

PROVIDER: _____ UNIT: _____ DATE: _____

RANK/GRADE: _____ Last 4 of SSN: _____ CATEGORY (circle): CG PHS CIV DOD AUX

REQUEST OF CLINICAL PRIVILEGES (CG-5575)

PHYSICIAN

PRIMARY CARE CORE PRIVILEGES

MEDICAL MANAGEMENT: Provide initial and subsequent evaluations; establish working diagnosis, treatment, and case management per accepted treatment and management standards of care in the following Family Practice/Primary care conditions:			
Advanced Cardiac Life Support Acute & chronic childhood illnesses * Acute & chronic headaches Arthritis Asthma Back and neck pain Bacterial and viral infections Blood dyscrasias Burns Bursitis Cardiovascular conditions Cardiopulmonary conditions Child Care, Well * Contraception	Crisis intervention counseling Dermatological conditions Diabetes mellitus Diagnose and refer substance abuse Dizziness E.E.N.T. conditions Estrogen/ hormone replacement * Family planning counseling * Fitness for duty determinations Gastrointestinal illnesses Genitourinary conditions Gout Heat disorders (incl. Hypothermia) Hepatic disease	Herpes HIV Hypoglycemia Immunization status Lipid disorders CG Medical Boards Process Menstrual disorders Musculoskeletal trauma/ fractures Neurological conditions Obesity Occ. Med. Sur. & Eval. Program ** Order/ interpret EKG, lab & x-ray Parasitic infections Peptic Ulcers	Prenatal, Routine * Pseudofolliculitis Barbae Psychological disorders Routine breast and pelvic exams* Renal disease Respiratory illnesses Sexually transmitted diseases Simple fracture/dislocations Sprains and strains Syncope Thyroid disorders Tinea Tuberculosis Urticaria

CLINICAL PROCEDURES: Perform clinical procedures per accepted standards of medical practice and local policy in the following:			
Anoscopy Apply /change dressings/bandages Arthrocentesis Cannulation/gastric lavage Diaphragm fitting	Excisional biopsies Foley Catheterization Incision and drainage of abscess IV therapy/ dehydration Joint aspiration/ injection	Laceration Repair Nasal Packing Physical examinations Removal of foreign body School/ sport physicals	Slit lamp exams Toenail removal Tympanometry

* Requires additional documentation (i.e. Family Practice Board Certification or documented training and experience within 7 years).

** Requires CME course completion within 12 months of accession to the Coast Guard.

CLINICAL PRIVILEGES – PHYSICIAN (continued)

AVIATION MEDICINE CORE PRIVILEGES

(Applicable only to Flight Surgeons and Aviation Medical Officers)		
Aero-medical Mishap Invest Aviation Adaptability Evaluations	Aviation Evaluation Board Aviation Physical Examinations	Operational Mishap Investigations

SUPPLEMENTAL PRIVILEGES

* <u>SUPPLEMENTAL PRIVILEGES</u> (Original Initials Required)	MO		SMO Recommendation		MLC Recommendation		WKH Recommendation	
	<u>Requesting</u>	<u>Approval</u>	<u>Approval</u>	<u>Disapproval</u>	<u>Approval</u>	<u>Disapproval</u>	<u>Approved</u>	<u>Disapproved</u>
Endometrial Biopsy	_____	_____	_____	_____	_____	_____	_____	_____
Lumbar Puncture	_____	_____	_____	_____	_____	_____	_____	_____
Norplant insertion/removal	_____	_____	_____	_____	_____	_____	_____	_____
Vasectomy	_____	_____	_____	_____	_____	_____	_____	_____
Well-baby care < 2-y/o	_____	_____	_____	_____	_____	_____	_____	_____
Others: _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

[] Check box if NO additional privileges required

SUPERVISING PHYSICIAN’S ADDITIONAL RECOMMENDATIONS/RESTRICTIONS:

*** Providers requesting supplemental clinical privileges will be required to submit additional documentation supporting training and education.

PROVIDER: _____ UNIT: _____ DATE: _____

CLINICAL PRIVILEGES – PHYSICIAN (continued)

REVIEW AND SIGNATURES

PHYSICIAN REQUESTING PRIMARY CARE CORE PRIVILEGES:

SIGNATURE: _____ DATE: _____

****** PHYSICIAN REQUESTING FLIGHT SURGEON/AVIATION MEDICAL OFFICER and PRIMARY CARE CORE PRIVILEGES

SIGNATURE: _____ DATE: _____

SUPERVISING PHYSICIAN: _____ DATE: _____

CHIEF, HEALTH SERVICES DIVISION: _____ DATE: _____

MAINTENANCE AND LOGISTICS COMMAND (K) : _____ DATE: _____

COMMENTS: _____

CHAIRPERSON, PROFESSIONAL REVIEW COMMITTEE

SIGNATURE: _____ DATE: _____

DIRECTOR OF HEALTH AND SAFETY

SIGNATURE: _____ DATE: _____