

**U.S. NAVAL HOSPITAL ROTA
OFFICER 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
Urinalysis Coordinator	- Military ID	
Personnel Support Detachment (PSD), NAVSTA	- Service Record/Travel receipts/Military ID	
Information Management Department	- 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	
Medical Readiness	- Military ID	
Occupational Health	- Military ID/Respirator	
Radiology	- Military ID	
Medical Records	- Medical records/orders/Page 13	
Previous five duty stations **Only if retiring/separating**	1. _____; 2. _____; 3. _____; 4. _____; 5. _____	
Dental Records	- Military ID/Dental Records	
Emergency Management	- Military ID	
Quarterdeck	- Recall telephone numbers	
TRICARE	- Military ID/Orders/Command sponsorship	
Voting Assistance		
AHLTA Training	- Military ID	
Mail Room	- Military ID	
Officer Special Pay/Incentives	- Military ID/Last contract	
Credentials	- Military ID/Any pending information	
Risk Management	- Military ID	
Government Travel Card (TAD office)	-GOVT Travel card/Orders	
Coding Training/Transcription	- Military ID/Medical records and Signature	
CMEO	- Military ID	
Inpatient Administration	- Military ID	
Safety Office	- Military ID/CAC/Radiation Health	
DAPA	- Military ID	
Supply - DMLSS Administrator	- Military ID **Supply PO/Supervisors Only**	
SLDCADA Coordinator	- N/A **SLDCADA Certifiers Only**	
Equipment Manager (Materiel Management)	- N/A **Department Heads Only**	
Education and Training	- Instructor Folder	
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"/>		
Command Suite	Appointment with CO, XO CO: Date: _____ Time: _____ Initials: _____ XO: Date: _____ Time: _____ Initials: _____	
Operations Management	- Hospital ID Badge/keys/cellular telephone	
HUMAN RESOURCES (LAST STOP)	- Transfer FITREP/POMI Folder/-Completed Check-Out Sheet	