

Examination Protocol for Exposure to: ASBESTOS

This form is subject to the Privacy Act Statement of 1974

Date	Patient Name	SSN	Unit
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IF EXAM TYPE IS		DO or COMPLETE THESE ITEMS
Initial/Baseline or Separation	<input type="checkbox"/>	CG-5447 History and Report of OMSEP Examination
	<input type="checkbox"/>	DD-2802/DD-2807-1
	<input type="checkbox"/>	DD Form 2493-1 or OSHA Respiratory Disease Questionnaire (Part 1) optional
Periodic	<input type="checkbox"/>	DD Form 2493-1 or OSHA Respiratory Disease Questionnaire (Part 2) optional
	<input type="checkbox"/>	CG-5447A Periodic History and Report of OSEP Examination
Acute Exposure	<input type="checkbox"/>	Acute Exposure Form
All Types (except acute exposure)	<input type="checkbox"/>	Complete blood count (CBC); multichemistry panel (includes liver function tests, BUN, creatinine); urinalysis with microscopic (U/A)
	<input type="checkbox"/>	Pulmonary function tests (FVC & FEV ₁)
All Types	<input type="checkbox"/>	Physician's notification regarding examination results. (Final action)
	<input type="checkbox"/>	Chest x-ray (PA) with "B-reader" or board certified radiologist evaluation at initial exam then per table:

YEARS SINCE FIRST EXPOSURE – X-rays

	Age 15-35	Age 36-45	Age ≥ 45
0-10	Every 5 years	Every 5 years	Every 5 years
Over 10	Every 5 years	Every 2 years	Every year

To the examining medical officer:

- ◆ You must follow-up any significant abnormality through to a physical diagnosis. Provide ICD codes.
- ◆ Ensure that the patient is questioned about the following history or symptoms: smoking history, dyspnea on exertion, cough, pleuritic pain, heartburn or epigastric pain. (See OSHA Respiratory Disease Questionnaire.)
- ◆ Ensure that the patient is examined for the following possible signs: clubbing, basilar rales.
- ◆ You must address the following four items in writing: 1) whether the employee has any detected medical conditions placing him/her at increased risk of health impairment from further asbestos exposure; 2) any recommended limitations on use of personal protective equipment; 3) that the employee has been informed by you of the results of the examination and any medical conditions resulting from asbestos exposure that require follow-up; 4) that the employee has been informed of the increased risk of lung cancer attributable to the synergistic effects of asbestos and smoking.
- ◆ Asbestos exposure can cause asbestosis, bronchogenic carcinomas, mesothelioma, and gastric carcinoma. It may also be associated with multiple myeloma and renal carcinoma. Disease risk is dose dependent.
- ◆ Asbestos was used in shipbuilding until the 1970s. Exposure among OSEP participants is mostly associated with repair and overhaul of vessel built prior to that time.
- ◆ If the patient is on multiple monitoring protocols, ensure each unique item is completed. However, it is not necessary to duplicate tests and forms.

Reviewing Authority Signature	Date
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Examination Protocol for Exposure to: BENZENE

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IF EXAM TYPE IS		DO or COMPLETE THESE ITEMS
Initial/Baseline or Separation	<input type="checkbox"/> <input type="checkbox"/>	CG-5447 History and Report of OMSEP Examination DD-2802/DD-2807-1
Periodic	<input type="checkbox"/>	CG-5447A Periodic History and Report of OMSEP Examination
Acute Exposure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Urinary phenol. (Only immediately after acute exposure) Blood or breath benzene level (optional – if available) CBC w/Diff Acute Exposure Form
All Types	<input type="checkbox"/>	Physician's notification regarding examination results. (Final action)
All Types (except acute exposure)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CBC and differential, with platelet count and RBC indices (MCV, MCH, MCHC). Multichemistry panel (includes glucose, BUN, creatinine, total protein, total bilirubin, AST, ALT, GGT, LDH, and alkaline phosphatase) U/A with microscopic

To the examining medical officer:

- ◆ You must follow-up any significant abnormality through to a physical diagnosis. Provide ICD codes.
- ◆ Ensure that the patient is questioned about the following history or symptoms: smoking history, headache, difficulty concentrating, decreased attention span, short-term memory loss, mood lability, fatigue, dry skin, abnormal bleeding, anemia, weight loss.
- ◆ Ensure that the patient is examined for the following signs: mental status changes, dermatitis, pallor.
- ◆ Benzene exposure causes CNS depression, leukemia, aplastic anemia, and dermatitis.
- ◆ The employee should be medically removed from the workplace if any of the following are noted on the exam:
 - ▶ The hemoglobin/hematocrit is below the laboratory's normal limit and/or these indices show a persistent downward trend from the individual's pre-exposure norms; provided these findings cannot be explained by other means.
 - ▶ The thrombocyte (platelet) count has dropped more than 20% below the employee's most recent prior values or falls below the laboratory's normal limit.
 - ▶ The leukocyte count is below 4,000 per mm³ or there is an abnormal differential count.
- ◆ Benzene is commonly associated with petrochemical manufacturing. Exposure among OMSEP participants is generally related to marine vessel inspection or disaster response (oil spill, fire). Commercial gasoline is about 3% benzene.
- ◆ If the patient is on multiple monitoring protocols, ensure each unique item is completed. However, it is not necessary to duplicate tests and forms.

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Examination Protocol for Exposure to: NOISE

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IF EXAM TYPE IS		DO or COMPLETE THESE ITEMS
Initial/Baseline or Separation	<input type="checkbox"/>	CG-5447 History and Report of OMSEP Examination
	<input type="checkbox"/>	DD Form 2215 or equivalent locally reproduced version
Periodic	<input type="checkbox"/>	CG-5447A Periodic History and Report of Examination
	<input type="checkbox"/>	DD Form 2216 or equivalent locally reproduced version
Acute Exposure	<input type="checkbox"/>	Acute Exposure Form
All Types	<input type="checkbox"/>	Physician's notification regarding examination results. (Final action)
	<input type="checkbox"/>	DD Form 2216 or equivalent locally reproduced version

To the examining medical officer:

- ◆ You must follow-up any significant abnormality through to a physical diagnosis. Provide ICD codes.
- ◆ A significant threshold shift (STS) exists if the average change in hearing from the reference audiogram at, 2000, 3000, and 4000 Hz is greater than or equal to ± 10 dB in either ear.
- ◆ Additionally, any change of ± 15 dB at 1000, 2000, 3000, or 4000 Hz in either ear constitutes an STS.
- ◆ Do not apply the National Institute for Occupational Safety and Health (NIOSH) age corrections when determining STS.
- ◆ Follow-up audiograms must be conducted when an individual's audiogram shows an STS relative to the current reference audiogram in either ear. When a positive STS (decrease in hearing threshold) is noted, two 14-hour noise-free follow-up tests must be administered to confirm that the decrease in hearing is permanent. When a negative STS (improvement in hearing) is noted, one 14-hour noise-free follow-up tests must be administered.
- ◆ Medical evaluation is required to validate the existence of a permanent noise-induced threshold shift and/or to determine if further medical referral is required. That evaluation must be preformed by an audiologist, and otolaryngologist, or other knowledgeable physician.
- ◆ If, compared with the current reference audiogram, a loss of hearing of ≥ 25 dB in either ear at one or more of the speech frequencies (500, 1000, 2000, or 3000 Hz) is noted, the employee must be medically removed from further workplace exposure.
- ◆ If the patient is on multiple monitoring protocols, ensure each unique item is completed. However, it is not necessary to duplicate tests and forms.

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Examination Protocol for Exposure to: HAZARDOUS WASTE

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Initial/Baseline or Separation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CG-5447 History and Report of OMSEP Examination DD-2802/DD-2807-1 Chest x-ray (PA)
Periodic	<input type="checkbox"/>	CG-5447A Periodic History and Report of OMSEP Examination
Acute Exposure	<input type="checkbox"/> <input type="checkbox"/>	Blood lead and/or heavy metal screen, if indicated Acute Exposure Form
All Types (except acute exposure)	<input type="checkbox"/>	Vision screening (distant and near)
All Types	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pulmonary function tests (FVC & FEV ₁) CBC and differential, with platelet count and RBC indices (MCV, MCH, MCHC) Multichemistry panel (includes glucose, BUN, creatinine, total protein, total bilirubin, AST, ALT, LDH, and alkaline phosphatase) U/A with microscopic Physician's notification regarding examination results. (Final action)

To the examining medical officer:

- ◆ You must follow-up any significant abnormality through to a physical diagnosis. Provide ICD codes.
- ◆ Ensure that the patient is questioned about the following history or symptoms: smoking history, weight loss, headache, visual disturbances, difficulty concentrating, decreased attention span, short-term memory loss, confusion, mood lability, fatigue, ataxia, peripheral numbness or paresthesias, weakness, shortness of breath, anemia.
- ◆ Ensure that the patient is examined for the following signs: gingivitis, sialorrhea, tremor, mental status changes, decreased deep tendon reflexes, decreased vibratory sensation, respiratory rhonchi and hyperresonance, dermatitis, edema.
- ◆ Make a recommendation as to when the next OMSEP examination for this employee should take place. The default interval is 1 year, but you may recommend a longer period of 18 or 24 months, if exposures are limited and there is no evidence of occupationally significant illness.
- ◆ The hazardous waste protocol involves medical surveillance for effects of exposure to a variety of heavy metals and chemical compounds. Neurotoxicity, pulmonary disease, dermatitis, and cancer are possible effects of excessive exposures to hazardous wastes.
- ◆ The top ten most hazardous substances found are: lead; arsenic; mercury; benzene; vinyl chloride; cadmium; polychlorinated, biphenyls; benzo (a) pyrene; chloroform; benzo (b) fluoranthene.
- ◆ OMSEP participants monitored under this protocol are primarily members of HAZMAT and spill response teams, firefighters, and marine safety inspectors. Individual, specific exposure histories are often ill defined. If the patient is on multiple monitoring protocols, ensure each unique item is completed. However, it is not necessary to duplicate tests and forms.

Reviewing Authority Signature	Date
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Examination Protocol for Exposure to: LEAD

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IF EXAM TYPE IS		DO or COMPLETE THESE ITEMS
Initial/Baseline or Separation	<input type="checkbox"/> <input type="checkbox"/>	CG-5447 History and Report of OMSEP Examination DD-2802/DD-2807-1
Periodic	<input type="checkbox"/>	CG-5447A Periodic History and Report of OMSEP Examination
Acute Exposure	<input type="checkbox"/>	Acute Exposure Form
All Types	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Blood lead and zinc protoporphyrin (ZPP) / erythrocyte protoporphyrin (EP) CBC and differential, with platelet count and RBC indices (MCV, MCH, MCHC), plus examination of peripheral smear morphology Multichemistry panel (includes glucose, BUN, creatinine, total protein, total bilirubin, AST, ALT, LDH, alkaline phosphatase, and uric acid) U/A with microscopic Physician's notification regarding examination results. (Final action)

To the examining medical officer:

- ◆ You must follow-up any significant abnormality through to a physical diagnosis. Provide ICD codes.
- ◆ Ensure that the patient is questioned about the following history or symptoms: past lead exposure, smoking history, abdominal pain and cramping, joint and extremity pain, difficulty concentrating, irritability, short-term memory loss, confusion, mood lability, fatigue, ataxia, peripheral numbness or paresthesias, weakness, anemia, and infertility.
- ◆ Ensure that the patient is examined for the following signs: hypertension, papilledema, gum "lead lines", pallor, mental status changes, decreased deep tendon reflexes, decreased vibratory sensation, extensor motor weakness.
- ◆ Lead exposure can cause fatigue, anemia, arthralgias and myalgias, peripheral motor neuropathy, neurobehavioral disturbances and encephalopathy, acute abdominal pain, gout and gouty nephropathy, acute and chronic renal failure, spontaneous abortions and male infertility.
- ◆ If the blood lead level is greater than 40 µg/100 g of the whole blood, the employee must be medically removed from any workplace exposure.
- ◆ If the patient is on multiple monitoring protocols, ensure each unique item is completed. However, it is not necessary to duplicate tests and forms.
- ◆ ZPP/EP assays are used as a complement to BLL testing. ZPP/EP assay is not sufficiently sensitive to lower BLLs and thus are not useful screening tests. ZPP/EP elevated in jaundice, iron def anemia and hemolytic anemias.

Reviewing Authority Signature	Date
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Examination Protocol for Exposure to: RESPIRATOR WEAR

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Date	Patient Name	SSN	Unit
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IF EXAM TYPE IS		DO or COMPLETE THESE ITEMS
Initial/Baseline or Separation	<input type="checkbox"/>	OSHA Respiratory Medical Evaluation Questionnaire
Periodic	<input type="checkbox"/>	OSHA Respiratory Medical Evaluation Questionnaire (update)
All Types	<input type="checkbox"/>	Physician's notification regarding examination results. (Final action)

To the examining medical officer:

- ◆ You must follow-up any significant abnormality through to a physical diagnosis. Provide ICD codes.
- ◆ This protocol applies to all employees required to wear a respirator in the course of their work.
- ◆ Ensure that the patient is questioned about the following history or symptoms: past and current exposures to hazardous chemicals, fumes, and dusts; smoking and alcohol use history; any history of claustrophobia, asthma, angina, syncope, and other respiratory or cardiovascular disease.
- ◆ Ensure the patient is examined for the following possible signs: wheezing or other abnormal breath sounds, clubbing, and cardiac arrhythmias.
- ◆ You must address whether the employee has any detected medical conditions which would place him or her at increased risk of material health impairment from the required respirator use. Consider whether the employee's health will allow him or her to tolerate respirator wear.
- ◆ The employee should be medically removed from the workplace if any of the following are noted on the exam:
 - ▶ **NOTE:** There currently exists no consensus standard by which physicians may assess a worker's ability to wear a respirator. As a general rule, however, anyone with documented respiratory impairment of moderate to severe degree (FEV1 or FVC <70% of predicted) should not be routinely approved to wear a respirator. Asthmatics with normal or mildly impaired lung function should be evaluated based on the job requirements, but disapproval should be strongly considered for asthmatics that require regular medications to maintain airflow, or who have a history of airway reactivity or sensitization to extrinsic materials (dusts, fumes, vapors, or cold).
- ◆ If the patient is on multiple monitoring protocols, ensure each unique item is completed. However, it is not necessary to duplicate tests and forms.

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Examination Protocol for Exposure to: PESTICIDES

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Date	Patient Name	SSN	Unit
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IF EXAM TYPE IS	DO or COMPLETE THESE ITEMS
Initial/Baseline or Separation	<input type="checkbox"/> CG-5447 History and Report of OMSEP Examination <input type="checkbox"/> DD-2802/DD-2807-1 <input type="checkbox"/> Blood cholinesterase level, two specimens at least 24 hrs. apart
Periodic	<input type="checkbox"/> CG-5447A Periodic History and Report of OMSEP Examination <input type="checkbox"/> Blood cholinesterase level, if current exposure involves organophosphate or carbamate pesticides
Acute Exposure	<input type="checkbox"/> Acute Exposure Form <input type="checkbox"/> Blood cholinesterase level, if current exposure involves organophosphate or carbamate pesticides
All Types	<input type="checkbox"/> Pulmonary function tests (FVC & FEV ₁) <input type="checkbox"/> CBC and differential, with platelet count and RBC indices (MCV, MCH, MCHC) <input type="checkbox"/> Multichemistry panel (includes glucose, BUN, creatinine, total protein, total bilirubin, AST, ALT, LDH, and alkaline phosphatase) <input type="checkbox"/> U/A with microscopic <input type="checkbox"/> Physician's notification regarding examination results. (Final action)

To the examining medical officer:

- ◆ You must follow-up any significant abnormality through to a physical diagnosis. Provide ICD codes.
- ◆ Ensure that the patient is questioned about the following history or symptoms: past and current exposures to pesticides, smoking and alcohol use history; eye, nose, or throat irritation; cough; nausea, vomiting, diarrhea or abdominal pain; irritability, anxiety, difficulty concentrating, impaired short-term memory, fatigue, or seizures; numbness, tingling, or weakness in the extremities; allergic skin conditions or dermatitis.
- ◆ Ensure the patient is examined for the following possible signs: dermatitis, meiosis, rhinitis, mental status of changes. Pulmonary system must be examined if respiratory protection is used.
- ◆ If the cholinesterase level is at or below 50% of the pre-exposure baseline, the employee must be medically removed from any further workplace exposure.
- ◆ Organophosphates and carbamates are inhibitors of the enzyme acetylcholinesterase. They cause parasympathetic nervous system hyperactivity, neuromuscular paralysis, CNS dysfunction, peripheral neuropathy, and depression of RBC cholinesterase activity. Chlorophenoxyacetic acid herbicides cause skin, eye, and respiratory tract irritation, cough, nausea, vomiting, diarrhea, abdominal pain, and peripheral neuropathy.
- ◆ Arterial blood gases and chest radiography are useful in cases of inhalation exposure of respiratory compromise. Metabolites of organophosphates can be detected in urine up to 48 hours after exposure though testing is available only from reference laboratories.
- ◆ If the patient is on multiple monitoring protocols, ensure each unique item is completed. However, it is not necessary to duplicate tests and forms.

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Examination Protocol for Exposure to: RESPIRATORY SENSITIZERS

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IF EXAM TYPE IS		DO or COMPLETE THESE ITEMS
Initial/Baseline or Separation	<input type="checkbox"/> <input type="checkbox"/>	CG-5447 History and Report of OMSEP Examination DD-2802/DD-2807-1
Periodic	<input type="checkbox"/>	CG-5447A Periodic History and Report of OMSEP Examination
Acute Exposure	<input type="checkbox"/>	Acute Exposure Form
All Types	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pulmonary function tests (FVC & FEV ₁) CBC (complete blood count) Multichemistry panel (includes glucose, BUN, creatinine, total protein, total bilirubin, AST, ALT, LDH, and alkaline phosphatase) U/A (dipstick sufficient) Physician's notification regarding examination results. (Final action)

To the examining medical officer:

- ◆ You must follow-up any significant abnormality through to a physical diagnosis. Provide ICD codes.
- ◆ Ensure that the patient is questioned about the following history or symptoms: past and current exposures to respiratory sensitizers, smoking history; eye, nose or throat irritation; cough; asthma or other chronic airway problems; allergic skin conditions or dermatitis.
- ◆ In the event that the employee is not required to wear a respirator and the history and routine laboratory tests are unremarkable, the medical officer may determine that a complete physical examination is not required. Otherwise, at a minimum, a directed physical examination with attention to the respiratory system must be completed. Pulmonary status must be evaluated if respiratory protection is used.
- ◆ Respiratory sensitizers include numerous compounds which cause both occupational asthma and/or hypersensitivity pneumonitis (extrinsic allergic alveolitis). Respiratory sensitizers include vegetable dusts and woods, molds and spores, animal danders, metals (platinum, chromium, nickel, cobalt, vanadium), and chemicals (isocyanates, formaldehyde, trimellitic anhydride).
- ◆ In the Coast Guard, exposure to respiratory sensitizers is primarily associated with industrial operations, though some marine inspection activities may also lead to exposure.
- ◆ If the patient is on multiple monitoring protocols, ensure each unique item is completed. However, it is not necessary to duplicate tests and forms.

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Examination Protocol for Exposure to: BLOODBORNE PATHOGENS

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Date	Patient Name	SSN	Unit
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IF EXAM TYPE IS		DO or COMPLETE THESE ITEMS
Initial/Baseline (one time only)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CG-5447 History and Report of OMSEP Examination HIV ab test (Western Blot) (HIV test every 2 years) Complete Hep B series
Acute Exposure Follow guidance as per Chapter 13J of the CG Medical Manual, COMDINST M6000.1 (series)	<input type="checkbox"/>	Acute Exposure Form contained in Ch. 12B of the CG Medical Manual, COMDTINST M6000.1(series)

To the examining medical officer:

- ◆ Establish safe practice rules: "Standard Precautions" – defined as an approach to infection control where all human blood and body fluids are treated as if known to be infections for bloodborne pathogens. Specimens that entail "Standard precautions" are all excretions, secretions, blood, body fluid, and any drainage. Laboratory personnel should protect themselves from contact with these specimens by using the appropriate barrier.
- ◆ In the event of any indication or suspicious results from lab tests/X-ray procedures:
 - ◆ Follow-up any significant abnormality through to a physical diagnosis. Provide ICD codes.
 - ◆ Ensure the patient is questioned about his/her general medical and work history, including: social habits, blood donations, use of drugs or medications, and complete review of systems.
 - ◆ Notify chain of command while adhering to privacy act requirements.
 - ◆ Ensure the patient is examined for any for the following signs: gingivitis, dermatitis, open (weeping or bleeding) skin lesions, shortness of breath, loss of memory, fatigue, mood lability, paresthesias, anemia.
- ◆ Provide a complete review of the medical record to confirm documentation of compliance with indicated immunizations and completion of baseline laboratory studies before assignment to specific tasks or procedures with potential risk of exposure.

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Examination Protocol for Exposure to: TUBERCULOSIS

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Date	Patient Name	SSN	Unit
IF EXAM TYPE IS		DO or COMPLETE THESE ITEMS	
Initial/Baseline (one time only)		<input type="checkbox"/>	Tuberculin Skin Test (TST), commonly referred to as PPD
Newly reactive TST		<input type="checkbox"/>	Enter Results in the Medical Readiness Reporting System (MRRS)
		<input type="checkbox"/>	Chest x-ray
Acute Exposure		<input type="checkbox"/>	Tuberculin Skin Test (TST), commonly referred to as PPD
		<input type="checkbox"/>	Acute Exposure Form contained in Ch.12B of the CG Medical Manual, COMDTINST M6000.1(series)
Periodic follow-up on reactive TST		<input type="checkbox"/>	CG-5447A Periodic History and Report of OMSEP Examination
All Types		<input type="checkbox"/>	Medical Officer notification regarding examination results. (Final action)

To the examining medical officer:

- ◆ You must follow-up any significant abnormality through to a physical diagnosis. Provide ICD codes.
- ◆ For personnel with a prior history of a reactive TST, ensure the patient is questioned about the following symptoms of active TB: fever, night sweats, weight loss, cough, and hemoptysis. This questioning may be completed by a nurse or health services technician.
- ◆ See section 7-D of the Medical Manual for full information on the tuberculosis control program.
- ◆ Forward copy of all test results to the unit OMSEP coordinator.
- ◆ If the patient is on multiple monitoring protocols, ensure each unique item is completed. However, it is not necessary to duplicate tests and forms.

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Examination Protocol for Exposure to: RADIATION

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IF EXAM TYPE IS	DO or COMPLETE THESE ITEMS
Initial/Baseline or Separation	<input type="checkbox"/> CG-5447 History and Report of OMSEP Examination <input type="checkbox"/> DD-2808/DD-2807-1 <input type="checkbox"/> Radon Breath Analysis (if indicated) <input type="checkbox"/> Radium Urine Bioassay (if indicated) <input type="checkbox"/> Partial Body Burden (by bioassay or external counting) if indicated
Periodic	<input type="checkbox"/> CG-5447A Periodic History and Report of OMSEP Examination
Acute Exposure	<input type="checkbox"/> Acute Exposure Form
All Types	<input type="checkbox"/> Physician's notification regarding examination results. (Final action) <input type="checkbox"/> CBC and Differential <input type="checkbox"/> Urinalysis <input type="checkbox"/> Multichemistry panel (optional)

To the examining medical officer:

- ◆ You must follow-up any significant abnormality through to a physical diagnosis. Provide ICD codes.
- ◆ Ensure that the patient is questioned about the following history or symptoms: headache, difficulty concentrating, decreased attention span, short-term memory loss, mood lability, fatigue, skin rashes, abnormal bleeding, anemia, weight loss.
- ◆ Ensure that the patient is examined for the following signs: mental status changes, dermatitis, pallor.
- ◆ Be attentive to the preexisting medical and occupational work histories – particularly radiation exposures and malignancies. Note the member's billet assignment, gender, age and pregnancy status.
- ◆ The employee should be medically removed from the workplace if any of the following are noted on the exam:
 - ▶ The hemoglobin/hematocrit is below the laboratory's normal limit and/or these indices show a persistent downward trend from the individual's pre-exposure norms; provided these findings cannot be explained by other means.
 - ▶ The urinalysis reveals persistent hematuria (>5 RBC's/HPF) on repeat studies.
 - ▶ The leukocyte count is below 4,000 per mm³ or there is an abnormal differential count.
- ◆ Any member who handles radioactive material and who is anticipated to exceed 10% of an annual limit on intake or 1 year inhalation, should be evaluated for a partial body burden by bioassay or external counting.
- ◆ Members assigned to the handling of Radon should have a Radon Breath Analysis or Radium Urine Bioassay at entry and exit.
- ◆ Any member with persistent abnormal blood counts, as per reference values, should have a complete evaluation referral with a Board Certified Hematologist.

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