NAVY MEDICINE SUPPORT COMMAND
CHECK-IN/CHECK-OUT SHEET

Name: _____ Department/Position: _____

Sponsor: _____ Date Reported:_____

CHECK-IN				**CHECK-OUT**	
INITIALS	DATE	**Appointments**	NAME	INITIALS	DATE
		COMMANDER Date/time			
		COS Date/time			
		ACOS Date/time			
		DCOS Date/time			
		DFA Date/time			
		CMC Date/time			
		COMMAND SECRETARY			
		DAY 1- 3			
		ADMIN/MACS/RECALL			
		CIO/USER ACCOUNTS			
		IMIT/TELEPHONE			
		TIMEKEEPING/PAYROLL Note: All Personnel			
		URINALYSIS PROGRAM COORDINATOR & CVS TRUSTED AGENT			
		POMI/SECURITY OFFICER (**with medical and dental record**)			
		PSD ID CARD (walk in or schedule appt. on line)			
		HIPAA			
		TRAVEL CARD / TAD COORDINATOR			
		POSTAL & SUPPLY			
		MEDICAL RECORDS – **NH JAX**			
		TRICARE (2nd Deck **NH JAX**)			
		DENTAL RECORDS (**BMC)**			
		DMHRSi COORDINATOR			
		COMMAND CAREER COUNSELOR			
		COMMAND FINANCIAL SPECIALIST			
		DAPA/ CFL			
		SENIOR WATCH OFFICER /CMEO			
		EDUCATION & TRAINING			
		LEGAL			
		SAFETY OFFICER			
		PURCHASE CARD			
		PUBLIC AFFAIRS			
		COMMAND MASTER AT ARMS & BLDG. ACCESS			
		KEYS & FACILITIES			
		HMSB/TCCC Manager			
		VOTING ASSISTANT OFFICER			