

**PREGNANCY TEST FOR TRANSFER TO SEA DUTY
TO BE COMPLETED WITHIN 30 DAYS OF TRANSFER DATE
BUT NO LATER THAN 5 DAYS BEFORE TRANSFER DATE**

Date

From: Personnel Support Activity Detachment, Pearl Harbor
To: Naval Medical Clinic, Pearl Harbor
Via: Command PLR, _____

Subj: PREGNANCY TEST ICO _____

1. The above listed member has received transfer orders to sea duty (type 2 or 4). In accordance with MILPERSMAN Chap. 6120, female personnel being assigned to Type 2 or 4 duty must have a pregnancy test within 30 days of the approved transfer date.

2. Request pregnancy test be completed, signed, and given to member to return to the PSD Transfers section.

**G. PIANO, GS7
TRANSFER DIVISION OFFICER, BYDIR**

Date

FIRST ENDORSEMENT

From: Naval Medical Clinic, Pearl Harbor
To: Command PLR, _____

Subj: PREGNANCY TEST ICO _____

1. Pregnancy test was completed on _____. Results are:
POSITIVE / NEGATIVE. (Circle one)

Health care provider signature/stamp: _____

Date

SECOND ENDORSEMENT

From: Command PLR, _____
To: Personnel Support Activity Detachment, Pearl Harbor

Subj: PREGNANCY TEST ICO _____

1. I hereby acknowledge that the pregnancy test ICO SNO / SNM has been completed and member is / is not recommended for assignment to sea (type 2 or 4) duty.

Command PLR signature