

U.S. NAVAL HOSPITAL ROTA
ENLISTED PERSONNEL COMMAND CHECK-OUT

Rate/Name: _____ Directorate / Department Assigned: _____

Check-Out Sheet Issued: _____ Date/Time Check-out Completed: _____

| OFFICE/LOCATION/HOURS | ITEMS TO BRING | CHECK-IN SIGNATURE/DATE |
|--|--|-------------------------|
| Personnel Support Detachment (PSD) | - Service Record/Travel Receipts/Military ID | |
| Information Management Department | - Military ID | |
| Urinalysis Coordinator | - Military ID | |
| Command Fitness Leader | - Wearing Navy PT gear | |
| Legal | - Legal Issues | |
| Security Clearance | - System Authorization request | |
| Management Analyst (MEPRS) | - Military ID | |
| Watchbill Coordinator | - Directorate/department specific | |
| Command Career Counselor | - Military ID | |
| Medical Readiness | - Military ID | |
| Occupational Health | -Military ID | |
| Radiology | - Military ID | |
| Medical Records | - Medical records/orders/page 13 | |
| Previous five duty stations **Only upon retirement/separation** | 1. _____; 2. _____; 3. _____; 4. _____; 5. _____ | |
| Dental Records | - Military ID/Dental Records | |
| Quarterdeck | - Recall telephone numbers | |
| TRICARE | - Orders/Command sponsorship/military ID | |
| AHLTA Training | - Military ID | |
| Voting Assistance Officer | | |
| Mail Room | - Military ID | |
| Emergency Management | - Military ID | |
| Government Travel Card (TAD office) | -GOVT Travel card/orders | |
| Risk Management | - Military ID | |
| Credentials | - Military ID **HM-8708 Reg. Dental Hygienist Only** | |
| CMEO | - Military ID | |
| Safety Office | - Military ID/CAC/Radiation Health_____ | |
| DAPA | - Military ID | |
| Supply - DMLSS Administrator | - Military ID ** Supply PO/Supervisors only** | |
| Education and Training | - Training record | |
| DEPARTMENT CHECK-OFF SHEET | | |
| Dept. Training Officer/Rep <input type="radio"/> | Department Head <input type="radio"/> | |
| LPO <input type="radio"/> | Director <input type="radio"/> | |
| SEL <input type="radio"/> | | |
| Appointment with CO, XO, CMC | | |
| Command Suite | CO: Date: _____ Time: _____ Initials: _____ XO: Date: _____ Time: _____ Initials: _____ CMC: Date: _____ Time: _____ Initials: _____ | |
| Operations Management | -Hospital ID Badge/keys/cellular telephone | |
| HUMAN RESOURCES (LAST STOP) | | |
| | - Transfer Eval/POMI Folder/Completed Check-Out Sheet | |

