EFMP Screening

(Command Sponsorship, OCONUS to OCONUS)

Service member fills out Part A of DA FM 5888.

Service members Personnel Representative (S1/PSB/MPD) verifies data in Part A (DEERS and eMILPO) then signs block 8.

Screening is scheduled with EFMP Office, 433-4441. Bring authenticated DA FM 5888, and any physicals completed outside of a military treatment facility. Children under age 6, dependants over the age of majority (18 for Hawaii), and dependant parents, must be present for EFMP screening appointment. (physicals must be within the last 12 months and valid through report date if for OCONUS to OCONUS)

If EFMP enrollment IS warranted.

COMMAND SPONSORSHIP

Soldier will hand carry a copy of DA FM 5888 back to unit S1.

HAWAII TO OVERSEAS LOCATION

Soldier will hand carry a copy of Completed DA FM 5888, DA FM 2792, And/or DA FM 2792-1, ISFP, IEP (if warranted), back to their unit S1.

S1 WILL forward a copy to Family Travel.

If EFMP enrollment is NOT Warranted DA Form 5888 is completed and a copy given to Soldier. Soldier will carry a copy to their S1.

DA Form 5888 Family Member Deployment Screening Sheet

- Soldier completes Part A. In Block 7, Soldier will list Family member's To be screened. "NOTHING FOLLOWS" must be listed below last name.

- Personnel Representative complete and signs block 8. Family Members and authorized dependents **MUST** be enrolled in DEERS and verified.

FAMILY MEMBER DEPLOYMENT SCREENING SHEET

For use of this form, see AR 608-75; the proponent agency is OACSIM

PART A - SOLDIER/FAMILY MEMBER DATA

1. NAME OF SOLDIER *(Last, first, MI)*	2. SOCIAL SECURITY NUMBER	3a. RANK	3b. MOS/BRANCH
4a. HOME ADDRESS	5a. DUTY ADDRESS		6. DATE OF EDAS CYCLE OR RFO *(OFF)* DATE
4b. HOME PHONE NO. *(Include Area Code)*	5b. DUTY PHONE NO. a. DSN b. COMMERCIAL *(Include area code)*		

7. FAMILY MEMBERS

a. NAME	b. RELATIONSHIP	c. DOB *(YYYYMMDD)*	d. HOME ADDRESS
John Smith	son	01/01/2000	LIST ADDRESS HERE
----------NOTHING FOLLOWS----------			

8. AUTHENTICATION

a. MILITARY PERSONNEL DIVISION/PERSONNEL SERVICE COMPANY REPRESENTATIVE'S NAME	c. RANK *(Grade)*	d. SIGNATURE
b. TITLE		e. DATE

Only S1/PSB/MPD Personnel are authorized to validate

DA Form 5888 Continued

PART B - FAMILY MEMBER SCREENING RESULTS

9. NAME	EXCEPTIONAL FAMILY MEMBER PROGRAM *(EFMP)* ENROLLMENT *(Check one)*				
	a. NOT WARRANTED	b. CONSIDERATION WARRANTED *(Date sent for Coding)*	c. SUBSTANTIAL CHANGE SINCE ENROLLMENT		
			NO	YES	DATE SENT FOR CODING

10. ARMY MEDICAL TREATMENT FACILITY *(MTF)* EFMP MEDICAL PRACTITIONER COMPLETING THIS FORM

a. PRINTED NAME OF MEDICAL PRACTITIONER	b. SIGNATURE	c. DATE
d. ADDRESS	e. PHONE NUMBER *(Include Commercial and DSN)*	

Completed by EFMP Physician.

11. ARMY MTF EFMP PHYSICIAN'S AUTHENTICATION *(To be signed when a medical practitioner other than a physician completes this form.)*

a. TYPED OR PRINTED NAME OF PHYSICIAN	b. TITLE	c. RANK
d. SIGNATURE		e. DATE

DA FORM 5888-R, AUG 95 PREVIOUS EDITIONS ARE OBSOLETE USAPPC V3.00

EFMP Checklist For Command Sponsorship and OCONUS To OCONUS Screenings

- ☐ Soldier completes Part A of DA Form 5888.
- ☐ Soldier completes Block 7 (Family Members) Must add "NOTHING FOLLOWS" below last Family member listed to prevent addition of unauthorized and non-validated personnel.
- ☐ S1/PSB/MPD completes Block 8 after verification of Family Members listed in Block 7. Verification is to ensure DEERS enrollment and eligibility.
- ☐ Soldier calls to setup a screening appointment, 433-4441.
- ☐ Soldier will receive additional instructions while making the appointment.
- ☐ Soldier brings authenticated DA Form 5888, and any physicals that have been done outside of a military treatment facility (within the last 12 months), Children below the age of 6, all Family members over the age of majority (18 in Hawaii), and any dependant parents must be present for the screening appointment.
- ☐ If enrollment **IS** warranted the Soldier will hand a copy of the completed DA Form 5888, DA Form 2792, and/or DA Form 2792-1, ISFP, and IEP if applicable, to the unit S1. (OCONUS to OCONUS only)
- ☐ S1 will forward a copy to Family Travel.
- ☐ If enrollment is **NOT** warranted, Soldier will turn in a cop of DA Form 5888 to the S1.