

**INSTRUCTIONS**  
**DD FORM X678 TEST, SCREENING VERIFICATION**

*(This User Guide provides clarifying descriptions and notes on the DD Form TEST X678, Screening Verification.)*

**GENERAL**

The DD Form X678 TEST, Screening Verification, identifies the dependent(s) of a Service member who is requesting travel at government expense and / or consideration for Command Sponsorship. The DoD requires the dependent(s) to be screened prior to approving family travel. **One (1) form is completed for the entire family.**

**Sections of this form are completed by the Service member, Personnel / Transferring Command Office Representative, losing Family Member Travel Screening (FMTS) Office Administrative Reviewer and Appointed FMTS Medical Screener, and the gaining FMTS Office and Appointed FMTS Medical Reviewer.**

NOTE: The Personnel / Transferring Command Office Representative refers to each of the following:

**Army:** Personnel  
**Air Force:** Personnel  
**Navy:** Transferring Command and PERS  
**Marine Corps:** Transferring Command and Manpower Management

**PART A: SERVICE MEMBER INFORMATION**

Completed by the Service member.

**BLOCKS 1-3:** Provides Service member information.

**NOTE:** The complete Social Security Number is required in order to retrieve the correct Military Healthcare System files and may be needed by Personnel.

**BLOCK 4:** For Airmen Only. Identifies the Servicing PAS CODE for the current assignment location.

**BLOCKS 5-8:** Provides Service member and spouse information.

**NOTE:** Spouse information is only required for dual or former military spouses. This should be blank if not applicable.

**BLOCKS 9a-e:** Lists the full names of the registered dependent(s) of the Service member who is requesting travel at government expense and / or consideration for Command Sponsorship.

**NOTE:** The Service member should not be listed here.

**NOTE:** If there are more than six (6) dependents, a second form must be attached with BLOCKS 1-4 and 9a-10b completed.

**SERVICE MEMBER CERTIFICATION**

Completed by the Service member.

**BLOCKS 10a-b:** Certifies the information provided by the Service member in PART A.

**NOTE:** Upon completing PART A, each Service member should follow his/her Service-specific instructions:

**Air Force:** Airman attaches RIP and then submits FMTS

packet to the losing FMTS Office for completion of PART C.

**Army:** Soldier takes form to local MPD for Part B completion and then submits FMTS packet to the losing FMTS Office for completion of PART C.

**Navy:** Sailor attaches copy of Overseas Screening Notification or orders and the NAVPERS 1300/16 PART I and then submits FMTS packet to the losing FMTS Office for completion of PART C.

**Marine Corps:** Marine attaches copy of Web Orders and the NAVPERS 1300/16 PART I and then submits FMTS packet to the losing FMTS Office for completion of PART C.

**PART B: ORDERS AUTHENTICATION**

**For Soldiers ONLY.** Completed by the Army Military Personnel Division (MPD) Representative. The other Services' authorized Personnel/Transferring Command Office Representative do not complete this section.

**BLOCKS 11-17:** Authenticates a Soldier's orders.

**PART C: FAMILY MEMBER TRAVEL SCREENING SUMMARY**

Completed by the losing Appointed FMTS Medical Screener. The Appointed FMTS Medical Screener must be a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Nurse Practitioner (NP), or Physician Assistant (PA).

**NOTE:** If there is a second attached form for BLOCKS 1-3 and 9a-10b, information for those dependents must be included on BLOCKS 18a-e of that second form.

**BLOCKS 18a-e:** Lists the name of each dependent indicated in PART A and indicates if there are or are not special medical, educational, and / or dental needs for each dependent. The information here must match the DD Form X678-1 TEST, Medical and Educational Information, BLOCKS 34a-b. If any needs are identified, the applicable DD Forms and / or Individualized Family Service Plan (IFSP) / Individualized Education Program (IEP) must be included for forwarding to the gaining FMTS Office.

**BLOCKS 19a-b:** Indicates whether or not there are needs that require this form and any additional documents to be sent forward to the gaining FMTS Office. ONE of these boxes must be checked for the family.

**APPOINTED FMTS MEDICAL SCREENER AUTHENTICATION**

Completed by the losing Appointed FMTS Medical Screener.

**BLOCKS 20-21:** Provides Appointed FMTS Medical Screener information and authenticates the information in PART C.

**PART D: ADMINISTRATIVE REVIEWER AUTHENTICATION AND DISPOSITION**

Completed by the losing Administrative Reviewer.

**BLOCK 22a:** Provides the location of the screening.

**BLOCK 22b:** Validates the losing FMTS Office portion of the form.

**BLOCK 23a-c:** Provides instructions based on the Service member's affiliation.

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**PART F: GAINING FMTS OFFICE REVIEW**

Completed by the gaining FMTS Office and Appointed FMTS Medical Reviewer.

**BLOCKS 26a-d:** For Soldiers ONLY. Indicates the availability of medical, educational, and / or dental support services for the family.

**BLOCKS 27a-d:** For Airmen, Sailors, and Marines ONLY. Indicates the availability of medical, educational, and / or dental support services for each dependent.

**BLOCK 28:** Provides any additional comments from the gaining Appointed FMTS Medical Reviewer.

**NOTE:** This must not include PHI, in compliance with HIPAA.

**BLOCKS 29a-b:** Provides gaining FMTS Office information.

**BLOCK 30a-c:** Provides gaining Appointed FMTS Medical Reviewer information and the date the form is signed.

**BLOCK 30d:** Validates the gaining FMTS Office portion of the form.

**BLOCK 31:** Provides instructions based on the Service member's affiliation.

**SCREENING VERIFICATION  
FAMILY MEMBER TRAVEL SCREENING**

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*(All white BLOCKS completed by Service member. All gray BLOCKS completed by Personnel/Transferring Command Office representative, losing Appointed FMTS Medical Screener and Administrative Reviewer, and gaining Appointed FMTS Medical Reviewer. One (1) form per family.)*

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22304-3100 (XXXX-XXXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS DIRECTED UNDER "SERVICE MEMBER CERTIFICATION" BELOW.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 20 U.S.C. 927, Allotment Formula; DoDI 1315.19, Authorizing Special Needs Families Travel Overseas at Government Expense; DoDI 1342.12, Provision of Early Intervention and Special Education Services to Eligible DoD Dependents; and E.O. 9397 (SSN) as amended.

**PRINCIPAL PURPOSE(S):** Information will be used by the Military Services to identify dependents with special medical and/or educational needs and to determine if additional screenings and evaluations are required to determine the extent of the dependents' needs. This information will enable Military Assignment Personnel to match the needs of dependents against the availability of services.

**ROUTINE USE(S):** Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. Applicable Blanket Routine Use(s) are: Law Enforcement Routine Use, Congressional Inquiries, Disclosure to the Department of Justice for Litigation Routine Use, Disclosure of Information to the National Archives and Records Administration Routine Use, and Data Breach Remediation Purposes Routine Use. The DoD Blanket Routine Uses set forth at the beginning of the Office of the Secretary of Defense (OSD) compilation of systems of records notices may apply to this system. The complete list of DoD Blanket Routine Uses can be found online at: <http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. The applicable system of records notices are: DMDC 02 DoD: Defense Enrollment Eligibility Reporting Systems (DEERS), EDHA 07: Military Health Information System. EDHA 16: Special Needs Program Management Information System (SNPMIS), DoDEA 26: DoDEA Educational Records, DoDEA 29: DoDEA Non-DoD Schools Program. The SORNs may be found at <http://dpclo.defense.gov/Privacy/SORNsIndex>

**DISCLOSURE:** Voluntary for civilian employees and applicants for civilian employment. Mandatory for military personnel; failure or refusal to provide the information or providing false information may result in administrative sanctions or punishment under either Article 92 (dereliction of duty) or Article 107 (false official statement), Uniform Code of Military Justice. The Social Security Number of the sponsor (and the sponsor's spouse if dual military) allows the Military Healthcare System and Service personnel offices to work together to ensure any special medical needs of your dependent can be met at your next duty assignment. Dependent special needs are noted in the official military personnel files which are retrieved by name and Social Security Number.

**PART A: SERVICE MEMBER INFORMATION**

*(Completed by Service member. Attach additional form if more than six (6) dependents.)*

1. SERVICE MEMBER NAME (LAST, FIRST, MI)		2. RANK/GRADE		3. SERVICE MEMBER SSN		4. SERVICING PAS CODE <i>(Air Force Only)</i>	
5a. SERVICE <i>(Check as appropriate)</i> <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER UNIFORMED SERVICES							
5b. SERVICE STATUS <i>("X" as appropriate)</i> <input type="checkbox"/> REGULAR ACTIVE SERVICE <input type="checkbox"/> AGR RESERVE <input type="checkbox"/> AGR GUARD <input type="checkbox"/> RESERVE <input type="checkbox"/> NATIONAL GUARD							
6a. CURRENT PHYSICAL DUTY LOCATION				6b. PROJECTED PHYSICAL DUTY LOCATION			
7a. PREFERRED PHONE <i>(Include area/country codes)</i>				7b. PREFERRED E-MAIL ADDRESS			
8a. DUAL OR FORMER MILITARY SPOUSE NAME <i>(If applicable)</i>			8b. RANK/GRADE		8c. MILITARY SPOUSE SSN		
9a. DEPENDENT NAME <i>(LAST, FIRST, MI)</i>		9b. RELATIONSHIP <i>(Spouse, son, daughter, etc.)</i>		9c. BIRTHDATE <i>(YYYY/MM/DD)</i>	9d. AGE	9e. TRAVEL REQUESTED YES    NO	
						<input type="checkbox"/> <input type="checkbox"/>	
<b>D R A F T</b>						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	

**SERVICE MEMBER CERTIFICATION**

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief. I understand that insufficient and/or inaccurate information may affect dependent travel. I understand that a knowing and willful false statement on this form can be punishable by fine or imprisonment. (See U.S. Code, Title 18, Section 1001, Section 907; Article 107 UCMJ.)

10a. SIGNATURE		10b. DATE (YYYY/MM/DD)	
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*(Upon completing PART A, each Service member should follow his/her Service-specific instructions. Air Force: Airman attaches RIP and submits FMTS packet to the losing FMTS Office for completion of PART C. Army: Soldier takes form to local MPD for Part B completion and submits FMTS packet to the losing FMTS Office for completion of PART C. Navy: Sailor attaches copy of Overseas Screening Notification or orders and the NAVPERS 1300/16 PART I and submits FMTS packet to the losing FMTS Office for completion of PART C. Marine Corps: Marine attaches copy of Web Orders and the NAVPERS 1300/16 PART I and submits FMTS packet to the losing FMTS Office for completion of PART C.)*

**PART B: ORDERS AUTHENTICATION**

*(For Soldiers ONLY. Completed by Army Military Personnel Division (MPD) representative.)*

I verify that the Service member has an assignment instruction to a location that requires medical/educational coordination, the listing of dependents in 9a is complete and accurate, and dependents will not be authorized travel until medical/educational coordination is complete.

11a. PROJECTED ASSIGNMENT LOCATION(S)			11b. PROJECTED REPORT DATE (YYYY/MM/DD)		
12a. MPD REPRESENTATIVE NAME (LAST, FIRST, MI)		12b. RANK/GRADE		12c. TITLE	
13. PERSONNEL OFFICE ADDRESS				14. OFFICIAL PHONE <i>(Include area/country codes)</i> Commercial: DSN:	
15. OFFICIAL E-MAIL ADDRESS		16. SIGNATURE		17. DATE (YYYY/MM/DD)	

## SCREENING VERIFICATION FAMILY MEMBER TRAVEL SCREENING

SERVICE MEMBER NAME (LAST, FIRST, MI)	RANK/GRADE	SERVICE MEMBER SSN	SERVICING PAS CODE <i>(Air Force Only)</i>
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### PART C: FAMILY MEMBER TRAVEL SCREENING SUMMARY

*(Completed by losing Appointed FMTS Medical Screener to document any identified needs of dependents.)*

18a. DEPENDENT NAME (LAST, FIRST, MI)	18b. NO NEEDS	18c. MEDICAL NEEDS	18d. DENTAL NEEDS	18e. EARLY INTERVENTION/ SPECIAL EDUCATION NEEDS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Check one (1) of the following boxes:

- a. There ARE special medical, educational, and/or dental needs as identified by a DD Form 2792, DD Form X678-2 TEST, and/or IFSP/IEP. This requires formal coordination with the gaining FMTS Office. *(Only check this BLOCK if BLOCK 18c, d, or e is checked for any dependent.)*
- b. There are NO identified special medical, educational, and/or dental needs. *(Only check this BLOCK if BLOCK 18b is checked for all dependents.)*

# D R A F T

### APPOINTED FMTS MEDICAL SCREENER AUTHENTICATION

I certify that the dependents listed above were screened and their needs were documented as stated.

20a. APPOINTED FMTS MEDICAL SCREENER NAME (LAST, FIRST, MI)	20b. SIGNATURE	
21a. TITLE	21b. OFFICIAL PHONE (Include area/country codes) Commercial: DSN:	21c. DATE (YYYY/MM/DD)

### PART D: ADMINISTRATIVE REVIEWER AUTHENTICATION AND DISPOSITION

*(Completed by losing FMTS Office Administrative Reviewer to document disposition.)*

22a. MTF – LOCATION OF SCREENING	22b. OFFICIAL FMTS STAMP
23. Check the appropriate box and follow the instructions based on the Service member's affiliation:	
<input type="checkbox"/> a. <b>For Airmen:</b> In all cases, return all forms and attachments to the Servicing PAS code FMTS Office listed in PART A BLOCK 4.	
<input type="checkbox"/> b. <b>For Soldiers:</b> In all cases, return the form and all attachments to either the Soldier or spouse for processing or directly to Personnel Reassignments, depending on local policy procedures.	
<input type="checkbox"/> c. <b>For Sailors and Marines:</b> If special needs are found (BLOCK 19a box checked), send the form to the gaining FMTS Office for completion of PART F. If no needs are found (BLOCK 19b box checked), this marks the end of the screening process. Return the form to the Service member or spouse to submit to the Transferring Command.	

### PART E: SERVICE AUTHENTICATION

*(For Airmen ONLY. Completed by the Air Force Servicing SGH only if PARTS C and D were accomplished at another Service's FMTS Office. Upon completion of PART E, proceed with Air Force assignment coordination protocol.)*

24a. NAME OF SERVICING SGH (LAST, FIRST, MI)	24b. SIGNATURE	24c. DATE (YYYY/MM/DD)
25a. SERVICING FMTS OFFICE	25b. LOCATION	25c. OFFICIAL PHONE (Include area/country codes) Commercial: DSN:

### PART F: GAINING FMTS OFFICE REVIEW

*(Completed by the gaining FMTS Appointed Medical Reviewer.)*

*(For Soldiers ONLY: Complete BLOCKS 26a-d for the entire family.)*

26a. PROJECTED ASSIGNMENT LOCATION	26b. MEDICAL CARE <input type="checkbox"/> AVAILABLE <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> N/A	26c. DENTAL SERVICES <input type="checkbox"/> AVAILABLE <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> N/A	26d. SPECIAL EDUCATION SERVICES <input type="checkbox"/> AVAILABLE <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> N/A
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*(For Airmen, Sailors, and Marines ONLY: Complete BLOCKS 27a-d for each dependent requesting travel.)*

27a. DEPENDENT NAME (LAST, FIRST, MI)	27b. MEDICAL CARE			27c. DENTAL SERVICES			27d. SPECIAL EDUCATION SERVICES		
	Available	Not Available	N/A	Available	Not Available	N/A	Available	Not Available	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SCREENING VERIFICATION  
FAMILY MEMBER TRAVEL SCREENING**

SERVICE MEMBER NAME (LAST, FIRST, MI)	RANK/GRADE	SERVICE MEMBER SSN	SERVICING PAS CODE (Air Force Only)
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28. ADDITIONAL COMMENTS (Do not include PHI on this form, in compliance with HIPAA.)

**D R A F T**

29a. GAINING FMTS OFFICE	29b. LOCATION
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30a. APPOINTED FMTS MEDICAL REVIEWER NAME (LAST, FIRST, MI)	30b. SIGNATURE	30c. DATE (YYYY/MM/DD)	30d. OFFICIAL FMTS STAMP
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31. <b>FINAL DISPOSITION:</b> Check the appropriate box and follow the instructions based on the Service member's affiliation:			30d. OFFICIAL FMTS STAMP
<input type="checkbox"/> a. <b>For Airmen:</b> Return the form to the losing FMTS Office.			
<input type="checkbox"/> b. <b>For Soldiers:</b> Return the form to losing Personnel, who will coordinate with the losing FMTS Office following local procedures. NOTE: Army in Europe will instead upload the form to an approved automated system.			
<input type="checkbox"/> c. <b>For Sailors and Marines:</b> Return the form to the losing FMTS Office to return to the Service member (Service member will return to Transferring Command).			