Annex B to CF H Svcs Gp Instruction 5020-66

Declaration of Fitness for Members and Families for Posting Outside Canada

Annex B - Part 1 to CF H Svcs Gp Instruction 5020-66

➤ **To be completed by the member & spouse**

Privacy Act Statement

Personal information about you is collected under the authority of the National Defence Act and the Privacy Act, and is protected pursuant to the provisions of the Privacy Act. Your information is required for the purpose of conducting a comprehensive medical/ social work assessment as required for all OUTCAN postings. The completion of this form is mandatory; however, if you refuse to provide the information then your medical suitability for an OUTCAN posting cannot be confirmed. The information will not be disclosed to the CO or any other non-medical personnel except at your request. This would require your written consent. The information collected is administered and disclosed in accordance with the Privacy Act, is described in the DND Personal Information Bank, and will be accessible to you or any person named in this document upon request. Instructions for obtaining this information are outlined in the government publication, "Info Source", which also is available at the following URL: <http://infosource.gc.ca>.

Member .....
(SN) (Rank) (Surname) (Initials) (Unit)

_____
(Member's Signature)

Spouse .....
(Surname) (First Name)

_____
(Spouse's Signature)

Country and city/area/unit of the member's OUTCAN posting:

.....

Member Name: _____

Service Number: _____

Annex B - Part 2 to CF H Svcs Gp Instruction 5020-66

➤ **To be completed by the member & spouse**

I declare that I am fit for posting to an area where there may be limited health services and that neither I, nor my dependants, have any health problems that require special care. There are no new health problems or conditions since my last Periodic Health Assessment _____/_____ /_____. (dd/mm/yy) or since the Screening for a Posting Outside Canada was conducted _____/_____ /_____ (dd/mm/yy).

_____ _____ _____ _____ _____
RANK MEMBER'S NAME (please print) SERVICE NUMBER

_____ _____/_____/_____
MEMBER'S SIGNATURE DATE (dd/mm/yy)

_____
SPOUSE'S NAME (please print)

_____ _____/_____/_____
SPOUSE'S SIGNATURE DATE (dd/mm/yy)

Annex B - Part 3 to CF H Svcs Gp Instruction 5020-66

➤ **To be completed by PMed/ Immunization Clinic**

I certify that the immunization status for this (these) member's dependant(s) is:

[___] up to date [___] not completed

Note: ----------

_____ _____
RANK NAME (please print/ stamp)

_____ _____/_____/_____
SIGNATURE DATE (dd/mm/yy)

Member Name: _____

Service Number: _____

Annex B - Part 4 to CF H Svcs Gp Instruction 5020-66

➤ **To be completed by an MO/NP/PA**

[___] I certify that I have conducted the screening for this member and dependants. In my opinion there are **no known** medical requirements that would preclude this member's posting outside of Canada.

[___] I certify that I have conducted the screening for this member and dependants. In my opinion there are **known** medical requirements that require further investigation/ follow up.

[___] I certify that I have conducted the screening for this member and dependants. In my opinion there are medical requirements that would preclude this member's posting outside of Canada.

_____ _____
RANK NAME (please print/ stamp)

_____ _____/_____/_____
SIGNATURE DATE (dd/mm/yy)

Annex B - Part 5 to CF H Svcs Gp Instruction 5020-66

➤ **To be completed by the Social Worker**

[___] I certify that I have interviewed this member and dependants (where applicable). In my opinion there are **no known** psychosocial needs that would preclude this member being posted outside of Canada.

[___] I certify that I have interviewed this member and dependants (where applicable). In my opinion there are **known** psychosocial needs that preclude this member being posted outside of Canada.

_____ _____
RANK NAME (please print/ stamp)

_____ _____/_____/_____
SIGNATURE DATE (dd/mm/yy)

Member Name: _____

Service Number: _____

Annex B - Part 6 to CF H Svcs Gp Instruction 5020-66

➤ **To be completed by B/W Surg or designate MO**

[___] I certify that I have conducted the second level review, including psychosocial and medical screening, for this member and dependants. In my opinion there are **no known** medical requirements that would preclude this member's posting outside of Canada.

[___] I certify that I have conducted the second level review, including psychosocial and medical screening, for this member and dependants. In my opinion there are **known** medical requirements that require access to services/ resources. I have discussed this situation with the Senior Medical Authority at the gaining unit and there is adequate medical care to meet this member/ dependants' needs.

[___] I certify that I have conducted the second level review, including psychosocial and medical screening, for this member and dependants. In my opinion there are medical requirements that would preclude this member's posting outside of Canada.

_____ _____
RANK NAME (please print/ stamp)

_____ _____/_____/_____
SIGNATURE DATE (dd/mm/yy)

Member Name: _____

Service Number: _____