

USAFE/AVIANO REINTEGRATION CHECKLIST

As of 5 MAY 2010 - Previous Editions Are Obsolete

NAME: _____ RANK: _____ UNIT: _____ SSN LAST 4: _____ FLYING STATUS: YES / NO

DATE RETURNED: _____ DEPLOYED LOCATION: _____ PRP: YES / NO

MASS ARRIVAL BRIEFING DATE: _____ (if attended, no initials required in items 4-9 below) A&FRC STAMP: _____

Have you deployed to Afghanistan or Iraq for more than 12 months in the past 3 years? YES / NO

ITEM #	PRP	Non PRP	ACTIVITY	DATE	SIGNATURE
Day 1 - Arrival (or first thing next duty day if arrival is after duty hours)					
1	YES	YES	<p>****MANDATORY*** Mbr will not be able to proceed !!!!</p> <p>Installation Personnel Readiness (632-7496, Area F, Bldg 936, near old AMC terminal) - Mbr deployed to Afghanistan/Iraq for _____ months in the past 3 years. Mbr is authorized _____ days of PDMRA in accordance with MPFM 07-90, PDMRA. Walk In Hours: Mon & Fri 0900-1600 and Tues, Wed, Thurs 0800-1000 & 1400-1600</p>		
2	YES	N/A	<p>Medical PRP (632-5339/5165) (31 MDG, Area 1, Bldg 121) - Drop off AOR medical records and completed DD Form 2796 Walk In Hours: Mon - Fri 0900-1000 & 1330-1430</p>		
Day 2 - Decompression (24 hours of rest, decompression and personal time)					
Days 3-4 - Reintegration					
3	YES	N/A	<p>Medical PRP (632-5339/5165) (31 MDG, Area 1, Bldg 121) _____ No PDI identified, or _____ PDI identified and forwarded to Certifying Official (CO) Walk In Hours: Mon-Fri 0900-1000 & 1330-1430</p>		
4	YES	YES	<p>Public Health (632-6253/5570) (31 MDG, Area 1, Bldg 103, 2nd floor) - Bring 1 copy of orders. Drop off medical records; DD Form 2796 Post-Deployment Health Assessment. BW/CW antidote turn-in. Get post-deployment blood work, TB assessment Walk In Hours: Mon 0800-1630, Tues & Thurs 0730-1630, Wed 0900-1630, Fri 1100-1630</p>		
5	YES	YES	<p>Finance (632-CASH) (31 CPTS, Area F, Bldg 1403) - Travel voucher/entitlements review</p>		
6	YES	YES	<p>Safety (632-8240) (Area F, Bldg 1413, between MPS and Fitness Center) Walk-In Briefings: Mon, Wed, & Fri at 1400</p>		
7	YES	YES	<p>MOBAGs (632-7229) (31 LRS, Area F, Bldg 933 old AMC terminal) - Turn in mobility bags (A, B, and/or C) and IPE equipment or weapons - Turn in copy of DD Form 1149 if weapon was shipped - Turn in Weapon Prepositioning paperwork(if applicable)</p>		
8	YES	YES	<p>Family Advocacy/Mental Health (632-5321) (31 MDG, Area 1, Bldg 108) - Communication Workshop Walk-In Briefings: Mon-Fri at 1530</p>		
9	YES	YES	<p>Airman & Family Readiness (632-5407) (31 FSS/FSFR, Area F, Bldg 1431) - Reintegration Briefing Walk In Briefings: Mon & Wed at 0900</p>		
10	YES	YES	<p>Unit UDM - Return PRF (Personnel Readiness Folder)</p>		
11	YES	YES	<p>Unit Command Staff - Unit specific requirements/ schedule appointment with commander; date: _____</p>		
12	YES	YES	<p>Unit Commander (or Designated Representative) - Welcome back appointment</p>		
13	YES	YES	<p>Unit Security Manager - Restricted Area Badge update</p>		

CONTINUED ON REVERSE →

If on PRP, and before beginning PRP duties, provide completed copy to Unit PRP Monitor

14	YES	N/A	Unit PRP Monitor - PDI discussion; member complete Reintegration PDI Questionnaire _____ No PDI identified, or _____ PDI identified and forwarded to Certifying Official		
15	YES	N/A	PRP Certifying Official - PDI discussion; member turn in signed Reintegration PDI Questionnaire All available PDI was reviewed/discussed with member and: _____ member is cleared for continued PRP duties, or _____ actions are being taken to Temp Decertify or Suspend PRP status		
16	YES	YES	Unit UDM: Completed Checklist Upon completion of the checklist and before starting R&R have UDM sign and date, UDM gets original, if on PRP take one copy to unit PRP Monitor & keep one copy for your personal records.		

Reintegration PDI Questionnaire

Please answer the following questions truthfully and to the best of your knowledge concerning your time deployed. Circle your response and do not leave any questions unanswered. If you answer yes for any question, provide an explanation in the comments section.

1. Have you been involved in any alcohol or drug related incidents?	Yes / No
2. Have you been involved in any serious incident?	Yes / No
3. Have you been negligent or delinquent in the performance of your duties?	Yes / No
4. Have you made any suicide attempts and/or threats?	Yes / No
5. Have you had any legal or financial problems (to include bounced checks)?	Yes / No
6. Have you been involved in the unauthorized trafficking, cultivation, processing, manufacturing or sale of any controlled or illegal drugs (including cannabis)?	Yes / No
7. Have you received any Non-Judicial Punishment?	Yes / No
8. Have you had drug, alcohol, emotional, mental, and/or behavioral problems?	Yes / No
9. Have you used non-prescription steroids?	Yes / No
10. Have you used more medication (yours or someone else) than prescribed?	Yes / No
11. Have you hurt yourself on purpose, for example, by burning or cutting?	Yes / No
12. Have you had emotional problems that caused you to miss work?	Yes / No
13. Did you frequently have problems sleeping?	Yes / No
14. Did you break or hit things when you were frustrated or angry?	Yes / No
15. Are you currently taking any medications or supplements?	Yes / No
16. Are you having any relationship difficulties that might affect your reliability?	Yes / No
17. Do you have any other information that should be considered prior to you performing PRP duties?	Yes / No
Comments:	

Member's Signature/Date

Certifying Official's Signature/Date