

TXMF Individual Readiness Checklist

LName: _____ FName: _____ MI: ___ Rank: _____
 SSN: _____ - _____ - _____
 Unit: _____ Force Package assigned: _____
 Today's Date: _____ TEXAS USE ONLY www.texasnationalguard.us/dsca

Stations	Texas Military Forces JRP Requirements	GO/NOGO (Circle One)		Station Initials
		GO	NOGO	
PERSONNEL	Identification Card	GO	NOGO	
	Records check (Update HOR mailing address)	GO	NOGO	
FAM READ	Family POC and Contact information	GO	NOGO	
LOGISTICS	Refer to Annex D of SAD SOG			
MEDICAL	Medical Screening (system check)			
	Medical Statement complete and no current illness/ unresolved injury (see below)	GO	NOGO	
	Cleared by TXMF Medical Provider to deploy	GO	NOGO	
	Immunizations Current	GO	NOGO	
	HIV-1 Antibody test within two years	GO	NOGO	
	Pregnancy Negative (IF APPLICABLE)	GO	NOGO	
	Physical profile (IF APPLICABLE)	GO	NOGO	
	Medical warning tags on hand (IF APPLICABLE)	GO	NOGO	
	SM has 30 DOS prescriptions (IF APPLICABLE)	GO	NOGO	
CHECK OUT	HOME STATION VERIFICATION			
	SM Added to Force Package DSCA Roster (verify SSN)			
	Order (Copy of compo order and FAQ is sufficient) given to SM			
	SM Signature:			
	Printed Name:			
	Unit Rep:			
Unit required				

HOR Mailing Address: _____

Family POC: _____ **Tel number:** _____

Address: _____

- (1) I am in good physical health Y / N (Circle one)
- (2) I am currently in the care of a medical provider, Y / N (Circle one)
- (3) I am currently taking prescription medications under the direction of a medical provider Y / N (Circle one)

I understand that if injured on SAD, I will be covered by State Worker's Compensation and not by military benefits.

Signature: _____

Medical Provider Clearance {if "Y" in (2) or (3)} **Y/ N (Circle one)**

Signature _____