

Department of
Homeland Security
**United States
Coast Guard**



CIVILIAN EMPLOYEE HEALTH CARE AND OCCUPATIONAL HEALTH PROGRAM

COMDTINST M12792.3A
May 2011

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2. **ACTION.** All Coast Guard unit commanders, commanding officers, officers-in-charge, deputy/assistant commandants, and chiefs of headquarters staff elements shall comply with the provisions of this Manual. Internet release is authorized.
3. **DIRECTIVES AFFECTED.** Health Care for Coast Guard Civilian Employees, COMDTINST 12792.3 is cancelled.
4. **POLICY.** In accordance with references (a) thru (g), it is CG policy to provide each employee with a healthy work environment that is free from recognized hazards that are causing or are likely to cause death or serious physical harm. The objective of this program is to protect the health of CG civilian employees by having consistent and meaningful occupational health programs. Medical evaluations/screenings will be shared only with CG employees in a “need to know” capacity.
 - a. **Injuries and Illness.** Various occupational and non-occupational injuries and illness can occur in civilian employees. CG clinics will provide only emergency care for civilian employees who experience an occupational or non-occupational injuries and illness if the clinic has the capability. Personnel submitting claims (CA-7/2) to the Office of Workers’ Compensation Program (OWCP) shall also enter the injury into the E-Mishap database.
 - b. **Occupational Medical Examinations.**
 - (1) **Primary Reasons for Conducting Occupational Medical Examinations.** Occupational medical examinations are conducted to determine:
 - (a) If workers are medically and physically able to perform the assigned duties without substantial risk of harm to themselves, others, or the mission.
 - (b) Whether the workplace is causing workers injury or illness due to an occupational exposure (medical surveillance examinations)
 - (2) **Types of Occupational Medical Examinations.** The following five paragraphs (a-e) delineate the types of Occupational Medical Examinations that can be performed:
 - (a) **Pre-placement/Initial/New Hire Examinations.** These examinations are performed by CG Nurse Practitioners, Physician Assistants or Physicians before placement in a specific job to medically assess if the worker will be able to perform the job safely. They may be combined with occupational medical surveillance to record a baseline of values for future comparison. These medical examinations must be completed before the worker commences work. Functional requirements for the job are the responsibility of the supervisor and/or Human Resources Office. Forms for the examinations,
 1. Commission Certificate of Medical Examination, OF-178.
 - a. Part A must be completed by the employee.
 - b. Part B must be completed by the Human Resource Office prior to the examination
 2. Report of Medical History, DD-2807-1.

- (b) **Personnel Policy Enforcement Examinations.** Personnel policy enforcement examinations medically assess workers to determine if they meet established standards and conditions of employment. Examples of these types of examinations are drug use screening and fitness for duty examinations. Civilian employees subject to drug and alcohol testing fall under the procedures outlined in reference (g). Testing under the Order is not conducted by CG personnel. Other types of personnel policy examinations may include work related injury/illness evaluations, return to work examinations, and impairment evaluations. These examinations may be performed by CG Nurse Practitioners, Physician Assistants or Physicians.
 - (c) **Medical Certification Examinations.** Medical certification examinations determine if an individual meets specific medical fitness standards, such as those promulgated by the Federal Aviation Administration (FAA) and Department of Transportation (DOT) for aviators and commercial drivers, respectively. In addition, the examination should determine if the individual can perform the essential duties of the position without endangering self or others. These examinations may be performed by CG physicians.
 - (d) **Medical Surveillance Examinations.** Medical surveillance examinations provide baseline and periodic assessments or measurements to detect abnormalities in workers exposed to work-related health hazards. If detected early enough, these examinations can prevent or limit disease progression by exposure modification or medical intervention. Many medical surveillance examinations have a regulatory component (Occupational Safety and Health Administration (OSHA) required). These examinations can be performed by CG Nurse Practitioners, Physician Assistants or Physicians. Baseline surveillance examinations can be performed at the same time as the pre-placement examination.
 - (e) **Termination Examinations.** Termination examinations must be performed on all employees who have been placed on or monitored in OMSEP, unless an examination has been conducted within the past 90 days. Every employee enrolled in the Occupational Medical Surveillance and Evaluation Program (OMSEP) must receive a separation exposure letter from Commandant (CG-1133) detailing all potential work-related exposures during their employment. These examinations can be performed by CG Nurse Practitioners, Physician Assistants or Physicians. The two kinds of termination examinations are:
 - 1. **Termination of Employment Examinations.** Termination of employment examinations are designed to assess pertinent aspects of a worker's health when the worker leaves employment.
 - 2. **Termination of Exposure Examinations.** Termination of exposure examinations are performed when exposure to a specific hazard has ceased.
- c. Medical Determinations and Fitness for Duty and Placement.
- (1) CG Nurse Practitioners, Physician Assistants or Physicians make medical recommendations to the Human Resource Office and management on the worker's ability to perform essential job functions. The fitness for duty decision is a collaborative effort between medical, Human Resources, and the Appointing Official. However, employment-related decisions are fundamentally managerial, not medical.
 - (a) Medical standards exist and are justified because the position in question is arduous, hazardous, or requires a specific level of fitness to protect personal and public safety or to ensure security is not compromised. OPM normally promulgates or approves medical

- (b) standards. If a candidate does not meet a promulgated medical standard, the examining physician should annotate in the record that the worker is not medically qualified.
 - (c) Physical standards are established by the agency. Examples of physical standards include lifting requirements. Physical standards information must be described in the position description and identified on the front of a Certificate of Medical Examination, OF-178. Candidates are not disqualified on the basis of not meeting a physical standard; instead the CG Nurse Practitioner, Physician Assistant or Physician should annotate what deficiencies the worker has. Waiver of physical standards resides at the local management level; it is not a medical responsibility.
 - (d) The role of medical in assisting management in making employment and/or placement decisions is limited to determining whether the individual meets the physical requirements of the position and can, from a medical standpoint, perform the job capably and safely.
- (2) For a worker determined to be medically unsuited for the job (during the pre-placement, personnel policy enforcement, medical certification, medical surveillance, or termination examination), the CG Nurse Practitioner, Physician Assistant or Physician should prepare a summary statement and file it in the worker's medical record. They must inform the Human Resource Office and the Appointing Official of the medically disqualifying recommendation; however, the summary is confidential medical information and should be provided to management only when necessary and authorized. The following information concerning the disqualifying condition should be included in all summary statements.
- (a) Diagnosis. Justified according to established diagnostic criteria.
 - (b) History. Including references to findings from previous examinations, treatment, and responses to treatment.
 - (c) Clinical Findings. Including results of any laboratory tests, x-rays, or special evaluations performed.
- d. Wellness/Health Promotion Programs. Civilian employees will have access to CG Wellness/Health Promotion Programs, Federal Wellness Programs and other health information and education programs (e.g., breast cancer awareness, smoking cessation programs). This includes access to an Employee Assistance Program, an agency-based counseling program that offers assessment, short-term counseling, and referral services to employees for a wide range of drug, alcohol, and mental health programs that affect job performance.
- e. Epidemiologic Investigations. Epidemiologic investigations will be conducted on occupational illnesses/injuries of unusual increased incidence.
- f. Funding. All costs associated with this limited health care program will be funded using Commandant (CG-11) and Health, Safety, and Work-Life Service Center (HSWL SC) AFC-57 funds. At units without clinics, Occupational Medical Surveillance and Evaluation Program (OMSEP) examinations, specialty screening, specialty examinations, pre-placement examinations, termination examinations, occupational injury evaluations, and immunizations as defined in this instruction may be obtained from nonfederal sources (e.g., personal physician). Nonfederal care must be requested and **explicitly pre-authorized** by the HSWL SC. Urgent or emergent care without preauthorization for occupationally related illness/injury will be reimbursed through HSWL SC AFC-57 funds on a case-by-case basis.

- g. Record Keeping. All occupational medical examination documentation including copies of the OF-178 shall be recorded and maintained in the Employee Medical Folder (blue folder), SF-66D. The Employee Medical Folder will be maintained by the clinic that performs and/or approves the physical examination/screening results. These files will be protected in accordance with the Privacy Act and with the Health Information Portability and Accountability Act (HIPAA). Those civilian employees who are employed in administrative and similar non-hazardous positions generally shall have no occupational medical records initiated. Standardized forms have been developed to aid in collecting and recording occupational medical information. The attached appendices may be used as templates to create a Chronological Record of Medical Care, SF-600.
5. RESPONSIBILITIES. Commander, unit, clinic and employee responsibilities are outlined in this Manual.
 6. PROCEDURE. No paper distribution will be made of this Manual. Official distribution will be via the Coast Guard Directive (CGDS) DVD. An electronic version will be located on the following Information and Technology CG-612 web sites. Intranet: <http://cgweb.comdt.uscg.mil/CGDirectives/Welcome.htm>, Internet: <http://www.uscg.mil/directives/>, and CGPortal: <https://cgportal.uscg.mil/delivery/Satellite/CG612>.
 7. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS. Environmental considerations were examined in the development of this Instruction and have been determined not to be applicable.
 8. PRIVACY COMPLIANCE. When completed, the numerous forms identified in this Manual contain Sensitive Personally Identifiable Information (SPII). The Privacy Act of 1974, 5 U.S.C. 552a mandates that agencies establish administrative, technical, and physical safeguards to ensure the integrity of records maintained on individuals. The Privacy Act also requires the protection against any anticipated threats which could result in substantial harm, embarrassment or compromise to an individual. In order to maintain the public's trust and prevent privacy breaches, the CG has a duty to safeguard all types of Personally Identifiable Information (PII) in its possession. Unintended disclosure or compromise of an individual's PII constitutes a Privacy Incident and must be reported in accordance with reference (m).
 9. RECORDS MANAGEMENT. All data/documents created for CG use and delivered to, or falling under the legal control of the CG are Federal records. Ensure that all records created as a result of processes prescribed in this Manual are maintained and disposed of in accordance with reference (n).
 10. FORMS / REPORTS. The forms referenced in this Manual are available in USCG Electronic Forms on the Standard Workstation or on the Internet: <http://www.uscg.mil/forms/>, CG Central at <http://cgcentral.uscg.mil/>, and Intranet at <http://cgweb.comdt.uscg.mil/CGForms>.

Mark J. Tedesco /s/
 Director of Health, Safety, and Work-Life

Enclosures: (1) CG Health Care Personnel (HCP) Occupations with Direct Patient Care Duties in CG Clinics

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CHAPTER 1. INJURIES AND ILLNESSES

A. OCCUPATIONAL INJURY AND ILLNESS.

1. Occupational illness and injury. Diagnosis and treatment of injury or illness sustained in performance of official duties is authorized under the Federal Employees' Compensation Act, 5 USC Chapter 81, and administered by the Department of Labor, Office of Workers' Compensation Program (Publication CA-810). The employee has the option of receiving care for occupational injuries or illnesses from a local CG clinic (on a space available basis) or a health care provider of his/her choice.
2. CG clinics should provide treatment of occupational injuries that require first aid or emergency care.
 - a. Per the Occupational Safety and Health Administration (OSHA) standards, first aid refers to medical attention that is usually administered immediately after the injury occurs and at the location where it occurred. It often consists of a one-time, short-term treatment and requires little technology or training to administer. First aid can include cleaning minor cuts, scrapes, or scratches; treating a minor burn; applying bandages and dressings; using non-prescription medicine; draining blisters; removing debris from the eyes; and replenishing fluids to relieve heat stress.
 - b. Per reference (h), emergency care is defined as care provided for a condition in which delay in treatment is likely to result in the recipient's death or permanent impairment (e.g., basic life support).
3. If the CG clinic refers the civilian employee to an outside provider, such referrals to other sources of health care constitute disengagement by the CG regarding the medical management of the civilian employee's episode of care.
4. The CG will not reimburse employees for bills acquired from other providers based on CG health care providers' referrals unless explicitly **pre-authorized** by the Health, Safety, Work-Life Service Center (HSWL SC).

B. NON-OCCUPATIONAL INJURY AND ILLNESS.

1. Non-occupational illness and injury. Only emergency care (see definition above) should be given for non-occupational illness and/or injury. Definitive diagnosis and treatment for any other condition is strictly the province of the employee's personal health care provider. However, acute treatment (for the purpose of returning the person to work in a timely manner) may be provided for non-occupationally related injury / illness (e.g., headache) if the CG clinic has the capability. Additionally, administration of certain treatments (e.g., dressing changes and prophylaxis, or immunizations) requested by the employee's private physician, with treatment supplies furnished by the employee, can be offered to civilian employees if the CG clinic has the capability. Clinic capability to treat civilians will be determined by the Senior Health Services Officer (SHSO) at the applicable clinic.
2. Provision of care. At a minimum, arrangements must be made (by the supporting CG clinic) for provision of emergency care at all times (e.g., calling 911).
3. Employee responsibility. All employees (supervisors and workers) must be informed about what to do when there is an injury or illness. This includes when and how to summon medical assistance, as well as what to do to protect the injured.

4. Local policy. All commands must have established policies in place to inform employees about what to do when there is an injury or illness. This includes when and how to summon medical assistance, as well as what not to do to protect the injured.

CHAPTER 2. OCCUPATIONAL EXAMS FOR SPECIFIC GROUPS

A. OVERVIEW. Specialty Screening and Specialty Examinations. Requirements for performing specialty screening and examinations are included in civilian personnel instructions and federal and state laws. Civilian employees in the following categories should be offered pre-placement, periodic and termination screenings and/or examinations. Specialty Screenings can be performed by Independent Duty Health Service Technicians, Nurse Practitioners, Physician Assistants or Physicians. Specialty Examinations can only be performed by Nurse Practitioners, Physician Assistants or Physicians. Periodic Specialty Screening and Examinations ensure that the worker remains physically and mentally able to perform his or her job. All Specialty Screening and Specialty Examination overprints/templates are displayed as an enclosure to this Instruction. The attached appendices may be used as templates to create a Chronological Record of Medical Care, SF-600. Civilian employees subject to drug and alcohol testing fall under the procedures outlined in reference (g). Testing under the Order is not conducted by CG personnel. Below is a list of the types of specialty examinations authorized by the CG:

Aviation	Forklift Operator
Barber and Beauty Shop Employees	Hazardous Waste Workers and Emergency Responders
Child Care Workers	Health Care Workers
CG Criminal Investigative Service	Police/Guard Security
Explosives Handlers and Explosive Vehicle Operators	Respiratory User Certification Exam
Firefighter	Wastewater/Sewage Worker
Foodservice Personnel	Weight Handling Equipment

Table 2-A

- B. AVIATION.** All aviation personnel will undergo a complete aviation medical examination on a periodic basis. This exam can only be performed by military flight surgeons (FS) or aeromedical physician assistants (APA). Note – all APA physicals must be countersigned by the military FS. Physical examinations and standards for aviation physicals are updated periodically and are available on the Commandant (CG-1121) Operational Medicine website.
- C. BARBER AND BEAUTY SHOP EMPLOYEES.** All barber shop and beauty salon employees require a baseline screening and examination. These employees must be medically screened and examined and determined to be free of communicable disease prior to their initial assignment. There is no requirement for periodic screening.
- D. CHILD CARE WORKERS.** All child care workers who work at a CG Child Development Center require a baseline screening including a general physical examination, a tuberculin (TB) skin test or x-ray, and appropriate immunizations. Female caregivers with child bearing potential shall be screened for Rubella Antibody Titer and immunized as needed. Local disease profiles may require additional screening. These evaluations shall be repeated every two years. The purpose of this examination is to identify potentially communicable conditions. Child care workers must be able to lift 40 pounds. See Chapter 4 of this Instruction for vaccination requirements. This requirement does not apply to CG family child care providers.
- E. DEPARTMENT OF TRANSPORTATION (DOT) VEHICLE OPERATOR.** All DOT vehicle operators must have baseline and biennial examination per 49 CFR 391.41-49. This program is designed to provide guidance for physical standards of drivers who must meet the requirements from the Federal Department of Transportation. The civilian employee must present the health care provider with the appropriate DOT documentation. A copy of the completed DOT form will be filed in the civilian health record.

- F. EXPLOSIVES HANDLERS AND EXPLOSIVES VEHICLE OPERATORS.** The purpose of this program is to ensure that medical examinations of Explosive Motor Vehicle Operators are conducted in a manner allowing assurance that civilians who operate vehicles or machinery which transport explosive or other hazardous material are physically qualified. All explosive handlers and Hazardous Material Vehicle Operators are required to have a baseline examination and biennial medical examinations (less than age 60) and annual examinations (age 60 and above).
- G. FIREFIGHTER.** All physicals for CG firefighters shall be in accordance with NFPA 1582, Standard on Comprehensive Occupational Medical Program for fire departments. There is no associated template enclosed in this Manual.
- H. FOOD SERVICE PERSONNEL.** Health standards for Food Service personnel are detailed in Chapter 3 of reference (i). The contract under which food service personnel are employed will include any specific requirements for occupational/medical screenings or examinations. Individual considerations such as communicable disease risk in the community and medical and social history of the employee may affect the content of the exam. The concern is to avoid food borne disease outbreaks and the focus of the examination is to identify potentially communicable conditions.
- I. FORKLIFT OPERATOR.** All forklift operators must have triennial examination.
- J. HAZARDOUS WASTE WORKERS AND EMERGENCY RESPONDERS.** 29 CFR 1910.120 establishes minimal medical surveillance for personnel who may be exposed to hazardous substances at or above the permissible exposure limit (PEL) for 30 days per year, wear a respirator for 30 days per year, or sustain an overexposure incident involving hazardous substances. CFR requires an annual examination unless the medical officer feels longer intervals are appropriate. OMSEP protocols should be followed for individuals who are potentially exposed to a number of agents.
- K. HEALTH CARE WORKERS.** There is no requirement for periodic screening of health care workers except as required by OMSEP. See Chapter 4 of this Instruction for vaccination requirements.
- L. CG CRIMINAL INVESTIGATIVE SERVICE.** Pre-employment medical examination and drug testing are required. Many positions require arduous physical exertion involving walking and standing, use of firearms, and exposure to inclement weather. Manual dexterity and range of motions at all joints must be demonstrated. Special medical requirements including emotional and mental stability are further outlined by OPM GS-1811 series. Annual examinations will be required to document continued physical ability to perform CGIS work.
- M. POLICE/GUARD SECURITY.** These employees should have a pre-placement examination and should be examined every five years (up to 34 years), biennial, (35 to 44 years), annual (45+ years). OSHA regulations consider public safety workers, including both policemen and firefighters, at risk for exposure to blood borne pathogens (BBP). Those who have had a possible BBP exposure will be placed in OMSEP and will be monitored under the acute exposure surveillance until such time that it was determined whether an exposure did or did not occur. If the member was found to be exposed, then he or she would remain in OMSEP to ensure appropriate follow up and management.
- N. RESPIRATOR USER.** Employees who wear respirators as a condition of employment will be placed in OMSEP.
- O. WASTEWATER/SEWAGE WORKERS.** All wastewater/sewage workers should receive a medical screening every five years. The focus of the medical screening should be a review of the immunization status. Tetanus-diphtheria vaccine should be updated according to current recommendations. Polio vaccine is administered to individuals not fully immunized.

P. WEIGHT HANDLING EQUIPMENT WORKERS. Occupations in this program include crane operators, railroad equipment operators, conductors, brakemen, riggers and climbers. These workers require a biennial screening examination.

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CHAPTER 3. MEDICAL SURVEILLANCE

A. OVERVIEW. With the establishment of OSHA in 1970, the Federal Government began to mandate the basic elements of medical surveillance, including occupational medical surveillance examinations, for a number of chemical and physical stressors in the workplace. OSHA standards apply to military and civilian workplaces except as otherwise exempted.

B. MEDICAL SURVEILLANCE

1. CG units with employees exposed to stressors at or above the action level (AL) are required to perform appropriate medical surveillance examinations if a suitable examination exists per reference (h), Chapter 12. The scope of these medical screening examinations is outlined in reference (h).
2. The medical surveillance requirements for the OSHA-regulated programs that may be found in the CG are listed in reference (h).
3. Medical screening examinations. Medical screening examination as part of a medical surveillance program is one of several tools aimed at protecting civilian employees who are exposed or potentially exposed to hazardous substances in the workplace. Medical screening examinations can be performed by the following personnel: Health Service Technicians, Independent Duty Health Service Technicians, Nurses, Physician Assistants or Physicians. Occupational Medical Surveillance and Evaluation Program (OMSEP) physical examinations are offered to identified "at risk" civilian personnel and shall be performed in accordance reference (h). A list of identified "at risk" civilian personnel, maintained by Commandant (CG-113), is routinely forwarded to HSWL SC to serve as a guide for payment for these examinations.

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CHAPTER 4. MANDATORY VACCINATIONS FOR SELECT EMPLOYEES

A. INFLUENZA. Reference (j) requires mandatory seasonal influenza immunization for all civilian healthcare personnel who provide direct patient care in DoD MTFs as a condition of employment, unless there is a documented medical or religious reason not to be immunized. In order to protect all CG active duty, reserve component, civilian healthcare personnel, and TRICARE beneficiaries from influenza and its severe complications, the CG has aligned with DoD's mandatory influenza program. Minimizing the transmission of infections between healthcare personnel and patients is a major part of this effort. CG civilian, contract and Auxiliary healthcare personnel (HCP) who provide direct patient care in CG Clinics, excluding those medically, administratively, or religiously exempted, will be immunized with the seasonal influenza vaccine annually.

1. Scope. The CG will provide influenza vaccine for CG employees and volunteers covered in this Chapter. The influenza vaccine for civilian HCPs is required as a condition of employment. Contracted HCPs are eligible for influenza vaccine provided by CG clinics if stated in the contract. Otherwise, contractors will provide influenza vaccines to their employees. The contractor is responsible for work-related illnesses, injuries, or disabilities under worker-compensation programs. Civilian HCPs will be immunized in accordance with established priority groups. Each influenza season, 100% of HCPs with direct patient care responsibilities will be immunized by established goal dates. For child care workers - annual influenza immunization is mandatory.
2. Definition. Enclosure (1) lists the CG health care personnel (HCP) occupations with direct patient care duties in CG Clinics.
3. Medical Documentation & Tracking. For GS civilian employees, all influenza immunizations must be documented in the Employee Medical Folder (blue folder), SF-66D. All influenza vaccinations for civilian, contract and Auxiliary HCPs must be documented in the Medical Readiness Reporting System (MRRS) for tracking purposes. This healthcare information will be protected IAW the HIPAA Privacy Act. Immunized civilian HCPs will be given a copy of their record by the Coast Guard clinic when they are immunized and/or where their information is entered electronically. Civilian HCPs who receive their influenza immunization on their own must bring proof to the CG clinic for verification/compliance.

B. HEPATITIS A. Civilian food service workers, child care workers, and health care workers are required to have the hepatitis A vaccine (complete series). This requirement can be met by documentation of physician-diagnosed illness, serologic evidence of immunity, or documented immunization.

C. HEPATITIS B. Civilian child care workers and health care workers are required to have the hepatitis B vaccine (complete series). This requirement can be met by documentation of physician-diagnosed illness, serologic evidence of immunity, or documented immunization.

D. MEASLES, MUMPS AND RUBELLA (MMR). Civilian child care workers and health care workers are required to have the MMR vaccine (complete series). This requirement can be met by documentation of physician-diagnosed illness (except for rubella), serologic evidence of immunity, or documented immunization (for measles, 2 doses one month apart after 1 year of age on individuals born on or after 1957 is required).

E. POLIO. Civilian child care workers and health care workers are required to have the polio vaccine (complete series). This requirement can be met by documentation of physician-diagnosed illness, serologic evidence of immunity, or documented immunization.

F. TETANUS, DIPHTHERIA, AND ACELLULAR PERTUSSIS (Tdap) or Td. Civilian child care workers, health care workers and wastewater workers are required to have the Tdap or Td vaccine

(complete series). This requirement can be met by documentation of physician-diagnosed illness, serologic evidence of immunity, or documented immunization. This immunization should be updated according to current recommendations.

- G. TUBERCULIN SKIN TESTING (TST).** Child care workers and health care workers must have two negative tuberculin skin test (TST) results no greater than 12 months apart or a negative interferon-gamma release assay (IGRA) test (Quantiferon-TB Gold test) result is required. No additional tuberculosis (TB) screening is required. If a child care worker has a positive TST or IGRA they must submit supporting documentation indicating absence of TB disease (e.g. medical evaluation including chest radiograph).

CHRONOLOGICAL RECORD OF MEDICAL CARE

MEDICAL RECORD

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

BARBER AND BEAUTY SHOP EMPLOYEES

Vitals:

S: *Personal History Of:*

- Allergies: Yes / No Major illness or injury?
 Yes / No Hospitalization or surgery?
 Yes / No Cancer?
 Yes / No Back injury?
- Meds: Yes / No Do you drink 6 or more drinks per week (beer, wine, liquor)
 Yes / No Have you ever smoked?
 Yes / No Do you currently smoke (packs/day) _____
 Yes / No Heart disease, high blood pressure, or stroke?
 Yes / No Any reproductive health concerns?
 Yes / No Skin disease?
 Yes / No Hepatitis or jaundice?
 Yes / No Tuberculosis?
 Yes / No Infectious disease?
 Yes / No Chronic abdominal pain, vomiting, other GI symptoms?

Labs:

- O: General:** ___ NAD ___ Abnormal
Skin: ___ Normal ___ Rash ___ Erosion/Ulcer
 ___ Pigmentation ___ Eczema ___ Other (Describe)

Other:

A:

- P:** ___ Baseline Examination
 ___ Does the employee need a fitness for duty examination? If yes, refer the employee to the Human Resource Office.

**NAME
 FMP/SSN
 DOB**

**SEX
 RANK
 PHONE
 A-1**

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MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

CHILD CARE WORKER

Vitals:

S: *Personal History Of:*

- Allergies: Yes / No Major illness or injury?
 Yes / No Hospitalization or surgery?
 Yes / No Cancer?
 Yes / No Back injury?
- Meds: Yes / No Do you drink 6 or more drinks per week (beer, wine, liquor)
 Yes / No Have you ever smoked?
 Yes / No Do you currently smoke (packs/day) _____
 Yes / No Heart disease, high blood pressure, or stroke?
 Yes / No Any reproductive health concerns?
 Yes / No Skin disease?
 Yes / No Hepatitis or jaundice?
 Yes / No Tuberculosis?
 Yes / No Infectious disease?
 Yes / No History of chicken pox?
 Yes / No Chronic abdominal pain, vomiting, other GI symptoms?
 Yes / No Mental / emotional illness?
 Yes / No Depressions, difficulty concentrating, excessive anxiety?
 Yes / No Treatment for drug or alcohol use?

Labs:

O: General: ___ NAD ___ Abnormal
 Other:
 Immunizations: ___ Influenza ___ Hepatitis A ___ Hepatitis B ___ Varicella
 ___ MMR ___ Polio ___ Tdap/Td ___ TST

A:

P: ___ Baseline Screening OR ___ Biennial Screening

___ Does the employee need a fitness for duty examination? If yes, refer the employee to the Human Resource Office.

**NAME
 FMP/SSN
 DOB**

**SEX
 RANK
 PHONE
 B-1**

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

COAST GUARD CRIMINAL INVESTIGATIVE SERVICE

Vitals:

S: *Personal History Of:*

Allergies: Yes / No Major illness or injury?
 Yes / No Hospitalization or surgery?
 Yes / No Cancer?
 Yes / No Back injury?

Meds: Yes / No Do you drink 6 or more drinks per week (beer, wine, liquor)?
 Yes / No Have you ever smoked?
 Yes / No Do you currently smoke (packs/day) _____
 Yes / No Heart disease, high blood pressure, or stroke?
 Yes / No Any reproductive health concerns?
 Yes / No Tuberculosis?

Labs: Yes / No Communicable disease?
 Yes / No Nervous stomach or ulcer?
 Yes / No Loss or change in hearing?

CBC: Yes / No Epilepsy (seizure disorder)?
 Yes / No Mental/emotional illness?
 Yes / No Permanent defect from illness, disease or injury?

ECG (after age 40): Vision screen (visual acuity):

Chemistry:

O: Audiogram: Color vision: Depth perception:

LFTs: Chest x-ray (PA) (Required for pre-exam/termination):
 Spirometry (FVC, FEV1, FEV1/FVC) (Required for pre-exam/termination):
 Physical examination:

A: Review of functional / environmental requirements of OF-178 ___ Yes ___ No

Urinalysis: Is surveillance consistent with exposures? ___ Yes ___ No

Are there any abnormalities related to exposures / occupation? ___ Yes ___ No

Lipids:

P: ___ Baseline ___ Annual ___ Termination
 ___ Does the employee need a fitness for duty examination? If yes, refer the employee to the Human Resource Office.

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MEDICAL RECORD**CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

EXPLOSIVES HANDLERS & EXPLOSIVE MOTOR VEHICLE OPERATOR

Vitals:

S: *Personal History Of:*

Allergies: Yes / No Major illness or injury?
 Yes / No Hospitalization or surgery?
 Yes / No Cancer?
 Yes / No Back injury?

Meds: Yes / No Do you drink 6 or more drinks per week (beer, wine, liquor)?
 Yes / No Have you ever smoked?
 Yes / No Do you currently smoke (packs/day) _____
 Yes / No Heart disease, high blood pressure, or stroke?
 Yes / No Any reproductive health concerns?
 Yes / No Use of seat belts (always, mostly, some, none)?
 Yes / No Lung/respiratory disease (e.g. COPD, bronchitis, pneumonitis)?
 Yes / No Syphilis or gonorrhea?
 Yes / No Headache, dizziness, light-headedness, weakness?
 Yes / No Nervous stomach or ulcer?
 Yes / No Head injury?
 Yes / No Change or loss of vision?
 Yes / No Change or loss in hearing?

Labs: Yes / No Chest pain, angina, heart attack?
 Yes / No Shortness of breath?
 Yes / No Sleep disorders (insomnia or disturbance)?
 Yes / No Pause in breathing while sleep (apnea)?

Lipid Profile: Yes / No Daytime sleepiness?
 Yes / No Problems with loud snoring?
 Yes / No Repeated episodes of loss or near loss of consciousness?

Urinalysis: Yes / No Kidney disease?
 Yes / No Epilepsy (seizure disorder)?
 Yes / No Problems with balance and coordination?
 Yes / No Problems with numbness, tingling, weakness in hands or feet?

Hematocrit: Yes / No Migraine headaches?
 Yes / No Diabetes or other endocrine gland disorder?
 Yes / No Mental / emotional illness?
 Yes / No Depression, difficulty concentrating, excessive anxiety?

Fasting blood glucose: Yes / No Treatment of drug or alcohol use?
 Yes / No Personality change?

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

FOOD SERVICE PERSONNEL

Vitals:

S: *Personal History Of:*

- Allergies: Yes / No Major illness or injury?
- Yes / No Hospitalization or surgery?
- Yes / No Cancer?
- Yes / No Back injury?
- Meds: Yes / No Do you drink 6 or more drinks per week (beer, wine, liquor)?
- Yes / No Have you ever smoked?
- Yes / No Do you currently smoke (packs/day) _____
- Yes / No Heart disease, high blood pressure, or stroke?
- Yes / No Any reproductive health concerns?
- Yes / No Skin disease?
- Labs: Yes / No Hepatitis or jaundice?
- Yes / No Tuberculosis?
- Yes / No Infectious disease?
- Yes / No Chronic abdominal pain, vomiting, other GI symptoms?

O: General: NAD Abnormal

Skin: Normal Rash Erosion/Ulcer

Pigmentation Eczema Other (Describe)

Other:

A:

P: Baseline Examination

Does the employee need a fitness for duty examination? If yes, refer the employee to the Human Resource Office.

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

FORKLIFT OPERATOR

Vitals:

S: Personal History Of:

- Allergies : Yes / No Major illness or injury?
- Yes / No Hospitalization or surgery?
- Yes / No Cancer?
- Yes / No Back injury?
- Meds: Yes / No Do you drink 6 or more drinks per week (beer, wine, liquor)?
- Yes / No Have you ever smoked?
- Yes / No Do you currently smoke (packs/day) _____
- Yes / No Heart disease, high blood pressure, or stroke?
- Yes / No Any reproductive health concerns?
- Yes / No Headache, dizziness, light-headedness, weakness?
- Labs: Yes / No Head injury?
- Yes / No Change or loss of vision?
- Yes / No Loss or change in hearing?
- Lipids: Yes / No Chest pain, angina, heart attack?
- Yes / No Repeated episodes of loss of or near loss of consciousness?
- Yes / No Epilepsy (seizure disorder)?
- Yes / No Problems with balance and coordination?
- Yes / No Problems with numbness, tingling, weakness in hands or feet?
- Yes / No Diabetes or other endocrine gland disorder?
- Yes / No Mental/emotional illness?
- Yes / No Depression, difficulty concentrating, excessive anxiety?
- Yes / No Personality change?
- O:** ECG (after age 40): Vision acuity: Depth perception:
- Audiogram: Color vision: VFF:
- Ear (tympanic membrane) WNL Abnormal
- Central nervous system: WNL Abnormal
- Peripheral nervous system: WNL Abnormal
- Back & musculoskeletal system: WNL Abnormal
- Cardiovascular system: WNL Abnormal
- A:** Eyes: WNL Abnormal
- Ears: WNL Abnormal
- Is surveillance consistent with exposures? Yes No
- P:** Are there any abnormalities related to exposures / occupation? Yes No
- _____ Baseline _____ Triennial
- _____ Does the employee need a fitness for duty examination? If yes, refer the employee to the Human Resource Office.

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

HAZARDOUS WASTE WORKERS & EMERGENCY RESPONDERS

Vitals:

S: *Personal History Of:*

- Allergies: Yes / No Major illness or injury?
- Yes / No Hospitalization or surgery?
- Yes / No Cancer?
- Yes / No Back injury?
- Meds: Yes / No Do you drink 6 or more drinks per week (beer, wine, liquor)?
- Yes / No Have you ever smoked?
- Yes / No Do you currently smoke (packs/day) _____
- Yes / No Heart disease, high blood pressure, or stroke?
- Yes / No Any reproductive health concerns?
- Yes / No Allergies (asthma, hay fever, eczema)?
- Yes / No Skin disease?
- Yes / No Heat injury (cramps, exhaustion, stroke)?
- Yes / No Lung / respiratory disease (e.g. COPD, bronchitis, pneumonitis)?
- Yes / No Headache, dizziness, light-headedness, weakness?
- Yes / No Cold injury (frostbite, chill, trench foot, hypothermia)?
- Yes / No Change or loss of vision?
- Yes / No Change or loss in hearing?
- Yes / No Chest pain, angina, heart attack?
- Labs: Yes / No Repeated episodes of loss or near loss of consciousness?
- Yes / No Shortness of breath?
- Yes / No Current pregnancy?
- CBC: Yes / No Epilepsy (seizure disorder)?
- Yes / No Problems with balance and coordination?
- Yes / No Problems with numbness, tingling, weakness in hands or feet?
- LFT: Yes / No Thyroid disease (heat or cold intolerance)?
- Yes / No Mental / emotional illness?

Lipid:

Work History of:

- Yes / No Exposure to skin irritants?
- Yes / No Exposure to respiratory irritants?
- Yes / No Exposure to carcinogens?

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

**HAZARDOUS WASTE WORKERS & EMERGENCY RESPONDERS
(cont.)**

- O:** ECG (after age 40): Vision screen (visual acuity):
- Audiogram: Color vision: Peripheral vision:
- Chest x-ray (PA): Spirometry (FVC, FEV1, FEV1/FVC):
- Central nervous system: WNL Abnormal
- Peripheral nervous system: WNL Abnormal
- Back & musculoskeletal system: WNL Abnormal
- Extremities: WNL Abnormal
- Cardiovascular system: WNL Abnormal
- Eyes: WNL Abnormal
- Genitourinary tract: WNL Abnormal
- Liver: WNL Abnormal
- Respiratory system: WNL Abnormal
- Ears (tympanic membrane): WNL Abnormal
- Skin (rash, erosion, ulcer, pigment, eczema): WNL Abnormal
- Thyroid: WNL Abnormal
- Metabolic disturbance (fever, tachycardia): WNL Abnormal
- Overall physical fitness: WNL Abnormal
- Other: WNL Abnormal
- Hepatitis B series completed (or prior infection documented)? Yes No
- A:** Is surveillance consistent with exposures? Yes No
- Are there any abnormalities related to exposures / occupation? Yes No
- P:** ___ Baseline ___ Periodic ___ Termination
 ___ Does the employee need a fitness for duty examination? If yes, refer the employee to the Human Resource Office.

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MEDICAL RECORD**CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

HEALTH CARE WORKER

Vitals:

S: *Personal History Of:*

- Allergies: Yes / No Major illness or injury?
 Yes / No Hospitalization or surgery?
 Yes / No Cancer?
 Yes / No Back injury?
- Meds: Yes / No Do you drink 6 or more drinks per week (beer, wine, liquor)?
 Yes / No Have you ever smoked?
 Yes / No Do you currently smoke (packs/day) _____
 Yes / No Heart disease, high blood pressure, or stroke?
 Yes / No Any reproductive health concerns?
 Yes / No Have you ever been evaluated for latex allergy?
 Yes / No Skin disease?
 Yes / No Recurrent skin rash?
 Yes / No Tuberculosis?
 Yes / No Hepatitis or jaundice?
 Yes / No History of chicken pox?
 Yes / No Current pregnancy (self or spouse)?
 Yes / No Infertility or miscarriage (self or spouse)?
 Yes / No Adverse reaction to eating any vegetables or fruit?
- Labs: Yes / No Adverse reaction to any rubber/latex containing product?
 Yes / No Multiple operations or chronic medical instrumentation?
 Yes / No Unexplained hives or symptoms of shock?
 Yes / No Itchy eyes, runny nose, respiratory symptoms when using latex gloves?

Work History of:

- Yes / No Exposure to chemotherapeutic/antineoplastic agents?
 Yes / No Exposure to aerosolized antibiotics/antivirals?
 Yes / No Exposure to anesthetic gases?
 Yes / No Exposure to ethylene oxide?
 Yes / No Exposure to ionizing radiation?
 Yes / No Exposure to non-ionizing radiation (laser, IR, MW, UV)?
 Yes / No Exposure to potentially infectious body fluids?
 Yes / No Exposure to formaldehyde?
 Yes / No Exposure to rubber products?

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

HEALTH CARE WORKER (cont.)

O: Immunizations: ___ Influenza ___ Hepatitis A ___ Hepatitis B ___ Varicella
___ MMR ___ Polio ___ Tdap/Td ___ TST

General: ___ NAD ___ Abnormal

Other:

A: Is surveillance consistent with exposures? Yes No
Are there any abnormalities related to exposures / occupation? Yes No

P: ___ Baseline Screening OR ___ Termination Screening
___ Does the employee need a fitness for duty examination? If yes, refer the employee to the Human Resource Office.

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MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

POLICE/GUARD SECURITY

Vitals:

S: *Personal History Of:*

- Allergies: Yes / No Major illness or injury?
- Yes / No Hospitalization or surgery?
- Yes / No Cancer?
- Yes / No Back injury?
- Meds: Yes / No Do you drink 6 or more drinks per week (beer, wine, liquor)?
- Yes / No Have you ever smoked?
- Yes / No Do you currently smoke (packs/day) _____
- Yes / No Heart disease, high blood pressure, or stroke?
- Yes / No Any reproductive health concerns?
- Yes / No Headache, dizziness, light-headedness, weakness?
- Yes / No Change or loss of vision?
- Yes / No Change or loss in hearing?
- Yes / No Chest pain, angina, heart attack?
- Yes / No Repeated episodes of loss or near loss of consciousness?
- Yes / No Shortness of breath?
- Yes / No Epilepsy (seizure disorder)?
- Yes / No Problems with balance and coordination?
- Yes / No Problems with numbness, tingling, weakness in hands or feet?
- Labs: Yes / No Thyroid disease (heat or cold intolerance)?
- Yes / No Diabetes or other endocrine gland disorder?
- Yes / No Mental / emotional illness?
- Chemistry: Yes / No Depression, difficulty concentrating, excessive anxiety?
- (BUN, Cr, Yes / No Personality change?
- UA, Ca)

Work History Of:

Urinalysis: Exposure to potentially infectious body fluids? Yes No

LFT:

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

POLICE/GUARD SECURITY (cont.)

ECG (after age 40):

Audiogram :

Visual acuity:

O:	Central nervous system:	WNL	Abnormal
	Peripheral nervous system:	WNL	Abnormal
	Back & musculoskeletal system:	WNL	Abnormal
	Cardiovascular system:	WNL	Abnormal
	Eyes:	WNL	Abnormal
	Respiratory system:	WNL	Abnormal
	Ears (tympanic membrane):	WNL	Abnormal
	Skin (pre-malignant & malignant conditions):	WNL	Abnormal
	Thyroid:	WNL	Abnormal
	Metabolic disturbance (fever, tachycardia):	WNL	Abnormal
	Physical fitness (overall):	WNL	Abnormal
	Other:	WNL	Abnormal

Hepatitis B series complete or prior infection documented”

A:	Is surveillance consistent with exposures?	Yes	No
	Are there any abnormalities related to exposures / occupation?	Yes	No

P: ___ Baseline Examination
 ___ Termination Examination

___ Does the employee need a fitness for duty examination? If yes, refer the employee to the Human Resource Office.

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DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

Vitals: **RESPIRATOR USER CERTIFICATION**

S: Personal History Of:

- Allergies: Yes / No Major illness or injury?
- Yes / No Hospitalization or surgery?
- Yes / No Cancer?
- Yes / No Back injury?
- Meds: Yes / No Do you drink 6 or more drinks per week (beer, wine, liquor)?
- Yes / No Have you ever smoked?
- Yes / No Do you currently smoke (packs/day) _____
- Yes / No Heart disease, high blood pressure, or stroke?
- Yes / No Any reproductive health concerns?
- Yes / No Allergies (asthma, hay fever, eczema)?
- Yes / No Skin disease?
- Yes / No Lung/respiratory disease (e.g. COPD, bronchitis, pneumonitis)?
- Yes / No Tuberculosis?
- Yes / No Wheezing?
- Yes / No Use of eye glasses?
- Yes / No Contact lens use?
- Yes / No Loss of vision in either eye?
- Yes / No Color blindness?
- Labs: Yes / No Eye irritation?
- Yes / No Any other eye or vision problem?
- Yes / No Inability to smell?
- Yes / No Any injury to your ears?
- Yes / No Ruptured ear drum?
- Yes / No Loss or change in hearing?
- Yes / No A need to wear a hearing aid?
- Yes / No Any other hearing or ear problem?
- Yes / No Any other hearing or ear problem?
- Yes / No Chest pain, angina, heart attack?
- Yes / No Repeated episodes of loss of or near loss of consciousness?
- Yes / No Frequent pain or tightness in your chest?

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DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

RESPIRATOR USER CERTIFICATION (cont.)

- Yes / No Shortness of breath?
- Yes / No Cough (dry or productive)?
- Yes / No Current pregnancy (females only)?
- Yes / No Epilepsy (seizure disorder)?
- Yes / No Problems with balance and coordination?
- Yes / No Problems with numbness tingling, weakness in hands or feet?
- Yes / No Swelling in legs or feet (not caused by walking)?
- Yes / No Any other heart problem you've been told about?

Personal History Of:

- Yes / No Diabetes or other endocrine gland disorder?
- Yes / No Mental/emotional illness?
- Yes / No Claustrophobia?
- Yes / No Muscle or joint problems?
- Yes / No Any other muscle or skeletal problems that may interfere with using a respirator?

Work History Of :

- Yes / No Prior respirator use?
- Yes / No If yes, any problems that interfered with use?

O:

Cardiovascular system:	WNL	Abnormal
Eyes:	WNL	Abnormal
Respiratory system:	WNL	Abnormal
Ears (tympanic membrane):	WNL	Abnormal
Skin (rash, erosion, ulcer, pigment, eczema):	WNL	Abnormal
Other:	WNL	Abnormal

P:

Is surveillance consistent with exposures? Yes No

Are there any abnormalities related to exposures / occupation? Yes No

___ Baseline Screening OR ___ Periodic Screening

___ Does the employee need a fitness for duty examination? If yes, refer the employee to the Human Resource Office.

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CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

WASTEWATER / SEWAGE WORKER

Vitals:

S: *Personal History Of:*

- Allergies: Yes / No Major illness or injury?
- Yes / No Hospitalization or surgery?
- Yes / No Cancer?
- Yes / No Back injury?
- Meds: Yes / No Do you drink 6 or more drinks per week (beer, wine, liquor)?
- Yes / No Have you ever smoked?
- Yes / No Do you currently smoke (packs/day) _____
- Yes / No Heart disease, high blood pressure, or stroke?
- Yes / No Any reproductive health concerns?
- Yes / No Skin disease?

Labs:

O: General: _____ NAD _____ Abnormal

Other:

A:

P: _____ Baseline _____ Quinquennial

_____ Does the employee need a fitness for duty examination? If yes, refer the employee to the Human Resource Office.

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

WEIGHT HANDLING EQUIPMENT PERSONNEL

Vitals:

S: *Personal History Of:*

- Allergies: Yes / No Major illness or injury?
- Yes / No Hospitalization or surgery?
- Yes / No Cancer?
- Yes / No Back injury?
- Meds: Yes / No Do you drink 6 or more drinks per week (beer, wine, liquor)?
- Yes / No Have you ever smoked?
- Yes / No Do you currently smoke (packs/day) _____
- Yes / No Heart disease, high blood pressure, or stroke?
- Yes / No Any reproductive health concerns?
- Yes / No Lung/respiratory disease (e.g. COPD, bronchitis, pneumonitis)?
- Yes / No Syphilis or gonorrhea?
- Yes / No Headache, dizziness, light-headedness, weakness?
- Yes / No Nervous stomach or ulcer?
- Yes / No Head injury?
- Yes / No Change or loss of vision?
- Yes / No Change or loss in hearing?
- Yes / No Chest pain, angina, heart attack?
- Yes / No Repeated episodes of loss of or near loss of consciousness?
- Labs: Yes / No Kidney disease?
- Yes / No Epilepsy (seizure disorder)?
- Lipid Profile: Yes / No Problems with balance and coordination?
- Yes / No Problems with numbness, tingling, weakness in hands or feet?
- Yes / No Migraine headache?
- Yes / No Diabetes or other endocrine gland disorder?
- Yes / No Mental / emotional illness?
- Yes / No Depressions, difficulty concentrating, excessive anxiety?
- Urinalysis: Yes / No Treatment for drug or alcohol use?
- Yes / No Personality change?
- Yes / No Muscle or joint problems?
- Yes / No Permanent defect from illness, disease or injury?

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

WEIGHT HANDLING EQUIPMENT PERSONNEL (cont.)

Family History of:

Yes / No Heart Disease?
 Yes / No High Blood Pressure?
 Yes / No Stroke?

O: ECG (after age 40): Vision screen (visual acuity):

Audiogram: Color vision: VFF:

Central nervous system:	WNL	Abnormal
Peripheral nervous system:	WNL	Abnormal
Back & musculoskeletal system:	WNL	Abnormal
Extremities:	WNL	Abnormal
Cardiovascular system:	WNL	Abnormal
Peripheral vascular system (Raynaud's):	WNL	Abnormal
Eyes:	WNL	Abnormal
Abdomen:	WNL	Abnormal
Genitourinary tract:	WNL	Abnormal
Respiratory system:	WNL	Abnormal
Ears (tympanic membrane):	WNL	Abnormal
Other:	WNL	Abnormal

A: Is surveillance consistent with exposures? Yes No

Are there any abnormalities related to exposures / occupation? Yes No

P: ___ Baseline Examination ___ Biennial Examination

___ Does the employee need a fitness for duty examination? If yes, refer the employee to the Human Resource Office.

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CG Health Care Personnel (HCP) Occupations with Direct Patient Care Duties in CG Clinics

Audiologists
Dental Hygienists
Dental Lab Aids
Dental Technicians
Dentists
Diagnostic Radiologic Technicians
Health Services Technicians
LPNs/LVNs
Medical Clerks
Medical Instrument Technicians
Medical Technicians
Medical Technician Assistants
Medical Technologists
Nursing Assistants
Nutritionists/Dieticians
Occupational Therapists
Optometrists
Orthotists and Prosthetists
Pharmacists
Pharmacy Technicians
Physical Therapists
Physical Therapy Assistants
Physician Assistants
Physicians
Psychologists
Registered Nurses
Respiratory Therapists
Social Workers

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