _____

Billet _____

Commanding Officer Signature _____

Date _____

Enclosure (1)

HEALTH RECORD**CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING, ORGANIZATIONS *(Sign each entry)***IMEF MEDICAL SCREENING FORM**

1. CURRENT MENTAL HEALTH SCREENING RESULT:

 ABNORMAL NORMAL

2. ANY HIGH RISK MEDICATION?

 YES NO

IF YES, WHAT ARE THE MEDICATIONS?

3. LIGHT DUTY, LIMDU, OR PEB?

 YES NOIF YES, WHICH ONE? LIGHT DUTY LIMDU PEB

4. ANY DEPLOYMENT LIMITING CONDITIONS?

 YES NO

PLEASE EXPLAIN ANY ABNORMAL OR YES ANSWER AND OUTLINE CURRENT MANAGEMENT PLAN.

MEDICAL OFFICER SIGNATURE: _____ DATE: _____

MEDICAL OFFICER PRINTED NAME AND RANK: _____

COMMANDING OFFICER SIGNATURE: _____ DATE: _____

COMMANDING OFFICER PRINTED NAME AND RANK: _____

HOSPITAL OR MEDICAL FACILITY:	STATUS ACTIVE	DEPART./SERVICE DOD / USMC	RECORDS MAINTAINED AT
SPONSOR'S NAME SELF / SAME	SSN/ID NO. (Fill in you SSN Here)	RELATIONSHIP TO SPONSOR SELF / SAME	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name- last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) NAME: _____		REGISTER NO.	WARD NO.
SSN: _____			
DOB: _____			
RATE / RANK: _____			

CHRONOLOGICAL RECORD OF MEDICAL CARE
 MEDICAL RECORD
STANDARD FORM 600 (REV. 6-97)
 PRESCRIBED BY GSA/ICMR
 FIRMR (41 CFR) 201-9.202-1

Enclosure (2)

DIRECTIONS FOR COMPLETING MEDICAL SCREENING FORM

1. PDHRA result. Find most recent PDHRA.
 - a. Reporting Options
 - i. Screen negative. No action required
 - ii. Screen positive, follow-up testing negative
 1. Should have documentation in medical record of specialty evaluation and results indicating no disorder.
 - iii. Screen positive, Active diagnosis
 1. List Diagnosis, current status and current management plan. Include relevant specialist contact if indicated.
2. Medications.
 - a. List any high risk medications and current dosing. Use Centcom Mod 10 Tab A for guidance. Should include any antidepressant.
 - i. Should have a comment indicating length of treatment and if clinically stable.
3. LIMDU/PEB Status
 - a. List if on active LIMDU or in the PEB process. List expected time line for the next 3-6 months and current diagnosis and management plan. Include specialty contact info if indicated.
 - b. If none, then considered fit for full duty.
4. Deployability
 - a. Fully Deployable. No comments needed.
 - b. Deployable but requires a waiver. This means the SM has a condition listed in the Centcom Mod 10 Tab A that requires a waiver for deployment to Centcom Theater. This identifies a group at risk and requiring close attention. Commanding officers should be aware of these individuals.
 - i. List condition and management plan if not already listed under LIMDU section.
 - c. Non-Deployable. List condition and management plan if not already listed under LIMDU.

Coordinating Instructions.

Make sure that your Commanding Officer and the gaining command understand any medical limitations present and agree to accept the individual.

Enclosure (3)