

EXCEPTIONAL FAMILY MEMBER PROGRAM

FAMILY MEMBER TRAVEL SCREENING

FORM INSTRUCTIONS

(THESE FORMS ARE TO BE COMPLETED BY THE PATIENT NOT THE HEALTH CARE PROVIDER)

ARMY FORMS

DA Form 7246- This is a health history report/EFMP screening tool for family members traveling with the Soldier (**one form per family**). Please complete the front and back of the form reporting 5 years of health history for those dependents traveling with you only. If you check yes to any of the conditions please write the name of the family member it pertains to and sign the bottom of the back page.

DD Form 2870- This form is an authorization to release medical and dental information. This form gives the EFMP program permission to review five years of your family member's medical records. Please complete and sign for all dependents traveling with you who are 17 years and younger(**complete one per dependent**). **All dependents 18 years and older should complete and sign their own form.** Complete the highlighted areas only. Section II box 6-Name of provider or clinic you are receiving health care from (for example: Kimbrough, Johns Hopkins). Section II box 9. Write the date of your face to face appointment with the EFMP office in this box.

DD Form 2807- This is an individual health history form to be completed by dependents who are 18 years of age and older traveling with the Soldier. The dependent should only report the last 5 years of health history. All boxes checked "yes" require a brief written explanation on page 2. **This form is for adults only, not required for minors.**