MEDICAL SURVEILLANCE PROCEDURES MANUAL AND MEDICAL MATRIX (EDITION 4)
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CAPTAIN J.J. EDWARDS, MC, USN
Commanding Officer
This manual was prepared for use by physicians, nurses, industrial hygienists and other health professionals in implementing the Navy Occupational Safety and Health program. It includes the OSHA, Navy and other federal agency requirements for Occupational Medical Surveillance and job certifications.

The Medical Matrix, Edition 4, contains 122 medical surveillance and certification examinations. The programs are divided into four major sections and each section is preceded by a brief introduction designed to give guidance for use of that section.

Each program is organized in the same format. The first part of the program includes medical history questions; personal, work and family. The next part includes any recommended laboratory or ancillary (EKG, PFT, audiogram) tests. Areas which should be targeted on physical examination are listed next; CNS, kidney, liver, for example. Special requirements such as qualification and certification are listed next followed by special notations such as warnings, assessment of knowledge and physician's written opinion. Each section ends with a line prompting for comments on that section if indicated. Program descriptions and references follow.
Questions about the Medical Surveillance Procedures Manual and Medical Matrix (Edition 4) as well as requests for assistance in implementation and review of programs should be directed to the occupational health staff at the following locations:

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Jacksonville, FL 32212-0043

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FORWARD

This update of the Medical Matrix is the result of the work of a group of individuals dedicated to providing a tool for improving medical surveillance programs for Navy workers. Work was initiated by members of the Medical Validation Committee with significant assistance from the staff of the Scientific Directorate at the NAVENVIRLTHCEN.

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INTRODUCTION

1.1 Medical screening examination as part of a medical surveillance program is one of several tools that aims to protect workers who are exposed or potentially exposed to hazardous substances in the workplace.

A medical surveillance program includes identifying workers who need examination, establishing exam content, performing occupational medical examinations, documenting results of examinations, informing the employee of the results of examination, following up abnormalities, counseling and education, and evaluation of grouped data for trends and subclinical effects of exposure.

Selection of personnel for medical surveillance programs is based primarily on the results of the industrial hygiene survey and is exposure driven. This is known as "hazard based". In the absence of industrial hygiene data, medical personnel will make a decision on placement in medical surveillance programs based on knowledge of the workplace, job requirements and review of occupational history.

Exam content is established in the Medical Matrix for performing hazard based medical examinations and certification examinations.

Special attention in performing occupational medical examinations is given to those target organs or organ systems potentially subject to the untoward effects of hazardous substances whether by inhalation, absorption or ingestion. Elements of examination include specific history questions (personal and family medical history, and work history), physical examination, x-ray, biological monitoring (testing of body fluids or tissues for the toxic substance itself, a metabolite or a physiologic change), and other laboratory and ancillary tests such as EKG, PFT and audiogram. Occupational medical examinations used to detect early organ dysfunction or early disease to benefit individual workers is "screening" or "monitoring" constitutes secondary prevention.

Workers must be informed of the results of the occupational medical examination with documentation in the medical record.

An integral component of the occupational medical examination is follow-up. Follow-up may include notification, additional tests or evaluation, evaluation or modification of the workplace or removal from exposure.

Workers who receive occupational medical examinations should be informed of any specific health risks identified on examination.
1.1 Types of Occupational Medical Examinations: Most medical surveillance programs consist of examinations for baseline (preplacement), periodic and termination exam. If there is evidence of overexposure, a situational examination will be required.

1.1.1 Baseline Examination - (Preplacement or Preassignment) This examination is performed before the employee starts work in a position with a potential for hazardous exposure and provides information necessary to determine suitability of the employee for the job. It also provides a baseline against which changes can be compared.

1.1.2 Periodic Examination - This examination is performed during the time that a worker is employed in a job with a potential for hazardous exposure. The frequency and extent of periodic examinations vary, depending on the program. With certain stressors, the frequency of examinations will also depend on other variables, such as the findings from previous examinations, the history of exposure and/or the age of the worker.

1.1.3 Termination Examination - This examination is performed when the worker terminates employment or is permanently removed from a position which has a potential for hazardous exposure. Documentation of the worker’s state of health at the termination of employment or exposure is essential for comparison purposes if the worker later develops medical problems that could be attributed to past occupational exposures. In some cases, this examination is not required if a periodic examination has been documented within the past twelve months.

1.1.4 Situational Examination - This examination is conducted in response to a specific incident for which a possible hazardous overexposure is suspected. Such an incident should prompt these examinations on all individuals with suspected overexposure, not just those already in a surveillance program. These examinations may vary significantly from routine medical surveillance protocols.

References
1.2 Content of Medical Examinations:

A list containing history questions, types of physical examinations and laboratory tests was developed as a reference file and used to construct the content of each program in the Medical Matrix. Each item in the reference file is called a "test". The tests are divided into similar categories such as Medical History, Cardiology, Spirometry, etc., and numbered in sequence. All tests used in construction of the Matrix are displayed in Appendix A. Below is an outline of the major categories of tests and the corresponding numbers in the reference file.

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<tr>
<td>3100 - 3141</td>
<td>Hematology</td>
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<td>3500 - 3670</td>
<td>Serum Chemistry</td>
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<td>4000 - 4270</td>
<td>Urinalysis</td>
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<td>4500 - 4520</td>
<td>Cytology</td>
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<tr>
<td>4800 - 4855</td>
<td>Other Laboratory Tests</td>
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<tr>
<td>5000 - 5020</td>
<td>Cardiology</td>
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<td>5200 - 5230</td>
<td>Audiology</td>
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<td>5600 - 5610</td>
<td>Spirometry</td>
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<tr>
<td>5800 - 5860</td>
<td>Optometry</td>
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| Physical Exam | 6010 - 6990 |
| Qualifications | 7100 - 7150 |
| Certifications | 7500 - 7730 |
| Hearing Conservation | 8000 - 8130 |
| Special Notations | 9010 - 9067 |
1.3 Twelve Standard Questions:

There are twelve (12) standard questions included in each Medical Matrix program designed to help assess public health and safety risk factors for each worker. These questions were written for inclusion in data collection protocol when developed. The standard twelve questions are:

1. Is Your Work Exposure History Current (OPNAV 5100/15)
2. Major Illness or Injury
3. Hospitalization or Surgery
4. Cancer
5. Back Injury
6. Do you drink 6 or more drinks per week? (beer, wine, liquor)
7. Have you ever smoked?
8. Do you currently smoke? (packs/day)
9. Heart Disease, High Blood Pressure or Stroke
10. Current Medication Use (Prescription or OTC)
11. Allergies (Include Medications)
12. Seat Belt Use (Always, Mostly, Some or None)
2. Workers with potential exposure to hazards are usually placed in medical surveillance programs based on industrial hygiene (IH) and/or safety surveys which quantify exposures in the workplace. This has been called "hazard based" medical surveillance. Workplace hazard assessment takes into account exposure levels (frequency and duration), and routes of exposure (inhalation, skin absorption or ingestion).

The decision to include an individual in a program is normally based on the possibility of exposure at or above the action level set by U.S. Navy standards which must comply with Occupational Safety and Health Administration (OSHA) standards. If insufficient data or no data are available, individuals may be placed in medical surveillance based on "presumed" exposures and job title. When this happens, individuals need to be reassessed as IH data are obtained and included or excluded from medical surveillance as appropriate.

Workers whose jobs are associated with exposures to hazards above the medical surveillance action level for more than 30 days per year or 10 days per quarter are placed into medical surveillance programs (COMNAVMEDCOM ltr 6260 Ser 242/0258 of 2 May 1988). When there is no legal standard for medical examinations for specific agents, or when there are insufficient data to demonstrate compliance with a high degree of confidence, half of a recommended exposure limit, (i.e., threshold limit value - TLV), may be used as the action level. Some programs have specific guidance for placement: asbestos, organophosphate pesticide workers, hearing conservation, sight conservation, and radiation workers.
3.1 History of Development:

The Medical Matrix Validation Committee was formed in March 1988. The tasking given to the Committee was to review an existing Medical Matrix and to design a process which would support hazard based medical surveillance. The goal of the Committee became development of standard examination protocols for medical surveillance programs which could be presented in a useable format. The original Matrix was published as a Navy Environmental Health Center (NAVENVIRHLTHCEN) Technical Manual in January, 1989.

The Committee has continued to review existing programs, evaluate the need for and write new programs for those stressors which have chronic health effects. For those stressors which were reviewed and for which no evidence of chronic health effects could be found, see Appendix B. This list will be reviewed periodically and if new information indicates, a stressor may be added to the Medical Matrix.

3.2 Contents:

The Medical Matrix, Edition 4, contains 122 medical surveillance and certification examinations. The programs are divided into four major sections and each section is preceded by a brief introduction designed to give guidance for use of that section.

Each program is organized in the same format. The first part of the program includes medical history questions; personal, work and family. The next part includes any recommended laboratory or ancillary (EKG, PFT, audiogram) tests. Areas which should be targeted on physical examination are listed next; CNS, kidney, liver, for example. Special requirements such as qualification and certification are listed next followed by special notations such as warnings, assessment of knowledge and physician's written opinion. Each section ends with a line prompting for comments on that section if indicated.
Following each program is a program description section which includes several useful items. General references are included as numbers which correspond to the reference list found in Appendix C. These general texts were used in developing each program and can provide the user with additional information. Specific references such as Navy instructions, OSHA Standards, Department of Defense, Office of Personnel Management or Civilian Personnel Instructions are listed in the program description. References listed were current at the time of publication. Individual users are responsible for ensuring that the most current instruction is used. Detailed guidance and interpretation may be included to further explain the program. Also included in the Program Description is the date of the most recent revision.

The Provider Comments section, when used, contains more detailed information about the program including guidance about the exam, how to interpret test results, and what to do with test results which are outside the range of normal.

3.3 Four divisions of the matrix:

3.3.1 Chemical Stressors: All programs included in this section will be numbered 101 - 499, and listed alphabetically in the program listing.

3.3.2 Physical Stressors: All programs included in this section will be numbered 501 - 599, and listed alphabetically in the program listing.

3.3.3 Mixed Exposures: All programs included in this section will be numbered 601 - 699, and listed alphabetically in the program listing.

3.3.4 Certification Examinations: All programs included in this section will be numbered 701 - 799, and listed alphabetically in the program listing.
Chemical Stressors

Introduction

Several chemical stressors have been removed from Edition 4 either because of the absence of documented chronic effect (ammonia, ethylene glycol) or combined with existing programs because of similarities in screening approach (caustic acids, caustic bases, ketone solvents and alkyl nitrate propellants). Those agents which are either highly toxic with no expectation for chronic exposure or which don't exist in the Navy system have been removed from this section.

Tests used for hepatic and renal screening have been simplified. In most programs, a baseline hepatic panel (SGOT (AST), Total Bilirubin, Alkaline Phosphatase) is obtained with the SGOT (AST) used as the routine periodic screening test for hepatocellular function. SGOT (AST) was chosen as the test to be used for screening after extensive literature search and much discussion. Both serum potassium and sodium have been deleted from the renal panel for a lack of sensitivity in detecting renal disease.

The Program Description and Provider Comments sections have been expanded. Information on reference sources, periodicity requirements for specific tests, age requirements for specific tests and date of most recent revision are included in each Program Description section. Provider Comments, added to several programs, will include information on exam requirements to help physicians, nurses and corpsmen using the manual to better understand program requirements. This section will also list which appendices may be used for additional information and sample forms such as Physicians' Written Opinions.

See Placement of Workers in Medical Surveillance Programs, p. 2-1.
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<th><strong>MEDICAL HISTORY:</strong></th>
<th><strong>ELEMENT GIVEN FOR:</strong></th>
<th><strong>BASE</strong></th>
<th><strong>PERI</strong></th>
<th><strong>TERM</strong></th>
<th><strong>LINE</strong></th>
<th><strong>ODIC</strong></th>
<th><strong>EXAM</strong></th>
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<td>ANNUAL</td>
<td>YES</td>
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<td></td>
<td></td>
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<tr>
<td>BACK INJURY</td>
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<td>ANNUAL</td>
<td>YES</td>
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<td>ANNUAL</td>
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<td>YES</td>
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<td></td>
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<td>ANNUAL</td>
<td>YES</td>
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<td>YES</td>
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<td>ANNUAL</td>
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<td>ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY)</td>
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<td>YES</td>
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<td>TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS</td>
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<td>ANNUAL</td>
<td>YES</td>
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</table>

| **PHYSICAL EXAMINATION:** | | | | | | | |
| VITAL SIGNS | YES | ANNUAL | YES | | | | |
| SPECIAL ATTENTION IN EXAMINATION TO: | | | | | | | |
| IMMUNOCOMPETENCE (LYMPHATIC SYSTEM) | YES | ANNUAL | YES | | | | |
| OTHER APPROPRIATE EXAMINATION (SPECIFY) | YES | ANNUAL | YES | | | | |
| **COMMENTS ON PHYSICAL EXAMINATION:** | YES | ANNUAL | YES | | | | |

<p>| <strong>SPECIAL NOTATIONS:</strong> | YES | ANNUAL | YES | | | | |
| SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN | YES | ANNUAL | YES | | | | |
| SUBSTANCE(S) SUSPECTED HUMAN MUTAGENIC/FETOTOXIC EFF. | YES | ANNUAL | YES | | | | |
| PHYSICIAN'S WRITTEN OPINION REQUIRED | YES | ANNUAL | YES | | | | |</p>
<table>
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<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE</th>
<th>PERI</th>
<th>TERM</th>
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<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES</td>
<td>ANNUAL</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
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<td>RECOMMENDATIONS:</td>
<td>YES</td>
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**PROGRAM DESCRIPTION:**

This compound was being developed as a pesticide until carcinogenic activity was discovered. In recent years, it has been used only in laboratories as a model of tumorigenic activity in animals. It is of little occupational health importance. References: (3); (5); (other); 29 CFR 1910.1014. PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM: ACRYLAMIDE

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:
PERSONAL HISTORY OF:
  IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
  MAJOR ILLNESS OR INJURY YES ANNUAL YES
  HOSPITALIZATION OR SURGERY YES ANNUAL YES
  CANCER YES ANNUAL YES
  BACK INJURY YES ANNUAL YES
  DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
  HAVE YOU EVER SMOKED YES ANNUAL YES
  DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
  HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
  CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
  ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
  USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
  TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
  WEIGHT LOSS YES ANNUAL YES
  NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES ANNUAL YES

FAMILY HISTORY OF:
  CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

PHYSICAL EXAMINATION:
VITAL SIGNS YES ANNUAL YES

SPECIAL ATTENTION IN EXAMINATION TO:
  CENTRAL NERVOUS SYSTEM YES ANNUAL YES
  PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR) YES ANNUAL YES
  OTHER APPROPRIATE EXAMINATION (SPECIFY) YES ANNUAL YES

COMMENTS ON PHYSICAL EXAMINATION:

SPECIAL NOTATIONS:
  SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN YES ANNUAL YES

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? YES ANNUAL YES

ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? YES ANNUAL YES
RECOMMENDATIONS:

PROGRAM DESCRIPTION:
REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH Criteria for a Written Standard...Occupational Exposure to Acrylamide DHEW Pub No. 77-112.

PROGRAM REVISED 8/90.
104 ACRYLONITRILE (VINYL CYANIDE)

STRESSOR(S) IN THIS PROGRAM: ACRYLONITRILE
NIOSH # CAS #
AT5250000 107-13-1

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1045

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
MAJOR ILLNESS OR INJURY YES ANNUAL YES
HOSPITALIZATION OR SURGERY YES ANNUAL YES
CANCER YES ANNUAL YES
BACK INJURY YES ANNUAL YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK YES ANNUAL YES
(beer, wine, liquor)
HAVE YOU EVER SMOKED YES ANNUAL YES
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
SKIN DISEASE YES ANNUAL YES
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL YES
CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS YES ANNUAL YES
SHORTNESS OF BREATH YES ANNUAL YES
COUGH (DRY OR PRODUCTIVE) YES ANNUAL YES
PNEUMONIA YES ANNUAL YES
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS YES ANNUAL YES
LIVER DISEASE YES ANNUAL YES
KIDNEY DISEASE YES ANNUAL YES
NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES ANNUAL YES
THYROID DISEASE (HEAT OR COLD INTOLERANCE) YES ANNUAL YES
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY YES ANNUAL YES
PERSONALITY CHANGE YES ANNUAL YES

FAMILY HISTORY OF:

CANCERS ('EUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY: YES ANNUAL YES

LABORATORY-

SERUM CHEMISTRY:

LIVER PROFILE TO INCLUDE:

SGOT (AST),TOT. BILIRUBIN, ALK PHOS. YES NO YES
SGOT (AST) YES ANNUAL YES
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<td>ADDITIONAL LAB TESTS:</td>
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<td>RADIOLOGY-</td>
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<tr>
<td>CHEST X-RAY (PA)</td>
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<td>COMMENTS ON LABORATORY RESULTS:</td>
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**PHYSICAL EXAMINATION:**

**VITAL SIGNS**
| YES | ANNUAL | YES |

**SPECIAL ATTENTION IN EXAMINATION TO:**

- CENTRAL NERVOUS SYSTEM
  | YES | ANNUAL | YES |
- PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)
  | YES | ANNUAL | YES |
- CARDIOVASCULAR SYSTEM
  | YES | ANNUAL | YES |
- ABDOMEN
  | YES | ANNUAL | YES |
- KIDNEY
  | YES | ANNUAL | YES |
- LIVER
  | YES | ANNUAL | YES |
- RESPIRATORY SYSTEM
  | YES | ANNUAL | YES |
- SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)
  | YES | ANNUAL | YES |
- THYROID
  | YES | ANNUAL | YES |

**OTHER APPROPRIATE EXAMINATION (SPECIFY)**

| YES | ANNUAL | YES |

**COMMENTS ON PHYSICAL EXAMINATION:**

| YES | ANNUAL | YES |

**SPECIAL NOTATIONS:**

- SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN
  | YES | ANNUAL | YES |
- PHYSICIAN’S WRITTEN OPINION REQUIRED
  | YES | ANNUAL | YES |

**IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?**

| YES | ANNUAL | YES |

**ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?**

| YES | ANNUAL | YES |

**RECOMMENDATIONS:**

| YES | ANNUAL | YES |

**PROGRAM DESCRIPTION:**

See Appendix H for recommendations from American Cancer Society for performing the Hemoccult II. REFERENCES: (1); (2); (3); (4); (OTHER); 29 CFR 1910.1045. PROGRAM REVIEWED 8/90.

**PROVIDER COMMENTS:**

ALLYL CHLORIDE

STRESSOR(S) IN THIS PROGRAM: NIOSH # CAS #
ALLYL CHLORIDE UC7350000 107-05-1

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:
PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER YES ANNUAL NO
BACK INJURY YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
HAVE YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
SKIN DISEASE YES ANNUAL NO
HEPATITIS OR JAUNDICE YES ANNUAL NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS. PNEUMONITIS) YES ANNUAL NO
CHANGE OR LOSS OF VISION YES ANNUAL NO
EYE IRRITATION YES ANNUAL NO
LIVER DISEASE YES ANNUAL NO
KIDNEY DISEASE YES ANNUAL NO
COMMENTS ON MEDICAL HISTORY:

LABORATORY-
SERUM CHEMISTRY:
LIVER PROFILE TO INCLUDE:
SGOT (AST), TOT. BILIRUBIN, ALK. PHOS. YES ANNUAL NO
BUN AND CREATININE YES ANNUAL NO
URINALYSIS:
ROUTINE:
URINALYSIS WITH MICROSCOPIC YES ANNUAL NO
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IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? YES ANNUAL NO

ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? YES ANNUAL NO

RECOMMENDATIONS: YES ANNUAL NO

PROGRAM DESCRIPTION:
REFERENCES (3); (4); (OTHER); NIOSH Criteria For a Recommended Standard...Occupational Exposure to Allyl Chloride DHEW Pub No. 76-204. PROGRAM REVISED 8/90.
**106  4-AMINODIPHENYL**

**STRESSOR(S) IN THIS PROGRAM:**

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<th>CAS #</th>
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<td>DU8925000</td>
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**PROGRAM FREQUENCY:** ANNUAL

**OSHA STANDARD 29 CFR 1910.1011**

**EXAM ELEMENT** | **ELEMENT GIVEN FOR:** | **BASE LINE** | **PERI ODIC** | **TERM EXAM**
--- | --- | --- | --- | ---
MEDICAL HISTORY:

**PERSONAL HISTORY OF:**

- **IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)** YES ANNUAL YES
- **MAJOR ILLNESS OR INJURY** YES ANNUAL YES
- **HOSPITALIZATION OR SURGERY** YES ANNUAL YES
- **CANCER** YES ANNUAL YES
- **BACK INJURY** YES ANNUAL YES
- **DO YOU DRINK 6 OR MORE DRINKS PER WEEK** YES ANNUAL YES
  (BEER, WINE, LIQUOR)
- **HAVE YOU EVER SMOKED** YES ANNUAL YES
- **DO YOU CURRENTLY SMOKE (PACKS/DAY)** YES ANNUAL YES
- **HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE** YES ANNUAL YES
- **CURRENT MEDICATION USE (PRESCRIPTION OR OTC)** YES ANNUAL YES
- **ALLERGIES (INCLUDE MEDICATIONS)** YES ANNUAL YES
- **USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)** YES ANNUAL YES
- **TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS** YES ANNUAL YES
- **PROBLEMS WITH URINATION/BLOOD IN URINE** YES ANNUAL YES
- **CURRENT PREGNANCY (SELF OR SPOUSE)** YES ANNUAL YES
- **IMPOTENCE OR SEXUAL DYSFUNCTION** YES ANNUAL YES
- **INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)** YES ANNUAL YES

**FAMILY HISTORY OF:**

- **GENETIC DISEASE (INCLUDE CHILDREN)** YES ANNUAL YES
- **CANCERS (LEUKEMIA, TUMORS)** YES ANNUAL YES

**COMMENTS ON MEDICAL HISTORY:** YES ANNUAL YES

**LABORATORY-**

**URINALYSIS:**

- **ROUTINE:**
  URINALYSIS WITH MICROSCOPIC YES ANNUAL YES

**COMMENTS ON LABORATORY RESULTS:** YES ANNUAL YES

**PHYSICAL EXAMINATION:**

- **VITAL SIGNS** YES ANNUAL YES
- **SPECIAL ATTENTION IN EXAMINATION TO:**
  IMMUNOCOMPETENCE (LYMPHATIC SYSTEM) YES ANNUAL YES
- **OTHER APPROPRIATE EXAMINATION (SPECIFY)** YES ANNUAL YES

**COMMENTS ON PHYSICAL EXAMINATION:** YES ANNUAL YES
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SPECIAL NOTATIONS:
- SUBSTANCE(S) KNOWN HUMAN CARCINOGEN: YES ANNUAL YES
- PHYSICIAN'S WRITTEN OPINION REQUIRED: YES ANNUAL YES

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?: YES ANNUAL YES
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?: YES ANNUAL YES
RECOMMENDATIONS: YES ANNUAL YES

PROGRAM DESCRIPTION:
REFERENCES: (1); (3); (OTHER); 29 CFR 1910.1011. PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM:
HALOTHANE
NITROUS OXIDE

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:
PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
MAJOR ILLNESS OR INJURY YES ANNUAL YES
HOSPITALIZATION OR SURGERY YES ANNUAL YES
CANCER YES ANNUAL YES
BACK INJURY YES ANNUAL YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
HAVE YOU EVER SMOKED YES ANNUAL YES
DO YOU CURRENTLY SMOTE (PACKS/DAY) YES ANNUAL YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
HEPATITIS OR JAUNDICE YES ANNUAL YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL YES
LIVER DISEASE YES ANNUAL YES
KIDNEY DISEASE YES ANNUAL YES
CURRENT PREGNANCY (SELF OR SPOUSE) YES ANNUAL YES
IMPOTENCE OR SEXUAL DYSFUNCTION YES ANNUAL YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE) YES ANNUAL YES
EPILEPSY (SEIZURE DISORDER) YES ANNUAL YES
NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES ANNUAL YES
MIGRAINE HEADACHE YES ANNUAL YES
MENTAL/EMOTIONAL ILLNESS YES ANNUAL YES
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY YES ANNUAL YES
PERSONALITY CHANGE YES ANNUAL YES

WORK HISTORY OF:
EXP TO CHEMOTHERAPEUTIC AGENTS YES ANNUAL YES
EXP TO ANESTHETIC GASES YES ANNUAL YES
EXP TO ETHYLENE OXIDE YES ANNUAL YES
EXP TO CARCINOGENS YES ANNUAL YES
EXAM ELEMENT  ELEMENT GIVEN FOR:  BASE  PERI  TERM  LINE  ODIC  EXAM

FAMILY HISTORY OF:
  BLOOD DISEASES (ANEMIA)  YES  ANNUAL  YES
  GENETIC DISEASE (INCL CHILDREN)  YES  ANNUAL  YES
  CANCERS (LEUKEMIA, TUMORS)  YES  ANNUAL  YES
COMMENTS ON MEDICAL HISTORY:

PHYSICAL EXAMINATION:
REQUIRED WHEN POSITIVE HISTORY QUESTIONS ARE OBTAINED:
  VITAL SIGNS  YES  ***  YES
  SPECIAL ATTENTION IN EXAMINATION TO:
    CENTRAL NERVOUS SYSTEM  YES  ***  YES
    PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)  YES  ***  YES
    GENITOURINARY TRACT  YES  ***  YES
    TESTES (MALE)  YES  ***  YES
    KIDNEY  YES  ***  YES
    LIVER  YES  ***  YES
    MUCOUS MEMBRANES  YES  ***  YES
  OTHER APPROPRIATE EXAMINATION (SPECIFY)  YES  ***  YES
COMMENTS ON PHYSICAL EXAMINATION:
YES  ***  YES

SPECIAL NOTATIONS:
  SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN  YES  ANNUAL  YES
  SUBSTANCE(S) SUSPECTED HUMAN MUTAGENIC/FETOTOXIC EFFECTS  YES  ANNUAL  YES

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?  YES  ANNUAL  YES
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?  YES ANNUAL  YES
RECOMMENDATIONS:
YES  ANNUAL  YES

---------------------------------------------------------------------------------------------------------------------
PROGRAM DESCRIPTION:
***Physical exam elements are given when positive answers on annual history questions are obtained. REFERENCES: (1); (2); (OTHER); 1. NIOSH Criteria for a Recommended Standard...Occupational Exposure to Waste Anesthetic Gases and Vapors. DHEW Publication No. 77-140; 2. Williams, Louise A., REPRODUCTIVE HEALTH HAZARDS IN THE WORKPLACE, J.B. Lippincott Company, Philadelphia, 1988. PROGRAM REVISED 8/90.
### ANIMAL ASSOCIATED DISEASE

**PROGRAM FREQUENCY:** ANNUAL

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#### MEDICAL HISTORY:

**PERSONAL HISTORY OF:**
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
- MAJOR ILLNESS OR INJURY YES ANNUAL NO
- HOSPITALIZATION OR SURGERY YES ANNUAL NO
- CANCER YES ANNUAL NO
- BACK INJURY YES ANNUAL NO
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
- HAVE YOU EVER SMOKED YES ANNUAL NO
- DO YOU CURRENTLY SMoke (PACKS/DAY) YES ANNUAL NO
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL NO
- SKIN DISEASE YES ANNUAL NO
- HEPATITIS OR JAUNDICE YES ANNUAL NO
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
- INFECTIOUS DISEASE YES ANNUAL NO
- SHORTNESS OF BREATH YES ANNUAL NO
- COUGH (DRY OR PRODUCTIVE) YES ANNUAL NO
- CHANGE IN FREQUENCY OR APPEARANCE OF BOWEL MOVEMENTS YES ANNUAL NO
- CURRENT PREGNANCY (SELF OR SPOUSE) YES ANNUAL NO

**COMMENTS ON MEDICAL HISTORY:** YES ANNUAL NO

#### LABORATORY-

**ADDITIONAL LAB TESTS:**
- TUBERCULOSIS SCREEN YES ANNUAL NO
- SERUM TO BE FROZEN YES PENTA-E NO

**COMMENTS ON LABORATORY RESULTS:** YES ANNUAL NO
### Exam Element: Physical Examination

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### Qualifications: Current Immunizations

| Qualifications: Current Immunizations     | Yes Annual                       |           |           | No        |           |           |

### Is Surveillance Consistent with Exposures Listed on OPNAV 5100/15?

<table>
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<th>Yes Annual</th>
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### Program Description:

**References:** (1); (2); (OTHER); Rivera JC, Bayer RA, Johnson DK. The National Institute of Health animal handlers medical surveillance program. J Occup Med 26(2):115-117, 1984. PROGRAM REVISED 8/90.

**Provider Comments:**

1. The pre-placement examination requirements and annual medical surveillance for animal-handlers requires individualization based on the type of animals handled and the potential risk to the handler.

2. Examples of individual requirements are:
   - a) Handlers working with rabies prone animals (cats, dogs, wild rodents, primates and some livestock) should have rabies immunizations.
   - b) Women of child-bearing age working with toxoplasmosis susceptible animals (cats, dogs and livestock) should be offered antibody screens and receive appropriate health education regarding the risk of this disease during pregnancy.
   - c) Q fever antibody titer should be obtained on all handlers working with livestock.
   - d) Other specific immunizations and antibody titer should be given or obtained on all animal-handlers working with specific infectious agents or with infected or potentially infected animals.

3. A serum sample from each animal-handler should be frozen as a baseline and then repeated every five years.

4. For guidelines on pre-placement requirements and periodic medical surveillance for specific animal exposures, contact the Navy Environmental Health Center or Navy Environmental and Preventive Medicine Unit nearest you.
109 ANTIMONY

STRESSOR(S) IN THIS PROGRAM:

ANTIMONY
NIOSH # CC4025000  CAS # 7440-36-0
ANTIMONY TRIOXIDE (PRODUCTION)
NIOSH # CC5650000  CAS # 1309-64-4
ANTIMONY TRIOXIDE (HANDLING & USE)
NIOSH # CC5650000  CAS # 1309-64-4

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR:
BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
MAJOR ILLNESS OR INJURY YES ANNUAL YES
HOSPITALIZATION OR SURGERY YES ANNUAL YES
CANCER YES ANNUAL YES
BACK INJURY YES ANNUAL YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK?
(beer, wine, liquor) YES ANNUAL YES
HAVE YOU EVER SMOKED YES ANNUAL YES
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
SKIN DISEASE YES ANNUAL YES
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
EYE IRRITATION YES ANNUAL YES
SHORTNESS OF BREATH YES ANNUAL YES
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS YES ANNUAL YES

WORK HISTORY OF:
EXP TO SKIN IRRITANTS YES ANNUAL YES

FAMILY HISTORY OF:
CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
CARDIOLOGY-
ELECTROCARDIOGRAM YES NO YES
RADIOLOGY-
CHEST X-RAY (PA) YES NO YES

COMMENTS ON LABORATORY RESULTS:
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
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PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH Criteria for a Recommended Standard...Occupational Exposure to Antimony, DHEW Pub No. 78-216. PROGRAM REVISED 8/90.
### ANTINEOPLASTIC DRUGS

**Stressor(s) in This Program:** N/A

**Program Frequency:** Annual

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**Medical History:**

**Personal History of:**
- Is your work exposure history current (OPNAV 5100/15)? Yes annual yes
- Major illness or injury? Yes annual yes
- Hospitalization or surgery? Yes annual yes
- Cancer? Yes annual yes
- Back injury? Yes annual yes
- Do you drink 6 or more drinks per week (beer, wine, liquor)? Yes annual yes
- Have you ever smoked? Yes annual yes
- Heart disease, high blood pressure, or stroke? Yes annual yes
- Current medication use (prescription or OTC)? Yes annual yes
- Allergies (include medications)? Yes annual yes
- Use of seat belts (always, mostly, some, none)? Yes annual yes
- Treatment with steroids or cancer (cytotoxic) drugs? Yes annual yes
- Current pregnancy (self or spouse)? Yes annual yes
- Infertility or miscarriage (self or spouse)? Yes annual yes

**Work History of:**
- Exp to chemotherapeutic/antineoplastic agents? Yes annual yes
- Exp to ionizing radiation? Yes annual yes
- Exp to skin irritants? Yes annual yes
- Exp to carcinogens? Yes annual yes

**Family History of:**
- Genetic disease (include children)? Yes annual yes
- Cancers (leukemia, tumors)? Yes annual yes

**Comments on Medical History:**

**Laboratory - Hematology:**
- Complete blood count (HGB, HCT, WBC, MCV, MCH, MCHC)? Yes annual yes
- Differential white blood cell count? Yes annual yes

**Urinalysis:**
- Routine:
  - Urinalysis with microscopic? Yes annual yes
**EXAM ELEMENT** | **ELEMENT GIVEN FOR:** | **BASE LINE** | **PERI ODIC** | **TERM EXAM**
--- | --- | --- | --- | ---
ADDITIONAL LAB TESTS: | PREGNANCY TESTING OR LABORATORY TESTING OF FERTILITY IF REQUESTED BY EMPLOYEE AND DEEMED APPROPRIATE BY THE PHYSICIAN | YES | ANNUAL | YES
COMMENTS ON LABORATORY RESULTS: |  | YES | ANNUAL | YES

**PHYSICAL EXAMINATION:**

**VITAL SIGNS** | YES | ANNUAL | YES

**SPECIAL ATTENTION IN EXAMINATION TO:**
- **EYES (CONJUNCTIVA, SCLERA)** | YES | ANNUAL | YES
- **MUCOUS MEMBRANES** | YES | ANNUAL | YES
- **SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)** | YES | ANNUAL | YES
- **SKIN-WITH REGARD TO MALIGNANT & PRE-MALIGNANT COND** | YES | ANNUAL | YES
- **IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)** | YES | ANNUAL | YES
- **OTHER APPROPRIATE EXAMINATION (SPECIFY)** | YES | ANNUAL | YES

COMMENTS ON PHYSICAL EXAMINATION: | YES | ANNUAL | YES

**SPECIAL NOTATIONS:**
- **SUBSTANCE(S) KNOWN HUMAN CARCINOGEN** | YES | ANNUAL | YES
- **SUBSTANCE(S) KNOWN MUTAGENIC OR FETOTOXIC EFFECTS** | YES | ANNUAL | YES

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?
- **ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?** | YES | ANNUAL | YES

**PROGRAM DESCRIPTION:**

REFERENCES: (OTHER); OSHA Instruction PUB 8-1.1 29 Jan 86; NAVMEDCOMINST 6570.1, 29 May 86, ANTINEOPLASTIC DRUG GUIDELINES. PROGRAM REvised 8/90.
ARSENIC 10+ YEARS EXPOSURE

STRESSOR(S) IN THIS PROGRAM:
- CALCIUM ARSENATE
- LEAD ARSENATE
- ARSENIC (INORGANIC & SOLUBLE COMPOUNDS)
- ARSENIC TRIOXIDE PRODUCTION

NIOSH # | CAS #
---------|---------
CG0830000 | 7778-44-1
CG0990000 | 10102-48-4
CG0525000 | 7440-38-2
CG3325000 | 1327-53-3

PROGRAM FREQUENCIES: SEMI ANNUAL

OSHA STANDARD 29 CFR 1910.1018

EXAM ELEMENT | ELEMENT GIVEN FOR: | BASE | PERI | TERM | LINE | ODIC | EXAM
--------------|---------------------|------|------|------|------|------|------

MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES SEMI-A YES
- MAJOR ILLNESS OR INJURY YES SEMI-A YES
- HOSPITALIZATION OR SURGERY YES SEMI-A YES
- CANCER YES SEMI-A YES
- BACK INJURY YES SEMI-A YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK YES SEMI-A YES
  (BEER, WINE, LIQUOR)
- HAVE YOU EVER SMOKED YES SEMI-A YES
- DO YOU CURRENTLY SMOKE YES SEMI-A YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES SEMI-A YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES SEMI-A YES
- ALLERGIES (INCLUDE MEDICATIONS) YES SEMI-A YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES SEMI-A YES
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES SEMI-A YES
- SKIN DISEASE YES SEMI-A YES
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES SEMI-A YES
- TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES SEMI-A YES
- COUGHING UP BLOOD (HEMOPTYSIS) YES SEMI-A YES
- SHORTNESS OF BREATH YES SEMI-A YES
- COUGH (DRY OR PRODUCTIVE) YES SEMI-A YES
- NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES SEMI-A YES

WORK HISTORY OF:
- 10 OR MORE YRS SINCE FIRST EXP TO ARSENIC YES SEMI-A YES

FAMILY HISTORY OF:
- CANCERS (LEUKEMIA, TUMORS) YES SEMI-A YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
CYTOLOGY:
- SPUTUM CYTOLOGY YES SEMI-A YES

4-19
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<th>EXAM ELEMENT</th>
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<td>RADILOGY-</td>
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<td>VITAL SIGNS</td>
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**PROGRAM DESCRIPTION:**

**PROVIDER COMMENTS:**
Chest x-ray requires International Labor Office UICC/Cincinnati (ILO U/C) rating.
ARSENIC ANY EXPOSURE

STRESSOR(S) IN THIS PROGRAM:
- CALCIUM ARSENATE
- LEAD ARSENATE
- ARSENIC (INORGANIC & SOLUBLE COMPOUNDS)
- ARSENIC TRIOXIDE PRODUCTION

PROGRAM FREQUENCIES: ANNUAL

OSHA STANDARD 29 CFR 1910.1018

EXAM ELEMENT

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MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
- MAJOR ILLNESS OR INJURY YES ANNUAL YES
- HOSPITALIZATION OR SURGERY YES ANNUAL YES
- CANCER YES ANNUAL YES
- BACK INJURY YES ANNUAL YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
- HAVE YOU EVER SMOKED YES ANNUAL YES
- DO YOU CURRENTLY SMOKE YES ANNUAL YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
- SKIN DISEASE YES ANNUAL YES
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
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- SHORTNESS OF BREATH YES ANNUAL YES
- COUGH (DRY OR PRODUCTIVE) YES ANNUAL YES
- NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES ANNUAL YES

WORK HISTORY OF:
- 10 OR MORE YRS SINCE FIRST EXP TO ARSENIC YES ANNUAL YES

FAMILY HISTORY OF:
- CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

CYTOLOGY:
- SPUTUM CYTOLOGY YES NO YES

4-21
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**RADIOLOGY—**

- CHEST X-RAY (PA)

**COMMENTS ON LABORATORY RESULTS:**

**PHYSICAL EXAMINATION:**

- VITAL SIGNS
- SPECIAL ATTENTION IN EXAMINATION TO:
  - PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)
  - CARDIOVASCULAR SYSTEM
  - LIVER
  - NASAL MUCOSA (SEPTAL PERFORATION)
  - RESPIRATORY SYSTEM
  - SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)

**COMMENTS ON PHYSICAL EXAMINATION:**

**SPECIAL NOTATIONS:**

- SUBSTANCE(S) KNOWN HUMAN CARCINOGEN
- PHYSICIAN'S WRITTEN OPINION REQUIRED

**IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?**

**ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?**

**RECOMMENDATIONS:**

**PROGRAM DESCRIPTION:**


**PROVIDER COMMENTS:**

Chest x-ray requires International Labor Office UICC/Cincinnati (ILO U/C) rating.
113  ASBESTOS  CURRENT WORKER - 10+ YEARS SINCE FIRST EXPOSURE

STRESSOR(S) IN THIS PROGRAM:  ASBESTOS

PROGRAM FREQUENCIES:  ANNUAL

OSHA STANDARD 1910.1001

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<td>EXAM</td>
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MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)  YES  ANNUAL  YES
- MAJOR ILLNESS OR INJURY  YES  ANNUAL  YES
- HOSPITALIZATION OR SURGERY  YES  ANNUAL  YES
- CANCER  YES  ANNUAL  YES
- BACK INJURY  YES  ANNUAL  YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK  YES  ANNUAL  YES
  (BEER, WINE, LIQUOR)
- HAVE YOU EVER SMOKED  YES  ANNUAL  YES
- DO YOU CURRENTLY SMOKE (PACKS/DAY)  YES  ANNUAL  YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE  YES  ANNUAL  YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC)  YES  ANNUAL  YES
- ALLERGIES (INCLUDE MEDICATIONS)  YES  ANNUAL  YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)  YES  ANNUAL  YES
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS)  YES  ANNUAL  YES
- TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS  YES  ANNUAL  YES
- SHORTNESS OF BREATH  YES  ANNUAL  YES
- COUGH (DRY OR PRODUCTIVE)  YES  ANNUAL  YES
- CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS  YES  ANNUAL  YES
- CHANGE IN FREQUENCY OR APPEARANCE OF BOWEL MOVEMENTS  YES  ANNUAL  YES

WORK HISTORY OF:
- EXP TO DUSTS (COAL, BLAST. GRIT, SAND, NUISANCE)  YES  ANNUAL  YES
- EXP TO ASBESTOS  YES  ANNUAL  YES
- 10 OR MORE YRS SINCE FIRST EXP TO ASBESTOS  YES  ANNUAL  YES

FAMILY HISTORY OF:
- CANCERS (LEUKEMIA, TUMORS)  YES  ANNUAL  YES

COMMENTS ON MEDICAL HISTORY:  YES  ANNUAL  YES

LABORATORY-
RADIOLOGY-
- CHEST X-RAY (ASBESTOS)  YES  ***  YES
- UTILIZING FORM - NAVMED 6260/7  YES  ***  YES

SPIROMETRY-
- SPIROMETRY (FVC, FEV1, FEV1/FVC)  YES  ANNUAL  YES

COMMENTS ON LABORATORY RESULTS:  YES  ANNUAL  YES
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<td>VITAL SIGNS</td>
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<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
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<td>YES</td>
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<td>RESPIRATORY PROTECTION</td>
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<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
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<td>COMPLETENavLink 6260/5, REV (5/90), PERIODIC HEALTH EVALUATION</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
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<td>REVIEW DD 2493-1 INITIAL EXAM OR DD 2493-2 PERIODIC EXAM</td>
<td>YES</td>
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<td>SUBSTANCE(S) KNOWN HUMAN CARCINOGEN</td>
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<td>ANNUAL</td>
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<td>COUNSELLING REGARDING THE COMBINED EFFECTS OF SMOKING AND ASBESTOS EXPOSURE</td>
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<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
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**PROGRAM DESCRIPTION:**

***CHEST X-RAY (ASBESTOS) IS OBTAINED ON THE FOLLOWING FREQUENCY:***

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<th>AGE OF EMPLOYEE</th>
<th>15 TO 35</th>
<th>35 TO 45</th>
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<td>FREQUENCY OF X-RAY</td>
<td>Every 5 years</td>
<td>Every 2 years</td>
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Examination is required within 30 calendar days before or after termination of employment, if not examined within the last year. REFERENCES: (OTHER); 1. 29 CFR 1910.1001; 2. OPNAVINST 5100.23B, Chapter 17; 3. OPNAVINST 5100.19B, Chapter B1. PROGRAM REVISED 8/90.

**PROVIDER COMMENTS:**

The Physician's Written Opinion is required by OSHA standard. A sample is included in Appendix F, F-1. Amendment to the Standard (55FR 3724) requires that the employee be counselled regarding the increased risk of lung cancer attributable to the combined effects of smoking and asbestos exposure and that this be part of the Physician's Written Opinion.

Appendix H contains recommendations from the American Cancer Society for performing the Hemoccult II.
STRESSOR(S) IN THIS PROGRAM: ASBESTOS

NIOSH # CAS #
C06475000 1332-21-4

PROGRAM FREQUENCIES: ANNUAL

OSHA STANDARD 1910.1001

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MEDICAL HISTORY:

PERSONAL HISTORY OF:

- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
- MAJOR ILLNESS OR INJURY YES ANNUAL YES
- HOSPITALIZATION OR SURGERY YES ANNUAL YES
- CANCER YES ANNUAL YES
- BACK INJURY YES ANNUAL YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
- HAVE YOU EVER SMOKED YES ANNUAL YES
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- TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
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- CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS YES ANNUAL YES
- CHANGE IN FREQUENCY OR APPEARANCE OF BOWEL MOVEMENTS YES ANNUAL YES

WORK HISTORY OF:

- EXP TO DUSTS (COAL, BLAST. GRIT, SAND, NUISANCE) YES ANNUAL YES
- EXP TO ASBESTOS YES ANNUAL YES
- 10 OR MORE YRS SINCE FIRST EXP TO ASBESTOS YES ANNUAL YES

FAMILY HISTORY OF:

- CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

RADIOLOGY-

CHEST X-RAY (ASBESTOS) YES PENTA-E YES

UTILIZING FORM - NAVMED 6260/7 YES PENTA-E YES

SPIROMETRY-

SPIROMETRY (FVC, FEV1, FEV1/FVC) YES ANNUAL YES

COMMENTS ON LABORATORY RESULTS:
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<td>REVIEW DD 2493-1 INITIAL EXAM OR DD 2493-2 PERIODIC EXAM</td>
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<td>SPECIAL NOTATIONS:</td>
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<td>SUBSTANCE(S) KNOWN HUMAN CARCINOGEN</td>
<td>YES</td>
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<td>COUNSELLING REGARDING THE COMBINED EFFECTS OF SMOKING AND ASBESTOS EXPOSURE</td>
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<td>YES</td>
<td>ANNUAL</td>
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<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES</td>
<td>ANNUAL</td>
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<tr>
<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
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<td>ANNUAL</td>
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<td>RECOMMENDATIONS:</td>
<td>YES</td>
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**PROGRAM DESCRIPTION:**
Examination is required within 30 calendar days before or after termination of employment, if not examined within the last year. REFERENCES: (OTHER); 1. 29 CFR 1910.1001; 2. OPNAVINST 5100.23B, Chapter 17; 3. OPNAVINST 5100.19B, Chapter B1. PROGRAM REVISED 8/90.

**PROVIDER COMMENTS:**
The Physician's Written Opinion is required by OSHA standard. A sample is included in Appendix F, F-1. Amendment to the Standard (55FR 3724) requires that the employee be counselled regarding the increased risk of lung cancer attributable to the combined effects of smoking and asbestos exposure and that this be part of the Physician's Written Opinion.

Appendix H contains recommendations from the American Cancer Society for performing the Hemoccult II.
ASBESTOS PAST WORKER 10+ YEARS SINCE FIRST EXP

PROGRAM FREQUENCY: AGE DEPENDENT

OSHA STANDARD 29 CFR 1910.1001

EXAM ELEMENT

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<th>PERI</th>
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<tr>
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<td>LINE</td>
<td>ODIC</td>
<td>EXAM</td>
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</tbody>
</table>

MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES *** YES
- MAJOR ILLNESS OR INJURY YES *** YES
- HOSPITALIZATION OR SURGERY YES *** YES
- CANCER YES *** YES
- BACK INJURY YES *** YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES *** YES
- HAVE YOU EVER SMOKED YES *** YES
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES *** YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES *** YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES *** YES
- ALLERGIES (INCLUDE MEDICATIONS) YES *** YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES *** YES
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES *** YES
- TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES *** YES
- SHORTNESS OF BREATH YES *** YES
- COUGH (DRY OR PRODUCTIVE) YES *** YES
- CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS YES *** YES
- CHANGE IN FREQUENCY OR APPEARANCE OF BOWEL MOVEMENTS YES *** YES

WORK HISTORY OF:
- EXP TO DUSTS (COAL, BLAST. Grit, SAND, NUISANCE) YES *** YES
- EXP TO ASBESTOS YES *** YES

FAMILY HISTORY OF:
- CANCERS (LEUKEMIA, TUMORS) YES *** YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
- RADIOLoGY-
  - CHEST X-RAY (ASBESTOS) YES *** YES
  - UTILIZING FORM - NAVMED 6260/7 YES *** YES
- SPIROMETRY-
  - SPIROMETRY (FVC, FEV1, FEV1/FVC) YES *** YES

COMMENTS ON LABORATORY RESULTS:
PHYSICAL EXAMINATION:
VITAL SIGNS
SPECIAL ATTENTION IN EXAMINATION TO:
RESPIRATORY SYSTEM
OTHER APPROPRIATE EXAMINATION (SPECIFY)
COMMENTS ON PHYSICAL EXAMINATION:

COMPLETE NAVMED 6260/5, Rev (5/90), PERIODIC HEALTH EVALUATION

SPECIAL NOTATIONS:
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN
COUNSELLING REGARDING THE COMBINED EFFECTS OF SMOKING AND ASBESTOS EXPOSURE

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
RECOMMENDATIONS:

PROGRAM DESCRIPTION:

**FREQUENCY OF EXAMINATION**

<table>
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<th>AGE OF EMPLOYEE</th>
<th>15 TO 35</th>
<th>35 TO 44</th>
<th>45+</th>
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<tr>
<td>FREQUENCY OF EXAM</td>
<td>Every 5 years</td>
<td>Every 2 years</td>
<td>Every year</td>
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An asbestos chest x-ray and spirometry are obtained with each examination. Examination is required within 30 calendar days before or after termination of employment, if not examined within the last year. REFERENCES: (OTHER); 1. 29 CFR 1910.1001; 2. OPNAVINST 5100.23B, Chapter 17; 3. OPNAVINST 5100.19B, Chapter B1. PROGRAM REVISED 8/90.

PROVIDER COMMENTS:
Amendment to the Standard (55FR 3724) requires that the employee be counselled regarding the increased risk of lung cancer attributable to the combined effects of smoking and asbestos exposure.

Appendix H contains recommendations from the American Cancer Society for performing the Hemoccult II.
### Program Frequency: Penta-Ennial

<table>
<thead>
<tr>
<th>Exam Element</th>
<th>Element Given For:</th>
<th>Base</th>
<th>Period</th>
<th>Term Line</th>
<th>ODIC</th>
<th>Exam</th>
</tr>
</thead>
</table>

### Medical History:

#### Personal History Of:
- Is your work exposure history current (OPNAV 5100/15)? Yes Penta-E Yes
- Major illness or injury? Yes Penta-E Yes
- Hospitalization or surgery? Yes Penta-E Yes
- Cancer? Yes Penta-E Yes
- Back injury? Yes Penta-E Yes
- Do you drink 6 or more drinks per week? Yes Penta-E Yes
  - (Beer, wine, liquor) Yes Penta-E Yes
- Have you ever smoked? Yes Penta-E Yes
- Do you currently smoke (packs/day)? Yes Penta-E Yes
- Heart disease, high blood pressure, or stroke? Yes Penta-E Yes
- Current medication use (prescription or OTC)? Yes Penta-E Yes
- Allergies (include medications)? Yes Penta-E Yes
- Use of seat belts (always, mostly, some, none)? Yes Penta-E Yes
- Lung or resp disease (COPD, bronchitis, pneumonitis)? Yes Penta-E Yes
- Treatment with steroids or cancer (cytotoxic) drugs? Yes Penta-E Yes
- Shortness of breath? Yes Penta-E Yes
- Cough (dry or productive)? Yes Penta-E Yes
- Chronic abdominal pain, vomiting, other GI symptoms? Yes Penta-E Yes
- Change in frequency or appearance of bowel movements? Yes Penta-E Yes

#### Work History Of:
- Exp to dusts (coal, blast, grit, sand, nuisance)? Yes Penta-E Yes
- Exp to asbestos? Yes Penta-E Yes
- 10 or more yrs since first exp to asbestos? Yes Penta-E Yes

#### Family History Of:
- Cancers (leukemia, tumors)? Yes Penta-E Yes

#### Comments on Medical History:
- Yes Penta-E Yes

### Laboratory-

#### Radiology-
- Chest x-ray (asbestos)? Yes Penta-E Yes
- Utilizing form - Navmed 6260/7? Yes Penta-E Yes

#### Spirometry-
- Spirometry (FVC, FEV1, FEV1/FVC)? Yes Penta-E Yes

#### Comments on Laboratory Results:
- Yes Penta-E Yes
EXAM ELEMENT | ELEMENT GIVEN FOR: |
--- | --- |
PHYSICAL EXAMINATION: | |
VITAL SIGNS | YES PENTA-E YES |
SPECIAL ATTENTION IN EXAMINATION TO: | |
RESPIRATORY SYSTEM | YES PENTA-E YES |
OTHER APPROPRIATE EXAMINATION (SPECIFY) | YES PENTA-E YES |
COMMENTS ON PHYSICAL EXAMINATION: | YES PENTA-E YES |
COMPLETE NAVMED 6260/5, REV (5/90), PERIODIC HEALTH EVALUATION | YES PENTA-E YES |
SPECIAL NOTATIONS: | |
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN | YES PENTA-E YES |
COUNSELLING REGARDING THE COMBINED EFFECTS OF SMOKING AND ASBESTOS EXPOSURE | YES PENTA-E YES |
IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? | YES PENTA-E YES |
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? | YES PENTA-E YES |
RECOMMENDATIONS: | YES PENTA-E YES |

PROGRAM DESCRIPTION:
Examination is required within 30 calendar days before or after termination of employment, if not examined within the last year. REFERENCES: (OTHER); 1. 29 CFR 1910.1001; 2. OPNAVINST 5100.23B, Chapter 17; 3. OPNAVINST 5100.19B, Chapter B1. PROGRAM REVISED 8/90.

PROVIDER COMMENTS:
Amendment to the Standard (55FR 3724) requires that the employee be counselled regarding the increased risk of lung cancer attributable to the combined effects of smoking and asbestos exposure.
Appendix H contains recommendations from the American Cancer Society for performing the Hemoccult II.
STRESSOR(S) IN THIS PROGRAM: BENZENE

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1028

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
MAJOR ILLNESS OR INJURY YES ANNUAL YES
HOSPITALIZATION OR SURGERY YES ANNUAL YES
CANCER YES ANNUAL YES
BACK INJURY YES ANNUAL YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
HAVE YOU EVER SMOKED YES ANNUAL YES
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
BLOOD DISEASES (ANEMIA) YES ANNUAL YES
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
LIVER DISEASE YES ANNUAL YES
KIDNEY DISEASE YES ANNUAL YES
CURRENT PREGNANCY (SELF OR SPOUSE) YES ANNUAL YES

WORK HISTORY OF:

EXP TO BENZENE YES ANNUAL YES
EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS YES ANNUAL YES
EXP TO IONIZING RADIATION YES ANNUAL YES
EXP TO CARCINOGENS YES ANNUAL YES
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...) YES ANNUAL YES

FAMILY HISTORY OF:

BLOOD DISEASES (ANEMIA) YES ANNUAL YES
GENETIC DISEASE (INCLUDE CHILDREN) YES ANNUAL YES
CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES
COMMENTS ON MEDICAL HISTORY:
**LABORATORY - HEMATOLOGY:**
- **COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)**
  - Given: Yes  
  - Frequency: Annual  
  - Externally Provided: Yes
- **DIFFERENTIAL WHITE BLOOD CELL COUNT**
  - Given: Yes  
  - Frequency: Annual  
  - Externally Provided: Yes
- **PLATELET COUNT**
  - Given: Yes  
  - Frequency: Annual  
  - Externally Provided: Yes

**COMMENTS ON LABORATORY RESULTS:**
- Given: Yes  
- Frequency: Annual  
- Externally Provided: Yes

**PHYSICAL EXAMINATION:**
- **VITAL SIGNS**
  - Given: Yes  
  - Frequency: Annual  
  - Externally Provided: Yes

**SPECIAL ATTENTION IN EXAMINATION TO:**
- **CENTRAL NERVOUS SYSTEM**
  - Given: Yes  
  - Frequency: Annual  
  - Externally Provided: Yes
- **PERIPHERAL NERVOUS SYSTEM**
  - Given: Yes  
  - Frequency: Annual  
  - Externally Provided: Yes
- **ABDOMEN**
  - Given: Yes  
  - Frequency: Annual  
  - Externally Provided: Yes
- **LIVER**
  - Given: Yes  
  - Frequency: Annual  
  - Externally Provided: Yes
- **SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)**
  - Given: Yes  
  - Frequency: Annual  
  - Externally Provided: Yes
- **IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)**
  - Given: Yes  
  - Frequency: Annual  
  - Externally Provided: Yes
- **OTHER APPROPRIATE EXAMINATION (SPECIFY)**
  - Given: Yes  
  - Frequency: Annual  
  - Externally Provided: Yes

**COMMENTS ON PHYSICAL EXAMINATION:**
- Given: Yes  
- Frequency: Annual  
- Externally Provided: Yes

**SPECIAL NOTATIONS:**
- **SUBSTANCE(S) KNOWN HUMAN CARCINOGEN**
  - Given: Yes  
  - Frequency: Annual  
  - Externally Provided: Yes
- **PHYSICIAN'S WRITTEN OPINION REQUIRED**
  - Given: Yes  
  - Frequency: Annual  
  - Externally Provided: Yes

**IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?**
- Given: Yes  
- Frequency: Annual  
- Externally Provided: Yes

**ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?**
- Given: Yes  
- Frequency: Annual  
- Externally Provided: Yes

**RECOMMENDATIONS:**
- Given: Yes  
- Frequency: Annual  
- Externally Provided: Yes

---

**PROGRAM DESCRIPTION:**


**PROVIDER COMMENTS:**

Guidance on referrals and mandatory removal are contained in 29 CFR 1910.1028. For all workers required to wear respirators for at least 30 days a year, cardiopulmonary examination and spirometry are required on initial examination and every three years.
STRESSOR(S) IN THIS PROGRAM:
BENZIDINE

PROGRAM FREQUENCY: ANNUAL
OSHA STANDARD 29 CFR 1910.1010

EXAM ELEMENT  ELEMENT GIVEN FOR:  BASE  PERI  TERM
LINE  ODIC  EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)  YES  ANNUAL  YES
MAJOR ILLNESS OR INJURY  YES  ANNUAL  YES
HOSPITALIZATION OR SURGERY  YES  ANNUAL  YES
CANCER  YES  ANNUAL  YES
BACK INJURY  YES  ANNUAL  YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK  YES  ANNUAL  YES
(BEER, WINE, LIQUOR)
HAVE YOU EVER SMOKED  YES  ANNUAL  YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)  YES  ANNUAL  YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE  YES  ANNUAL  YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)  YES  ANNUAL  YES
ALLERGIES (INCLUDE MEDICATIONS)  YES  ANNUAL  YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)  YES  ANNUAL  YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS  YES  ANNUAL  YES
KIDNEY DISEASE  YES  ANNUAL  YES
PROBLEMS WITH URINATION/BLOOD IN URINE  YES  ANNUAL  YES
CURRENT PREGNANCY (SELF OR SPouse)  YES  ANNUAL  YES
IMPOTENCE OR SEXUAL DYSFUNCTION  YES  ANNUAL  YES
INFERTILITY OR MISCARRIAGE (SELF OR SPouse)  YES  ANNUAL  YES

WORK HISTORY OF:
EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS  YES  ANNUAL  YES
EXP TO CARCINOGENS  YES  ANNUAL  YES

FAMILY HISTORY OF:
GENETIC DISEASE (INCLUDE CHILDREN)  YES  ANNUAL  YES
CANCERS (LEUKEMIA, TUMORS)  YES  ANNUAL  YES
COMMENTS ON MEDICAL HISTORY:

LABORATORY-
URINALYSIS:
ROUTINE:
URINALYSIS WITH MICROSCOPIC  YES  ANNUAL  YES
CYTOLOGY:
URINE CYTOLOGY  YES  ANNUAL  YES
COMMENTS ON LABORATORY RESULTS:
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<td>PHYSICAL EXAMINATION:</td>
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<td>VITAL SIGNS</td>
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<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
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<td>GENITOURINARY TRACT</td>
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<td>IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)</td>
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<td>SPECIAL NOTATIONS:</td>
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<td>SUBSTANCE(S) KNOWN HUMAN CARCINOGEN</td>
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<td>ANNUAL</td>
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<td>PHYSICIAN'S WRITTEN OPINION REQUIRED</td>
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<td>YES</td>
<td>ANNUAL</td>
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<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
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PROGRAM DESCRIPTION:

REFERENCE: (1); (2); (OTHER); 29 CFR 1910.1010. PROGRAM REVIEWED 8/90.
STRESSOR(S) IN THIS PROGRAM: BERYLLIUM

PROGRAM FREQUENCY: ANNUAL

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<th>TERM LINE</th>
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MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
- MAJOR ILLNESS OR INJURY YES ANNUAL YES
- HOSPITALIZATION OR SURGERY YES ANNUAL YES
- CANCER YES ANNUAL YES
- BACK INJURY YES ANNUAL YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
- HAVE YOU EVER SMOKED YES ANNUAL YES
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
- SKIN DISEASE YES ANNUAL YES
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
- TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
- COUGHING UP BLOOD (HEMOPTYSIS) YES ANNUAL YES
- SHORTNESS OF BREATH YES ANNUAL YES
- COUGH (DRY OR PRODUCTIVE) YES ANNUAL YES
- PNEUMONIA YES ANNUAL YES

WORK HISTORY OF:
- EXP TO SKIN IRRITANTS YES ANNUAL YES

FAMILY HISTORY OF:
- CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
- RADIOLOGY-
  - CHEST X-RAY (PA) YES ANNUAL YES

SPIROMETRY-
- SPIROMETRY (t'VC, FEVI, FEVI/FVC) YES ANNUAL YES

COMMENTS ON LABORATORY RESULTS:
PHYSICAL EXAMINATION:
VITAL SIGNS
SPECIAL ATTENTION IN EXAMINATION TO:
  RESPIRATORY SYSTEM
  SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)
  OTHER APPROPRIATE EXAMINATION (SPECIFY)
COMMENTS ON PHYSICAL EXAMINATION:

SPECIAL NOTATIONS:
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON
OPNAV 5100/15?
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
RECOMMENDATIONS:

PROGRAM DESCRIPTION:
REFERENCES: (1); (2); (3); (4). PROGRAM REVISED 8/90.
**BLOOD AND/OR BODY FLUIDS**

PROGRAM FREQUENCY: BASELINE ONLY

OSHA PROPOSED STANDARD

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**MEDICAL HISTORY:**

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES
- MAJOR ILLNESS OR INJURY YES
- HOSPITALIZATION OR SURGERY YES
- CANCER YES
- BACK INJURY YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES
- HAVE YOU EVER SMOKED YES
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES
- ALLERGIES (INCLUDE MEDICATIONS) YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES

WORK HISTORY OF:
- EXP TO POTENTIALLY INFECTIOUS BODY FLUIDS YES

COMMENTS ON MEDICAL HISTORY: YES

**PHYSICAL EXAMINATION:**

VITAL SIGNS YES
- OTHER APPROPRIATE EXAMINATION (SPECIFY) YES

COMMENTS ON PHYSICAL EXAMINATION: YES

**QUALIFICATIONS:**

- IS HEPATITIS B VACCINE SERIES COMPLETE OR PRIOR INFECTION DOCUMENTED? YES

**SPECIAL NOTATIONS:**

- ASSESS THE EXAMINEE'S KNOWLEDGE OF UNIVERSAL BLOOD/ BODY FLUID PRECAUTIONS YES
- PHYSICIAN'S WRITTEN OPINION REQUIRED YES

**IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?** YES

**ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?** YES

**RECOMMENDATIONS:** YES
PROGRAM DESCRIPTION:

PROVIDER COMMENTS:
A sample physician’s written opinion can be found in Appendix F, F-3. Individuals entered in this program are those who have the potential for exposure to blood and/or body fluids. Current national guidelines regarding the postexposure management and reporting requirements for exposure incidents involving Hepatitis B or HIV are detailed in References 2 and 4. Guidelines regarding the use of zidovudine post HIV exposure are in Reference 5. Occupational Health staff managing exposure incidents involving HIV should have reference 5 and 2 or 4 on hand as well as current recommendations issued by NEHC, the nearest NEPMU or the Infectious Disease Department at Navy MTF’s. Category II exposure includes persons performing tasks that involve no exposure to blood or body fluids or tissues, but whose employment may require performing "planned Category I tasks. This category may include firefighters, police officers, ambulance and correctional workers. Hepatitis B vaccine is not generally recommended for these workers (Reference 6). Employees occupationally exposed on an average of one or more times per month to blood or other potentially infectious materials are recommended candidates for HBV series (reference 1).
BORON TRIFLUORIDE

STRESSOR(S) IN THIS PROGRAM:  NIOSH #  CAS #
BORON TRIFLUORIDE  ED2275000  7637-07-2

PROGRAM FREQUENCY:  ANNUAL

EXAM ELEMENT  ELEMENT GIVEN FOR:  BASE  PERI  TERM
LINE  ODIC  EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:

- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)  YES  ANNUAL  NO
- MAJOR ILLNESS OR INJURY  YES  ANNUAL  NO
- HOSPITALIZATION OR SURGERY  YES  ANNUAL  NO
- CANCER  YES  ANNUAL  NO
- BACK INJURY  YES  ANNUAL  NO
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)  YES  ANNUAL  NO
- HAVE YOU EVER SMOKED  YES  ANNUAL  NO
- DO YOU CURRENTLY SMOKE (PACKS/DAY)  YES  ANNUAL  NO
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE  YES  ANNUAL  NO
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC)  YES  ANNUAL  NO
- ALLERGIES (INCLUDE MEDICATIONS)  YES  ANNUAL  NO
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)  YES  ANNUAL  NO
- SKIN DISEASE  YES  ANNUAL  NO
- LUNG OR RESP DISEASE (COPD,BRONCHITIS,PNEUMONITIS)  YES  ANNUAL  NO

WORK HISTORY OF:

- EXP TO SKIN IRRITANTS  YES  ANNUAL  NO

COMMENTS ON MEDICAL HISTORY:  YES  ANNUAL  NO

LABORATORY-
RADIOLOGY-

- CHEST X-RAY (PA)  YES  NO  NO
- SPIROMETRY:
  - SPIROMETRY (FEV1, FVC, FEV1/FVC)  YES  NO  NO

COMMENTS ON LABORATORY RESULTS:  YES  NO  NO

PHYSICAL EXAMINATION:

- VITAL SIGNS  YES  ANNUAL  NO
- SPECIAL ATTENTION IN EXAMINATION TO:
  - EYES (CONJUNCTIVA, SCLERA)  YES  ANNUAL  NO
  - MUCOUS MEMBRANES  YES  ANNUAL  NO
  - RESPIRATORY SYSTEM  YES  ANNUAL  NO
  - SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)  YES  ANNUAL  NO
- OTHER APPROPRIATE EXAMINATION (SPECIFY)  YES  ANNUAL  NO

COMMENTS ON PHYSICAL EXAMINATION:  YES  ANNUAL  NO

4-39
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<th>EXAM ELEMENT</th>
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<th>BASE</th>
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<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES</td>
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<tr>
<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES</td>
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<td>RECOMMENDATIONS:</td>
<td>YES</td>
<td>ANNUAL</td>
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PROGRAM DESCRIPTION:

REFERENCES: (1); (3). PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM:

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<th>Substance</th>
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<tbody>
<tr>
<td>Cadmium (Dust and Salts)</td>
<td>EU9800000  7440-43-9</td>
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<tr>
<td>Cadmium Oxide (Fume)</td>
<td>EV1930000  1306-19-0</td>
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<td>Cadmium Oxide (Production)</td>
<td>EV1925000  1306-19-0</td>
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<td>Cadmium Sulfide</td>
<td>EV4150000  1306-23-6</td>
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<td>Cadmium Nitrate</td>
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<td>Cadmium Fluoborate</td>
<td>EV0525000  14486-19-2</td>
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<td>Cadmium Chloride</td>
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<td>Cadmium Carbonate</td>
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PROGRAM FREQUENCY: ANNUAL

OSHA PROPOSED RULE

MEDICAL HISTORY:

PERSONAL HISTORY OF:
- Is you work exposure history current (OPNAV 5100/15)? YES ANNUAL YES
- Major illness or injury YES ANNUAL YES
- Hospitalization or surgery YES ANNUAL YES
- Cancer YES ANNUAL YES
- Back injury YES ANNUAL YES
- Do you drink 6 or more drinks per week (beer, wine, liquor)? YES ANNUAL YES
- Have you ever smoked YES ANNUAL YES
- Do you currently smoke (packs/day)? YES ANNUAL YES
- Heart disease, high blood pressure, or stroke YES ANNUAL YES
- Current medication use (prescription or OTC) YES ANNUAL YES
- Allergies (include medications) YES ANNUAL YES
- Use of seat belts (always, mostly, some, none) YES ANNUAL YES
- Blood diseases (anemia) YES ANNUAL YES
- Lung or resp disease (COPD, bronchitis, pneumonitis) YES ANNUAL YES
- Treatment with steroids or cancer (cytotoxic) drugs YES ANNUAL YES
- Coughing up blood (hemoptysis) YES ANNUAL YES
- Cough (dry or productive) YES ANNUAL YES
- Liver disease YES ANNUAL YES
- Kidney disease YES ANNUAL YES
- Bone problems (broken bones) YES ANNUAL YES

WORK HISTORY OF:
- Exposure to cadmium YES ANNUAL YES

FAMILY HISTORY OF:
- Cancers (Leukemia, tumors) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:
### LABORATORY - HEMATOLOGY:
- COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)  
  - YES  
  - ANNUAL  
  - YES

### URINALYSIS:
- ROUTINE:
  - URINALYSIS WITHOUT MICROSCOPIC  
    - YES  
    - ANNUAL  
    - YES

### RADIOLOGY - CHEST X-RAY (PA)
- YES  
- NO  
- YES

### SPIROMETRY - SPIROMETRY (FVC, FEVI, FEVI/FVC)
- YES  
- ANNUAL  
- YES

### COMMENTS ON LABORATORY RESULTS:
- YES  
- ANNUAL  
- YES

### PHYSICAL EXAMINATION:
- VITAL SIGNS  
  - YES  
  - ANNUAL  
  - YES

### SPECIAL ATTENTION IN EXAMINATION TO:
- KIDNEY  
  - YES  
  - ANNUAL  
  - YES
- RESPIRATORY SYSTEM  
  - YES  
  - ANNUAL  
  - YES
- OTHER APPROPRIATE EXAMINATION (SPECIFY)  
  - YES  
  - ANNUAL  
  - YES

### COMMENTS ON PHYSICAL EXAMINATION:
- YES  
- ANNUAL  
- YES

### SPECIAL NOTATIONS:
- SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN  
  - YES  
  - ANNUAL  
  - YES

### IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?
- YES  
- ANNUAL  
- YES

### ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
- YES  
- ANNUAL  
- YES

### RECOMMENDATIONS:
- YES  
- ANNUAL  
- YES

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**PROGRAM DESCRIPTION:**

REFERENCES: (1); (2); (3); (4); (OTHER); Testimony regarding the proposed rule on occupational exposure to cadmium, OSHA Docket H-057a, June 1990.

PROGRAM REVISED 8/90.

**PROVIDER COMMENTS:**

OSHA Instruction PUB 8-1,4A (SEPT 26 1988) states medical surveillance is essential in preventing cadmium related disease but does not specify elements of a cadmium medical surveillance program. OSHA is expected to issue a 6(B) rule in 1991 which will specify medical surveillance elements for cadmium exposed workers.
125 CARBON BLACK

STRESSOR(S) IN THIS PROGRAM: CARBON BLACK

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
- MAJOR ILLNESS OR INJURY YES ANNUAL NO
- HOSPITALIZATION OR SURGERY YES ANNUAL NO
- CANCER YES ANNUAL NO
- BACK INJURY YES ANNUAL NO
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
- HAVE YOU EVER SMOKED YES ANNUAL NO
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL NO
- SKIN DISEASE YES ANNUAL NO
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
- SHORTNESS OF BREATH YES ANNUAL NO
- COUGH (DRY OR PRODUCTIVE) YES ANNUAL NO

WORK HISTORY OF:
- EXP TO DUSTS (COAL, BLAST. GRIT, SAND, NUISANCE) YES ANNUAL NO
- EXP TO SKIN IRRITANTS YES ANNUAL NO
- EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO
- EXP TO CARCINOGENS YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
- RADIOLOGY-
  - CHEST X-RAY (PA) YES NO NO
- SPIROMETRY-
  - SPIROMETRY (FVC, FEV1, FEV1/FVC) YES NO NO

COMMENTS ON LABORATORY RESULTS:
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<td>SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)</td>
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PROGRAM DESCRIPTION:

REFERENCES: (2); (3); (4). PROGRAM REvised 8/90.
CARBON DISULFIDE

STRESSOR(S) IN THIS PROGRAM:
CARBON DISULFIDE

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER YES ANNUAL NO
BACK INJURY YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
HAVE YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
USE OF NITRATE MEDICATION (NITROGLYCERINE) YES ANNUAL NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL NO
NAUSEA OR VOMITING YES ANNUAL NO
TREMORS YES ANNUAL NO
CHANGE OR LOSS OF VISION YES ANNUAL NO
EYE IRRITATION YES ANNUAL NO
GLAUCOMA YES ANNUAL NO
CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS YES ANNUAL NO
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE) YES ANNUAL NO
EPILEPSY (SEIZURE DISORDER) YES ANNUAL NO
NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES ANNUAL NO
MENTAL/EMOTIONAL ILLNESS YES ANNUAL NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY YES ANNUAL NO
PERSONALITY CHANGE YES ANNUAL NO

FAMILY HISTORY OF:
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
SERUM CHEMISTRY:
BUN AND CREATININE YES ANNUAL NO
CHOLESTEROL YES ANNUAL NO
CARDIOLOGY-
ELECTROCARDIOGRAM YES ANNUAL NO
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<td><strong>RADIOLOGY—</strong></td>
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<td>CHEST X-RAY (PA)</td>
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<td><strong>OPTOMETRY—</strong></td>
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<td>VISION SCREEN (VISUAL ACUITY)</td>
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<td>CENTRAL NERVOUS SYSTEM</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
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**PROGRAM DESCRIPTION:**

REFERENCES: (1); (2); (3); (4). PROGRAM REVIEWED 8/90.
STRESSOR(S) IN THIS PROGRAM: CARBON MONOXIDE

NIOSH # CAS #
FG3500000 630-08-0

PROGRAM FREQUENCY: ANNUAL

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MEDICAL HISTORY:

PERSONAL HISTORY OF:

- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
- MAJOR ILLNESS OR INJURY YES ANNUAL NO
- HOSPITALIZATION OR SURGERY YES ANNUAL NO
- CANCER YES ANNUAL NO
- BACK INJURY YES ANNUAL NO
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
- HAVE YOU EVER SMOKED YES ANNUAL NO
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
- BLOOD DISEASES (ANEMIA) YES ANNUAL NO
- USE OF NITRATE MEDICATION (NITROGLYCERINE) YES ANNUAL NO
- CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS YES ANNUAL NO
- SHORTNESS OF BREATH YES ANNUAL NO
- THYROID DISEASE (HEAT OR COLD INTOLERANCE) YES ANNUAL NO

FAMILY HISTORY OF:

- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY: YES ANNUAL NO

LABORATORY-

HEMATOLOGY:

- COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC) YES NO NO

SERUM CHEMISTRY:

- CHOLESTEROL YES NO NO

CARDIOLOGY-

ELECTROCARDIOGRAM YES NO NO

COMMENTS ON LABORATORY RESULTS: YES NO NO

PHYSICAL EXAMINATION:

- VITAL SIGNS YES ANNUAL NO
- OTHER APPROPRIATE EXAMINATION (SPECIFY) YES ANNUAL NO

COMMENTS ON PHYSICAL EXAMINATION: YES ANNUAL NO
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<td>MAJOR ILLNESS OR INJURY</td>
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<td>BACK INJURY</td>
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<td>DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)</td>
<td>YES</td>
<td>ANNUAL</td>
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<td>HAVE YOU EVER SMOKED</td>
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<td>ANNUAL</td>
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<td>DO YOU CURRENTLY SMOKE (PACKS/DAY)</td>
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<td>ANNUAL</td>
<td>YES</td>
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<td>HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE</td>
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<td>CURRENT MEDICATION USE (PRESCRIPTION OR OTC)</td>
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<td>ALLERGIES (INCLUDE MEDICATIONS)</td>
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<td>USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)</td>
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<td>ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY)</td>
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<td>HEPATITIS OR JAUNDICE</td>
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<td>TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS</td>
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<td>USE OF BARBITURATES</td>
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<td>HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS</td>
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<td>EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)</td>
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<td>CANCERS (LEUKEMIA, TUMORS)</td>
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<td>COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)</td>
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<td>DIFFERENTIAL WHITE BLOOD CELL COUNT</td>
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EXAM ELEMENT

SERUM CHEMISTRY:
LIVER PROFILE TO INCLUDE:
SGOT (AST), TOT. BILI., ALK. PHOS.
SGOT (AST)

URINALYSIS:
ROUTINE:
URINALYSIS WITH MICROSCOPIC

COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:
VITAL SIGNS

SPECIAL ATTENTION IN EXAMINATION TO:
CENTRAL NERVOUS SYSTEM
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)
EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA)
KIDNEY
LIVER
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)
OTHER APPROPRIATE EXAMINATION (SPECIFY)

COMMENTS ON PHYSICAL EXAMINATION:

SPECIAL NOTATIONS:
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON
OPNAV 5100/15?
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
RECOMMENDATIONS:

PROGRAM DESCRIPTION:
REFERENCES: (1); (2); (3); (4). PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM: CHLOROFORM
NIOSH #  CAS #
               FS9100000  67-66-3

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
MAJOR ILLNESS OR INJURY YES ANNUAL YES
HOSPITALIZATION OR SURGERY YES ANNUAL YES
CANCER YES ANNUAL YES
BACK INJURY YES ANNUAL YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
HAVE YOU EVER SMOKED YES ANNUAL YES
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
SKIN DISEASE YES ANNUAL YES
HEPATITIS OR JAUNDICE YES ANNUAL YES
TREATMENT WITH STEROIDS OR CYTOTOXIC (DRUGS) YES ANNUAL YES
USE OF BARBITURATES YES ANNUAL YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL YES
NAUSEA OR VOMITING YES ANNUAL YES
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS YES ANNUAL YES
LIVER DISEASE YES ANNUAL YES
KIDNEY DISEASE YES ANNUAL YES
NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES ANNUAL YES
MIGRAINE HEADACHE YES ANNUAL YES
MENTAL/EMOTIONAL ILLNESS YES ANNUAL YES

WORK HISTORY OF:

EXP TO SKIN IRRITANTS YES ANNUAL YES
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...) YES ANNUAL YES

FAMILY HISTORY OF:

CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

HEMATOLOGY:

COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC) YES ANNUAL YES
DIFFERENTIAL WHITE BLOOD CELL COUNT YES ANNUAL YES
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<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
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<td>SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN</td>
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<td>YES</td>
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<td><strong>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</strong></td>
<td>YES ANNUAL YES</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES ANNUAL YES</td>
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**PROGRAM DESCRIPTION:**

REFERENCES: (2); (3); (4). PROGRAM REVISED 8/90.
**Program Stressor:** BIS-CHLOROMETHYL ETHER

**NIOSH #** KN1575000  
**CAS #** 542-88-1

**Program Frequency:** Annual

**OSHA Standard:** 29 CFR 1910.1008

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<td>Is your work exposure history current (OPNAV 5100/15)</td>
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<td>Major Illness or Injury</td>
<td>Yes</td>
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<td>Cancer</td>
<td>Yes</td>
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<td>Back Injury</td>
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<td>Do you drink 6 or more drinks per week (beer, wine, liquor)</td>
<td>Yes</td>
<td>Annual</td>
<td>Yes</td>
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<td>Have you ever smoked</td>
<td>Yes</td>
<td>Annual</td>
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<td>Do you currently smoke (packs/day)</td>
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<td>Heart Disease, High Blood Pressure, or Stroke</td>
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<td>Current Medication Use (prescription or OTC)</td>
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<td>Allergies (include medications)</td>
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<td>Use of seat belts (always, mostly, some, none)</td>
<td>Yes</td>
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<td>Lung or Resp Disease (COPD, bronchitis, pneumonitis)</td>
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<td>Treatment with Steroids or Cancer (Cytotoxic) Drugs</td>
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<td>Coughing Up Blood (Hemoptysis)</td>
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<td>Cough (dry or productive)</td>
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<td>Current Pregnancy (self or spouse)</td>
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<td>Impotence or Sexual Dysfunction</td>
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<td>Infertility or Miscarriage (self or spouse)</td>
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**Family History Of:**
- Genetic Disease (incl children) | Yes | Annual | Yes |
- Cancers (Leukemia, tumors) | Yes | Annual | Yes |

**Comments on Medical History:**

**Laboratory-Radiology:**
- Chest X-ray (PA) | Yes | Annual | Yes |

**Comments on Laboratory Results:**
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<td>RESPIRATORY SYSTEM</td>
<td>YES ANNUAL YES</td>
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<td>SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)</td>
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<td>IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)</td>
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<td>SPECIAL NOTATIONS:</td>
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<td>SUBSTANCE(S) KNOWN HUMAN CARCINOGEN</td>
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<td>YES ANNUAL YES</td>
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<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES ANNUAL YES</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES ANNUAL YES</td>
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<td>RECOMMENDATIONS:</td>
<td>YES ANNUAL YES</td>
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PROGRAM DESCRIPTION:
### STRESSOR(S) IN THIS PROGRAM:
- BETA-CHLOROPRENE

**NIOSH #**  | **CAS #**
--- | ---
E19625000 | 126-99-8

**PROGRAM FREQUENCY:** ANNUAL

### EXAM ELEMENT | ELEMENT GIVEN FOR: | BASE | PERI | ODIC | TERM | EXAM
--- | --- | --- | --- | --- | --- | ---

#### MEDICAL HISTORY:

**PERSONAL HISTORY OF:**

- **IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15):** YES  ANNUAL  YES
- **MAJOR ILLNESS OR INJURY:** YES  ANNUAL  YES
- **HOSPITALIZATION OR SURGERY:** YES  ANNUAL  YES
- **CANCER:** YES  ANNUAL  YES
- **BACK INJURY:** YES  ANNUAL  YES
- **DO YOU DRINK 6 OR MORE DRINKS PER WEEK:** YES  ANNUAL  YES
  (BEER, WINE, LIQUOR)
- **HAVE YOU EVER SMOKED:** YES  ANNUAL  YES
- **DO YOU CURRENTLY SMOKE (PACKS/DAY):** YES  ANNUAL  YES
- **HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE:** YES  ANNUAL  YES
- **CURRENT MEDICATION USE (PRESCRIPTION OR OTC):** YES  ANNUAL  YES
- **ALLERGIES (INCLUDE MEDICATIONS):** YES  ANNUAL  YES
- **USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE):** YES  ANNUAL  YES
- **ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY):** YES  ANNUAL  YES
- **SKIN DISEASE:** YES  ANNUAL  YES
- **HEPATITIS OR JAUNDICE:** YES  ANNUAL  YES
- **LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS):** YES  ANNUAL  YES
- **EYE IRRITATION:** YES  ANNUAL  YES
- **LIVER DISEASE:** YES  ANNUAL  YES
- **KIDNEY DISEASE:** YES  ANNUAL  YES
- **CURRENT PREGNANCY (SELF OR SPOUSE):** YES  ANNUAL  YES
- **INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE):** YES  ANNUAL  YES
- **NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS:** YES  ANNUAL  YES
- **MIGRAINE HEADACHE:** YES  ANNUAL  YES
- **DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY:** YES  ANNUAL  YES

**WORK HISTORY OF:**

- **EXP TO SKIN IRRITANTS:** YES  ANNUAL  YES
- **EXP TO RESPIRATORY IRRITANTS:** YES  ANNUAL  YES

**COMMENTS ON MEDICAL HISTORY:** YES  ANNUAL  YES

### LABORATORY-

**HEMATOLOGY:**

- **COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC):** YES  ANNUAL  YES
- **DIFFERENTIAL WHITE BLOOD CELL COUNT:** YES  ANNUAL  YES

---

*4-55*
EXAM ELEMENT

ELEMENT GIVEN FOR:  BASE PERI TERMINAL LINE ODIC EXAM

SERUM CHEMISTRY:
LIVER PROFILE TO INCLUDE:
   SGOT (AST), TOT. BILI., ALK. PHOS.
   BUN AND CREATININE
   SGOT (AST)
URINALYSIS:
   ROUTINE:
   URINALYSIS WITH MICROSCOPIC
CARDIOLOGY-
   ELECTROCARDIOGRAM
RADIOLOGY-
   CHEST X-RAY (PA)
COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:
VITAL SIGNS
SPECIAL ATTENTION IN EXAMINATION TO:
   CENTRAL NERVOUS SYSTEM
   CARDIOVASCULAR SYSTEM
   KIDNEY
   LIVER
   RESPIRATORY SYSTEM
   SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)
   OTHER APPROPRIATE EXAMINATION (SPECIFY)
COMMENTS ON PHYSICAL EXAMINATION:

SPECIAL NOTATIONS:
SUBSTANCE(S) SUSPECTED HUMAN MUTAGENIC/FETOTOXIC EFF.
IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON
   OPNAV 5100/15?
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
RECOMMENDATIONS:

PROGRAM DESCRIPTION:
REFERENCES:  (1); (2); (3); (4). PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM: NIOSH # CAS #
CHROMIC ACID GB2450000 7738-94-5
CHROMITE ORE PROCESSING (CHROMATE) GA9120000 13907-47-6
ZINC CHROMATE GB3290000 13530-65-9
SODIUM DICHROMATE HX7700000 10588-01-9
CHROMIUM (VI) WATER SOLUBLE GB4200000 7440-47-3
CHROMIUM (VI) WATER INSOLUBLE GB4200000 7440-47-3
LEAD CHROMATE GB2975000 7758-97-6
TERT-BUTYL CHROMATE GB2900000 1189-85-1
SODIUM CHROMATE GB2955000 7775-11-3
POTASSIUM CHROMATE GB2940000 7775-11-3
CHROMIUM PHOSPHATE GB2955000 7775-11-3
CHROMIUM CARBONYL GB5075000 13007-92-6
ZINC CHROMATE Hydroxide GB3260000 15930-94-6
CHROMIUM OXIDE GB3240000 7789-06-2
STRONTIUM CHROMATE GB2750000 13765-19-0
BARIUM CHROMATE CQ8760000 10294-40-3
ZINC POTASSIUM CHROMATE GA9170000 1103-86-9
ZINC YELLOW 37300-23-5

PROGRAM FREQUENCY: ANNUAL

MEDICAL HISTORY:
PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
MAJOR ILLNESS OR INJURY YES ANNUAL YES
HOSPITALIZATION OR SURGERY YES ANNUAL YES
CANCER YES ANNUAL YES
BACK INJURY YES ANNUAL YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK YES ANNUAL YES
(BEER, WINE, LIQUOR)
HAVE YOU EVER SMOKED YES ANNUAL YES
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
SKIN DISEASE YES ANNUAL YES
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
PERFORATION OF NASAL SEPTUM YES ANNUAL YES
COUGHING UP BLOOD (HEMOPTYSIS) YES ANNUAL YES
SHORTNESS OF BREATH YES ANNUAL YES
COUGH (DRY OR PRODUCTIVE) YES ANNUAL YES
KIDNEY DISEASE YES ANNUAL YES
EXAM ELEMENT | ELEMENT GIVEN FOR: | BASE | PERI | TERM | LINE | ODIC | EXAM
---|---|---|---|---|---|---|---
WORK HISTORY OF: 
EXP TO DUSTS (COAL, BLAST. GRIT, SAND, NUISANCE) | YES | ANNUAL | YES | | | | 
EXP TO CHROMIUM OR CHROMIC ACID | YES | ANNUAL | YES | | | | 
EXP TO SKIN IRRITANTS | YES | ANNUAL | YES | | | | 
EXP TO CARCINOGENS | YES | ANNUAL | YES | | | | 
FAMILY HISTORY OF: 
CANCERS (LEUKEMIA, TUMORS) | YES | ANNUAL | YES | | | | 
COMMENTS ON MEDICAL HISTORY: | YES | ANNUAL | YES | | | | 
LABORATORY- 
HEMATOLOGY: 
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC) | YES | ANNUAL | YES | | | | 
DIFFERENTIAL WHITE BLOOD CELL COUNT | YES | ANNUAL | YES | | | | 
SERUM CHEMISTRY: 
LIVER PROFILE TO INCLUDE: 
SGOT (AST), TOT. BILI., ALK. PHOS. | YES | NO | YES | | | | 
BUN AND CREATININE | YES | ANNUAL | YES | | | | 
SGOT (AST) | YES | ANNUAL | YES | | | | 
URINALYSIS: 
ROUTINE: 
URINALYSIS WITH MICROSCOPIC | YES | ANNUAL | YES | | | | 
RADIOLOGY- 
CHEST X-RAY (PA) | YES | NO | YES | | | | 
SPIROMETRY- 
SPIROMETRY (FVC, FEV1, FEVI/FVC) | YES | ANNUAL | YES | | | | 
COMMENTS ON LABORATORY RESULTS: | YES | ANNUAL | YES | | | | 
PHYSICAL EXAMINATION: 
VITAL SIGNS | YES | ANNUAL | YES | | | | 
SPECIAL ATTENTION IN EXAMINATION TO: 
KIDNEY | YES | ANNUAL | YES | | | | 
MUCOUS MEMBRANES | YES | ANNUAL | YES | | | | 
NASAL MUCOSA (SEPTAL PERFORATION) | YES | ANNUAL | YES | | | | 
RESPIRATORY SYSTEM | YES | ANNUAL | YES | | | | 
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) | YES | ANNUAL | YES | | | | 
OTHER APPROPRIATE EXAMINATION (SPECIFY) | YES | ANNUAL | YES | | | | 
COMMENTS ON PHYSICAL EXAMINATION: | YES | ANNUAL | YES | | | | 
SPECIAL NOTATIONS: 
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN | YES | ANNUAL | YES | | | | 
IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? | YES | ANNUAL | YES | | | | 
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? | YES | ANNUAL | YES | | | | 
RECOMMENDATIONS: | YES | ANNUAL | YES | | | | 

PROGRAM DESCRIPTION:
REFERENCES: (1); (2); (3); (4). PROGRAM REVISED 8/90.

PROVIDER COMMENTS:
Beginning at the tenth year of exposure the chest x-ray may be indicated annually depending on the individual's work exposure, smoking status and work habits.

4-58
STRESSOR(S) IN THIS PROGRAM: N/A

PROGRAM FREQUENCY: ANNUAL


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<th>ELEMENT GIVEN FOR:</th>
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MEDICAL HISTORY:

PERSONAL HISTORY OF:

- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
- MAJOR ILLNESS OR INJURY YES ANNUAL YES
- HOSPITALIZATION OR SURGERY YES ANNUAL YES
- CANCER YES ANNUAL YES
- BACK INJURY YES ANNUAL YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
- HAVE YOU EVER SMOKED YES ANNUAL YES
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
- SKIN DISEASE YES ANNUAL YES
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
- TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
- COUGHING UP BLOOD (HEMOPTYSIS) YES ANNUAL YES
- SHORTNESS OF BREATH YES ANNUAL YES
- COUGH (DRY OR PRODUCTIVE) YES ANNUAL YES
- PNEUMONIA YES ANNUAL YES

WORK HISTORY OF:

- EXP TO SKIN IRRITANTS YES ANNUAL YES
- EXP TO RESPIRATORY IRRITANTS YES ANNUAL YES
- EXP TO CARCINOGENS YES ANNUAL YES

FAMILY HISTORY OF:

- CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

- CHEST X-RAY (PA) YES ANNUAL YES

COMMENTS ON LABORATORY RESULTS: YES ANNUAL YES

4-59
EXAM ELEMENT

ELEMENT GIVEN FOR: BASE PERI TERMLINE ODIC EXAM

PHYSICAL EXAMINATION:
VITAL SIGNS
YES ANNUAL YES
SPECIAL ATTENTION IN EXAMINATION TO:
MUCOUS MEMBRANES
RESPIRATORY SYSTEM
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC.)
YES ANNUAL YES
YES ANNUAL YES
YES ANNUAL YES
COMMENTS ON PHYSICAL EXAMINATION:
YES ANNUAL YES

SPECIAL NOTATIONS:
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN
YES ANNUAL YES

PHYSICIAN’S WRITTEN OPINION REQUIRED
IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON
OPNAV 5100/15?
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
YES ANNUAL YES
RECOMMENDATIONS:
YES ANNUAL YES

PROGRAM DESCRIPTION:
PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM: COBALT (METAL FUME AND DUST)

NIOSH # CAS #
GP8750000 7440-48-4

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
- MAJOR ILLNESS OR INJURY YES ANNUAL NO
- HOSPITALIZATION OR SURGERY YES ANNUAL NO
- CANCER YES ANNUAL NO
- BACK INJURY YES ANNUAL NO
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
- HAVE YOU EVER SMOKED YES ANNUAL NO
- DO YOU CURRENTLY SMOKED (PACKS/DAY) YES ANNUAL NO
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL NO
- SKIN DISEASE YES ANNUAL NO
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
- SHORTNESS OF BREATH YES ANNUAL NO
- COUGH (DRY OR PRODUCTIVE) YES ANNUAL NO

WORK HISTORY OF:
- EXPOSURE TO SKIN IRRITANTS YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
- CARDIOLOGY
  - ELECTROCARDIOGRAM YES NO NO
- RADIOLOGY
  - CHEST X-RAY (PA) YES NO NO
- SPIROMETRY
  - SPIROMETRY (FVC, FEV1, FEV1/FVC) YES ANNUAL NO

COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:
- VITAL SIGNS YES ANNUAL NO
- SPECIAL ATTENTION IN EXAMINATION TO:
  - CARDIOVASCULAR SYSTEM YES ANNUAL NO
  - RESPIRATORY SYSTEM YES ANNUAL NO
  - SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC.) YES ANNUAL NO
  - OTHER APPROPRIATE EXAMINATION (SPECIFY): YES ANNUAL NO

COMMENTS ON PHYSICAL EXAMINATION
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE RECOMMENDATIONS:</td>
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PROGRAM DESCRIPTION:
REFERENCES: (1); (2). PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM:
CRESOL (O, M, P-MIXTURE)
M-CRESOL
O-CRESOL
P-CRESOL
2,6-DITERT-BUTYL-P-CRESOL
4,4’-THIOBIS(6-TERT-BUTYL-M-CRESOL)

PROGRAM FREQUENCY: ANNUAL

MEDICAL HISTORY:
PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER YES ANNUAL NO
BACK INJURY YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK YES ANNUAL NO
(beer, wine, liquor)
HAVE YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEA" BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL NO
SKIN DISEASE YES ANNUAL NO
HEPATITIS OR JAUNDICE YES ANNUAL NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL NO
NAUSEA OR VOMITING YES ANNUAL NO
CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS YES ANNUAL NO
COUGHING UP BLOOD (HEMOPTYSIS) YES ANNUAL NO
SHORTNESS OF BREATH YES ANNUAL NO
COUGH (DRY OR PRO"CTIVE) YES ANNUAL NO
LIVER DISEASE YES ANNUAL NO
KIDNEY DISEASE YES ANNUAL NO
NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES ANNUAL NO

WORK HISTORY OF:
EXP TO SKIN IRRITANTS YES ANNUAL NO
EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:
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PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4). PROGRAM REVISED 8/90.
1,2-DIBROMO-3-CHLOROPROPANE (DBCP)

**Stressor(s) in this program:** NIOSH

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<td>1,2-DIBROMO-3-CHLOROPROPANE</td>
<td>TX8750000 96-12-8</td>
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**Program frequency:** Annual

**OSHA standard 29 CFR 1910.1044**

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<th>Peri</th>
<th>Term</th>
<th>Line</th>
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<th>Exam</th>
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### Medical History:

**Personal History Of:**

- **Is your work exposure history current (OPNAV 5100/15)**
  - Yes Annual Yes
- **Major illness or injury**
  - Yes Annual Yes
- **Hospitalization or surgery**
  - Yes Annual Yes
- **Cancer**
  - Yes Annual Yes
- **Back injury**
  - Yes Annual Yes
- **Do you drink 6 or more drinks**
  - (Beer, wine, liquor)
  - Yes Annual Yes
- **Have you ever smoked**
  - Yes Annual Yes
- **Do you currently smoke (packs/day)**
  - Yes Annual Yes
- **Heart disease, high blood pressure, or stroke**
  - Yes Annual Yes
- **Current medication use (prescription or OTC)**
  - Yes Annual Yes
- **Allergies (include medications)**
  - Yes Annual Yes
- **Use of seat belts (always, mostly, some, none)**
  - Yes Annual Yes
- **Blood diseases (anemia)**
  - Yes Annual Yes
- **Skin diseases**
  - Yes Annual Yes
- **Liver disease**
  - Yes Annual Yes
- **Kidney disease**
  - Yes Annual Yes
- **Impotence or sexual dysfunction**
  - Yes Annual Yes
- **Infertility or miscarriage (self or spouse)**
  - Yes Annual Yes

**Comments on medical history:**

### Laboratory

**Serum chemistry:**

- **Serum total estrogen (female)**
  - Yes Annual Yes
- **Serum follicle stimulating hormone (FSH)**
  - Yes Annual Yes
- **Serum luteinizing hormone (LH)**
  - Yes Annual Yes

**Additional lab tests:**

- **Sperm count (male)**
  - Yes Annual Yes

**Comments on laboratory results:**

### Physical Examination:

**Vital signs**

- Yes Annual Yes

**Special attention in examination to:**

- **GU (including testicle size)**
  - Yes Annual Yes
- **Body habitus**
  - Yes Annual Yes
- **Other appropriate examination (specify)**
  - Yes Annual Yes

**Comments on physical examination:**

4-65
PROGRAM DESCRIPTION:
REFERENCES: (1); (2); (3); (OTHER); 1. 29 CFR 1910.1044; 2. Journal of Occupational Medicine 32(10) 979-984, 1990. PROGRAM REVISED 8/90.

PROVIDER COMMENTS:
Use of 1,2-DIBROMO-3-CHLOROPROPAINE (DBCP) as a fumigant in the U.S. has been banned by the EPA. Limited manufacturing may still be occurring. Medical surveillance is to be made available in regulated areas and to workers exposed to DBCP in emergency situations. The OSHA standard on DBCP does not apply to: 1) exposure to DBCP which results solely from the application and use of DBCP as a pesticide; or 2) the storage, transportation, distribution, or sale of DBCP in intact containers sealed in such a manner as to prevent exposure to DBCP vapors or liquids.
STRESSOR(S) IN THIS PROGRAM: 3,3'-DICHLOROBENZIDINE

NIOSH # DD0525000  CAS # 91-94-1

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1007

EXAM ELEMENT  ELEMENT GIVEN FOR:  BASE  PERI  TERM  LINE  ODIC  EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)  YES  ANNUAL  YES
MAJOR ILLNESS OR INJURY  YES  ANNUAL  YES
HOSPITALIZATION OR SURGERY  YES  ANNUAL  YES
CANCER  YES  ANNUAL  YES
BACK INJURY  YES  ANNUAL  YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)  YES  ANNUAL  YES
HAVE YOU EVER SMOKED  YES  ANNUAL  YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)  YES  ANNUAL  YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE  YES  ANNUAL  YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)  YES  ANNUAL  YES
ALLERGIES (INCLUDE MEDICATIONS)  YES  ANNUAL  YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)  YES  ANNUAL  YES
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY)  YES  ANNUAL  YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS  YES  ANNUAL  YES
PROBLEMS WITH URINATION/BLOOD IN URINE  YES  ANNUAL  YES
CURRENT PREGNANCY (SELF OR SPOUSE)  YES  ANNUAL  YES
IMPOTENCE OR SEXUAL DYSFUNCTION  YES  ANNUAL  YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)  YES  ANNUAL  YES

FAMILY HISTORY OF:

GENETIC DISEASE (INCL CHILDREN)  YES  ANNUAL  YES
CANCERS (LEUKEMIA, TUMORS)  YES  ANNUAL  YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

URINALYSIS:

ROUTINE:

URINALYSIS WITH MICROSCOPIC  YES  ANNUAL  YES

COMMENTS ON LABORATORY RESULTS:

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PROGRAM DESCRIPTION:
REFERENCE: (OTHER); 29 CFR 1910.1007. PROGRAM REVISED 8/90.
4-DIMETHYLAMINOAZOBENZENE

STRESSOR(S) IN THIS PROGRAM:

4-DIMETHYLAMINOAZOBENZENE

NIOSH #    CAS #
BX7350000    60-11-7

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1015

EXAM ELEMENT  ELEMENT GIVEN FOR:  BASE PERI TERM
LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
- MAJOR ILLNESS OR INJURY YES ANNUAL YES
- HOSPITALIZATION OR SURGERY YES ANNUAL YES
- CANCER YES ANNUAL YES
- BACK INJURY YES ANNUAL YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
- HAVE YOU EVER SMOKED YES ANNUAL YES
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
- TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
- PROBLEMS WITH URINATION/BLOOD IN URINE YES ANNUAL YES
- CURRENT PREGNANCY (SELF OR SPOUSE) YES ANNUAL YES
- IMPOTENCE OR SEXUAL DYSFUNCTION YES ANNUAL YES
- INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE) YES ANNUAL YES

FAMILY HISTORY OF:
- GENETIC DISEASE (INCL CHILDREN) YES ANNUAL YES
- CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
URINALYSIS:
- ROUTINE:
  URINALYSIS WITH MICROSCOPIC YES ANNUAL YES

COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:
- VITAL SIGNS YES ANNUAL YES
- SPECIAL ATTENTION IN EXAMINATION TO:
  IMMUNOCOMPETENCE (LYMPHATIC SYSTEM) YES ANNUAL YES
  OTHER APPROPRIATE EXAMINATION (SPECIFY) YES ANNUAL YES

COMMENTS ON PHYSICAL EXAMINATION:

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PROGRAM DESCRIPTION:
REFERENCES: (1); (OTHER); 29 CFR 1910.1015. PROGRAM REVISED 8/90.
140  DINITRO-ORTHO-CRESOL

STRESSOR(S) IN THIS PROGRAM:  
DINITRO-O-CRESOL  

NIOSH #  CAS #  
G09625000  534-52-1  

PROGRAM FREQUENCY: ANNUAL  

EXAM ELEMENT ELEMENT GIVEN FOR:  BASE PERI TERM  
LINE ODIC EXAM  

MEDICAL HISTORY:  
PERSONAL HISTORY OF:  
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO  
MAJOR ILLNESS OR INJURY YES ANNUAL NO  
HOSPITALIZATION OR SURGERY YES ANNUAL NO  
CANCER YES ANNUAL NO  
BACK INJURY YES ANNUAL NO  
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO  
HAVE YOU EVER SMOKED YES ANNUAL NO  
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO  
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO  
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO  
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO  
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO  
SKIN DISEASE YES ANNUAL NO  
LUNG OR RESP DISEASE (COPD,BRONCHITIS,PNEUMONITIS) YES ANNUAL NO  
USE OF NITRATE MEDICATION (NITROGLYCERINE) YES ANNUAL NO  
WEIGHT LOSS YES ANNUAL NO  
CATARACTS YES ANNUAL NO  
GLAUCOMA YES ANNUAL NO  
LIVER DISEASE YES ANNUAL NO  
KIDNEY DISEASE YES ANNUAL NO  
THYROID DISEASE (HEAT OR COLD INTOLERANCE) YES ANNUAL NO  
DEPRESSION, DIFFICULTY CONCENTRATING, EXCESSIVE ANXIETY YES ANNUAL NO  

WORK HISTORY OF:  
EXP TO DUSTS (COAL,BLAST. GRIT,SAND,NUISANCE) YES ANNUAL NO  
EXP TO SKIN IRRITANTS YES ANNUAL NO  
EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO  

COMMENTS ON MEDICAL HISTORY:  

LABORATORY-  
SERUM CHEMISTRY:  
LIVER PROFILE TO INCLUDE:  
SGOT (AST), TOT. BILI., ALK PHOS. YES NO NO  
BUN AND CREATININE YES ANNUAL NO  
SGOT (AST) YES ANNUAL NO  

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PROGRAM DESCRIPTION:

STRESSOR(S) IN THIS PROGRAM: DIOXANE

PROGRAM FREQUENCY: ANNUAL

MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
- MAJOR ILLNESS OR INJURY YES ANNUAL NO
- HOSPITALIZATION OR SURGERY YES ANNUAL NO
- CANCER YES ANNUAL NO
- BACK INJURY YES ANNUAL NO

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
- HAVE YOU EVER SMOKED YES ANNUAL NO
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
- COUGHING UP BLOOD (HEMOPTYSIS) YES ANNUAL NO
- SHORTNESS OF BREATH YES ANNUAL NO
- LIVER DISEASE YES ANNUAL NO
- KIDNEY DISEASE YES ANNUAL NO

WORK HISTORY OF:
- EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

SERUM CHEMISTRY:
- LIVER PROFILE TO INCLUDE: YES NO NO
  SGGT (AST), TOT. BILI., ALK. PHOS.
  BUN AND CREATININE YES ANNUAL NO
  SGOT (AST) YES ANNUAL NO

URINALYSIS:
- ROUTINE: YES ANNUAL NO
  URINALYSIS WITH MICROSCOPIC

COMMENTS ON LABORATORY RESULTS:

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<td>YES</td>
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<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
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<td>YES</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
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PROGRAM DESCRIPTION:

REFERENCES: (3); (4); (OTHER); NIOSH criteria for a recommended standard...occupational exposure to dioxane, DHEW Pub. No. 77-226. PROGRAM REVISED 8/90.
EPICHLOROHYDRIN

STRESSOR(S) IN THIS PROGRAM: NIOSH # CAS #
EPICHLOROHYDRIN TX4900000 106-89-8

PROGRAM FREQUENCY: ANNUAL.

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM
LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER YES ANNUAL NO
BACK INJURY YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
HAVE YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
SKIN DISEASE YES ANNUAL NO
HEPATITIS OR JAUNDICE YES ANNUAL NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
LIVER DISEASE YES ANNUAL NO
KIDNEY DISEASE YES ANNUAL NO
IMPOTENCE OR SEXUAL DYSFUNCTION YES ANNUAL NO
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE) YES ANNUAL NO

WORK HISTORY OF:

EXP TO SKIN IRRITANTS YES ANNUAL NO
EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
SERUM CHEMISTRY:
LIVER PROFILE TO INCLUDE:
SGOT (AST), TOT. BILI., ALK. PHOS. YES NO NO
BUN AND CREATININE YES ANNUAL NO
SGOT (AST) YES ANNUAL NO

RADIOLOGY-
CHEST X-RAY (PA) YES NO NO
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PROGRAM DESCRIPTION:
REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH criteria for a recommended standard... occupational exposure to Epichlorohydrin, DHEW Pub. No. 76-206. PROGRAM REVIEWED 8/90.
STRESSOR(S) IN THIS PROGRAM:  
2-ETHOXYETHANOL  
2-METHOXYETHANOL  

PROGRAM FREQUENCIES: ANNUAL

EXAM ELEMENT  
ELEMENT GIVEN FOR:  
BASE PERI TERM  
LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)  
  YES  ANNUAL  NO  
- MAJOR ILLNESS OR INJURY  
  YES  ANNUAL  NO  
- HOSPITALIZATION OR SURGERY  
  YES  ANNUAL  NO  
- CANCER  
  YES  ANNUAL  NO  
- BACK INJURY  
  YES  ANNUAL  NO  
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK  
  (BEER, WINE, LIQUOR)  
  YES  ANNUAL  NO  
- HAVE YOU EVER SMOKED  
  YES  ANNUAL  NO  
- DO YOU CURRENTLY SMOKE (PACKS/DAY)  
  YES  ANNUAL  NO  
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE  
  YES  ANNUAL  NO  
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC)  
  YES  ANNUAL  NO  
- ALLERGIES (INCLUDE MEDICATIONS)  
  YES  ANNUAL  NO  
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)  
  YES  ANNUAL  NO  
- BLOOD DISEASES (ANEMIA)  
  YES  ANNUAL  NO  
- SKIN DISEASE  
  YES  ANNUAL  NO  
- HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS  
  YES  ANNUAL  NO  
- KIDNEY DISEASE  
  YES  ANNUAL  NO  
- CURRENT PREGNANCY (SELF OR SPOUSE)  
  YES  ANNUAL  NO  
- INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)  
  YES  ANNUAL  NO  
- NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS  
  YES  ANNUAL  NO  
- DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY  
  YES  ANNUAL  NO  

WORK HISTORY OF:
- EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)  
  YES  ANNUAL  NO  

FAMILY HISTORY OF:
- BLOOD DISEASES (ANEMIA)  
  YES  ANNUAL  NO  
- GENETIC DISEASE (INCL CHILDREN)  
  YES  ANNUAL  NO  

COMMENTS ON MEDICAL HISTORY:  

LABORATORY-
HEMATOLOGY:
- COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)  
  YES  ANNUAL  "O"  

COMMENTS ON LABORATORY RESULTS:
EXAM ELEMENT

ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

PHYSICAL EXAMINATION:

VITAL SIGNS

SPECIAL ATTENTION IN EXAMINATION TO:

CENTRAL NERVOUS SYSTEM

GENITOURINARY TRACT

TESTES (MALE)

KIDNEY

SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)

OTHER APPROPRIATE EXAMINATION (SPECIFY)

COMMENTS ON PHYSICAL EXAMINATION:

SPECIAL NOTATIONS:

SUBSTANCE(S) KNOWN MUTAGENIC OR FETOTOXIC EFFECTS

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?

ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?

RECOMMENDATIONS:

PROGRAM DESCRIPTION:

REFERENCES: (1); (3); (4); (OTHER); The Glycol Ethers, with Particular Reference to 2-Methoxyethanol and 2-Ethoxyethanol: Evidence of Adverse Reproductive Effects, NIOSH Current Intelligence Bulletin 39, DHEW (NIOSH) Pub. No. 83-112. PROGRAM REVIEWED 8/90.
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<td>MAJOR ILLNESS OR INJURY</td>
<td>YES</td>
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<td>HOSPITALIZATION OR SURGERY</td>
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<td>CANCER</td>
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<td>BACK INJURY</td>
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<td>HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE</td>
<td>YES</td>
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<td>CURRENT MEDICATION USE (PRESCRIPTION OR OTC)</td>
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<td>ALLERGIES (INCLUDE MEDICATIONS)</td>
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<td>USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)</td>
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<td>BLOOD DISEASES (ANEMIA)</td>
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<td>ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY)</td>
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<td>SKIN DISEASE</td>
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<td>ANNUAL</td>
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<td>LIVER DISEASE</td>
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<td>KIDNEY DISEASE</td>
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<td>IMPOTENCE OR SEXUAL DYSFUNCTION</td>
<td>YES</td>
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<td>INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)</td>
<td>YES</td>
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</table>

WORK HISTORY OF:
- EXP TO SKIN IRRITANTS | YES | ANNUAL | YES |
- EXP TO RESPIRATORY IRRITANTS | YES | ANNUAL | YES |

FAMILY HISTORY OF:
- BLOOD DISEASES (ANEMIA) | YES | ANNUAL | YES |
- CANCERS (LEUKEMIA, TUMORS) | YES | ANNUAL | YES |

COMMENTS ON MEDICAL HISTORY:
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<th>EXAM ELEMENT</th>
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<td>LINE</td>
<td>ODIC</td>
<td>EXAM</td>
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**LABORATORY-**

SERUM CHEMISTRY:
- LIVER PROFILE TO INCLUDE:
  - SGOT (AST), TOT. BILI., ALK. PHOS.
  - BUN AND CREATININE
  - SGOT (AST)

RADIOLOGY-
- CHEST X-RAY (PA)

COMMENTS ON LABORATORY RESULTS:

**PHYSICAL EXAMINATION:**

- VITAL SIGNS

  SPECIAL ATTENTION IN EXAMINATION TO:
  - EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA)
  - KIDNEY
  - LIVER
  - RESPIRATORY SYSTEM
  - SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)
  - OTHER APPROPRIATE EXAMINATION (SPECIFY)

COMMENTS ON PHYSICAL EXAMINATION:

**SPECIAL NOTATIONS:**

- SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN
- SUBSTANCE(S) KNOWN MUTAGENIC OR FETOTOXIC EFFECTS

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?

ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?

RECOMMENDATIONS:

**PROGRAM DESCRIPTION:**

REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH Criteria for a recommended standard... occupational exposure to Ethylene Dibromide, NIOSH Pub. No. 77-221. PROGRAM REVIEWED 8/90.
STRESSOR(S) IN THIS PROGRAM: ETHYLENE DICHLORIDE
ETHYLENE DICHLORIDE

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:
PERSOAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
MAJOR ILLNESS OR INJURY YES ANNUAL YES
HOSPITALIZATION OR SURGERY YES ANNUAL YES
CANCER YES ANNUAL YES
BACK INJURY YES ANNUAL YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
HAVE YOU EVER SMOKED YES ANNUAL YES
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
SKIN DISEASE YES ANNUAL YES
HEPATITIS OR JAUNDICE YES ANNUAL YES
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
WEIGHT LOSS YES ANNUAL YES
LIVER DISEASE YES ANNUAL YES
KIDNEY DISEASE YES ANNUAL YES

WORK HISTORY OF:
EXP TO SKIN IRRITANTS YES ANNUAL YES
EXP TO RESPIRATORY IRRITANTS YES ANNUAL YES

FAMILY HISTORY OF:
CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:
YES ANNUAL YES

LABORATORY-
HEMATOLOGY:
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC) YES ANNUAL YES
DIFFERENTIAL WHITE BLOOD CELL COUNT YES ANNUAL YES

SERUM CHEMISTRY:
LIVER PROFILE TO INCLUDE:
SGOT (AST), TOT. BILI., ALK. PHOS. YES NO YES
BUN AND CREATININE YES ANNUAL YES
SGOT (AST) YES ANNUAL YES
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**PROGRAM DESCRIPTION:**

RE QNCES: (2); (3); (4); (OTHER); NIOSH criteria for a recommended standard occupational exposure to Ethylene Dichloride, NIOSH Pub. No. 76-139. PROGRAM REVISED 8/90.

**PROVIDER COMMENTS:**

Ethylene dichloride is a central nervous system depressant and causes injury to the liver and kidneys. Animal studies indicate that it has little ability to adversely affect the reproductive or developmental processes except at maternally toxic levels. (3)
STRESSOR(S) IN THIS PROGRAM: ETHYLENE OXIDE

ETHYLENE OXIDE

NIOSH # CAS #

KX2450000 75-21-8

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1047

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES

MAJOR ILLNESS OR INJURY YES ANNUAL YES

HOSPITALIZATION OR SURGERY YES ANNUAL YES

CANCER YES ANNUAL YES

BACK INJURY YES ANNUAL YES

DO YOU DRINK 6 OR MORE DRINKS PER WEEK YES ANNUAL YES

(beer, wine, liquor)

HAVE YOU EVER SMOKED YES ANNUAL YES

DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES

HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES

CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES

ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES

USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES

ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES

HEPATITIS OR JAUNDICE YES ANNUAL YES

LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES

TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES

HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL YES

EYE IRRITATION YES ANNUAL YES

INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE) YES ANNUAL YES

NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES ANNUAL YES

WORK HISTORY OF:

EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS YES ANNUAL YES

EXP TO ANESTHETIC GASES YES ANNUAL YES

EXP TO SKIN IRRITANTS YES ANNUAL YES

FAMILY HISTORY OF:

BLOOD DISEASES (ANEMIA) YES ANNUAL YES

GENETIC DISEASE (INCL CHILDREN) YES ANNUAL YES

CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

HEMATOLOGY:

COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC) YES ANNUAL YES

DIFFERENTIAL WHITE BLOOD CELL COUNT YES ANNUAL YES
EXAM ELEMENT  | ELEMENT GIVEN FOR:  | BASE | PERI | TERM | LINE | ODIC | EXAM
---|---|---|---|---|---|---|---
SERUM CHEMISTRY: |  |  |  |  |  |  |  
LIVER PROFILE TO INCLUDE: |  | YES | NO | YES |  |  | 
SGOT (AST), TOT. BILI., ALK. PHOS. |  |  |  |  |  |  | 
SGOT (AST) |  | YES | PENTA-E | YES |  |  | 
RADIOLOGY- |  |  |  |  |  |  |  
CHEST X-RAY (PA) |  | YES | PENTA-E | YES |  |  | 
SPIROMETRY- |  |  |  |  |  |  |  
SPIROMETRY (FVC, FEV1, FEV1/FVC) |  | YES | ANNUAL | YES |  |  | 
COMMENTS ON LABORATORY RESULTS: |  | YES | ANNUAL | YES |  |  |  
PHYSICAL EXAMINATION: |  |  |  |  |  |  |  
VITAL SIGNS |  | YES | ANNUAL | YES |  |  | 
SPECIAL ATTENTION IN EXAMINATION TO: |  |  |  |  |  |  |  
CENTRAL NERVOUS SYSTEM |  | YES | ANNUAL | YES |  |  | 
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR) |  | YES | ANNUAL | YES |  |  | 
EYES (CONJUNCTIVA, SCLERA) |  | YES | ANNUAL | YES |  |  | 
GENITOURINARY TRACT |  | YES | ANNUAL | YES |  |  | 
RESPIRATORY SYSTEM |  | YES | ANNUAL | YES |  |  | 
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) |  | YES | ANNUAL | YES |  |  | 
OTHER APPROPRIATE EXAMINATION (SPECIFY) |  | YES | ANNUAL | YES |  |  |  
COMMENTS ON PHYSICAL EXAMINATION: |  | YES | ANNUAL | YES |  |  |  
SPECIAL NOTATIONS: |  |  |  |  |  |  |  
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN |  | YES | ANNUAL | YES |  |  | 
SUBSTANCE(S) SUSPECTED HUMAN MUTAGENIC/FETOTOXIC EFFECTS |  | YES | ANNUAL | YES |  |  | 
PHYSICIAN'S WRITTEN OPINION REQUIRED |  | YES | ANNUAL | YES |  |  |  
IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? |  | YES | ANNUAL | YES |  |  |  
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? |  | YES | ANNUAL | YES |  |  |  
RECOMMENDATIONS: |  | YES | ANNUAL | YES |  |  |  

PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (OTHER); 1. NIOSH Current Intelligence Bulletin #35, Ethylene Oxide; 2. 29 CFR 1919.1047. PROGRAM REVISED 8/90.

PROVIDER COMMENTS:

Refer to 29 CFR 1910.1047 for exams required following acute exposure or for exams with positive findings.

A Physician's Written Opinion is required by OSHA Standard. A sample Physician's Written Opinion can be found in Appendix F, F-4.

Positive responses to medical history questions pertaining to the reproductive system may require further investigation.
STRESSOR(S) IN THIS PROGRAM: ETHYLENEIMINE

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1012

EXAM ELEMENT | ELEMENT GIVEN FOR: | BASE | PERI | TERM
|---------------|-------------------|------|------|------

MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
- MAJOR ILLNESS OR INJURY YES ANNUAL YES
- HOSPITALIZATION OR SURGERY YES ANNUAL YES
- CANCER YES ANNUAL YES
- BACK INJURY YES ANNUAL YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES

- HAVE YOU EVER SMOKED YES ANNUAL YES
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
- SKIN DISEASE YES ANNUAL YES
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
- TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
- EYE IRRITATION YES ANNUAL YES
- CURRENT PREGNANCY (SELF OR SPOUSE) YES ANNUAL YES

WORK HISTORY OF:
- EXP TO SKIN IRRITANTS YES ANNUAL YES

FAMILY HISTORY OF:
- GENETIC DISEASE (INCL CHILDREN) YES ANNUAL YES
- CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
SERUM CHEMISTRY:
- LIVER PROFILE TO INCLUDE: SGOT (AST), TOT. BILI., ALK. PHOS. YES NO YES
- SGOT (AST) YES ANNUAL YES

RADIOLOGY-
- CHEST X-RAY (PA) YES NO YES
EXAM ELEMENT | ELEMENT GIVEN FOR: | BASE | PERI | REM |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>SPIROMETRY-</td>
<td>(FVC, FEV1, FEV1/FVC)</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>SPIROMETRY</td>
<td>COMMENTS ON LABORATORY RESULTS: YES</td>
<td>ANNUAL</td>
<td>YES</td>
<td></td>
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</tbody>
</table>

PHYSICAL EXAMINATION:
VITAL SIGNS
SPECIAL ATTENTION IN EXAMINATION TO:
EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA)
RESPIRATORY SYSTEM
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)
OTHER APPROPRIATE EXAMINATION (SPECIFY)
COMMENTS ON PHYSICAL EXAMINATION: YES | ANNUAL | YES |

SPECIAL NOTATIONS:
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN
PHYSICIAN’S WRITTEN OPINION REQUIRED YES | ANNUAL | YES |

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
RECOMMENDATIONS: YES | ANNUAL | YES |

PROGRAM DESCRIPTION:
### Fluorides (Inorganic)

**Stressor(s) in this program:**
- Fluorides
- Calcium fluoride
- Carbonyl fluoride
- Perchloryl fluoride
- Sulfuryl fluoride
- Fluorine
- Hydrogen fluoride

**Program Frequencies:** Annual

<table>
<thead>
<tr>
<th>Exam Element</th>
<th>Element Given For:</th>
<th>Base</th>
<th>Peri</th>
<th>Term</th>
<th>Line</th>
<th>Odic</th>
<th>Exam</th>
</tr>
</thead>
</table>

**Medical History:**
- Personal History of:
  - Is your work exposure history current (OPNAV 5100/15)?
  - Major illness or injury?
  - Hospitalization or surgery?
  - Cancer?
  - Back injury?
  - Do you drink 6 or more drinks per week?
  - (Beer, wine, liquor)
  - Have you ever smoked?
  - Do you currently smoke (packs/day)?
  - Heart disease, high blood pressure, or stroke?
  - Current medication use (prescription or OTC)?
  - Allergies (include medications)?
  - Use of seat belts (always, mostly, some, none)?
  - Allergies, asthma, hay fever, eczema (atopy)?
  - Skin disease?
  - Hepatitis or jaundice?
  - Lung or resp disease (COPD, bronchitis, pneumonitis)?
  - Chronic abdominal pain, vomiting, other GI symptoms?
  - Kidney disease?
  - Muscle or joint problems?

**Work History of:**
- Exp to hydrogen fluoride or inorganic fluorides?
- Exp to skin irritants?
- Exp to respiratory irritants?

**Laboratory—**
- Serum Chemistry:
  - BUN and creatinine

4-87
EXAM ELEMENT | ELEMENT GIVEN FOR: | BASE LINE | PERI ODIC | TERM EXAM

"?"NALYSIS:
Routine:
Urinalysis with microscopic
Urine Fluoride - Post Shift
Radiology -
Chest X-Ray (PA)
Comments on laboratory results:

Physical Examination:
Vital Signs
SPECIAL ATTENTION IN EXAMINATION TO:
EYES (CONJUNCTIVA, SCLERA) YES ANNUAL NO
TEETH (ACID EROSION) YES ANNUAL NO
MUCOUS MEMBRANES YES ANNUAL NO
RESPIRATORY SYSTEM YES ANNUAL NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) YES ANNUAL NO
OTHER APPROPRIATE EXAMINATION (SPECIFY) YES ANNUAL NO
Comments on physical examination:

Is surveillance consistent with exposures listed on OPNAV 5100/15?
Adverse health effects of occupational exposure?
Recommendations:

Program Description:
References: (1); (2); (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Inorganic Fluorides DHEW Pub. No. 76-103.
Program Revised 8/90.

Provider Comments:
A preplacement spot urine fluoride is obtained for a baseline as an indicator of body burden. (Reference DHEW Pub. No. 76-103)
***At the time of the periodic examination, evaluate the need to perform a urine fluoride test. Postshift examination of the urine fluoride reflects recent exposure (in the preceding hours) and is not useful for biological monitoring if the employee has not been exposed to fluoride. The best time to obtain the urine specimen is at the end of a work week after the employee has been involved in tasks with fluoride exposure during that week. Because of the episodic exposure of most employees, the laboratory work obtained for the annual medical surveillance may not coincide with an exposure period. Ideally, the biological monitoring should be collected at the same time the Industrial Hygienist collects environmental samples.
FORMALDEHYDE

STRESSORS IN THIS PROGRAM:

PROGRAM FREQUENCY: ANNUAL (SEE PROVIDER COMMENTS)

OSHA STANDARD 29 CFR 1910.1048

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
MAJOR ILLNESS OR INJURY YES ANNUAL YES
HOSPITALIZATION OR SURGERY YES ANNUAL YES
CANCER YES ANNUAL YES
BACK INJURY YES ANNUAL YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
HAVE YOU EVER SMOKED YES ANNUAL YES
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
SKIN DISEASE YES ANNUAL YES
HEPATITIS OR JAUNDICE YES ANNUAL YES
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
CONTACT LENS USE YES ANNUAL YES
EYE IRRITATION YES ANNUAL YES
COUGHING UP BLOOD (HEMOPTYSIS) YES ANNUAL YES
COUGH (DRY OR PRODUCTIVE) YES ANNUAL YES
LIVER DISEASE YES ANNUAL YES

FAMILY HISTORY OF:

CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

RADIOLOGY-
CHEST X-RAY (PA) YES NO YES

SPIROMETRY-
SPIROMETRY (FVC, FEV1, FEV1/FVC) YES ANNUAL YES

COMMENTS ON LABORATORY RESULTS:

4-89
### PHYSICAL EXAMINATION:

**VITAL SIGNS**

**SPECIAL ATTENTION IN EXAMINATION TO:**
- EYES (CONJUNCTIVA, SCLERA)
- MUCOUS MEMBRANES
- NASAL MUCOSA (SEPTAL PERFORATION)
- RESPIRATORY SYSTEM
- SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)
- OTHER APPROPRIATE EXAMINATION (SPECIFY)

**COMMENTS ON PHYSICAL EXAMINATION:**

**SPECIAL NOTATIONS:**
- SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN
- PHYSICIAN'S WRITTEN OPINION REQUIRED

**IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?**

**ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?**

**RECOMMENDATIONS:**

---

**PROGRAM DESCRIPTION:**

**REFERENCES:** (OTHER); 29 CFR 1910.1048; NIOSH criteria for a recommended standard...Occupational Exposure to Formaldehyde DHEW Pub. No. 77-186.

**PROGRAM REVISED 8/90.**

**PROVIDER COMMENTS:**

The OSHA standard requires an annual medical examination for all workers whose exposure requires use of respirators for protection. For those workers whose exposure does not require a respirator, the examiner shall review the medical and work history and determine whether an examination is required. The OSHA standard requires annual spirometry for all exposed workers who wear respirators.

A Physician's Written Opinion is required by OSHA Standard. A sample Physician's Written Opinion can be found in APPENDIX F, F-5.
### GLYCIDYL ETHERS

**Stressor(s) in This Program:**

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<td>RR0875000</td>
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<td>TX4200000</td>
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**Program Frequency:** Annual

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<tr>
<td>Medical History:</td>
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<td></td>
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<tr>
<td>Personal History Of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your work exposure history current (OPNAV 5100/15)</td>
<td>Yes Annual No</td>
<td></td>
</tr>
<tr>
<td>Major Illness Or Injury</td>
<td>Yes Annual No</td>
<td></td>
</tr>
<tr>
<td>Hospitalization Or Surgery</td>
<td>Yes Annual No</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>Yes Annual No</td>
<td></td>
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<tr>
<td>Back Injury</td>
<td>Yes Annual No</td>
<td></td>
</tr>
<tr>
<td>Do you drink 6 or more drinks per week (beer, wine, liquor)</td>
<td>Yes Annual No</td>
<td></td>
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<tr>
<td>Have you ever smoked</td>
<td>Yes Annual No</td>
<td></td>
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<tr>
<td>Do you currently smoke (packs/day)</td>
<td>Yes Annual No</td>
<td></td>
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<tr>
<td>Heart Disease, high blood pressure, or stroke</td>
<td>Yes Annual No</td>
<td></td>
</tr>
<tr>
<td>Current Medication Use (prescription or OTC)</td>
<td>Yes Annual No</td>
<td></td>
</tr>
<tr>
<td>Allergies (include medications)</td>
<td>Yes Annual No</td>
<td></td>
</tr>
<tr>
<td>Use of seat belts (always, mostly, some, none)</td>
<td>Yes Annual No</td>
<td></td>
</tr>
<tr>
<td>Allergies, asthma, hay fever, eczema (atopy)</td>
<td>Yes Annual No</td>
<td></td>
</tr>
<tr>
<td>Skin Disease</td>
<td>Yes Annual No</td>
<td></td>
</tr>
<tr>
<td>Lung or resp disease (COPD, bronchitis, pneumonitis)</td>
<td>Yes Annual No</td>
<td></td>
</tr>
<tr>
<td>Eye Irritation</td>
<td>Yes Annual No</td>
<td></td>
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<tr>
<td>Infertility or miscarriage (self or spouse)</td>
<td>Yes Annual No</td>
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</table>

**Work History Of:**

| Exp to skin irritants | Yes Annual No |
| Exp to respiratory irritants | Yes Annual No |

**Comments on Medical History:**

**Laboratory-Radiology:**

| Chest X-Ray (PA) | Yes No No |

**Comments on Laboratory Results:**

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<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
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<tr>
<td>VITAL SIGNS</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
<td></td>
<td>YES ANNUAL NO</td>
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<tr>
<td>EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA)</td>
<td></td>
<td>YES ANNUAL NO</td>
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<td>MUCOUS MEMBRANES</td>
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<td>YES ANNUAL NO</td>
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<tr>
<td>RESPIRATORY SYSTEM</td>
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<td>YES ANNUAL NO</td>
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<td>SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)</td>
<td></td>
<td>YES ANNUAL NO</td>
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<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
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<td>COMMENTS ON PHYSICAL EXAMINATION:</td>
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<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON</td>
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<td>YES ANNUAL NO</td>
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<td>OPNAV 5100/15?</td>
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<td>YES ANNUAL NO</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td></td>
<td>YES ANNUAL NO</td>
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<td>RECOMMENDATIONS:</td>
<td></td>
<td>YES ANNUAL NO</td>
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PROGRAM DESCRIPTION:
REFERENCES: (1); (3); (4). PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM: NIOSH #    CAS #
PARAQUAT                  4685-14-7
DIQUAT                    85-00-7

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT        ELEMENT GIVEN FOR: BASE PERI TERM
                      LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER                    YES ANNUAL NO
BACK INJURY               YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK
(BEER, WINE, LIQUOR) YES ANNUAL NO
HAVE YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
SKIN DISEASE              YES ANNUAL NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
RADIOLOGY:
CHEST X-RAY (PA) YES NO NO
SPIROMETRY:
SPIROMETRY (FVC, FEV1, FEV1/FVC) YES ANNUAL NO

COMMENTS ON LABORATORY RESULTS YES ANNUAL NO

PHYSICAL EXAMINATION:

VITAL SIGNS                YES ANNUAL NO
SPECIAL ATTENTION IN EXAMINATION TO:
EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA) YES ANNUAL NO
RESPIRATORY SYSTEM         YES ANNUAL NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) YES ANNUAL NO
OTHER APPROPRIATE EXAMINATION (SPECIFY): YES ANNUAL NO

COMMENTS ON PHYSICAL EXAMINATION:

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IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?
YES ANNUAL NO
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
YES ANNUAL NO
RECOMMENDATIONS:
YES ANNUAL NO

PROGRAM DESCRIPTION:
HYDRAZINES

STRESSOR(S) IN THIS PROGRAM:  NIOSH #  CAS #
1,1-DIMETHYLHYDRAZINE  MV2450000  57-14-7
HYDRAZINE  MV7175000  302-01-2
PHENYLHYDRAZINE  MV8925000  100-63-0
METHYL HYDRAZINE  MV5600000  60-34-4

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT  ELEMENT GIVEN FOR:  BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
MAJOR ILLNESS OR INJURY YES ANNUAL YES
HOSPITALIZATION OR SURGERY YES ANNUAL YES
CANCER YES ANNUAL YES
BACK INJURY YES ANNUAL YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
HAVE YOU EVER SMOKED YES ANNUAL YES
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
SKIN DISEASE YES ANNUAL YES
HEPATITIS OR JAUNDICE YES ANNUAL YES
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL YES
EYE IRRITATION YES ANNUAL YES
KIDNEY DISEASE YES ANNUAL YES
NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES ANNUAL YES
THYROID DISEASE (HEAT OR COLD INTOLERANCE) YES ANNUAL YES

WORK HISTORY OF:
EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS YES ANNUAL YES
EXP TO SKIN IRRITANTS YES ANNUAL YES
EXP TO RESPIRATORY IRRITANTS YES ANNUAL YES

FAMILY HISTORY OF:
CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
HEMATOLOGY:
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC) YES ANNUAL YES

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EXAM ELEMENT                           ELEMENT GIVEN FOR: BASE PERI TERM
SERUM CHEMISTRY:
  LIVER PROFILE TO INCLUDE:
  SGOT (AST), TOT. BILI., ALK. PHOS.
  SGOT (AST)                           YES NO  YES
  YES ANNUAL  YES
URINALYSIS:
  ROUTINE:
  URINALYSIS WITH MICROSCOPIC          YES ANNUAL  YES
RADIOLOGY-
  CHEST X-RAY (PA)                     YES NO  YES
  YES ANNUAL  YES
COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:
  VITAL SIGNS                           YES ANNUAL  YES
  SPECIAL ATTENTION IN EXAMINATION TO:
  CENTRAL NERVOUS SYSTEM                YES ANNUAL  YES
  EYES (CONJUNCTIVA, SCLERA)            YES ANNUAL  YES
  KIDNEY                                YES ANNUAL  YES
  LIVER                                 YES ANNUAL  YES
  RESPIRATORY SYSTEM                    YES ANNUAL  YES
  SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)
  YES ANNUAL  YES
  THYROID                               YES ANNUAL  YES
  OTHER APPROPRIATE EXAMINATION (SPECIFY)
  YES ANNUAL  YES
COMMENTS ON PHYSICAL EXAMINATION:

SPECIAL NOTATIONS:
  SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN
  YES ANNUAL  YES
IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON
  OPNAV 5100/15?
  YES ANNUAL  YES
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
  YES ANNUAL  YES
RECOMMENDATIONS:

PROGRAM DESCRIPTION:
  REFERENCES: (1); (3); (OTHER); NIOSH criteria for a recommended
  standard...Occupational Exposure to Hydrazines, DHEW Pub. No. 78-172. PROGRAM
  REVISED 8/90.

PROVIDER COMMENTS:
  The potential for worker exposure is primarily through inhalation and
  skin absorption. Liquid in the eyes or on the skin causes severe burns.
  Hydrazine as the vapor or liquid is a severe skin and mucous membrane
  irritant, a convulsant, a hepatotoxin, and a carcinogen in animals. (1)
### STRESSOR(S) IN THIS PROGRAM:

<table>
<thead>
<tr>
<th>Compound</th>
<th>NIOSH #</th>
<th>CAS #</th>
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<tr>
<td>HYDROGEN CYANIDE AND CYANIDE SALTS</td>
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<td>74-90-8</td>
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<td>GS7175000</td>
<td>57-12-5</td>
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<td>GS5950000</td>
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<td>GT1925000</td>
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<td>CYANOGEN CHLORIDE</td>
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<td>CALCIUM CYANAMIDE</td>
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<td>CALCIUM CYANIDE</td>
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<td>SODIUM CYANIDE</td>
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### PROGRAM FREQUENCY: ANNUAL

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<td>IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)</td>
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<td>MAJOR ILLNESS OR INJURY</td>
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<td>HOSPITALIZATION OR SURGERY</td>
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<td>CANCER</td>
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<td>BACK INJURY</td>
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<td>DO YOU DRINK 6 OR MORE DRINKS PER WEEK?</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<td>HAVE YOU EVER SMOKED</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<td>DO YOU CURRENTLY SMOKE (PACKS/DAY)</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<td>HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<td>CURRENT MEDICATION USE (PRESCRIPTION OR OTC)</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<td>ALLERGIES (INCLUDE MEDICATIONS)</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<td>USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)</td>
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<td>ANNUAL</td>
<td>NO</td>
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<td>SKIN DISEASE</td>
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<td>LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS)</td>
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<td>ANNUAL</td>
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<td>HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS</td>
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<td>ANNUAL</td>
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<td>NAUSEA OR VOMITING</td>
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<td>TREMORS</td>
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<td>CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS</td>
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<td>CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS</td>
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<td>NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS</td>
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<td>ANNUAL</td>
<td>NO</td>
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<td>THYROID DISEASE (HEAT OR COLD INTOLERANCE)</td>
<td>YES</td>
<td>ANNUAL</td>
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4-97
<table>
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<td>EXP TO SKIN IRRITANTS</td>
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<td>EXP TO RESPIRATORY IRRITANTS</td>
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<td>COMMENTS ON MEDICAL HISTORY:</td>
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<tr>
<td>LABORATORY-</td>
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<td>RADIOLOGY-</td>
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<td>CHEST X-RAY (PA)</td>
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<td>COMMENTS ON LABORATORY RESULTS:</td>
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<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
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<td>CENTRAL NERVOUS SYSTEM</td>
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<td>RESPIRATORY SYSTEM</td>
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<td>THYROID</td>
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<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
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<td>COMMENTS ON PHYSICAL EXAMINATION:</td>
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<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPMAN 5100/15?</td>
<td>YES ANNUAL NO</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES ANNUAL NO</td>
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<td>RECOMMENDATIONS:</td>
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**PROGRAM DESCRIPTION:**

REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Hydrogen Cyanide Salts, DHEW Pub. No. 77-108. PROGRAM REVISED 8/90.
HYDROGEN SULFIDE

STRESSOR(S) IN THIS PROGRAM: HYDROGEN SULFIDE

PROGRAM FREQUENCY: ANNUAL

MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
- MAJOR ILLNESS OR INJURY YES ANNUAL NO
- HOSPITALIZATION OR SURGERY YES ANNUAL NO
- CANCER YES ANNUAL NO
- BACK INJURY YES ANNUAL NO
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
- HAVE YOU EVER SMOKED YES ANNUAL NO
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
- HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL NO
- WEIGHT LOSS YES ANNUAL NO
- TREMORS YES ANNUAL NO
- EYE IRRITATION YES ANNUAL NO
- EPILEPSY (SEIZURE DISORDER) YES ANNUAL NO
- NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES ANNUAL NO
- MENTAL/EMOTIONAL ILLNESS YES ANNUAL NO
- DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY YES ANNUAL NO
- PERSONALITY CHANGE YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
RADIOLOGY-
CHEST X-RAY (PA) YES NO NO

COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:

VITAL SIGNS YES ANNUAL NO

SPECIAL ATTENTION IN EXAMINATION TO:
- CENTRAL NERVOUS SYSTEM YES ANNUAL NO
- PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR) YES ANNUAL NO
EXAM ELEMENT

ELEMENT GIVEN FOR:

BASE PERI TERM
LINE ODIC EXAM

EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA) YES ANNUAL NO
RESPIRATORY SYSTEM YES ANNUAL NO
OTHER APPROPRIATE EXAMINATION (SPECIFY) YES ANNUAL NO
COMMENTS ON PHYSICAL EXAMINATION:

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? YES ANNUAL NO
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? YES ANNUAL NO
RECOMMENDATIONS:

PROGRAM DESCRIPTION:

REFERENCES: (1); (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Hydrogen Sulfide, DHEW Pub. No. 77-158. PROGRAM REVISED 8/90.
HYDROQUINONE (DIHYDROXY BENZENE)

STRESSOR(S) IN THIS PROGRAM: HYDROQUINONE

NIOSH # CAS #
MX3500000 123-31-9

PROGRAM FREQUENCY: ANNUAL

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MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER YES ANNUAL NO
BACK INJURY YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
HAVE YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL NO
SKIN DISEASE YES ANNUAL NO
EYE IRRITATION YES ANNUAL NO

WORK HISTORY OF:

EXP TO SKIN IRRITANTS YES ANNUAL NO
EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

OPTOMETRY-

VISION SCREEN (VISUAL ACUITY) YES ANNUAL NO
SLIT LAMP EXAM YES ANNUAL NO

COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:

VITAL SIGNS YES ANNUAL NO

SPECIAL ATTENTION IN EXAMINATION TO:

EYES (CONJUNCTIVA, SCLERA, LENS, RETINA) YES ANNUAL NO
RESPIRATORY SYSTEM YES ANNUAL NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) YES ANNUAL NO
OTHER APPROPRIATE EXAMINATION (SPECIFY) YES ANNUAL NO

COMMENTS ON PHYSICAL EXAMINATION:
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<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES</td>
<td>ANNUAL</td>
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<td>RECOMMENDATIONS:</td>
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**PROGRAM DESCRIPTION:**
REFERENCES: (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Hydroquinone, DHEW Pub. No. 78-155; ACGIH Documentation on TLV’s, 1987. PROGRAM REVISED 8/90.

**PROVIDER COMMENTS:**
Hydroquinone primarily affects the eyes. Chronic exposure produces changes characterized as: brownish discoloration of the conjunctiva and cornea confined to the interpalpebral tissue; small opacities of the cornea; and structural changes in the cornea that result in loss of visual acuity (3). Slit lamp exam is recommended to evaluate corneal changes and opacities.
ISOCYANATES

STRESSOR(S) IN THIS PROGRAM: NIOSH # CAS #
TOLUENE-2,4-DIISOCYANATE CZ6300000 584-84-9
HEXAMETHYLENE DIISOCYANATE MO1740000 822-06-0
METHYLENE BISPHENYL ISOCYANATE NQ9350000 101-68-8
1,5-NAPHTHALENE DIISOCYANATE NQ9850000 3173-72-6
ISOcyanuric Acid XZ1800000 108-80-5
ISOphorone DIISOcyanate NQ5400000 4098-71-9
METHYLENE BIS(4-CYCLOHEXYLISOcyANATE) NQ9250000 5124-30-1

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER YES ANNUAL NO
BACK INJURY YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK YES ANNUAL NO
(beer, wine, liquor)
HAve YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL NO
SKIN DISEASE YES ANNUAL NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
SHORTNESS OF BREATH YES ANNUAL NO
COUGH (DRY OR PRODUCTIVE) YES ANNUAL NO

WORK HISTORY OF:
EXP TO SKIN IRRITANTS YES ANNUAL NO
EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO
EXP TO ISOCYANATE FOAM OR PAINT YES ANNUAL NO
SENSITIZATION TO ISOCYANATES (TDI, MDI) YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
RADIOLoGY-
CHEST X-RAY (PA) YES NO NO
EXAM ELEMENT | ELEMENT GIVEN FOR | BASE LINE | PERI LINE | TERM LINE | ODIC EXAM
--- | --- | --- | --- | ---
SPIROMETRY- | SPIROMETRY (FVC, FEV1, FEV1/FVC) | YES | ANNUAL | NO | YES | ANNUAL | NO
COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:
VITAL SIGNS

SPECIAL ATTENTION IN EXAMINATION TO:
RESPIRATORY SYSTEM
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)
OTHER APPROPRIATE EXAMINATION (SPECIFY)

COMMENTS ON PHYSICAL EXAMINATION:

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
RECOMMENDATIONS:

PROGRAM DESCRIPTION:
REFERENCES (2); (3); (4); (OTHER); 1. NIOSH criteria for a recommended standard...Occupational Exposure to Toluene Diisocyanates, DHEW Pub. No. 73-11022; 2. Musk, AW, Peters JM, Wegman DH, Isocyanates and Respiratory Disease: Current Status, American Journal of Industrial Medicine, 1988;13:331-349. PROGRAM REVISED 8/90.
LEAD (INORGANIC)

STRESSOR(S) IN THIS PROGRAM:        NIOSH #   CAS #
LEAD (INORGANIC)                      OF7525000  7439-92-1
LEAD CHROMATE                          GB2975000  7758-97-6

PROGRAM FREQUENCY: SEMI-ANNUAL FOR BIOLOGIC MONITORING

OSHA STANDARD 29 CFR 1910.1025

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM
LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES *** YES
MAJOR ILLNESS OR INJURY YES *** YES
HOSPITALIZATION OR SURGERY YES *** YES
CANCER YES *** YES
BACK INJURY YES *** YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK YES *** YES
(BEER, WINE, LIQUOR)
HAVE YOU EVER SMOKED YES *** YES
DO YOUR CURRENTLY SMOKE (PACKS/DAY) YES *** YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES *** YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES *** YES
ALLERGIES (INCLUDE MEDICATIONS) YES *** YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES *** YES
BLOOD DISEASES (ANEMIA) YES *** YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES *** YES
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS YES *** YES
KIDNEY DISEASE YES *** YES
CURRENT PREGNANCY (SELF OR SPOUSE) YES *** YES
IMPOTENCE OR SEXUAL DYSFUNCTION YES *** YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE) YES *** YES
NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES *** YES
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY YES *** YES
PERSONALITY CHANGE YES *** YES
COMMENTS ON MEDICAL HISTORY: YES *** YES

LABORATORY-
HEMATOLOGY:
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC) YES *** YES
RBC MORPHOLOGY YES *** YES
SERUM CHEMISTRY:
BUN AND CREATININE YES *** YES
BLOOD LEAD AND ZINC PROTOPORPHYRIN (ZPP) YES SEMI-A YES
URINALYSIS:
ROUTINE:
URINALYSIS WITH MICROSCOPIC YES *** YES
COMMENTS ON LABORATORY RESULTS YES SEMI-A YES

4-105
EXAM ELEMENT | ELEMENT GIVEN FOR: | BASE | PERI | TERM | LINE | ODIC | EXAM
---|---|---|---|---|---|---|---

PHYSICAL EXAMINATION:
VITAL SIGNS
SPECIAL ATTENTION IN EXAMINATION TO:
CENTRAL NERVOUS SYSTEM
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)
CARDIOVASCULAR SYSTEM
GUMS (E.G. LEAD LINES?)
ABDOMEN
OTHER APPROPRIATE EXAMINATION (SPECIFY)
COMMENTS ON PHYSICAL EXAMINATION:

SPECIAL NOTATIONS:
PHYSICIAN’S WRITTEN OPINION REQUIRED

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON
OPNAV 5100/15?
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
RECOMMENDATIONS:

PROGRAM DESCRIPTION:
A baseline examination is required prior to assignment to a position involving potential exposures to lead that equal or exceed the action level.

***A medical examination identical in scope to the baseline will be conducted annually for each person found to have a blood lead concentration at or above 30 ug/100gm at any time during the prior year.

A termination examination identical in scope to the baseline, will be conducted just prior to the reassignment or termination of a person from a job requiring medical surveillance, unless a medical evaluation was done within the past twelve (12) months.


PROVIDER COMMENTS:
A Physician’s Written Opinion is required by OSHA Standard. A sample Physician’s Written Opinion can be found in Appendix F, F-6.

This program consists of; preplacement medical examination, semiannual blood lead monitoring, and follow-up medical evaluations and blood lead analysis based on the results of blood lead analysis and physician opinion. Personnel are included in this program when industrial hygiene surveillance indicates that they perform work or are likely to be in the vicinity of an operation which generates airborne lead concentrations at or above the Action Level 30 days per year. Inclusion in this program is based on measured airborne concentrations without regard to respirator use, and therefore does not indicate that an individual is overexposed to lead.

4-106
**MACHINE OIL MISTS/CUTTING FLUIDS**

**PROGRAM FREQUENCY:** ANNUAL

<table>
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<th>EXAM ELEMENT</th>
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<th>PERI</th>
<th>ODIC</th>
<th>TERM</th>
<th>EXAM</th>
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<tr>
<td><strong>MEDICAL HISTORY:</strong></td>
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<td>PERSONAL HISTORY OF:</td>
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</tr>
<tr>
<td>IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<td>MAJOR ILLNESS OR INJURY</td>
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<td>HOSPITALIZATION OR SURGERY</td>
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<tr>
<td>CANCER</td>
<td>YES</td>
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<td>BACK INJURY</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<td>DO YOU DRINK 6 OR MORE DRINKS PER WEEK</td>
<td>YES</td>
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<td>NO</td>
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<td></td>
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<tr>
<td>(BEER, WINE, LIQUOR)</td>
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<td>HAVE YOU EVER SMOKED</td>
<td>YES</td>
<td>ANNUAL</td>
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<tr>
<td>DO YOU CURRENTLY SMOKE (PACKS/DAY)</td>
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<td>HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE</td>
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<td>ANNUAL</td>
<td>NO</td>
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<tr>
<td>CURRENT MEDICATION USE (PRESCRIPTION OR OTC)</td>
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<td>ANNUAL</td>
<td>NO</td>
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<td>ALLERGIES (INCLUDE MEDICATIONS)</td>
<td>YES</td>
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<td>NO</td>
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<td>USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)</td>
<td>YES</td>
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<td>NO</td>
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<td>ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY)</td>
<td>YES</td>
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<td>NO</td>
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<td>SKIN DISEASE</td>
<td>YES</td>
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<td>NO</td>
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<td>LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS)</td>
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<td>HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS</td>
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<td>EYE IRRITATION</td>
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<td>SHORTNESS OF BREATH</td>
<td>YES</td>
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<td>COUGH (DRY OR PRODUCTIVE)</td>
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<td>PNEUMONIA</td>
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<td>EYE INJURY</td>
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<tr>
<td>EXP TO SKIN IRRITANTS</td>
<td>YES</td>
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<td>NO</td>
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<td>EXP TO RESPIRATORY IRRITANTS</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<tr>
<td>EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)</td>
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<td>NO</td>
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<td><strong>COMMENTS ON MEDICAL HISTORY:</strong></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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</table>

**LABORATORY-**

**URINALYSIS:**

**ROUTINE:**

**URINALYSIS WITH MICROSCOPIC**

**RADIOLOGY-**

**CHEST X-RAY (PA)**

**SPIROMETRY-**

**SPIROMETRY (FVC, FEV1, FEV1/FVC)**

**COMMENTS ON LABORATORY RESULTS:**

YES | ANNUAL | NO |
<table>
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<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE LINE</th>
<th>PERI ODIC</th>
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<td>VITAL SIGNS</td>
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<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
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<td>EYES (CONJUNCTIVA, SCLERA)</td>
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<td>NO</td>
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<tr>
<td>MUCOUS MEMBRANES</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<td>RESPIRATORY SYSTEM</td>
<td>YES</td>
<td>ANNUAL</td>
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<tr>
<td>SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)</td>
<td>YES</td>
<td>ANNUAL</td>
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<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
<td>YES</td>
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<td>NO</td>
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<td>COMMENTS ON PHYSICAL EXAMINATION:</td>
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<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<td>RECOMMENDATIONS:</td>
<td>YES</td>
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PROGRAM DESCRIPTION:
REFERENCES: (1); (3); (4). PROGRAM REVISED 8/90.
### MANGANESE OXIDE FUMES

**Stressor(s) in This Program:** Manganese (And Compounds)

<table>
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<th>NIOSH#</th>
<th>CAS#</th>
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<tr>
<td>OM3850000</td>
<td>7439-96-5</td>
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**Program Frequency:** Annual

**Exam Element** | **Element Given For:** | **Base** | **Peri** | **Term** | **Line** | **Odic** | **Exam**
---|---|---|---|---|---|---|---

**Medical History:**

**Personal History Of:**

- Is your work exposure history current (OPNAV 5100/15)?
- Yes, Annual, No
- Major illness or injury:
  - Yes, Annual, No
- Hospitalization or surgery:
  - Yes, Annual, No
- Cancer:
  - Yes, Annual, No
- Back injury:
  - Yes, Annual, No
- Do you drink 6 or more drinks per week (Beer, Wine, Liquor)?
  - Yes, Annual, No
- Have you ever smoked:
  - Yes, Annual, No
- Do you currently smoke (packs/day):
  - Yes, Annual, No
- Heart disease, high blood pressure, or stroke:
  - Yes, Annual, No
- Current medication use (prescription or OTC):
  - Yes, Annual, No
- Allergies (include medications):
  - Yes, Annual, No
- Use of seat belts (always, mostly, some, none):
  - Yes, Annual, No
- Blood diseases (anemia):
  - Yes, Annual, No
- Lung or resp disease (COPD, bronchitis, pneumonitis):
  - Yes, Annual, No
- Headache, dizziness, light-headedness, weakness:
  - Yes, Annual, No
- Tremors:
  - Yes, Annual, No
- Neur disorder, gait change, paresthesia, coord loss:
  - Yes, Annual, No
- Mental/emotional illness:
  - Yes, Annual, No
- Depression, diff concentrating, excessive anxiety:
  - Yes, Annual, No
- Personality change:
  - Yes, Annual, No

**Work History Of:**

- Exp to dusts (Coal, blast, grit, sand, nuisance):
  - Yes, Annual, No

**Comments On Medical History:** Yes, Annual, No

**Physical Examination:**

**Vital Signs**

- Yes, Annual, No

**Special Attention in Examination To:**

- Central nervous system:
  - Yes, Annual, No
- Peripheral nervous system (strength, sensation, DTR):
  - Yes, Annual, No
- Respiratory system:
  - Yes, Annual, No
- Other appropriate examination (specify):
  - Yes, Annual, No

**Comments On Physical Examination:** Yes, Annual, No
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<th>ELEMENT GIVEN FOR:</th>
<th>BASE</th>
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<th>LINE</th>
<th>ODIC</th>
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<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<tr>
<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<td>RECOMMENDATIONS:</td>
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PROGRAM DESCRIPTION:
REFERENCES: (1); (2); (3). PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM:

PROGRAM FREQUENCIES: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:
PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER YES ANNUAL NO
BACK INJURY YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
HAVE YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL NO
SKIN DISEASE YES ANNUAL NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
SHORTNESS OF BREATH YES ANNUAL NO
COUGH (DRY OR PRODUCTIVE) YES ANNUAL NO

WORK HISTORY OF:
EXP TO DUSTS (COAL, BLAST, GRIT, SAND, NUISANCE) YES ANNUAL NO
EXP TO ASBESTOS YES ANNUAL NO
EXP TO SILICA OR SAND YES ANNUAL NO
EXP TO SKIN IRRITANTS YES ANNUAL NO
EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO
COMMENTS ON MEDICAL HISTORY:

LABORATORY-
RADIOLOGY-
CHEST X-RAY (PA) YES PENTA-E NO
SPIROMETRY-
SPIROMETRY (FVC, FEV1, FEV1/FVC) YES ANNUAL NO
COMMENTS ON LABORATORY RESULTS:
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<th>BASE LINE</th>
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<td>VITAL SIGNS</td>
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<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
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<td>MUCOUS MEMBRANES</td>
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<td>RESPIRATORY SYSTEM</td>
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<td>SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)</td>
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<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
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<td>COMMENTS ON PHYSICAL EXAMINATION:</td>
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<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
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<td>YES</td>
<td>ANNUAL</td>
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<tr>
<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
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<td>YES</td>
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PROGRAM DESCRIPTION:

STRESSOR(S) IN THIS PROGRAM:

**MERCURY** (ARYL AND INORGANIC COMPOUNDS)  NIOSH #: OV4550000  CAS #: 7439-97-6

**MERCURY (ALKYL COMPOUNDS)**  NIOSH #: OV4550000  CAS #: 7439-97-6

**CHLOROETHYL MERCURY**  NIOSH #: OV9800000  CAS #: 107-27-7

**MERCURY (VAPOR)**  NIOSH #: OV4550000  CAS #: 7439-97-6

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR:

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<th>LINE</th>
<th>ODIC</th>
<th>EXAM</th>
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MEDICAL HISTORY:

PERSONAL HISTORY OF:

- IS YOUR WORK EXPOSURE HISTORIC CURRENT (OPNAV 5100/15)  YES  ANNUAL  YES
- MAJOR ILLNESS OR INJURY  YES  ANNUAL  YES
- HOSPITALIZATION OR SURGERY  YES  ANNUAL  YES
- CANCER  YES  ANNUAL  YES
- BACK INJURY  YES  ANNUAL  YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)  YES  ANNUAL  YES
- HAVE YOU EVER SMOKED  YES  ANNUAL  YES
- DO YOU CURRENTLY SMOKE (PACKS/DAY)  YES  ANNUAL  YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE  YES  ANNUAL  YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC)  YES  ANNUAL  YES
- ALLERGIES (INCLUDE MEDICATIONS)  YES  ANNUAL  YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)  YES  ANNUAL  YES
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS)  YES  ANNUAL  YES
- HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS  YES  ANNUAL  YES
- WEIGHT LOSS  YES  ANNUAL  YES
- TREMORS  YES  ANNUAL  YES
- TOOTH OR GUM DISEASE  YES  ANNUAL  YES
- KIDNEY DISEASE  YES  ANNUAL  YES
- NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS  YES  ANNUAL  YES
- DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY  YES  ANNUAL  YES
- PERSONALITY CHANGE  YES  ANNUAL  YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

HEMATOLOGY:

- COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)  YES  ANNUAL  YES
- DIFFERENTIAL WHITE BLOOD CELL COUNT  YES  ANNUAL  YES

SERUM CHEMISTRY:

- BUN AND CREATININE  YES  ANNUAL  YES

URINALYSIS:

- ROUTINE:
  - URINALYSIS WITH MICROSCOPIC  YES  ANNUAL  YES
<table>
<thead>
<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE PERI TERMINAL</th>
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</thead>
<tbody>
<tr>
<td>URINE CHEMISTRY:</td>
<td></td>
<td>YES ANNUAL YES</td>
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<tr>
<td>URINE MERCURY</td>
<td></td>
<td>YES ANNUAL YES</td>
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<tr>
<td>COMMENTS ON LABORATORY RESULTS:</td>
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</table>

| PHYSICAL EXAMINATION: | YES ANNUAL YES |
| VITAL SIGNS | YES ANNUAL YES |
| SPECIAL ATTENTION IN EXAMINATION TO: | YES ANNUAL YES |
| CENTRAL NERVOUS SYSTEM | YES ANNUAL YES |
| PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR) | YES ANNUAL YES |
| KIDNEY | YES ANNUAL YES |
| RESPIRATORY SYSTEM | YES ANNUAL YES |
| SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) | YES ANNUAL YES |
| OTHER APPROPRIATE EXAMINATION (SPECIFY) | YES ANNUAL YES |
| COMMENTS ON PHYSICAL EXAMINATION: | YES ANNUAL YES |

| IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? | YES ANNUAL YES |
| ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? | YES ANNUAL YES |

PROGRAM DESCRIPTION:
REFERENCES: (1); (2); (3); (4); (OTHER); 1. NIOSH criteria for a recommended standard...Occupational Exposure to Inorganic Mercury, DHEW Pub. No. 73-11024; 2. NAVMEDCOMINST 6260.2, 7 NOV 88, Mercury Control Program for Dental Treatment Facilities. PROGRAM REVISED 8/90.

PROVIDER COMMENTS:
Acute exposure to high concentrations of mercury vapor causes severe respiratory damage, whereas chronic exposure to lower levels is primarily associated with central nervous system damage. (3) Acute mercury poisoning can occur from inhalation of high concentrations of mercury vapor or dust. If the concentration of mercury vapor is high enough, the exposure will result in tightness and pain in the chest, difficulty in breathing, coughing, and shortly thereafter, a metallic taste, nausea, abdominal pain, vomiting diarrhea, headache, and occasionally albuminuria.

With chronic exposure to mercury vapor, early signs are nonspecific and include weakness, fatigue, anorexia, loss of weight and disturbances of gastrointestinal function. At higher exposure levels, a characteristic mercurial tremor appears. Personality changes are the most common findings in chronic mercurial poisoning. Symptoms may first occur after a very few weeks of exposure, or they may not become apparent for several years. (1) It has been estimated that the probability of manifesting typical mercurialism with tremor and behavioral changes will increase with exposures to concentrations of 0.1mg/m³ or higher. There is no evidence of effects at concentrations below 0.01 mg/m³. (3)
STRESSOR(S) IN THIS PROGRAM:

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO

MAJOR ILLNESS OR INJURY YES ANNUAL NO

HOSPITALIZATION OR SURGERY YES ANNUAL NO

CANCER YES ANNUAL NO

BACK INJURY YES ANNUAL NO

DO YOU DRINK 6 OR MORE DRINKS PER WEEK

(beer, wine, liquor) YES ANNUAL NO

HAVE YOU EVER SMOKED YES ANNUAL NO

DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO

HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO

CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO

ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO

USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO

NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

RADIOLOGY:

CHEST X-RAY (PA) YES NO NO

SPIROMETRY:

SPIROMETRY (FVC, FEV1, FEV1/FVC) YES ANNUAL NO

COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:

VITAL SIGNS YES ANNUAL NO

SPECIAL ATTENTION IN EXAMINATION TO:

CENTRAL NERVOUS SYSTEM YES ANNUAL NO

PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR) YES ANNUAL NO

RESPIRATORY SYSTEM YES ANNUAL NO

SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) YES ANNUAL NO

OTHER APPROPRIATE EXAMINATION (SPECIFY): YES ANNUAL NO

COMMENTS ON PHYSICAL EXAMINATION:

4-115
IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?
YES ANNUAL NO

ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
YES ANNUAL NO

RECOMMENDATIONS:
YES ANNUAL NO

PROGRAM DESCRIPTION:
166  METHYL CHLOROMETHYL ETHER

STRESSOR(S) IN THIS PROGRAM:  NIOSH #  CAS #
CHLOROMETHYL METHYL ETHER  KN6650000  107-30-2

PROGRAM FREQUENCY:  ANNUAL

OSHA STANDARD 29 CFR 1910.1006

EXAM ELEMENT  ELEMENT GIVEN FOR:  BASE  PERIOD  TERM  LINE  ODIC  EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
  IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES  ANNUAL  YES
  MAJOR ILLNESS OR INJURY  YES  ANNUAL  YES
  HOSPITALIZATION OR SURGERY  YES  ANNUAL  YES
  CANCER  YES  ANNUAL  YES
  BACK INJURY  YES  ANNUAL  YES
  DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES  ANNUAL  YES
  HAVE YOU EVER SMOKED  YES  ANNUAL  YES
  DO YOU CURRENTLY SMOKE (PACKS/DAY)  YES  ANNUAL  YES
  HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE  YES  ANNUAL  YES
  CURRENT MEDICATION USE (PRESCRIPTION OR OTC)  YES  ANNUAL  YES
  ALLERGIES (INCLUDE MEDICATIONS)  YES  ANNUAL  YES
  USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)  YES  ANNUAL  YES
  ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY)  YES  ANNUAL  YES
  TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS  YES  ANNUAL  YES
  CURRENT PREGNANCY (SELF OR SPOUSE)  YES  ANNUAL  YES
  IMPOTENCE OR SEXUAL DYSFUNCTION  YES  ANNUAL  YES
  INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)  YES  ANNUAL  YES

FAMILY HISTORY OF:
  GENETIC DISEASE (INCLUDING CHILDREN)  YES  ANNUAL  YES
  CANCERS (LEUKEMIA, TUMORS)  YES  ANNUAL  YES

COMMENTS ON MEDICAL HISTORY:
  YES  ANNUAL  YES

PHYSICAL EXAMINATION:

SPECIAL SIGNS

SPECIAL ATTENTION IN EXAMINATION TO:
  IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)  YES  ANNUAL  YES
  OTHER APPROPRIATE EXAMINATION (SPECIFY)  YES  ANNUAL  YES

COMMENTS ON PHYSICAL EXAMINATION:
  YES  ANNUAL  YES

SPECIAL NOTATIONS:
  SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN  YES  ANNUAL  YES
  PHYSICIAN'S WRITTEN OPINION REQUIRED  YES  ANNUAL  YES
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<th>TERM EXAM</th>
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<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON JPNAV 5100/15?</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
<td></td>
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<tr>
<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
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<td>RECOMMENDATIONS:</td>
<td>YES</td>
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**PROGRAM DESCRIPTION:**

REFERENCE: (OTHER); 29 CFR 1910.1006. PROGRAM REVISED 8/90.
4,4'-METHYLENE BIS (2-CHLOROANILINE) (MOCA)

STRESSOR(S) IN THIS PROGRAM: 4,4'-METHYLENE BIS (2-CHLOROANILINE)

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PROGRAM FREQUENCY: ANNUAL

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<td>IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/150) YES</td>
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<td>MAJOR ILLNESS OR INJURY</td>
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<td>HOSPITALIZATION OR SURGERY</td>
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<td>CANCER</td>
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<tr>
<td>BACK INJURY</td>
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<tr>
<td>DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)</td>
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<tr>
<td>HAVE YOU EVER SMOKED</td>
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<tr>
<td>DO YOU CURRENTLY SMOKE (PACKS/DAY)</td>
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<tr>
<td>HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE</td>
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<tr>
<td>CURRENT MEDICATION USE (PRESCRIPTION OR OTC)</td>
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<tr>
<td>ALLERGIES (INCLUDE MEDICATIONS)</td>
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<tr>
<td>USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)</td>
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<tr>
<td>TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS</td>
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<tr>
<td>LIVER DISEASE</td>
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<td>CURRENT PREGNANCY (SELF OR SPOUSE)</td>
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<tr>
<td>IMPOTENCE OR SEXUAL DYSFUNCTION</td>
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<tr>
<td>INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)</td>
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</table>

| WORK HISTORY OF: |
| EXP TO CARCINOGENS | YES | ANNUAL | YES |

| FAMILY HISTORY OF: |
| GENETIC DISEASE (INCL CHILDREN) | YES | ANNUAL | YES |
| CANCERS (LEUKEMIA, TUMORS) | YES | ANNUAL | YES |

| COMMENTS ON MEDICAL HISTORY: |

| LABORATORY- |
| SERUM CHEMISTRY: |
| LIVER PROFILE TO INCLUDE: SGOT (AST), TOT. BILI., ALK. PHOS. | YES | NO | YES |
| SGOT (AST) | YES | ANNUAL | YES |

<p>| URINALYSIS: |
| Routine: URINALYSIS WITH MICROSCOPIC | YES | ANNUAL | YES |</p>
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<td><strong>COMMENTS ON LABORATORY RESULTS:</strong></td>
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<td>YES</td>
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<td>VITAL SIGNS</td>
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<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
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<td>GENITOURINARY TRACT</td>
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<td>ANNUAL</td>
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<td>LIVER</td>
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<td><strong>COMMENTS ON PHYSICAL EXAMINATION:</strong></td>
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<td>YES</td>
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<td><strong>SPECIAL NOTATIONS:</strong></td>
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<td>YES</td>
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<td>YES</td>
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<td>SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN</td>
<td></td>
<td>YES</td>
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<td>ANNUAL</td>
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<tr>
<td><strong>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</strong></td>
<td></td>
<td>YES</td>
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<td>ANNUAL</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td></td>
<td>YES</td>
<td></td>
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<td>ANNUAL</td>
<td>YES</td>
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<td>RECOMMENDATIONS:</td>
<td></td>
<td>YES</td>
<td></td>
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<td>ANNUAL</td>
<td>YES</td>
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**PROGRAM DESCRIPTION:**

REFERENCES: (1); (2); (3); (4). PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM:
METHYLENE CHLORIDE

NIOSH #   CAS #
PA8050000   75-09-2

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:
PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
MAJOR ILLNESS OR INJURY YES ANNUAL YES
HOSPITALIZATION OR SURGERY YES ANNUAL YES
CANCER YES ANNUAL YES
BACK INJURY YES ANNUAL YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
HAVE YOU EVER SMOKED YES ANNUAL YES
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
BLOOD DISEASES (ANEMIA) YES ANNUAL YES
SKIN DISEASE YES ANNUAL YES
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
USE OF NITRATE MEDICATION (NITROGLYCERINE) YES ANNUAL YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL YES
EYE IRRITATION YES ANNUAL YES
CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS YES ANNUAL YES
SHORTNESS OF BREATH YES ANNUAL YES
LIVER DISEASE YES ANNUAL YES
NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES ANNUAL YES

WORK HISTORY OF:
EXP TO SKIN IRRITANTS YES ANNUAL YES
EXP TO RESPIRATORY IRRITANTS YES ANNUAL YES

FAMILY HISTORY OF:
CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
HEMATOLOGY:
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC) YES ANNUAL YES
## Exam Elements

<table>
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<tr>
<th>Exam Element</th>
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<th>Base Line</th>
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<tr>
<td>Electrocardiogram</td>
<td>YES</td>
<td>***</td>
<td>YES</td>
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<td><strong>Radiology—</strong></td>
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<tr>
<td>Chest X-ray (PA)</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
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</tbody>
</table>

## Comments on Laboratory Results:
- Yes Annual YES

## Physical Examination:

**Vital Signs**
- Yes Annual YES

**Special Attention in Examination To:**
- **Central Nervous System**
- Yes Annual YES
- **Cardiovascular System**
- Yes Annual YES
- **Eyes (Conjunctiva, Sclera)**
- Yes Annual YES
- **Liver**
- Yes Annual YES
- **Respiratory System**
- Yes Annual YES
- **Skin (Rash, Erosion, Ulcer, Pigment, Eczema, etc)**
- Yes Annual YES

**Other Appropriate Examination (Specify)**
- Yes Annual YES

**Comments on Physical Examination:**
- Yes Annual YES

## Special Notations:
- **Substance(s) Suspected Human Carcinogen**
- Yes Annual YES

**Is Surveillance Consistent with Exposures Listed on OPNAV 5100/15?**
- Yes Annual YES

**Adverse Health Effects of Occupational Exposure?**
- Yes Annual YES

**Recommendations:**
- Yes Annual YES

## Program Description:

***EKG given annually to workers over age 39. REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Methylene Chloride, DHEW Pub. No. 76-138. PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM: METHYLENE DIANILINE

4,4'-DIAMINODIPHENYL METHANE

PROGRAM FREQUENCY: ANNUAL

OSHA PROPOSED STANDARD

EXAM ELEMENT

<table>
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<th>ELEMENT GIVEN FOR:</th>
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<th>TERM</th>
<th>LINE</th>
<th>ODIC</th>
<th>EXAM</th>
</tr>
</thead>
</table>

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES

MAJOR ILLNESS OR INJURY YES ANNUAL YES

HOSPITALIZATION OR SURGERY YES ANNUAL YES

CANCER YES ANNUAL YES

BACK INJURY YES ANNUAL YES

DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES

HAVE YOU EVER SMOKED YES ANNUAL YES

DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES

HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES

CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES

ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES

USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES

SKIN DISEASE YES ANNUAL YES

HEPATITIS OR JAUNDICE YES ANNUAL YES

TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES

USE OF BARBITURATES YES ANNUAL YES

CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS YES ANNUAL YES

LIVER DISEASE YES ANNUAL YES

KIDNEY DISEASE YES ANNUAL YES

PROBLEMS WITH URINATION/BLOOD IN URINE YES ANNUAL YES

CURRENT PREGNANCY (SELF OR SPOUSE) YES ANNUAL YES

IMMOTENCE OR SEXUAL DYSFUNCTION YES ANNUAL YES

INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE) YES ANNUAL YES

WORK HISTORY OF:

EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS YES ANNUAL YES

EXP TO CARCINOGENS YES ANNUAL YES

FAMILY HISTORY OF:

CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY: YES ANNUAL YES

LABORATORY-

SERUM CHEMISTRY:

LIVER PROFILE TO INCLUDE:

SGOT (AST), TOT. BILI., ALK. PHOS. YES ANNUAL YES
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<th>PERI ODIC</th>
<th>TERM EXAM</th>
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<td>BUN AND CREATININE URINALYSIS</td>
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<td>YES</td>
<td>ANNUAL</td>
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<tr>
<td>ROUTINE: URINALYSIS WITHOUT MICROSCOPIC</td>
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<td>YES</td>
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<td>COMMENTS ON LABORATORY RESULTS:</td>
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<td>PHYSICAL EXAMINATION:</td>
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<td>VITAL SIGNS</td>
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<td>YES</td>
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<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
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<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
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<td>EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA)</td>
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<td>YES</td>
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<td>KIDNEY</td>
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<td>LIVER</td>
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<td>SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)</td>
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<td>SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN</td>
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<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5.00/5?</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
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**PROGRAM DESCRIPTION:**

170  ALPHA-NAPHTHYLAMINE

STRESSOR(S) IN THIS PROGRAM:

ALPHA-NAPHTHYLAMINE

NIOSH #  CAS #
QM1400000  134-32-7

PROGRAM FREQUENCY:  ANNUAL

OSHA STANDARD 29 CFR 1910. 1004

EXAM ELEMENT ELEMENT GIVEN FOR:  BASE PERI TERM
LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)  YES ANNUAL YES
MAJOR ILLNESS OR INJURY  YES ANNUAL YES
HOSPITALIZATION OR SURGERY  YES ANNUAL YES
CANCER  YES ANNUAL YES
BACK INJURY  YES ANNUAL YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK  YES ANNUAL YES
(BEER, WINE, LIQUOR)
HAVE YOU EVER SMOKED  YES ANNUAL YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)  YES ANNUAL YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE  YES ANNUAL YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)  YES ANNUAL YES
ALLERGIES (INCLUDE MEDICATIONS)  YES ANNUAL YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)  YES ANNUAL YES
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY)  YES ANNUAL YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS  YES ANNUAL YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS  YES ANNUAL YES
SHORTNESS OF BREATH  YES ANNUAL YES
PROBLEMS WITH URINATION/BLOOD IN URINE  YES ANNUAL YES
CURRENT PREGNANCY (SELF OR SPOUSE)  YES ANNUAL YES
IMPOTENCE OR SEXUAL DYSFUNCTION  YES ANNUAL YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)  YES ANNUAL YES

FAMILY HISTORY OF:
GENETIC DISEASE (INCLUDING CHILDREN)  YES ANNUAL YES
CANCERS (LEUKEMIA, TUMORS)  YES ANNUAL YES
COMMENTS ON MEDICAL HISTORY:

LABORATORY-
URINALYSIS-
ROUTINE:
URINALYSIS WITH MICROSCOPIC  YES ANNUAL YES
COMMENTS ON LABORATORY RESULTS:

4-125
EXAM ELEMENT | ELEMENT GIVEN FOR: | BASE | PERI | TERM LINE | ODIC | EXAM
--- | --- | --- | --- | --- | --- | ---
PHYSICAL EXAMINATION: | | | | | |
VITAL SIGNS | YES | ANNUAL | YES
SPECIAL ATTENTION IN EXAMINATION TO: | | | | |
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM) | YES | ANNUAL | YES
OTHER APPROPRIATE EXAMINATION (SPECIFY) | YES | ANNUAL | YES
COMMENTS ON PHYSICAL EXAMINATION: | YES | ANNUAL | YES
SPECIAL NOTATIONS: | | | | |
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN | YES | ANNUAL | YES
PHYSICIAN'S WRITTEN OPINION REQUIRED | YES | ANNUAL | YES
IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? | YES | ANNUAL | YES
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? | YES | ANNUAL | YES
RECOMMENDATIONS | YES | ANNUAL | YES

PROGRAM DESCRIPTION:
BETA-NAPHTHYLAMINE

STRESSOR(S) IN THIS PROGRAM: BETA-NAPHTHYLAMINE

NIOSH # CAS #
QM2100000 91-59-8

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1009

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MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
- MAJOR ILLNESS OR INJURY YES ANNUAL YES
- HOSPITALIZATION OR SURGERY YES ANNUAL YES
- CANCER YES ANNUAL YES
- BACK INJURY YES ANNUAL YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
- HAVE YOU EVER SMOKED YES ANNUAL YES
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
- TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
- PROBLEMS WITH URINATION/BLOOD IN URINE YES ANNUAL YES
- CURRENT PREGNANCY (SELF OR SPOUSE) YES ANNUAL YES
- IMPOTENCE OR SEXUAL DYSFUNCTION YES ANNUAL YES
- INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE) YES ANNUAL YES

FAMILY HISTORY OF:
- GENETIC DISEASE (INCLUDING CHILDREN) YES ANNUAL YES
- CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
URINALYSIS:
- ROUTINE:
  URINALYSIS WITH MICROSCOPIC YES ANNUAL YES

COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:
- VITAL SIGNS YES ANNUAL YES
- SPECIAL ATTENTION IN EXAMINATION TO:
  IMMUNOCOMPETENCE (LYMPHATIC SYSTEM) YES ANNUAL YES
- OTHER APPROPRIATE EXAMINATION (SPECIFY) YES ANNUAL YES

COMMENTS ON PHYSICAL EXAMINATION:
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<td>ODIC</td>
<td>EXAM</td>
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</table>

**SPECIAL NOTATIONS:**
- SUBSTANCE(S) KNOWN HUMAN CARCINOGEN
  - YES ANNUAL YES
- PHYSICIAN'S WRITTEN OPINION REQUIRED
  - YES ANNUAL YES

**IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?**
- YES ANNUAL YES

**ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?**
- YES ANNUAL YES

**RECOMMENDATIONS:**
- YES ANNUAL YES

**PROGRAM DESCRIPTION:**

**REFERENCES:** (1); (2); (3); (OTHER) 29 CFR 1910.1009. PROGRAM REVISED 8/90.
172  NICKEL (INORGANIC)

STRESSOR(S) IN THIS PROGRAM:
NICKEL (METAL)  NIOSH #  CAS #
NICKEL (SULFIDE ROASTING, FUME AND DUST) QR5950000  7440-02-0
NICKEL (SOLUBLE COMPOUNDS) QR9800000  12035-72-2

PROGRAM FREQUENCY:  ANNUAL

EXAM ELEMENT  ELEMENT GIVEN FOR:  BASE PERI TERM
LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
MAJOR ILLNESS OR INJURY YES ANNUAL YES
HOSPITALIZATION OR SURGERY YES ANNUAL YES
CANCER YES ANNUAL YES
BACK INJURY YES ANNUAL YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK
(BEER, WINE, LIQUOR) YES ANNUAL YES
HAVE YOU EVER SMOKED YES ANNUAL YES
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
SKIN DISEASE YES ANNUAL YES
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS) YES ANNUAL YES

WORK HISTORY OF:
EXP TO SKIN IRRITANTS YES ANNUAL YES
EXP TO RESPIRATORY IRRITANTS YES ANNUAL YES

FAMILY HISTORY OF:
CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
RADIOLOGY-
CHEST X-RAY (PA) YES  NO  YES

COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:

VITAL SIGNS YES ANNUAL YES

SPECIAL ATTENTION IN EXAMINATION TO:
NASAL MUCOSA (SEPTAL PERFORATION) YES ANNUAL YES
RESPIRATORY SYSTEM YES ANNUAL YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) YES ANNUAL YES
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<td>COMMENTS ON PHYSICAL EXAMINATION:</td>
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<td>SPECIAL NOTATIONS:</td>
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<td>ANNUAL</td>
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<td>SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN</td>
<td>YES</td>
<td>ANNUAL</td>
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<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
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PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4); (OTHER); 1. NIOSH-OSHA, Occupational Guidelines for Nickel Metal and Soluble Nickel Compounds, Washington, DC. DHHS/DOL: 1978: 1-7; 2. National Research Council, Nickel: Medical and Biologic Effects of Environmental Pollutants, Washington, DC: National Academy of Sciences: 1975; 97-128. PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM: NICKEL CARBONYL

PROGRAM FREQUENCY: ANNUAL

MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
- MAJOR ILLNESS OR INJURY YES ANNUAL YES
- HOSPITALIZATION OR SURGERY YES ANNUAL YES
- CANCER YES ANNUAL YES
- BACK INJURY YES ANNUAL YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
- HAVE YOU EVER SMOKED YES ANNUAL YES
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
- TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES

WORK HISTORY OF:
- EXP TO RESPIRATORY IRRITANTS YES ANNUAL YES

FAMILY HISTORY OF:
- CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
- RADIOLOGY-
  - CHEST X-RAY (PA) YES NO YES
- SPIROMETRY-
  - SPIROMETRY (FVC, FEV1, FEV1/FVC) YES ANNUAL YES

COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:
- VITAL SIGNS YES ANNUAL YES
- SPECIAL ATTENTION IN EXAMINATION TO:
  - NASAL MUCOSA (SEPTAL PERFORATION) YES ANNUAL YES
  - RESPIRATORY SYSTEM YES ANNUAL YES
  - OTHER APPROPRIATE EXAMINATION (SPECIFY) YES ANNUAL YES

COMMENTS ON PHYSICAL EXAMINATION:
PROGRAM DESCRIPTION:
REFERENCES: (1); (2); (3); (4); (OTHER); 1. NIOSH-OSHA, Occupational Guideline for Nickel Carbonyl, Washington, DC: DHHS/DOL; 1978: 1-5; 2. National Research Council, Nickel: Medical and Biologic Effects of Environmental Pollutants, Washington, DC: National Academy of Sciences: 1975; 97-128. PROGRAM REVISED 8/90.

PROVIDER COMMENTS:
Periodic urine nickel measurement has not been correlated with chronic health outcomes; however, urine nickel evaluation may assist the provider in determining if a worker with mild symptoms of nickel carbonyl toxicity would benefit from chelation therapy. Chelation therapy for workers with moderate or severe symptoms of nickel carbonyl toxicity is based on history and should not be delayed awaiting laboratory determination of urine nickel levels.
NITROGEN OXIDES

STRESSOR(S) IN THIS PROGRAM:  
NITROGEN DIOXIDE  
NIOSH #  CAS #  
QW9800000  10102-44-0  
NITRIC OXIDE  
QX0525000  10102-43-9

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR:  BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER YES ANNUAL NO
BACK INJURY YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK YES ANNUAL NO
(BEER, WINE, LIQUOR)
HAVE YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL NO
SKIN DISEASE YES ANNUAL NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
EYE IRRITATION YES ANNUAL NO
CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS YES ANNUAL NO

WORK HISTORY OF:

EXP TO SKIN IRRITANTS YES ANNUAL NO
EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
RADIOLOGY-
CHEST X-RAY (PA) YES NO NO
SPIROMETRY-
SPIROMETRY (FVC, FEV1, FEV1/FVC) YES ANNUAL NO

COMMENTS ON LABORATORY RESULTS:

4-133
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<td>RESPIRATORY SYSTEM</td>
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PROGRAM DESCRIPTION:

REFERENCES: (1); (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Nitric Acid, DHEW Pub. No. 76-141. PROGRAM REVISED 8/90.
175 4-NITROBIPHENYL

STRESSOR(S) IN THIS PROGRAM: 4-NITROBIPHENYL

NIOSH # CAS #
DV5600000 92-93-3

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1003

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
- MAJOR ILLNESS OR INJURY YES ANNUAL YES
- HOSPITALIZATION OR SURGERY YES ANNUAL YES
- CANCER YES ANNUAL YES
- BACK INJURY YES ANNUAL YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK YES ANNUAL YES
  (BEER, WINE, LIQUOR)
- HAVE YOU EVER SMOKED YES ANNUAL YES
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
- TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
- PROBLEMS WITH URINATION/BLOOD IN URINE) YES ANNUAL YES
- CURRENT PREGNANCY (SELF OR SPOUSE) YES ANNUAL YES
- IMPOTENCE OR SEXUAL DYSFUNCTION YES ANNUAL YES
- INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE) YES ANNUAL YES

FAMILY HISTORY OF:
- GENETIC DISEASE (INCL CHILDREN) YES ANNUAL YES
- CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
URINALYSIS:
- ROUTINE:
  URINALYSIS WITH MICROSCOPIC YES ANNUAL YES

COMMENTS ON LABORATORY RESULTS:

4-135
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<td>Special Notations:</td>
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<td>Substance(s) known human carcinogen</td>
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<td>Recommendations:</td>
<td>YES</td>
<td>ANNUAL</td>
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Program Description:

References: (1); (2); (3); (other); 29 CFR 1910.1003. Program revised 8/90.

4-136
### Nitroglycerine

**Stressor(s) in This Program:**
- Nitroglycerin

**NIOSH #**
- QX2100000

**CAS #**
- 55-63-0

**Program Frequency:**
- Annual

### Exam Element

| Exam Element | Element Given For | Base Line | Peri Line | Term Line | ODIC Line | Exam
|--------------|------------------|-----------|-----------|-----------|-----------|------
| Medical History: |                  |           |           |           |           |      
| Personal History of: |                  |           |           |           |           |      
| Is your work exposure history current (OPNAV 5100/15)? | Yes | Annual | No
| Major Illness or Injury | Yes | Annual | No
| Hospitalization or Surgery | Yes | Annual | No
| Cancer | Yes | Annual | No
| Back Injury | Yes | Annual | No
| Do you drink 6 or more drinks per week | Yes | Annual | No
| (beer, wine, liquor) | Yes | Annual | No
| Have you ever smoked | Yes | Annual | No
| Do you currently smoke (packs/day) | Yes | Annual | No
| Heart Disease, High Blood Pressure, or Stroke | Yes | Annual | No
| Current medication use (prescription or OTC) | Yes | Annual | No
| Allergies (include medications) | Yes | Annual | No
| Use of seat belts (always, mostly, some, none) | Yes | Annual | No
| Use of nitrate medication (Nitroglycerine) | Yes | Annual | No
| Headache, Dizziness, Light-Headedness, Weakness | Yes | Annual | No
| Chest pain, Angina, Heart Attack, Palpitations | Yes | Annual | No
| Shortness of Breath | Yes | Annual | No
| Migraine Headache | Yes | Annual | No

#### Family History of:
- Heart Disease, High Blood Pressure, or Stroke | Yes | Annual | No

### Comments on Medical History:

#### Laboratory-
**Hematology:**
- Complete Blood Count (HGB, HCT, WBC, MCV, MCH, MCHC) | Yes | Annual | No

#### Cardiology-
- Electrocardiogram | Yes | Annual | No

#### Radiology-
- Chest X-Ray (PA) | Yes | No | No

### Comments on Laboratory Results:
<table>
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<td>CENTRAL NERVOUS SYSTEM</td>
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IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? | YES | ANNUAL | NO |
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? | YES | ANNUAL | NO |

PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4). PROGRAM REVISED 8/90.
<table>
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<th>STRESSOR(S) IN THIS PROGRAM:</th>
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<td>2-NITROPROPANE</td>
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**PROGRAM FREQUENCY:** ANNUAL

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**MEDICAL HISTORY:**

**PERSONAL HISTORY OF:**
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
- MAJOR ILLNESS OR INJURY YES ANNUAL YES
- HOSPITALIZATION OR SURGERY YES ANNUAL YES
- CANCER YES ANNUAL YES
- BACK INJURY YES ANNUAL YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK YES ANNUAL YES (BEER, WINE, LIQUOR)
- HAVE YOU EVER SMOKED YES ANNUAL YES
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
- SKIN DISEASE YES ANNUAL YES
- HEPATITIS OR JAUNDICE YES ANNUAL YES
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
- TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
- COUGH (DRY OR Productive) YES ANNUAL YES
- LIVER DISEASE YES ANNUAL YES

**WORK HISTORY OF:**
- EXP TO RESPIRATORY IRRITANTS YES ANNUAL YES
- EXP TO CARCINOGENS YES ANNUAL YES

**FAMILY HISTORY OF:**
- CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES

**COMMENTS ON MEDICAL HISTORY:**

**LABORATORY:**

**SERUM CHEMISTRY:**
- LIVER PROFILE TO INCLUDE:
  - SGOT (AST), TOT. BILI., ALK. PHOS. YES NO YES
  - SGOT (AST) YES ANNUAL YES

**RADIOLOGY:**
- CHEST X-RAY (PA) YES NO YES

**SPIROMETRY:**
- SPIROMETRY (FEV1, FVC, FEV1/FVC) YES NO YES

**COMMENTS ON LABORATORY RESULTS:**
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<td>COMMENTS ON PHYSICAL EXAMINATION:</td>
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</table>

| SPECIAL NOTATIONS:                       |                    | YES  |      |      |
| SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN  |                    | YES  |      |      |

| IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? | YES |

| ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? | YES |

| RECOMMENDATIONS: | YES |

| PROGRAM DESCRIPTION: | |
| REFERENCES: | (1); (3). PROGRAM REVISED 8/90. |

4-140
### N-NITROSODIMETHYLAMINE

**STRESSOR(S) IN THIS PROGRAM:**

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**PROGRAM FREQUENCY:** ANNUAL

**OSHA STANDARD 29 CFR 1910.1016**

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**MEDICAL HISTORY:**

**PERSONAL HISTORY OF:**

- **IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)**: YES ANNUAL YES
- **MAJOR ILLNESS OR INJURY**
- **HOSPITALIZATION OR SURGERY**
- **CANCER**
- **BACK INJURY**
- **DO YOU DRINK 6' OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)**: YES ANNUAL YES
- **HAVE YOU EVER SMOKED**
- **DO YOU CURRENTLY SMOKE (PACKS/DAY)**: YES ANNUAL YES
- **HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE**
- **CURRENT MEDICATION USE (PRESCRIPTION OR OTC)**
- **ALLERGIES (INCLUDE MEDICATIONS)**
- **USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)**
- **ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY)**
- **SKIN DISEASE**
- **TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS**
- **LIVER DISEASE**
- **PROBLEMS WITH URINATION/BLOOD IN URINE**
- **CURRENT PREGNANCY (SELF OR SPOUSE)**
- **INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)**

**FAMILY HISTORY OF:**

- **GENETIC DISEASE (INCLUDING CHILDREN)**
- **CANCERS (LEUKEMIA, TUMORS)**

**COMMENTS ON MEDICAL HISTORY:**

**LABORATORY-**

**SERUM CHEMISTRY:**

- **LIVER PROFILE TO INCLUDE:**
  - SGOT (AST), TOT. BILI., ALK. PHOS.: YES NO YES
  - SGOT (AST): YES ANNUAL YES

**URINALYSIS:**

- **ROUTINE:**
  - URINALYSIS WITH MICROSCOPIC: YES ANNUAL YES

**COMMENTS ON LABORATORY RESULTS:**

4-141
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<td>SPECIAL NOTATIONS:</td>
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<td>PHYSICIAN'S WRITTEN OPINION REQUIRED</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
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PROGRAM DESCRIPTION:
REFERENCES: (1); (2); (3); (OTHER) 29 CFR 1910.1016. PROGRAM REVISED 8/90.
ORGANOPHOSPHATE/CARBANATE COMPOUNDS

STRESSOR(S) IN THIS PROGRAM: NIOSH # CAS #
CARBARYL FC5950000 63-25-2
MALATHION WM8400000 121-75-5
METHYL PARATHION TG0175000 298-00-0
PARATHION TF4550000 56-38-2
FERBAM NO8750000 14484-64-1
PROPOXUR FC3150000 114-26-1

PROGRAM FREQUENCY: SEE PROGRAM DESCRIPTION

MEDICAL HISTORY:
PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES NO NO
HOSPITALIZATION OR SURGERY YES NO NO
CANCER YES NO NO
BACK INJURY YES NO NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES NO NO
HAVE YOU EVER SMOKED YES NO NO
DO YOU CURRENTLY SMoke (PACKS/DAY) YES NO NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES NO NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES NO NO
ALLERGIES (INCLUDE MEDICATIONS) YES NO NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES NO NO
SKIN DISEASE YES NO NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES NO NO
USE OF ANTICHOLINERGIC DRUGS (DONNATAL) YES NO NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES NO NO
NAUSEA OR VOMITING YES NO NO
WEIGHT LOSS YES NO NO
GLAUCOMA YES NO NO
EPILEPSY (SEIZURE DISORDER) YES NO NO
NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES NO NO
MIGRAINE HEADACHE YES NO NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
SERUM CHEMISTRY:
RBC CHOLINESTERASE YES *ANNUAL NO
PLASMA (OR SERUM) CHOLINESTERASE YES *ANNUAL NO
OPTOMETRY-
TONOMETRY YES NO NO

COMMENTS ON LABORATORY RESULTS:

4-143
PHYSICAL EXAMINATION:
VITAL SIGNS
SPECIAL ATTENTION IN EXAMINATION TO:
   CENTRAL NERVOUS SYSTEM
   PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)
   RESPIRATORY SYSTEM
   SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)
   OTHER APPROPRIATE EXAMINATION (SPECIFY)
COMMENTS ON PHYSICAL EXAMINATION:

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
RECOMMENDATIONS:

PROGRAM DESCRIPTION:
REFERENCES: (1); (2); (4); (OTHER); 1. OPNAVINST 6250.4A, Pest Management Programs, 28 Nov 90. PROGRAM REVISED 4/91.

* FREQUENCY OF CHOLINESTERASE TESTING

YES — Do you handle organophosphate or carbamate — NO pesticides labeled "DANGER" or "WARNING" for any part of the day for seven or more days in any 30 day period?

ANNUAL TESTING

Does label —- NO — Does label —- NO say "DANGER"?

Does label —- NO — Does label —- NO say "WARNING"?

YES —

Does exposure 3 or more days per week? — NO — Test monthly

YES —

Test every 2 weeks

PROVIDER COMMENTS: Above frequency of testing applies only during the period that the worker is exposed during seven or more days in any 30 day period. Personnel who only handle pesticides labeled "CAUTION," regardless of the frequency, and those who handle pesticides labeled "DANGER" or "WARNING" less frequently than described above shall have plasma and RBC cholinesterase tested at least annually, preferably during the season in which the greatest exposure to organophosphate or carbamate pesticides occurs.
ORGANOTIN COMPOUNDS

STRESSOR(S) IN THIS PROGRAM:
- TIN (ORGANIC COMPOUNDS)
- TRIBUTYL Tin OXIDE
- METHYL Tin MERCAPTIDE
- TRIBUTYL Tin BENZOATE
- DIBUTYL Tin DILAURATE
- TRIBUTYL Tin FLUORIDE

NIOSH #  CAS #
JN8750000 56-35-9
WH6710000 4342-36-3
WH7000000 77-58-7
WH8275000 1983-10-4

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:
PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
- MAJOR ILLNESS OR INJURY YES ANNUAL NO
- HOSPITALIZATION OR SURGERY YES ANNUAL NO
- CANCER YES ANNUAL NO
- BACK INJURY YES ANNUAL NO
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK YES ANNUAL NO
  (BEER, WINE, LIQUOR)
- HAVE YOU EVER SMOKED YES ANNUAL NO
- DC YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
- SKIN DISEASE YES ANNUAL NO
- LUNG OR RESP DISEASE (COPD,BRONCHITIS,PNEUMONITIS) YES ANNUAL NO
- HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL NO
- NAUSEA OR VOMITING YES ANNUAL NO
- CHANGE OR LOSS OF VISION YES ANNUAL NO
- EYE IRRITATION YES ANNUAL NO
- LIVER DISEASE YES ANNUAL NO
- PROBLEMS WITH URINATION/BLOOD IN URINE YES ANNUAL NO
- NEUR DISORDER,GAIT CHANGE,PAARESTHESIA,COORD LOSS YES ANNUAL NO

WORK HISTORY OF:
- EXP TO SKIN IRRITANTS YES ANNUAL NO
- EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY:
SERUM CHEMISTRY:
- LIVER PROFILE TO INCLUDE:
  - SGOT (AST), TOT. BILI., ALK. PHOS. YES NO NO
  - SGOT (AST) YES ANNUAL NO
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<td>RADIOMETRY-</td>
<td>CHEST X-RAY (PA)</td>
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<td>SPIROMETRY:</td>
<td>SPPIROMETRY (FEV1. FVC, FEV1/FVC)</td>
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<td>OPTOMETRY-</td>
<td>VISION SCREEN (VISUAL ACUITY)</td>
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<td>VITAL SIGNS</td>
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<td>CENTRAL NERVOUS SYSTEM</td>
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<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
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<td>ANNUAL</td>
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<td>RECOMMENDATIONS:</td>
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PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4); (OTHER) NIOSH criteria for a recommended standard...Occupational Exposure to Organotin Compounds, DHEW Pub. No. 77-115.
PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM:  
ETHYLENE GLYCOL DINITRATE  
PROPYLENE GLYCOL DINITRATE  
THYLENE GLYCOL DINITRATE  
ETHYLHEXYL NITRATE

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER YES ANNUAL NO
BACK INJURY YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
HAVE YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
SKIN DISEASE YES ANNUAL NO
USE OF NITRATE MEDICATION (NITROGLYCERINE) YES ANNUAL NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL NO
CHANGE OR LOSS OF VISION YES ANNUAL NO
CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS YES ANNUAL NO
MIGRAINE HEADACHE YES ANNUAL NO

FAMILY HISTORY OF:
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
HEMATOLOGY-
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC) YES ANNUAL NO
CARDIOLOGY-
ELECTROCARDIOGRAM YES ANNUAL NO
OPTOMETRY-
VISION SCREEN (VISUAL ACUITY) YES ANNUAL NO

COMMENTS ON LABORATORY RESULTS:
<table>
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<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE</th>
<th>PERI</th>
<th>TERM</th>
<th>LINE</th>
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<td>PHYSICAL EXAMINATION:</td>
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<td>VITAL SIGNS</td>
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<td>CENTRAL NERVOUS SYSTEM</td>
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<td>CARDIOVASCULAR SYSTEM</td>
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<td>EYES (CONJUNCTIVA, SCLERA)</td>
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<td>KIDNEY</td>
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<td>LIVER</td>
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<td>RESPIRATORY SYSTEM</td>
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<td>SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)</td>
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<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
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<td>COMMENTS ON PHYSICAL EXAMINATION:</td>
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<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES</td>
<td>ANNUAL</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES</td>
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<td>RECOMMENDATIONS:</td>
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**PROGRAM DESCRIPTION:**

**REFERENCE:** (OTHER); 1. NAVMEDCOMINST 6270.1, 19 MAR 85, HEALTH HAZARDS OF OTTO FUEL II; 2. Jones RA., Strickland, JA., Siegel J. Toxicity of propylene 1,2-dinitrate in experimental animals, Toxicology and Applied Pharmacology, 1972;22:128-137; 3. NAVENVIRHLTHCEN ltr 6260 Ser 3213mt/04449 of 27 Apr 90. PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM:  
CHLORODIPHENYL (42% CHLORINE)  
CHLORODIPHENYL (54% CHLORINE)  

PROGRAM FREQUENCY: ANNUAL

MEDICAL HISTORY:
PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER YES ANNUAL NO
BACK INJURY YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
HAVE YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
SKIN DISEASE YES ANNUAL NO
HEPATITIS OR JAUNDICE YES ANNUAL NO
LIVER DISEASE YES ANNUAL NO

WORK HISTORY OF:
EXP TO SKIN IRRITANTS YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY: YES ANNUAL NO

LABORATORY-
SERUM CHEMISTRY:
LIVER PROFILE TO INCLUDE:
SGOT (AST), TOT.BILI., ALK. PHOS. YES NO NO
SGOT (AST) YES ANNUAL NO
TRIGLYCERIDES YES ANNUAL NO
COMMENTS ON LABORATORY RESULTS: YES ANNUAL NO

PHYSICAL EXAMINATION:
VITAL SIGNS YES ANNUAL NO
SPECIAL ATTENTION IN EXAMINATION TO:
LIVER YES ANNUAL NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) YES ANNUAL NO
OTHER APPROPRIATE EXAMINATION (SPECIFY) YES ANNUAL NO
COMMENTS ON PHYSICAL EXAMINATION: YES ANNUAL NO

4-1-49
**EXAM ELEMENT**

**ELEMENT GIVEN FOR:**

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<th>BASE LINE</th>
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**IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?**

YES ANNUAL NO

**ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?**

YES ANNUAL NO

**RECOMMENDATIONS:**

YES ANNUAL NO

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**PROGRAM DESCRIPTION:**

Placement on medical surveillance program is for personnel exposed to PCB's above the medical surveillance action level. These levels are based on airborne concentrations of PCB's. There is no current required medical surveillance based on skin contact alone and none is recommended at this time.

**REFERENCES:**

1. NIOSH criteria for a recommended standard...Occupational Exposure to Polychlorinated Biphenyls, DHEW Pub. No. 77-225;
2. NIOSH Current Intelligence Bulletin 45, Feb 24, 1986;
3. NAVENVIRHLTHCEN letter 6263.1 Ser 09nd/11643m 30 Nov 89, ADVISORY ON POLYCHLORINATED BIPHENYLs (PCBs). PROGRAM REVISED 8/90.
**BETA-PROPIOLACTONE**

**STRESSOR(S) IN THIS PROGRAM:**

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<td>RQ7350000</td>
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**PROGRAM FREQUENCY:** ANNUAL

**OSHA STANDARD 29 CFR 1910.1013**

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<td>IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)</td>
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<td>MAJOR ILLNESS OR INJURY</td>
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<td>HOSPITALIZATION OR SURGERY</td>
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<td>CANCER</td>
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<td>BACK INJURY</td>
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<td>DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)</td>
<td>YES</td>
<td>ANNUAL</td>
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<td>HAVE YOU EVER SMOKED</td>
<td>YES</td>
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<td>YES</td>
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<td>DO YOU CURRENTLY SMOKE (PACKS/DAY)</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
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<td>HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE</td>
<td>YES</td>
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<td>CURRENT MEDICATION USE (PRESCRIPTION OR OTC)</td>
<td>YES</td>
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<td>ALLERGIES (INCLUDE MEDICATIONS)</td>
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<td>USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)</td>
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<td>ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY)</td>
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<td>SKIN DISEASE</td>
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<td>LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS)</td>
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<td>TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS</td>
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<td>CURRENT PREGNANCY (SELF OR SPOUSE)</td>
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<td>INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)</td>
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<td>WORK HISTORY OF:</td>
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<td>EXP TO CARCINOGENS</td>
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<td>GENETIC DISEASE (INCLUDING CHILDREN)</td>
<td>YES</td>
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<td>CANCER (LEUKEMIA, TUMORS)</td>
<td>YES</td>
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<tr>
<td>COMMENTS ON MEDICAL HISTORY:</td>
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**PHYSICAL EXAMINATION:**

| VITAL SIGNS | YES | ANNUAL | YES |
| SPECIAL ATTENTION IN EXAMINATION TO: | | | | |
| RESPIRATORY SYSTEM | YES | ANNUAL | YES |
| SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) | YES | ANNUAL | YES |
| IMMUNOCOMPETENCE (LYMPHATIC SYSTEM) | YES | ANNUAL | YES |
| OTHER APPROPRIATE EXAMINATION (SPECIFY) | YES | ANNUAL | YES |
| COMMENTS ON PHYSICAL EXAMINATION: | | | | | | |

4-151
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<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
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<td>ANNUAL</td>
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<td>RECOMMENDATIONS:</td>
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PROGRAM DESCRIPTION:
REFERENCES: (1); (2); (3); (OTHER); 29 CFR 1910.1013. PROGRAM REVISED 8/90.
SILICA (CRYSTALLINE)

STRESSOR(S) IN THIS PROGRAM:
- SILICA CRYSTALLINE CRISTOBALITE
- SILICA CRYSTALLINE QUARTZ
- SILICA CRYSTALLINE TRIDYMITE
- SILICA CRYSTALLINE TRIPOLI
- SILICA AMORPHOUS FUSED

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
- MAJOR ILLNESS OR INJURY YES ANNUAL NO
- HOSPITALIZATION OR SURGERY YES ANNUAL NO
- CANCER YES ANNUAL NO
- BACK INJURY YES ANNUAL NO
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
- HAVE YOU EVER SMOKED YES ANNUAL NO
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
- LUNG OR RESP DISEASE (COPD,BRONCHITIS,PNEUMONITIS) YES ANNUAL NO
- TUBERCULOSIS YES ANNUAL NO
- SHORTNESS OF BREATH YES ANNUAL NO
- COUGH (DRY OR PRODUCTIVE) YES ANNUAL NO

WORK HISTORY OF:
- EXP TO DUSTS (COAL,BLAST. GRIT,SAND,NUISANCE) YES ANNUAL NO
- EXP TO ASBESTOS YES ANNUAL NO
- EXP TO SILICA OR SAND YES ANNUAL NO
- EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
- ADDITIONAL LAB TESTS:
  - TUBERCULOSIS SCREEN YES ANNUAL NO
- RADIOLoGY-
  - CHEST X-RAY (PA) YES ANNUAL NO
- SPIROMETRY-
  - SPIROMETRY (FVC, FEV1, TDV1/FVC) YES ANNUAL NO

COMMENTS ON LABORATORY RESULTS:
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<th>EXAM ELEMENT</th>
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<td>PHYSICAL EXAMINATION:</td>
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<td>VITAL SIGNS</td>
<td>YES</td>
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<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
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<td>RESPIRATORY SYSTEM</td>
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<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
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<td>COMMENTS ON PHYSICAL EXAMINATION:</td>
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<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES</td>
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<td>RECOMMENDATIONS:</td>
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PROGRAM DESCRIPTION:
REFERENCES: (1); (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Crystalline Silica, DHEW Pub. No. 75-120. PROGRAM REVISED 8/90.
PROGRAM FREQUENCY:  ANNUAL

STRESSOR(S) IN THIS PROGRAM:  NIOSH#  CAS#
STYRENE  100-42-5

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MEDICAL HISTORY:
PERSONAL HISTORY OF:
  IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)  YES  ANNUAL  NO
  MAJOR ILLNESS OR INJURY  YES  ANNUAL  NO
  HOSPITALIZATION OR SURGERY  YES  ANNUAL  NO
  CANCER  YES  ANNUAL  NO
  BACK INJURY  YES  ANNUAL  NO
  DO YOU DRINK 6 OR MORE DRINKS PER WEEK  (BEER, WINE, LIQUOR)  YES  ANNUAL  NO
  HAVE YOU EVER SMOKED  YES  ANNUAL  NO
  DO YOU CURRENTLY SMOKE (PACKS/DAY;)  YES  ANNUAL  NO
  HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE  YES  ANNUAL  NO
  CURRENT MEDICATION USE (PRESCRIPTION OR OTC)  YES  ANNUAL  NO
  ALLERGIES (INCLUDE MEDICATIONS)  YES  ANNUAL  NO
  USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)  YES  ANNUAL  NO
  BLOOD DISEASES (ANEMIA)  YES  ANNUAL  NO
  SKIN DISEASE  YES  ANNUAL  NO
  LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS)  YES  ANNUAL  NO
  HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS  YES  ANNUAL  NO
  TREMORS  YES  ANNUAL  NO
  EYE IRRITATION  YES  ANNUAL  NO
  LIVER DISEASE  YES  ANNUAL  NO
  NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS  YES  ANNUAL  NO
  DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY  YES  ANNUAL  NO
  PERSONALITY CHANGE  YES  ANNUAL  NO

WORK HISTORY OF:
  EXP TO SKIN IRRITANTS  YES  ANNUAL  NO
  EXP TO RESPIRATORY IRRITANTS  YES  ANNUAL  NO
  EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)  YES  ANNUAL  NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
  RADIOLGY-
    CHEST X-RAY (PA)  YES  NO  NO
  SPIROMETRY-
    SPIROMETRY (FEV1, FVC, FEV1/FVC)  YES  NO  NO

COMMENTS ON LABORATORY RESULTS:
<table>
<thead>
<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE LINE</th>
<th>PERI ODIC</th>
<th>TERM EXAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICAL EXAMINATION:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VITAL SIGNS</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<tr>
<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CENTRAL NERVOUS SYSTEM</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
</tr>
<tr>
<td>PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
</tr>
<tr>
<td>EYES (CONJUNCTIVA, SCLERA)</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
</tr>
<tr>
<td>LIVER</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
</tr>
<tr>
<td>MUCOUS MEMBRANES</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<tr>
<td>RESPIRATORY SYSTEM</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<tr>
<td>SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)</td>
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<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<tr>
<td>IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<tr>
<td>COMMENTS ON PHYSICAL EXAMINATION:</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
<td></td>
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<tr>
<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<tr>
<td>RECOMMENDATIONS:</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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**PROGRAM DESCRIPTION:**

REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Styrene, DHEW Pub. No. 83-119. PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM: SULFUR DIOXIDE  
NIOSH # CAS #  
WS4550000 7446-09-5  

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT  ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:
PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO  
MAJOR ILLNESS OR INJURY YES ANNUAL NO  
HOSPITALIZATION OR SURGERY YES ANNUAL NO  
CANCER YES ANNUAL NO  
BACK INJURY YES ANNUAL NO  
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO  
HAVE YOU EVER SMOKED YES ANNUAL NO  
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO  
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO  
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO  
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO  
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO  
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL NO  
LUNG OR RESP DISEASE (COPD,BRONCHITIS,PNEUMONITIS) YES ANNUAL NO  
EYE IRRITATION YES ANNUAL NO  
TOOTH OR GUM DISEASE YES ANNUAL NO  
WORK HISTORY OF:
EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO  
COMMENTS ON MEDICAL HISTORY: YES ANNUAL NO

LABORATORY-
RADIOLOGY-
CHEST X-RAY (PA) YES NO NO  
SPIROMETRY-
SPIROMETRY (FEV1, FVC, FEV1/FVC) YES NO NO  
COMMENTS ON LABORATORY RESULTS: YES NO NO

PHYSICAL EXAMINATION:
VITAL SIGNS YES ANNUAL NO  
SPECIAL ATTENTION IN EXAMINATION TO:
EYES (CONJUNCTIVA, SCLERA) YES ANNUAL NO  
TEETH (ACID EROSION) YES ANNUAL NO  
MUCOUS MEMBRANES YES ANNUAL NO  
RESPIRATORY SYSTEM YES ANNUAL NO  
SKIN (RASH,EROSION,ULCER,PIGMENT,ECZEMA,ETC) YES ANNUAL NO  
OTHER APPROPRIATE EXAMINATION (SPECIFY) YES ANNUAL NO  
COMMENTS ON PHYSICAL EXAMINATION: YES ANNUAL NO

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EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? YES ANNUAL NO
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? YES ANNUAL NO
RECOMMENDATIONS: YES ANNUAL NO

PROGRAM DESCRIPTION:
REFERENCES: (1); (2); (3); (4); (OTHER) NIOSH, criteria for a recommended standard...Occupational Exposure to Sulfur Dioxide. PROGRAM REVISED 8/90.
1,1,2,2-TETRACHLOROETHANE

STRESSOR(S) IN THIS PROGRAM: 1,1,2,2-TETRACHLOROETHANE

NIOSH #       CAS #
K8575000       79-34-5

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT          ELEMENT GIVEN FOR:      BASE          PERI          TERM
                        LINE          ODIC          EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
  IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
  MAJOR ILLNESS OR INJURY YES ANNUAL NO
  HOSPITALIZATION OR SURGERY YES ANNUAL NO
  CANCER YES ANNUAL NO
  BACK INJURY YES ANNUAL NO
  DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
  HAVE YOU EVER SMOKED YES ANNUAL NO
  DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
  HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
  CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
  ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
  USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
  BLOOD DISEASES (ANEMIA) YES ANNUAL NO
  LUNG OR RESP DISEASE (COPD,BRONCHITIS,PNEUMONITIS) YES ANNUAL NO
  HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL NO
  NAUSEA OR VOMITING YES ANNUAL NO
  WEIGHT LOSS YES ANNUAL NO
  CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS YES ANNUAL NO
  SHORTNESS OF BREATH YES ANNUAL NO
  COUGH (DRY OR PRODUCTIVE) YES ANNUAL NO
  LIVER DISEASE YES ANNUAL NO
  NEUR DISORDER,GAIT CHANGE,PARESTHESIA,COORD LOSS YES ANNUAL NO

WORK HISTORY OF:
  EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO
  EXP TO SOLVENTS (MEK,PERC,TCE,TOLUENE...) YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

SERUM CHEMISTRY:
  LIVER PROFILE TO INCLUDE:
    SGOT (AST), TOT.BILI., ALK. PHOS. YES NO NO
    SGOT (AST) YES ANNUAL NO

COMMENTS ON LABORATORY RESULTS:

4-159
**EXAM ELEMENT** | **ELEMENT GIVEN FOR:** | **BASE LINE** | **PERI ODIC** | **TERM EXAM**  
--- | --- | --- | --- | ---  
**PHYSICAL EXAMINATION:**  
VITAL SIGNS | YES | ANNUAL | NO  
SPECIAL ATTENTION IN EXAMINATION TO:  
CENTRAL NERVOUS SYSTEM | YES | ANNUAL | NO  
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR) | YES | ANNUAL | NO  
CARDIOVASCULAR SYSTEM | YES | ANNUAL | NO  
LIVER | YES | ANNUAL | NO  
RESPIRATORY SYSTEM | YES | ANNUAL | NO  
OTHER APPROPRIATE EXAMINATION (SPECIFY) | YES | ANNUAL | NO  
COMMENTS ON PHYSICAL EXAMINATION: | YES | ANNUAL | NO  
IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? | YES | ANNUAL | NO  
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? | YES | ANNUAL | NO  
RECOMMENDATIONS: | YES | ANNUAL | NO  

**PROGRAM DESCRIPTION:**  
REFERENCES: (3); (4); (OTHER); NIOSH criteria for a recommended standard... Occupational Exposure to 1,1,2,2-Tetrachloroethane, DHEW Pub. No. 77-121. PROGRAM REVISED 8/90.
## Tetrachloroethylene (Perchloroethylene)

**Stressors in this program:**

<table>
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<tr>
<th>NIOSH #</th>
<th>CAS #</th>
</tr>
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<tbody>
<tr>
<td>KX3850000</td>
<td>127-18-4</td>
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</table>

**Program frequency:** Annual

### Medical history:

**Personal history of:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Frequency</th>
<th>Type</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your work exposure history current? (OPNAV 5100/15)</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Major illness or injury</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Hospitalization or surgery</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Back injury</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Do you drink 6 or more drinks per week? (Beer, Wine, Liquor)</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Have you ever smoked</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
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<tr>
<td>Do you currently smoke (packs/day)</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Heart disease, high blood pressure, or stroke</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<tr>
<td>Current medication use (prescription or OTC)</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
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<tr>
<td>Allergies (include medications)</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<tr>
<td>Use of seat belts (always, mostly, some, none)</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
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<tr>
<td>Skin Disease</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Hepatitis or jaundice</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<tr>
<td>Headache, dizziness, light-headedness, weakness</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Tremors</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Change or loss of vision</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Eye irritation</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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</tr>
<tr>
<td>Liver disease</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Neuropathy, gait change, paresthesia, coord loss</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
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</tbody>
</table>

**Work history of:**

<table>
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<tr>
<th>Question</th>
<th>Response</th>
<th>Frequency</th>
<th>Type</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Exp to skin irritants</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Exp to solvents (MEK, PERC, TCE, TOLUENE...)</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### Comments on medical history:

- Laboratory:
  - Hematology:
    - Complete blood count (HGB, HCT, WBC, MCV, MCH, MCHC) Yes Annual No
    - Differential white blood cell count Yes Annual No
  - Serum chemistry:
    - Liver profile to include: SGOT (AST), TOT. BILI., ALK. PHOS. YES NO NO
<table>
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<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
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<tbody>
<tr>
<td>BUN AND CREATININE</td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>SGOT (AST)</td>
<td>YES ANNUAL NO</td>
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<tr>
<td>URINALYSIS: ROUTINE:</td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>URINALYSIS WITH MICROSCOPIC</td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>COMMENTS ON LABORATORY RESULTS:</td>
<td>YES ANNUAL NO</td>
</tr>
</tbody>
</table>

**PHYSICAL EXAMINATION:**

**VITAL SIGNS**

**SPECIAL ATTENTION IN EXAMINATION TO:**

- CENTRAL NERVOUS SYSTEM
- PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)
- EYES (CONJUNCTIVA, SCLERA)
- LIVER
- MUCOUS MEMBRANES
- SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)
- OTHER APPROPRIATE EXAMINATION (SPECIFY)

**COMMENTS ON PHYSICAL EXAMINATION:**

**IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?**

**ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?**

**RECOMMENDATIONS:**

---

**PROGRAM DESCRIPTION:**

**REFERENCES:** (1); (2); (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Tetrachloroethylene, DHEW Pub. No. 76-185; Brown DP, Kaplan SD, Retrospective Cohort Mortality Study of Dry Cleaner Workers Using Perchloroethylene, Journal of Occupational Medicine 29:535-51, 1987; Federal Register FR54:2686-91 29 CFR Part 1910 Air Contaminants, Final rule 19 JAN 89; Key MM et al. (ed.) Occupational Diseases, A Guide to their Recognition. NIOSH 1977, 213-4,448. PROGRAM REVISED 8/90.
TETRYL

STRESSOR(S) IN THIS PROGRAM: TETRYL

NIOSH # CAS #
BY6300000 479-45-8

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER YES ANNUAL NO
BACK INJURY YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
HAVE YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
BLOOD DISEASES (ANEMIA) YES ANNUAL NO
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL NO
SKIN DISEASE YES ANNUAL NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
EYE IRRITATION YES ANNUAL NO

WORK HISTORY OF:

EXP TO SKIN IRRITANTS YES ANNUAL NO
EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO

FAMILY HISTORY OF:

BLOOD DISEASES (ANEMIA) YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY: YES ANNUAL NO

LABORATORY:

HEMATOLOGY:
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC) YES ANNUAL NO

SERUM CHEMISTRY:
LIVER PROFILE TO INCLUDE:
SGOT (AST), TOT. BILI., ALK. PHOS. YES NO NO
SGOT (AST) YES ANNUAL NO

SPIROMETRY:
SPIROMETRY (FVC, FEV1, FEV1/FVC) YES NO NO

COMMENTS ON LABORATORY RESULTS: YES ANNUAL NO

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<table>
<thead>
<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE</th>
<th>PERI</th>
<th>TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICAL EXAMINATION:</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VITAL SIGNS</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
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<td></td>
</tr>
<tr>
<td>EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA)</td>
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<td>YES</td>
<td>ANNUAL</td>
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<td>MUCOUS MEMBRANES</td>
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<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<tr>
<td>RESPIRATORY SYSTEM</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
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<td>SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)</td>
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<td>YES</td>
<td>ANNUAL</td>
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<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
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<td>COMMENTS ON PHYSICAL EXAMINATION:</td>
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<td>ANNUAL</td>
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<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<tr>
<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
</tr>
<tr>
<td>RECOMMENDATIONS:</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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PROGRAM DESCRIPTION:

REFERENCES: (3). PROGRAM REVISED 8/90.

4-164
ORTHOTOapidINE

STRESSOR(S) IN THIS PROGRAM: NIOSH 
O-TOLIDINE

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM
LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
MAJOR ILLNESS OR INJURY YES ANNUAL YES
HOSPITALIZATION OR SURGERY YES ANNUAL YES
CANCER YES ANNUAL YES
BACK INJURY YES ANNUAL YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
HAVE YOU EVER SMOKED YES ANNUAL YES
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
SKIN DISEASE YES ANNUAL YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
KIDNEY DISEASE YES ANNUAL YES
PROBLEMS WITH URINATION/BLOOD IN URINE YES ANNUAL YES

WORK HISTORY OF:

EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS YES ANNUAL YES
EXP TO SKIN IRRITANTS YES ANNUAL YES
EXP TO CARCINOGENS YES ANNUAL YES
COMMENTS ON MEDICAL HISTORY: YES ANNUAL YES

LABORATORY-

URINALYSIS:

ROUTINE:

URINALYSIS WITH MICROSCOPIC YES ANNUAL YES
COMMENTS ON LABORATORY RESULTS: YES ANNUAL YES

PHYSICAL EXAMINATION:

VITAL SIGNS YES ANNUAL YES
SPECIAL ATTENTION IN EXAMINATION TO:

KIDNEY YES ANNUAL YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) YES ANNUAL YES
OTHER APPROPRIATE EXAMINATION (SPECIFY) YES ANNUAL YES
COMMENTS ON PHYSICAL EXAMINATION: YES ANNUAL YES

4-165
<table>
<thead>
<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE</th>
<th>PERI</th>
<th>TERM</th>
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<tr>
<td>SPECIAL NOTATIONS:</td>
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<tr>
<td>SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
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<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
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<tr>
<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES</td>
<td>ANNUAL</td>
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<td>RECOMMENDATIONS:</td>
<td>YES</td>
<td>ANNUAL</td>
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**PROGRAM DESCRIPTION:**

REFERENCES: (1); (OTHER); 1. NIOSH, Criteria for a recommended standard...Occupational exposure to o-Tolidine, DHEW (NIOSH) Pub. No. 78-179; 2. ACGIH Documentation of the Threshold Limit Values and Biological Exposure Indices, Fifth Edition, Cincinnati: ACGIH, Inc. 1986. 577. PROGRAM REVISED 8/91.
TOLUENE

STRESSOR(S) IN THIS PROGRAM: NIOSH # CAS #
TOLUENE XS5250000 108-88-3

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER YES ANNUAL NO
BACK INJURY YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
HAVE YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPIY) YES ANNUAL NO
SKIN DISEASE YES ANNUAL NO
HEPATITIS OR JAUNDICE YES ANNUAL NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL NO
NAUSEA OR VOMITING YES ANNUAL NO
EYE IRRITATION YES ANNUAL NO
LIVER DISEASE YES ANNUAL NO
KIDNEY DISEASE YES ANNUAL NO
NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES ANNUAL NO
MIGRAINE HEADACHE YES ANNUAL NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY YES ANNUAL NO

WORK HISTORY OF:

EXP TO SKIN IRRITANTS YES ANNUAL NO
EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...) YES ANNUAL NO
COMMENTS ON MEDICAL HISTORY:

LABORATORY-
HEMATOLOGY:

COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC) YES ANNUAL NO
DIFFERENTIAL WHITE BLOOD CELL COUNT YES ANNUAL NO

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EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM
LINE ODIC EXAM

SERUM CHEMISTRY:
LIVER PROFILE TO INCLUDE:
  SGOT (AST), TOT.BILI., ALK. PHOS.
  BUN AND CREATININE
  SGOT (AST)
COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:
VITAL SIGNS
SPECIAL ATTENTION IN EXAMINATION TO:
  CENTRAL NERVOUS SYSTEM
  PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)
  EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA)
  KIDNEY
  LIVER
  MUCOUS MEMBRANES
  RESPIRATORY SYSTEM
  SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)
COMMENTS ON PHYSICAL EXAMINATION:

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON
OPNAV 5100/15?
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
RECOMMENDATIONS:

PROGRAM DESCRIPTION:
REFERENCES: (1); (3); (OTHER);
1. NIOSH criteria for a recommended standard...Occupational Exposure to Toluene, DHEW Pub. No. (HSM) 7311023;
STRESSOR(S) IN THIS PROGRAM: O-TOLUIDINE

PROGRAM FREQUENCY: ANNUAL

MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
- MAJOR ILLNESS OR INJURY YES ANNUAL YES
- HOSPITALIZATION OR SURGERY YES ANNUAL YES
- CANCER YES ANNUAL YES
- BACK INJURY YES ANNUAL YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
- HAVE YOU EVER SMOKED YES ANNUAL YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
- SKIN DISEASE YES ANNUAL YES
- TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
- KIDNEY DISEASE YES ANNUAL YES
- PROBLEMS WITH URINATION/BLOOD IN URINE YES ANNUAL YES

WORK HISTORY OF:
- EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS YES ANNUAL YES
- EXP TO SKIN IRRITANTS YES ANNUAL YES
- EXP TO CARCINOGENS YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
HEMATOLOGY:
- COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC) YES ANNUAL YES
- DIFFERENTIAL WHITE BLOOD CELL COUNT YES ANNUAL YES

URINALYSIS:
- ROUTINE:
- URINALYSIS WITH MICROSCOPIC YES ANNUAL YES

COMMENTS ON LABORATORY RESULTS:
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<td>KIDNEY</td>
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<td>SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)</td>
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<td>SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN</td>
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<td>RECOMMENDATIONS:</td>
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PROGRAM DESCRIPTION:

REFERENCES: (1); (3); (OTHER); 1. FEDERAL REGISTER FR54:12 29 CFR PART 1910 Air Contaminates, Final Rule 2689-90, 19 Jan 89; 2. Occupational Health Guidelines for O-toluidine, DHHS (NIOSH) Publication 81-123. PROGRAM REVISED 8/90.
1,1,1-TRICHLOROETHANE (METHYLCHLOROFORM)

**Stressor(s) in This Program:**

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**Program Frequency:** Annual

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<td>Is your work exposure history current (OPNAV 5100/15)</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<tr>
<td>Major illness or injury</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<td>Hospitalization or surgery</td>
<td>Yes</td>
<td>Annual</td>
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<td>Cancer</td>
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<td>Annual</td>
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<td>Back injury</td>
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<td>Annual</td>
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<tr>
<td>Do you drink 6 or more drinks per week</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<tr>
<td>(Beer, wine, liquor)</td>
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<td>Have you ever smoked</td>
<td>Yes</td>
<td>Annual</td>
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<td>Do you currently smoke (packs/day)</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<tr>
<td>Heart disease, high blood pressure, or stroke</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<tr>
<td>Current medication use (prescription or OTC)</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<td>Allergies (Include Medications)</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<tr>
<td>Use of seat belts (always, mostly, some, none)</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<tr>
<td>Skin disease</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<tr>
<td>Hepatitis or jaundice</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<tr>
<td>Lung or resp disease (COPD, bronchitis, pneumonitis)</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<tr>
<td>Headache, dizziness, light-headedness, weakness</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<td>Eye irritation</td>
<td>Yes</td>
<td>Annual</td>
<td>No</td>
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<td>Chest pain, angina, heart attack, palpitations</td>
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<td>Annual</td>
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<td>Liver disease</td>
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<td>Annual</td>
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<td>Neuropathy, gait change, paresthesia, coord. loss</td>
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<td>Depression, diff. concentrating, excessive anxiety</td>
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<td>Annual</td>
<td>No</td>
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**Work History Of:**

| Exp to skin irritants | Yes | Annual | No |
| Exp to respiratory irritants | Yes | Annual | No |
| Exp to solvents (MEK, PERC, TCE, TOLUENE...) | Yes | Annual | No |

**Family History Of:**

| Heart disease, high blood pressure, or stroke | Yes | Annual | No |

**Comments on Medical History:**

**Laboratory-Serum Chemistry:**

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<th>Liver profile to include:</th>
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<tbody>
<tr>
<td>SGOT (AST), TOT.BILI., ALK. PHOS.</td>
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<tr>
<td>BUN and Creatinine</td>
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<td>SGOT (AST)</td>
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<td>EXAM ELEMENT</td>
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<tr>
<td>CARDIOLOGY:</td>
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<td>ELECTROCARDIOGRAM</td>
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<tr>
<td>COMMENTS ON LABORATORY RESULTS:</td>
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</tbody>
</table>

| PHYSICAL EXAMINATION: | YES | ANNUAL | NO |
| VITAL SIGNS | | | |
| SPECIAL ATTENTION IN EXAMINATION TO: | YES | ANNUAL | NO |
| CENTRAL NERVOUS SYSTEM | | | |
| PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR) | YES | ANNUAL | NO |
| CARDIOVASCULAR SYSTEM | | | |
| EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA) | YES | ANNUAL | NO |
| LIVER | | | |
| RESPIRATORY SYSTEM | | | |
| SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) | YES | ANNUAL | NO |
| OTHER APPROPRIATE EXAMINATION (SPECIFY) | YES | ANNUAL | NO |
| COMMENTS ON PHYSICAL EXAMINATION: | YES | ANNUAL | NO |

| IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? | YES | ANNUAL | NO |
| ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? | YES | ANNUAL | NO |
| RECOMMENDATIONS: | YES | ANNUAL | NO |

**PROGRAM DESCRIPTION:**

STRESSOR(S) IN THIS PROGRAM: TRICHLOROETHYLENE

PROGRAM FREQUENCY: ANNUAL

MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
- MAJOR ILLNESS OR INJURY YES ANNUAL YES
- HOSPITALIZATION OR SURGERY YES ANNUAL YES
- CANCER YES ANNUAL YES
- BACK INJURY YES ANNUAL YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
- HAVE YOU EVER SMOKED YES ANNUAL YES
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL YES
- SKIN DISEASE YES ANNUAL YES
- HEPATITIS OR JAUNDICE YES ANNUAL YES
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
- TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
- HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL YES
- NAUSEA OR VOMITING YES ANNUAL YES
- CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS YES ANNUAL YES
- LIVER DISEASE YES ANNUAL YES
- KIDNEY DISEASE YES ANNUAL YES
- NEUR DISORDER, GAIT CHANCE, PARESTHESIA, COORD LOSS YES ANNUAL YES

WORK HISTORY OF:
- EXP TO SKIN IRRITANTS YES ANNUAL YES
- EXP TO RESPIRATORY IRRITANTS YES ANNUAL YES
- EXP TO CARCINOGENS YES ANNUAL YES
- EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...) YES ANNUAL YES

FAMILY HISTORY OF:
- CANCERS (LEUKEMIA, TUMORS) YES ANNUAL YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:
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<td>SGOT (AST), TOT. BILI., ALK. PHOS.</td>
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<td>PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)</td>
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PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4); (OTHER); 1. NIOSH criteria for a recommended standard...Occupational Exposure to Trichloroethylene DHEW Pub. No. 73-11025; 2. NIOSH Current Intelligence Bulletin 20; 3. Federal Register FR54:2432-34 29CFR Part 1910 Air Contaminants, Final Rule 19 JAN 89. PROGRAM REVISED 8/90.
199  **TRIORTHOCRESYLPHOSPHATE (TOCP)**

**STRESSOR(S) IN THIS PROGRAM:**

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<td>TRIORTHOCRESYL PHOSPHATE</td>
<td>TD0350000</td>
<td>78-30-8</td>
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<td>TRIMETHYLOLPROPANE PHOSPHATE (TMPP)</td>
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**PROGRAM FREQUENCY:** ANNUAL

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**ELEMENT GIVEN FOR:**

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<td>LINE ODIC</td>
<td>EXAM</td>
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**MEDICAL HISTORY:**

**PERSONAL HISTORY OF:**

- **IS YOUR WORK EXPOSURE HISTORY (OPNAV 5100/15) CURRENT**
  - YES ANNUAL NO
- **MAJOR ILLNESS OR INJURY**
  - YES ANNUAL NO
- **HOSPITALIZATION OR SURGERY**
  - YES ANNUAL NO
- **CANCER**
  - YES ANNUAL NO
- **BACK INJURY**
  - YES ANNUAL NO
- **DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)**
  - YES ANNUAL NO
- **DO YOU CURRENTLY SMOKE (PACKS/DAY)**
  - YES ANNUAL NO
- **HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE**
  - YES ANNUAL NO
- **CURRENT MEDICATION USE (PRESCRIPTION OR OTC)**
  - YES ANNUAL NO
- **ALLERGIES** (INCLUDE MEDICATIONS)
  - YES ANNUAL NO
- **USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)**
  - YES ANNUAL NO
- **SKIN DISEASE**
  - YES ANNUAL NO
- **USE OF ANTICHOLINERGIC DRUGS (DONNATAL)**
  - YES ANNUAL NO
- **NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS**
  - YES ANNUAL NO

**WORK HISTORY OF:**

- **EXP TO SKIN IRRITANTS**
  - YES ANNUAL NO
- **EXP TO RESPIRATORY IRRITANTS**
  - YES ANNUAL NO
- **EXP TO SOLVENTS (MEK,PERC,TCE,TOLUENE...)**
  - YES ANNUAL NO

**COMMENTS ON MEDICAL HISTORY:**

**PHYSICAL EXAMINATION:**

**VITAL SIGNS**

- YES ANNUAL NO

**SPECIAL ATTENTION IN EXAMINATION TO:**

- **PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)**
  - YES ANNUAL NO
- **EYES (CONJUNCTIVA, SCLERA)**
  - YES ANNUAL NO
- **MUCOUS MEMBRANES**
  - YES ANNUAL NO
- **RESPIRATORY SYSTEM**
  - YES ANNUAL NO
- **SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC.)**
  - YES ANNUAL NO
- **OTHER APPROPRIATE EXAMINATION (SPECIFY)**
  - YES ANNUAL NO

**COMMENTS ON PHYSICAL EXAMINATION:**

4-175
EXAM ELEMENT | ELEMENT GIVEN FOR | BASE | PERI | TERM | LINE | ODIC | EXAM
--- | --- | --- | --- | --- | --- | --- | ---
IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? | YES | ANNUAL | NO
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? | YES | ANNUAL | NO | YES | ANNUAL | NO

PROGRAM DESCRIPTION:
REFERENCES: (1); (3); (4); (OTHER); 1. Baldridge HD et al, "Toxicology of a Triaryl Phosphate Oil III, Human Exposure in Operational Use Aboard Ship" AMA Archives of Industrial Health, 1959, 20:258-61; 2. Federal Register FR54:2721-23 29 CFR Part 1910 Air Contaminants Final Rule 19 JAN 89. PROGRAM REVISED 8/90.

PROVIDER COMMENTS:
While not technically correct, hydraulic fluids are sometimes referred to generically as single trade names (i.e., Cellulube, Houghto-Safe, Fyrquel). Cellulube is an obsolete name for a series of triaryl phosphate fluids marketed by Celanese Chemical corporation which were discontinued in the early 1970's. TMPP is only present as a pyrolysis product of lubricating oils under specific circumstances such as accidental fires.
STRESSOR(S) IN THIS PROGRAM: TUNGSTEN AND CEMENTED TUNGSTEN CARBIDE

PROGRAM FREQUENCY: ANNUAL

MEDICAL HISTORY:
PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER YES ANNUAL NO
BACK INJURY YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
HAVE YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL NO
SKIN DISEASE YES ANNUAL NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
SHORTNESS OF BREATH YES ANNUAL NO
COUGH (DRY OR PRODUCTIVE) YES ANNUAL NO

WORK HISTORY OF:
EXP TO SKIN IRRITANTS YES ANNUAL NO
EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO

LABORATORY-
RADIOLOGY-
CHEST X-RAY (PA) YES NO NO
SPIROMETRY-
SPIROMETRY (FVC, FEV1, FEV1/FVC) YES ANNUAL NO

PHYSICAL EXAMINATION:
VITAL SIGNS YES ANNUAL NO
SPECIAL ATTENTION IN EXAMINATION TO:
RESPIRATORY SYSTEM YES ANNUAL NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) YES ANNUAL NO
OTHER APPROPRIATE EXAMINATION (SPECIFY) YES ANNUAL NO

4-177
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
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PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (4) (OTHER); NIOSH Criteria for a recommended standard...Occupational Exposure to Tungsten and Cemented Tungsten Carbide. US DHEW (NIOSH) Publication 77-127. PROGRAM REVISED 8/90.
**VANADIUM**

STRESSOR(S) IN THIS PROGRAM:  
- VANADIUM (AS V205 DUST)  
- VANADIUM (AS V205 FUME)  

NIOSH #     CAS #  
YN24500000  1314-62-1  
YW24600000  1314-62-1

PROGRAM FREQUENCY: ANNUAL

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MEDICAL HISTORY:

PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
- MAJOR ILLNESS OR INJURY YES ANNUAL NO
- HOSPITALIZATION OR SURGERY YES ANNUAL NO
- CANCER YES ANNUAL NO
- BACK INJURY YES ANNUAL NO
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
- HAVE YOU EVER SMOKED YES ANNUAL NO
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL NO
- SKIN DISEASE YES ANNUAL NO
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
- EYE IRRITATION YES ANNUAL NO

WORK HISTORY OF:
- EXP TO SKIN IRRITANTS YES ANNUAL NO
- EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
- SPIROMETRY-SPIROMETRY (FVC, FEV1, FEV1/FVC) YES ANNUAL NO

COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:
- VITAL SIGNS YES ANNUAL NO
- SPECIAL ATTENTION IN EXAMINATION TO:
  - EYES (CONJUNCTIVA, SCLERA) YES ANNUAL NO
  - MUCOUS MEMBRANES YES ANNUAL NO
  - RESPIRATORY SYSTEM YES ANNUAL NO
  - SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) YES ANNUAL NO
  - OTHER APPROPRIATE EXAMINATION (SPECIFY) YES ANNUAL NO

COMMENTS ON PHYSICAL EXAMINATION:

4-179
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
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<td>RECOMMENDATIONS:</td>
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PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Vanadium DHEW Pub. No. 77-222. PROGRAM REVISED 8/90.
STRESSOR(S) IN THIS PROGRAM: VINYL CHLORIDE

PROGRAM FREQUENCIES: SEMI-ANNUAL

OSHA STANDARD 29 CFR 1910.1017

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES SEMI-A YES

MAJOR ILLNESS OR INJURY YES SEMI-A YES

HOSPITALIZATION OR SURGERY YES SEMI-A YES

CANCER YES SEMI-A YES

BACK INJURY YES SEMI-A YES

DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES SEMI-A YES

HAVE YOU EVER SMOKED YES SEMI-A YES

DO YOU CURRENTLY SMOKE (PACKS/DAY) YES SEMI-A YES

HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES SEMI-A YES

CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES SEMI-A YES

ALLERGIES (INCLUDE MEDICATIONS) YES SEMI-A YES

USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES SEMI-A YES

BLOOD TRANSFUSIONS YES SEMI-A YES

SKIN DISEASE YES SEMI-A YES

PERIPHERAL VASCULAR DISEASE YES SEMI-A YES

HEPATITIS OR JAUNDICE YES SEMI-A YES

LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES SEMI-A YES

TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES SEMI-A YES

HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES SEMI-A YES

WEIGHT LOSS YES SEMI-A YES

CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS YES SEMI-A YES

LIVER DISEASE YES SEMI-A YES

KIDNEY DISEASE YES SEMI-A YES

WORK HISTORY OF:

EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...) YES SEMI-A YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

SERUM CHEMISTRY:

LIVER PROFILE TO INCLUDE:

SGOT (AST), TOT. BILI., ALK. PHOS. YES SEMI-A YES

BUN AND CREATININE YES SEMI-A YES
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**RADIOLOGY -**
CHEST X-RAY (PA)

**COMMENTS ON LABORATORY RESULTS:**

**PHYSICAL EXAMINATION:**

**VITAL SIGNS**

**SPECIAL ATTENTION IN EXAMINATION TO:**
- CENTRAL NERVOUS SYSTEM
- PERIPHERAL VASCULAR SYSTEM (RAYNAUD’S)
- ABDOMEN
- KIDNEY
- LIVER
- SPLEEN
- RESPIRATORY SYSTEM
- SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)

**OTHER APPROPRIATE EXAMINATION (SPECIFY)**

**COMMENTS ON PHYSICAL EXAMINATION:**

**SPECIAL NOTATIONS:**
- SUBSTANCE(S) KNOWN HUMAN CARCINOGEN
- PHYSICIAN’S WRITTEN OPINION REQUIRED

**IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?**

**ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?**

**RECOMMENDATIONS:**

**PROGRAM DESCRIPTION:**
This program is for anyone employed in vinyl chloride or polyvinyl chloride manufacturing. Abnormal laboratory test results should be repeated as soon as practicable, preferably within 3-4 weeks. If tests remain abnormal, consideration should be given to removal of the employee from contact with vinyl chloride, while a more comprehensive examination is made.

**REFERENCES:**
STRESSOR(S) IN THIS PROGRAM: VINYL CHLORIDE

PROGRAM FREQUENCIES: ANNUAL

OSHA STANDARD 29 CFR 1910.1017

MEDICAL HISTORY:
PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL YES
- MAJOR ILLNESS OR INJURY YES ANNUAL YES
- HOSPITALIZATION OR SURGERY YES ANNUAL YES
- CANCER YES ANNUAL YES
- BACK INJURY YES ANNUAL YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL YES
- HAVE YOU EVER SMOKED YES ANNUAL YES
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL YES
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL YES
- BLOOD TRANSFUSIONS YES ANNUAL YES
- SKIN DISEASE YES ANNUAL YES
- PERIPHERAL VASCULAR DISEASE YES ANNUAL YES
- HEPATITIS OR JAUNDICE YES ANNUAL YES
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL YES
- TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS YES ANNUAL YES
- HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL YES
- WEIGHT LOSS YES ANNUAL YES
- CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS TO INCLUDE: YES ANNUAL YES
- LIVER DISEASE YES ANNUAL YES
- KIDNEY DISEASE YES ANNUAL YES

WORK HISTORY OF:
- EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...) YES ANNUAL YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
- SERUM CHEMISTRY:
  - LIVER PROFILE TO INCLUDE: YES ANNUAL YES
    - SGOT (AST), TOT. BILI., ALK. PHOS. YES ANNUAL YES
    - BUN AND CREATININE YES ANNUAL YES
PROGRAM DESCRIPTION:

This program is for anyone employed in vinyl chloride or polyvinyl chloride manufacturing. Abnormal laboratory test results should be repeated as soon as practicable, preferably within 3-4 weeks. If tests remain abnormal, consideration should be given to removal of the employee from contact with vinyl chloride, while a more comprehensive examination is made.

**XYLENE**

**STRESSOR(S) IN THIS PROGRAM:**

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**MEDICAL HISTORY:**

**PERSONAL HISTORY OF:**

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<th>IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)</th>
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**WORK HISTORY OF:**

| EXP TO SKIN IRRITANTS                   | YES | ANNUAL | NO |
| EXP TO RESPIRATORY IRRITANTS           | YES | ANNUAL | NO |
| EXP TO SOLVENTS (**NEK, PERC, TCE, TOluene**) | YES | ANNUAL | NO |

**COMMENTS ON MEDICAL HISTORY:**

**LABORATORY-HEMATOLOGY:**

| COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC) | YES | ANNUAL | NO |
| DIFFERENTIAL WHITE BLOOD CELL COUNT                 | YES | ANNUAL | NO |

**SERUM CHEMISTRY:**

<p>| LIVER PROFILE TO INCLUDE: SGOT (AST), TOT. BILI., ALK. PHOS. | YES | NO | NO |</p>
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**PHYSICAL EXAMINATION:**

**VITAL SIGNS**

**SPECIAL ATTENTION IN EXAMINATION TO:**

- CENTRAL NERVOUS SYSTEM
- PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)
- EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA)
- KIDNEY
- LIVER
- MUCOUS MEMBRANES
- RESPIRATORY SYSTEM
- SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)
- OTHER APPROPRIATE EXAMINATION (SPECIFY)

**COMMENTS ON PHYSICAL EXAMINATION:**

**IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?**

**ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?**

**RECOMMENDATIONS:**

**PROGRAM DESCRIPTION:**

REFERENCES: (1); (2); (3); (4); (OTHER); 1. NIOSH criteria for a recommended standard. Occupational Exposure to Xylene DHEW Pub. No. 75-168; 2. Key MM et al., (ed.) Occupational Diseases, A guide to Their Recognition, NIOSH, 1977, 243; 3. Federal Register FR 54:2477 29CFR 1910 Air Contaminants, Final Rule 19 JAN 89. PROGRAM REVISED 8/90.
Physical Stressors

Introduction

All programs in this section have been reviewed and updated. Program descriptions have been revised and provider comments added. Programs in this section which are based on Navy instructions have those references listed in the program description section. Instructions were current at the time this manual was prepared. It is incumbent on the individual user to ensure that current instructions are available.

Individuals are placed on these programs based on recommendations from Industrial Hygiene and Safety or requirements by management.

The program for Ionizing Radiation had been revised significantly. The stringent requirements for documentation of this exam are not duplicated here. Medical personnel should use the references listed in the program description to meet program requirements. The program is included for guidance on frequency and to provide a source of references.

A program for noise follow-up was added for individuals who require evaluation for Significant Threshold Shift (STS).

Physical Stressors

Cold
Heat
Noise
Noise Follow-up
Radiation - Ionizing
Radiation - Laser (Class III and IV)
Radiation - Radiofrequency and Microwave
Segmental Vibration
Sight Conservation
Whole Body Vibration
PROGRAM FREQUENCY: BIENNIAL

MEDICAL HISTORY:

PERSONAL HISTORY OF:

- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES BI-ENN NO
- MAJOR ILLNESS OR INJURY YES BI-ENN NO
- HOSPITALIZATION OR SURGERY YES BI-ENN NO
- CANCER YES BI-ENN NO
- BACK INJURY YES BI-ENN NO
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES BI-ENN NO
- HAVE YOU EVER SMOKED YES BI-ENN NO
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES BI-ENN NO
- DO YOU USE SMOKELESS TOBACCO YES BI-ENN NO
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES BI-ENN NO
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES BI-ENN NO
- ALLERGIES (INCLUDE MEDICATIONS) YES BI-ENN NO
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES BI-ENN NO
- BLOOD DISEASES (ANEMIA) YES BI-ENN NO
- ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES BI-ENN NO
- SKIN DISEASE YES BI-ENN NO
- PERIPHERAL VASCULAR DISEASE YES BI-ENN NO
- LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES BI-ENN NO
- COLD INJURY (FROSTBITE, CHILL, TRENCH FT, HYPOTHERMIA) YES BI-ENN NO
- CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS YES BI-ENN NO
- THYROID DISEASE (HEAT OR COLD INTOLERANCE) YES BI-ENN NO
- DIABETES OR OTHER ENDOCRINE GLAND DISORDER YES BI-ENN NO
- MENTAL/EMOTIONAL ILLNESS YES BI-ENN NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

HEMATOLOGY:

- COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC) YES BI-ENN NO

CARDIOLOGY-

- ELECTROCARDIOGRAM YES *** NO

COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:

- VITAL SIGNS YES BI-ENN NO

SPECIAL ATTENTION IN EXAMINATION TO:

- CARDIOVASCULAR SYSTEM YES BI-ENN NO
- PERIPHERAL VASCULAR SYSTEM (RAYNAUD’S) YES BI-ENN NO
- RESPIRATORY SYSTEM YES BI-ENN NO
EXAM ELEMENT | ELEMENT GIVEN FOR: | BASE | PERI | LINE | ODIC | TERM | EXAM
--- | --- | --- | --- | --- | --- | --- | ---
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) | YES | BI-ENN | NO
THYROID | YES | BI-ENN | NO
OTHER APPROPRIATE EXAMINATION (SPECIFY) | YES | BI-ENN | NO
COMMENTS ON PHYSICAL EXAMINATION: | YES | BI-ENN | NO
IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? | YES | BI-ENN | NO
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? | YES | BI-ENN | NO
RECOMMENDATIONS:

PROGRAM DESCRIPTION:

PROVIDER COMMENTS:
A worker should be entered on this program if exposed to temperatures below (-)1 degree Centigrade for ten or more days in a quarter or for more than 30 days a year.
The general nutrition status of the individual should be evaluated.
Use of the following medications should be included in the screening; nitrate medications, barbiturates, tranquillizers, vasoactive drugs, and diuretics.
***An EKG is probably not routinely needed in personnel under 40 years of age unless there are risk factors for, or a history of, cardiovascular disease. For those under 40, the EKG should be obtained at the discretion of the examiner.
The ACGIH handbook of Threshold Limit Values states: Employees shall be excluded from work in cold at (-)1 degree Centigrade (30 degrees F) or below if they are suffering from diseases or taking medication which interferes with normal body temperature regulation or reduces tolerance to work in cold environments. Workers who are routinely exposed to temperatures below (-)24 degrees C (-10 degrees F) with wind speeds less than five miles per hour, or air temperatures below (-)18 degrees C (0 degrees F) with wind speeds above five miles per hour, should be medically certified as suitable for such exposures.
Trauma sustained in freezing or subzero conditions requires special attention because an injured worker is predisposed to secondary cold injury. Special provision must be made to prevent hypothermia and secondary freezing of damaged tissues in addition to providing for first aid treatment.
PROGRAM FREQUENCY: ANNUAL

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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
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**PROGRAM DESCRIPTION:**

**PROVIDER COMMENTS:**
***EKG may be indicated in workers under age 40 when there are cardiovascular risk factors or other indications present.
In addition to use of anticholinergic drugs, individuals should be screened for use of other medications including; nitrate medications, tricyclic antidepressants, MAO inhibitors, amphetamines, diuretics and antihistamines.
PROGRAM DESCRIPTION:
Individuals are entered on this program based on the results of industrial hygiene surveys. In the absence of IH data, individuals exposed to sound levels greater than 84 dB(A) or 140 dB peak sound pressure level for impact or impulse noise shall be considered at risk and included in the hearing conservation program. REFERENCES: (OTHER); 1. OPNAV 5100.23B, Chapter 18; 2. OPNAV 5100.19B, Chapter B4; 3. NAVMEDCOMINST 6260.5, Occupational Noise Control and Hearing Conservation, 26 April 1984; 4. 29 CFR 1910.95; 5. DODINST 6055.12, DoD Hearing Conservation Program, March 26, 1991. PROGRAM REVISED 8/91.

PROVIDER COMMENTS:
Tympanogram may be useful in identifying individuals with conductive rather than sensorineural hearing loss. Individuals with a high-frequency average loss greater than 45 dB bilaterally may have problems with speech discrimination.
512 NOISE - FOLLOW UP

PROGRAM FREQUENCY: BASED ON RESULTS OF ANNUAL MONITORING

OSHA STANDARD 29 CFR 1910.95

EXAM ELEMENT ELEMENT GIVEN FOR: PERIOD

MEDICAL HISTORY:
PERSONAL HISTORY OF:
RINGING IN THE EAR (TINNITUS) ***
RUPTURED EAR DRUM ***
LOSS OR CHANGE IN HEARING ***

COMMENTS ON MEDICAL HISTORY:

LABORATORY - AUDIOLOGY -
AUDIOGRAM - 15 Hr/40 Hr NOISE FREE ***

COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:
EARS (TYMPANIC MEMBRANES) ***
OTHER APPROPRIATE EXAMINATION (SPECIFY) ***

COMMENTS ON PHYSICAL EXAMINATION:

SPECIAL REQUIREMENTS:
HEARING CONSERVATION:
HAS BASELINE BEEN REESTABLISHED DUE TO PTS? ***
HIGH FREQUENCY AVERAGE EXCEEDS 45 dB BILATERALLY? ***
EAR PLUGS FITTED AND ISSUED? ***
REFER TO AUDIOLOGIST OR PHYSICIAN? ***

SPECIAL NOTATIONS:
WRITTEN NOTIFICATION OF PERMANENT THRESHOLD SHIFT REQUIRED ***

RECOMMENDATIONS:

PROGRAM DESCRIPTION:
***This program is designed for follow up when a significant threshold shift (STS), occurs at the monitoring audiogram. REFERENCES: (OTHER);
1. OPNAV 5100.23B, Chapter 18; 2. OPNAV 5100.19B, Chapter B4;

PROVIDER COMMENTS:
Screening tympanometry can be used to determine if the STS has resulted from middle ear pathology.
Individuals with a high-frequency average loss greater than 45 dB bilaterally may have problems with speech discrimination.
Guidelines for follow-up and referral are contained in the NAVOSH Program Manuals listed in the program description.
A sample format for written notification of permanent threshold shift is in Appendix F, F-7.
PROGRAM FREQUENCY:
<25: NONE AFTER PE
25-49: EVERY FIVE YEARS
50-59: EVERY TWO YEARS
>59: ANNUALLY

PROGRAM DESCRIPTION:
This program is designated solely to provide guidance on scheduling frequency and references. Tests and forms required are promulgated in: (1) Radiation Health Protection Manual, NAVMED P-5055 and (2) Manual of the Medical Department NAVMED P-117, Chapter 15, Article 15-68, Change 104. PROGRAM REVISED 4/91.
506  RADIATION - LASER (CLASS III+IV)

PROGRAM FREQUENCY: TRIENNIAL

<table>
<thead>
<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE LINE</th>
<th>PERI TERM ODIC EXAM</th>
</tr>
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<tbody>
<tr>
<td>MEDICAL HISTORY:</td>
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<tr>
<td>PERSONAL HISTORY OF:</td>
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<tr>
<td>IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)</td>
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<td>TRI-ENN</td>
<td>YES</td>
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<tr>
<td>MAJOR ILLNESS OR INJURY</td>
<td>YES</td>
<td>TRI-ENN</td>
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<tr>
<td>HOSPITALIZATION OR SURGERY</td>
<td>YES</td>
<td>TRI-ENN</td>
<td>YES</td>
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<tr>
<td>CANCER</td>
<td>YES</td>
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<tr>
<td>BACK INJURY</td>
<td>YES</td>
<td>TRI-ENN</td>
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<tr>
<td>DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)</td>
<td>YES</td>
<td>TRI-ENN</td>
<td>YES</td>
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<tr>
<td>HAVE YOU EVER SMOKED</td>
<td>YES</td>
<td>TRI-ENN</td>
<td>YES</td>
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<tr>
<td>DO YOU CURRENTLY SMOKE (PACKS/DAY)</td>
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<td>TRI-ENN</td>
<td>YES</td>
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<tr>
<td>HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE</td>
<td>YES</td>
<td>TRI-ENN</td>
<td>YES</td>
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<tr>
<td>CURRENT MEDICATION USE (PRESCRIPTION OR OTC)</td>
<td>YES</td>
<td>TRI-ENN</td>
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<tr>
<td>ALLERGIES (INCLUDE MEDICATIONS)</td>
<td>YES</td>
<td>TRI-ENN</td>
<td>YES</td>
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<tr>
<td>USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)</td>
<td>YES</td>
<td>TRI-ENN</td>
<td>YES</td>
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<tr>
<td>SKIN DISEASE</td>
<td>YES</td>
<td>TRI-ENN</td>
<td>YES</td>
</tr>
<tr>
<td>CHANGE OR LOSS OF VISION</td>
<td>YES</td>
<td>TRI-ENN</td>
<td>YES</td>
</tr>
<tr>
<td>CONTACT LENS USE</td>
<td>YES</td>
<td>TRI-ENN</td>
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<tr>
<td>LENS SURGERY</td>
<td>YES</td>
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<td>PHOTOSENSITIZING MEDICATIONS</td>
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<td>UNUSUAL SENSITIVITY TO SUNLIGHT</td>
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<td>CATARACTS</td>
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<td>TRI-ENN</td>
<td>YES</td>
</tr>
<tr>
<td>EYE IRRITATION</td>
<td>YES</td>
<td>TRI-ENN</td>
<td>YES</td>
</tr>
<tr>
<td>EYE INJURY</td>
<td>YES</td>
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</tr>
<tr>
<td>GLI-OMA</td>
<td>YES</td>
<td>TRI-ENN</td>
<td>YES</td>
</tr>
</tbody>
</table>

WORK HISTORY OF:
| EXP TO NON-IONIZING RADIATION (LASER, IR, MW, UV) | YES | TRI-ENN | YES |
| EYE INJURY | YES | TRI-ENN | YES |

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
OPTOMETRY-
| CURRENT REFRACTION PRESCRIPTION - WHEN APPLICABLE | YES | TRI-ENN | YES |
| DATE OF MOST RECENT EXAMINATION | YES | TRI-ENN | YES |
| VISION SCREEN (VISUAL ACUITY) | YES | TRI-ENN | YES |
| EXTERNAL OCULAR AND FUNDUS EXAMINATION | YES | TRI-ENN | YES |

COMMENTS ON LABORATORY RESULTS:
EXAM ELEMENT | ELEMENT GIVEN FOR: | BASE | PERI | TERM | LINE | ODIC | EXAM
--- | --- | --- | --- | --- | --- | ---

**PHYSICAL EXAMINATION:**

VITAL SIGNS

SPECIAL ATTENTION IN EXAMINATION TO:

- EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA)
- SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)
- OTHER APPROPRIATE EXAMINATION (SPECIFY)

COMMENTS ON PHYSICAL EXAMINATION:

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?

ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?

RECOMMENDATIONS:

**PROGRAM DESCRIPTION:**

This program has a frequency of 36 months (tri-ennial) to identify effects of acute exposures which may not be otherwise identified. The baseline is given prior to duty assignment involving Class III or IV lasers and the termination examination is given as soon as practicable upon separation or termination of employment. REFERENCES: (OTHER);

1. NAVMEDCOMINST 6470.2A, Laser Radiation Medical Surveillance Program, 28 MAR 89;
2. ANSI 2136.1 of 1986. PROGRAM REVISED 8/90.

**PROVIDER COMMENTS:**

Incidental personnel must have documented in their medical record a visual acuity examination. Incidental personnel are described as those personnel whose work makes it possible, but unlikely, that they will be exposed to sufficient laser energy to damage their eyes.
STRESSOR(S) IN THIS PROGRAM: RADIOFREQUENCY RADIATION

PROGRAM FREQUENCY: BASELINE AND TERMINATION

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:
PERSONAL HISTORY OF:

- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES NO YES
- MAJOR ILLNESS OR INJURY YES NO YES
- HOSPITALIZATION OR SURGERY YES NO YES
- CANCER YES NO YES
- BACK INJURY YES NO YES
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES NO YES
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES NO YES
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES NO YES
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES NO YES
- ALLERGIES (INCLUDE MEDICATIONS) YES NO YES
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES NO YES
- CHANGE OR LOSS OF VISION YES NO YES
- CONTACT LENS USE YES NO YES
- LENS SURGERY YES NO YES
- CATARACTS YES NO YES
- EYE IRRITATION YES NO YES
- EYE INJURY YES NO YES
- GLAUCOMA YES NO YES

WORK HISTORY OF:
- EXP TO NON-IONIZING RADIATION (LASER, IR, MW, UV) YES NO YES
- EYE INJURY YES NO YES

COMMENTS ON MEDICAL HISTORY:

LABORATORY-
OPTOMETRY-
- VISION SCREEN (VISUAL ACUITY) YES NO YES

COMMENTS ON LABORATORY RESULTS:
<table>
<thead>
<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE</th>
<th>PERI</th>
<th>TERM</th>
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</thead>
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<tr>
<td>PHYSICAL EXAMINATION:</td>
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<td></td>
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<tr>
<td>VITAL SIGNS</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
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<tr>
<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA)</td>
<td></td>
<td>YES</td>
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<td>YES</td>
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<tr>
<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
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<td>YES</td>
<td>NO</td>
<td>YES</td>
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<tr>
<td>COMMENTS ON PHYSICAL EXAMINATION:</td>
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<td>YES</td>
<td>NO</td>
<td>YES</td>
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<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPEAV 5100/15?</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
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<tr>
<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>RECOMMENDATIONS:</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
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</tbody>
</table>

**PROGRAM DESCRIPTION:**

REFERENCES: (OTHER); 1. OPNAVINST 5100.23B, Chapter 22; 2. OPNAVINST 5100.19B, Chapter B-9. PROGRAM REVISED 8/90.

**PROVIDER COMMENTS:**

A situational examination is required for personnel who may have been exposed to RFR levels that exceed five times the PEL. Both references listed contain recommendations for situational exams.
STRESSOR(S) IN THIS PROGRAM: NIOSH # CAS #
HAND-ARM (SEGMENTAL) VIBRATION

PROGRAM FREQUENCY: ANNUAL

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<thead>
<tr>
<th>EXAM ELEMENT</th>
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<th>BASE LINE</th>
<th>PERI TERM ODIC EXAM</th>
</tr>
</thead>
</table>

MEDICAL HISTORY:
PERSONAL HISTORY OF:
- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
- MAJOR ILLNESS OR INJURY YES ANNUAL NO
- HOSPITALIZATION OR SURGERY YES ANNUAL NO
- CANCER YES ANNUAL NO
- BACK INJURY YES ANNUAL NO
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
- HAVE YOU EVER SMOKED YES ANNUAL NO
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
- DO YOU USE SMOKELESS TOBACCO YES ANNUAL NO
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
- PERIPHERAL VASCULAR DISEASE YES ANNUAL NO
- COLD INJURY (FROSTBITE, CHILL, TRENCH FT, HYPOTHERMIA) YES ANNUAL NO
- NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COLD LOSS YES ANNUAL NO
- DIABETES OR OTHER ENDOCRINE GLAND DISORDER YES ANNUAL NO
- VIBRATION WHITE FINGER DISEASE YES ANNUAL NO

WORK HISTORY OF:
- EXP TO VIBRATION (SEGMENTAL OR WHOLE BODY) YES ANNUAL NO
- COMMENTS ON MEDICAL HISTORY: YES ANNUAL NO

PHYSICAL EXAMINATION:
VITAL SIGNS YES ANNUAL NO
SPECIAL ATTENTION IN EXAMINATION TO:
- PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR) YES ANNUAL NO
- BACK & MUSCULOSKELETAL SYSTEM YES ANNUAL NO
- PERIPHERAL VASCULAR SYSTEM (RAYNAUD'S) YES ANNUAL NO
- EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA) YES ANNUAL NO
- OTHER APPROPRIATE EXAMINATION (SPECIFY) YES ANNUAL NO
- COMMENTS ON PHYSICAL EXAMINATION: YES ANNUAL NO

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? YES ANNUAL NO
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? YES ANNUAL NO
RECOMMENDATIONS:
PROGRAM DESCRIPTION:

REFERENCES: (1); (OTHER); Criteria for a recommended standard...Occupational Exposure to Hand-Arm Vibration, NIOSH Sept 1989.
PROGRAM REVISED 8/90.

PROVIDER COMMENTS:

Smoking plays a significant role in the development of hand-arm vibration syndrome. Individuals who smoke should be counseled in smoking cessation.

Symptoms of peripheral vascular and neurological disease can be documented using a standard staging system so as to provide a quantitative description of the involvement of the vascular/neurological system. Workers in stage 2 HAVS or above on the Stockholm Workshop classification scale should be considered for removal from exposure until signs and symptoms no longer meet the criteria for stage 1.

The Stockholm Workshop classification scale for cold-induced peripheral vascular symptoms in the hand-arm vibration syndrome.*,+  

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No attacks</td>
</tr>
<tr>
<td>1</td>
<td>Occasional attacks that affect only the tips of one or more fingers</td>
</tr>
<tr>
<td>2</td>
<td>Occasional attacks that affect the distal and middle (rarely also proximal) phalanges of one or more fingers</td>
</tr>
<tr>
<td>3</td>
<td>Frequent attacks affecting all phalanges of most fingers</td>
</tr>
<tr>
<td>4</td>
<td>As in stage 3, with trophic skin changes in the finger tips</td>
</tr>
</tbody>
</table>

The Stockholm Workshop classification scale for sensorineural stages of the hand-arm vibration syndrome.*,+  

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSN</td>
<td>Exposed to vibration but no symptoms</td>
</tr>
<tr>
<td>1SN</td>
<td>Intermittent numbness, with or without tingling</td>
</tr>
<tr>
<td>2SN</td>
<td>Intermittent or persistent numbness, reduced sensory perception</td>
</tr>
<tr>
<td>3SN</td>
<td>Intermittent or persistent numbness, reduced tactile discrimination and/or manipulative dexterity</td>
</tr>
</tbody>
</table>

*Adapted from Brammer et al. (1987)
+The sensorineural stage is determined separately for each hand.

510 SIGHT CONSERVATION

PROGRAM FREQUENCY: ANNUAL

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<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR</th>
<th>BASE</th>
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<td></td>
<td></td>
<td>LINE</td>
<td>ODIC</td>
<td>EXAM</td>
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</table>

MEDICAL HISTORY:

PERSONAL HISTORY OF:

- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
- CHANGE OR LOSS OF VISION    YES ANNUAL NO
- CONTACT LENS USE           YES ANNUAL NO
- CATARACTS                  YES ANNUAL NO
- EYE IRRITATION             YES ANNUAL NO
- EYE INJURY                 YES ANNUAL NO
- GLAUCOMA                   YES ANNUAL NO

WORK HISTORY OF:

- EYE INJURY                 YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

OPTOMETRY-

- VISION SCREEN (VISUAL ACUITY) YES ANNUAL NO

COMMENTS ON LABORATORY RESULTS:

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? YES ANNUAL NO

ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? YES ANNUAL NO

RECOMMENDATIONS:

YES ANNUAL NO

PROGRAM DESCRIPTION:


provider comments:

Physical requirements of the individual's job should be reviewed when performing sight screening for certification. Color vision and depth perception testing may be added based on the job requirements.
WHOLE BODY VIBRATION

PROGRAM FREQUENCY: ANNUAL

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<thead>
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<th>PERI</th>
<th>TERM</th>
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MEDICAL HISTORY:

PERSONAL HISTORY OF:

- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
- MAJOR ILLNESS OR INJURY YES ANNUAL NO
- HOSPITALIZATION OR SURGERY YES ANNUAL NO
- CANCER YES ANNUAL NO
- BACK INJURY YES ANNUAL NO
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
- HAVE YOU EVER SMOKED YES ANNUAL NO
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
- ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
- PERIPHERAL VASCULAR DISEASE YES ANNUAL NO
- HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL NO
- NAUSEA OR VOMITING YES ANNUAL NO
- CHANGE OR LOSS OF VISION YES ANNUAL NO
- CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS YES ANNUAL NO
- CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS YES ANNUAL NO
- KIDNEY DISEASE YES ANNUAL NO
- PROBLEMS WITH URINATION/BLOOD IN URINE YES ANNUAL NO
- CURRENT PREGNANCY (SELF OR SPOUSE) YES ANNUAL NO
- INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE) YES ANNUAL NO
- VIBRATION WHITE FINGER DISEASE YES ANNUAL NO

WORK HISTORY OF:

- EXP TO VIBRATION (SEGMENTAL OR WHOLE BODY) YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:
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<th>PERI</th>
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<tr>
<td>PHYSICAL EXAMINATION:</td>
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<tr>
<td>VITAL SIGNS</td>
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<tr>
<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
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<td>PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)</td>
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<td>BACK &amp; MUSCULOSKELETAL SYSTEM</td>
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<td>NO</td>
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<tr>
<td>CARDIOVASCULAR SYSTEM</td>
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<td>PERIPHERAL VASCULAR SYSTEM (RAYNAUD'S)</td>
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<td>NO</td>
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<tr>
<td>VARICOSE VEINS OF LOWER EXTREMITIES</td>
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<td>ABDOMEN</td>
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<td>HEMORRHOIDS</td>
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<tr>
<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
<td>YES</td>
<td>ANNUAL</td>
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<tr>
<td>COMMENTS ON PHYSICAL EXAMINATION:</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?
YES ANNUAL NO

ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
YES ANNUAL NO

RECOMMENDATIONS:
YES ANNUAL NO

PROGRAM DESCRIPTION:
Mixed Exposures  
Introduction  

Mixed exposures were included in a separate section to give guidance for screening of individuals whose specific exposure may not be known. Individuals should be placed in a Mixed Exposures program only in the absence of quantitative data from Industrial Hygiene on specific exposures. Workers who are in job categories which include tasks of welding, painting, machining or metal work may be included in one of these programs.

When Industrial Hygiene data are available, workers should be entered on the appropriate program for the specific stressor to which they may be exposed.

Mixed Exposures  

Acid/Alkali (pH <4.0 or >11.0)  
Metal Fumes  
Mixed Solvents
ACID/ALKALI (PH<4.0/PH>11.0)

STRESSOR(S) IN THIS PROGRAM: N/A
SULFURIC ACID
HYDROGEN CHLORIDE
NITRIC ACID

NIOSH #    CAS #
WS5600000  7664-939
MW4025000  7647-01-0
QU5775000  7697-37-2

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT                      ELEMENT GIVEN FOR:  BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER YES ANNUAL NO
BACK INJURY YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
HAVE YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY) YES ANNUAL NO
SKIN DISEASE YES ANNUAL NO
PERIPHERAL VASCULAR DISEASE YES ANNUAL NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
CONTACT LENS USE YES ANNUAL NO
EYE IRRITATION YES ANNUAL NO
EYE INJURY YES ANNUAL NO
TOOTH OR GUM DISEASE YES ANNUAL NO
COUGH (DRY OR PRODUCTIVE) YES ANNUAL NO

WORK HISTORY OF:
EXP TO HYDROGEN FLUORIDE OR INORGANIC FLUORIDES YES ANNUAL NO
EYE INJURY YES ANNUAL NO
EXP TO SKIN IRRITANTS YES ANNUAL NO
EXP TO RESPIRATORY IRRITANTS YES ANNUAL NO
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...) YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY:

PHYSICAL EXAMINATION:

VITAL SIGNS YES ANNUAL NO

SPECIAL ATTENTION IN EXAMINATION TO:
PERIPHERAL VASCULAR SYSTEM (RAYNAUD'S) YES ANNUAL NO
<table>
<thead>
<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE LINE</th>
<th>PERI LINE</th>
<th>TERM ODIC EXAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA)</td>
<td>YES ANNUAL NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GUMS (E.G. LEAD LINES?)</td>
<td>YES ANNUAL NO</td>
<td></td>
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<tr>
<td>TEETH (ACID EROSION)</td>
<td>YES ANNUAL NO</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>MUCOUS MEMBRANES</td>
<td>YES ANNUAL NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESPIRATORY SYSTEM</td>
<td>YES ANNUAL NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)</td>
<td>YES ANNUAL NO</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
<td>YES ANNUAL NO</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>COMMENTS ON PHYSICAL EXAMATION:</td>
<td>YES ANNUAL NO</td>
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</tbody>
</table>

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?

ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?

RECOMMENDATIONS:

PROGRAM DESCRIPTION:

REFERENCES: (3); (4). PROGRAM REVISED 8/90.

PROVIDER COMMENTS:

Sulfuric acid, nitric acid and sodium hydroxide were in separate programs in Edition 3 of this manual. Personnel exposed to other acid/alkali of pH <4 or >11 should also be in this program.
## METAL FUMES

**PROGRAM FREQUENCY:** ANNUAL

<table>
<thead>
<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE</th>
<th>PERI</th>
<th>TERM</th>
<th>LINE</th>
<th>ODIC</th>
<th>EXAM</th>
</tr>
</thead>
</table>

### MEDICAL HISTORY:

**PERSONAL HISTORY OF:**

- **Is your work exposure history current (OPNAV 5100/15)**
  - Yes: Annual
  - No: Annual

- **Major illness or injury**
  - Yes: Annual
  - No: Annual

- **Hospitalization or surgery**
  - Yes: Annual
  - No: Annual

- **Cancer**
  - Yes: Annual
  - No: Annual

- **Back injury**
  - Yes: Annual
  - No: Annual

- **Do you drink 6 or more drinks per week**
  - Yes: Annual
  - No: Annual

- **Have you ever smoked**
  - Yes: Annual
  - No: Annual

- **Do you currently smoke (packs/day)**
  - Yes: Annual
  - No: Annual

- **Heart disease, high blood pressure, or stroke**
  - Yes: Annual
  - No: Annual

- **Current medication use (prescription or OTC)**
  - Yes: Annual
  - No: Annual

- **Allergies (include medications)**
  - Yes: Annual
  - No: Annual

- **Use of seat belts (always, mostly, some, none)**
  - Yes: Annual
  - No: Annual

- **Allergies, asthma, hay fever, eczema (atopy)**
  - Yes: Annual
  - No: Annual

- **Skin disease**
  - Yes: Annual
  - No: Annual

- **Lung or resp disease (COPD, bronchitis, pneumonitis)**
  - Yes: Annual
  - No: Annual

- **Headache, dizziness, light-headedness, weakness**
  - Yes: Annual
  - No: Annual

- **Change or loss of vision**
  - Yes: Annual
  - No: Annual

- **Cataracts**
  - Yes: Annual
  - No: Annual

- **Eye irritation**
  - Yes: Annual
  - No: Annual

- **Eye injury**
  - Yes: Annual
  - No: Annual

- **Perforation of nasal septum**
  - Yes: Annual
  - No: Annual

- **Shortness of breath**
  - Yes: Annual
  - No: Annual

- **Cough (dry or productive)**
  - Yes: Annual
  - No: Annual

- **Kidney disease**
  - Yes: Annual
  - No: Annual

### WORK HISTORY OF:

- **Exp to lead**
  - Yes: Annual
  - No: Annual

- **Exp to chromium or chromic acid**
  - Yes: Annual
  - No: Annual

- **Eye injury**
  - Yes: Annual
  - No: Annual

- **Exp to skin irritants**
  - Yes: Annual
  - No: Annual

- **Exp to respiratory irritants**
  - Yes: Annual
  - No: Annual

- **Exp to solvents (MEK, PERC, TCE, TOLUENE...)**
  - Yes: Annual
  - No: Annual

### COMMENTS ON MEDICAL HISTORY:

### LABORATORY-

**SERUM CHEMISTRY:**

- **BUN and creatinine**
  - Yes: Annual
  - No: Annual

- **SGOT (AST)**
  - Yes: Annual
  - No: Annual

**URINALYSIS:**

- **Routine:**
  - Urinalysis without microscopic
  - Yes: Annual
  - No: Annual
<table>
<thead>
<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE LINE</th>
<th>PERI ODIC</th>
<th>TERM EXAM</th>
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</thead>
<tbody>
<tr>
<td>RADIOMETRY:</td>
<td>CHEST X-RAY (PA)</td>
<td>NO</td>
<td>NO</td>
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<tr>
<td>SPIROMETRY:</td>
<td>SPIROMETRY (FVC, FEV1, FEV1/FVC)</td>
<td>NO</td>
<td>ANNUAL</td>
<td>NO</td>
</tr>
</tbody>
</table>

COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:

VITAL SIGNS

SPECIAL ATTENTION IN EXAMINATION TO:

- EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA) | ANNUAL | NO |
- MUCOUS MEMBRANES | ANNUAL | NO |
- RESPIRATORY SYSTEM | ANNUAL | NO |
- SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) | ANNUAL | NO |

OTHER APPROPRIATE EXAMINATION (SPECIFY) | ANNUAL | NO |

COMMENTS ON PHYSICAL EXAMINATION:

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? | ANNUAL | NO |

ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? | ANNUAL | NO |

RECOMMENDATIONS: | ANNUAL | NO |

PROGRAM DESCRIPTION:


PROVIDER COMMENTS:

This program is focused toward nonspecific dust, fumes and other irritants as well as potential UV effects experienced by welders. Specific programs in addition to this one will depend on individual exposures and may include; lead, cadmium, chromium, nickel, manganese and others.
### Mixed Solvents

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<tr>
<th>Compound</th>
<th>NIOSH#</th>
<th>CAS#</th>
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<tbody>
<tr>
<td>Cyclohexanone</td>
<td>GW1050000</td>
<td>108-94-1</td>
</tr>
<tr>
<td>Glycol Ethers (Other Than Ethoxy and Methoxy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hexone (Methyl Isobutyl Ketone)</td>
<td>SA9275000</td>
<td>108-10-1</td>
</tr>
<tr>
<td>Methyl N-Amyl Ketone</td>
<td>MJ5075000</td>
<td>110-43-0</td>
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<tr>
<td>2-Pentanone (Methyl Propyl Ketone)</td>
<td>SA7875000</td>
<td>107-87-9</td>
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**Program Frequency:** Annual

<table>
<thead>
<tr>
<th>Exam Element</th>
<th>Element Given For: Base Peri Term Line Odic Exam</th>
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<tbody>
<tr>
<td><strong>Medical History:</strong></td>
<td></td>
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<tr>
<td><strong>Personal History Of:</strong></td>
<td></td>
</tr>
<tr>
<td>Is Your Work Exposure History Current (OPNAV 5100/15)</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Major Illness or Injury</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Hospitalization or Surgery</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Cancer</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Back Injury</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Do You Drink 6 or More Drinks Per Week (Beer, Wine, Liquor)</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Have You Ever Smoked</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Do You Currently Smoke (Packs/Day)</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Heart Disease, High Blood Pressure, or Stroke</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Current Medication Use (Prescription or OTC)</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Allergies (Include Medications)</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Use of Seat Belts (Always, Mostly, Some, None)</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Allergies, Asthma, Hay Fever, Eczema (Atopy)</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Skin Disease</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Hepatitis or Jaundice</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Lung or Resp Disease (COPD, Bronchitis, Pneumonitis)</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Headache, Dizziness, Light-Headedness, Weakness</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Contact Lens Use</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Eye Irritation</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Eye Injury</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Neuropathy Disorder, Gait Change, Paresthesia, Coord Loss</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Depression, Diff Concentrating, Excessive Anxiety</td>
<td>Yes Annual No</td>
</tr>
<tr>
<td>Personality Change</td>
<td>Yes Annual No</td>
</tr>
</tbody>
</table>

**Work History Of:**

| Eye Injury                         | Yes Annual No |
| Exp to Skin Irritants             | Yes Annual No |
| Exp to Solvents (MEK, PERC, TCE, Toluene...) | Yes Annual No |

**Comments on Medical History:**

6-5
EXAM ELEMENT | ELEMENT GIVEN FOR: | BASE | PERI | TERM | LINE | ODIC | EXAM
--- | --- | --- | --- | --- | --- | ---
LABORATORY- | | | | | | |
SERUM CHEMISTRY: | | | | | | |
LIVER PROFILE TO INCLUDE: | | | | | | |
SGOT (AST), TOT. BILI., ALK. PHOS. | YES | NO | NO | | | |
BUN AND CREATININE | YES | ANNUAL | NO | | | |
SGOT (AST) | YES | ANNUAL | NO | | | |
COMMENTS ON LABORATORY RESULTS: | YES | ANNUAL | NO | | | |
PHYSICAL EXAMINATION: | | | | | | |
VITAL SIGNS | YES | ANNUAL | NO | | | |
SPECIAL ATTENTION IN EXAMINATION TO: | | | | | | |
CENTRAL NERVOUS SYSTEM | YES | ANNUAL | NO | | | |
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR) | YES | ANNUAL | NO | | | |
EYES (CONJUNCTIVA, SCLERA) | YES | ANNUAL | NO | | | |
LIVER | YES | ANNUAL | NO | | | |
RESPIRATORY SYSTEM | YES | ANNUAL | NO | | | |
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) | YES | ANNUAL | NO | | | |
OTHER APPROPRIATE EXAMINATION (SPECIFY) | YES | ANNUAL | NO | | | |
COMMENTS ON PHYSICAL EXAMINATION: | YES | ANNUAL | NO | | | |
IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON | YES | ANNUAL | NO | | | |
OPNAV 5100/15? | | | | | | |
RECOMMENDATIONS: | YES | ANNUAL | NO | | | |

PROGRAM DESCRIPTION:

When industrial hygiene data document exposure to specific stressors, i.e., lead or chromium, individuals should be entered on the appropriate programs for specific stressors. REFERENCES: (1); (2); (OTHER); 1. NIOSH Current Intelligence Bulletin 48: Organic Solvent Neurotoxicity. U.S. Department of Health and Human Services; 1987. DHHS (NIOSH) Publication No. 87-104. 2. NOTE: References for specific solvents are listed in the appropriate programs. PROGRAM REVISED 8/90.
Certification Examinations

Introduction

Requirements for performing certification examinations are included in instructions, Federal Personnel Manuals, Civilian Personnel Instructions and federal and state laws. Instructions, technical manuals and publications used for this edition were current at the time of revision. Users of this manual must ensure that they have most current issue of the appropriate reference.

Every effort was made in preparing this section of the manual to include the minimum examination requirements. Medical personnel will then be able to add tests needed to meet the requirements of local and state law or activity imposed requirements.

Requirements for drivers were divided into two programs based on the source for qualification. Those drivers who are required to meet the physical and licensing requirements of Department of Transportation are included in "Department of Transportation (DOT) Vehicle Operators" program. Workers covered by this program will also include explosive ordnance handlers and drivers since the requirement for their certification is also based on U.S. Department of Transportation, Federal Motor Carrier Safety Regulations. Drivers who are not required to meet DOT licensing and physical standards are included in the program for Motor Vehicle Operators. Licensing personnel can assist in determining the requirements for different drivers at each activity.

Where strict instructions mandate program documentation, programs are maintained in this manual only for guidance on scheduling and to provide appropriate references. These programs are; Aviation, Diver/Hyperbaric Worker, Firefighter Instructor, Submarine Duty and Preplacement/Preemployment.

Certification Examinations

Aviation (scheduling requirements) Child Care Worker Construction, Railroad, and Weight Handling Equipment Operators Department of Transportation (DOT) Vehicle Operators Diver/Hyperbaric Worker (scheduling requirements and references only) Firefighter Firefighter Instructor Foodservice Personnel

Forklift Operator Freon Workers Hazardous Waste Workers and Emergency Responders Health Care Worker Motor Vehicle Operator (Other than DOT) Naval Investigative Service Police/Guard Security Preplacement/Preemployment Submarine Duty Wastewater/Sewage Worker
PROGRAM FREQUENCY: BY AGE
AGE 39 AND UNDER - TRIENNIAL
AGE 40 AND OVER - ANNUAL

PROGRAM DESCRIPTION:
This program is designed solely to provide guidance in scheduling frequency and references. Medical examination is recorded on SF-88 and SF-93 or NAVMED 6130/2 (as appropriate). Detailed guidance is contained in Manual of the Medical Department, NAVMED P-117, Chapter 15, Article 15-65, Change 104. PROGRAM REVISED 4/91.

PROVIDER COMMENTS:
This exam can only be performed by flight surgeons and aviation medical officers.
### MEDICAL HISTORY:

**PERSONAL HISTORY OF:**

- **MAJOR ILLNESS OR INJURY** YES ANNUAL NO
- **HOSPITALIZATION OR SURGERY** YES ANNUAL NO
- **CANCER** YES ANNUAL NO
- **BACK INJURY** YES ANNUAL NO
- **DO YOU DRINK 6 OR MORE DRINKS PER WEEK** YES ANNUAL NO (BEER, WINE, LIQUOR)
- **HAVE YOU EVER SMOKED** YES ANNUAL NO
- **DO YOU CURRENTLY SMOKE (PACKS/DAY)** YES ANNUAL NO
- **HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE** YES ANNUAL NO
- **CURRENT MEDICATION USE (PRESCRIPTION OR OTC)** YES ANNUAL NO
- **ALLERGIES (INCLUDE MEDICATIONS)** YES ANNUAL NO
- **USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)** YES ANNUAL NO
- **SKIN DISEASE** YES ANNUAL NO
- **HEPATITIS OR JAUNDICE** YES ANNUAL NO
- **TUBERCULOSIS** YES ANNUAL NO
- **INFECTIOUS DISEASE** YES ANNUAL NO
- **CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS** YES ANNUAL NO

**COMMENTS ON MEDICAL HISTORY:** YES ANNUAL NO

### LABORATORY-

**ADDITIONAL LAB TESTS:**

- **RPR** YES ANNUAL NO
- **TUBERCULOSIS SCREEN** YES ANNUAL NO

**COMMENTS ON LABORATORY RESULTS:** YES ANNUAL NO

### PHYSICAL EXAMINATION:

- **VITAL SIGNS** YES ANNUAL NO
- **OTHER APPROPRIATE EXAMINATION (SPECIFY)** YES ANNUAL NO

**COMMENTS ON PHYSICAL EXAMINATION:** YES ANNUAL NO

### QUALIFICATIONS:

- **CURRENT IMMUNIZATIONS** YES ANNUAL NO
- **MEASLES/MUMPS/RUBELLA IMMUNE STATUS** YES ANNUAL NO

### ASSESSMENT:

- **RECOMMENDATIONS:** YES ANNUAL NO
PROGRAM DESCRIPTION:

REFERENCES: (OTHER); 1. Personnel health requirements are defined in OPNAVINST 1700.9C, Child Development Programs. 2. Current recommendations for immunizations are contained in NAVMEDCOMINST 6260.3, Immunizations and Chemoprophylaxis. 3. NAVMEDCOMINST 6224.1, Tuberculosis Control Program, outlines management of tuberculosis testing programs. PROGRAM REVISED 8/90.

PROVIDER COMMENTS:
The immunization requirements promulgated by the various references can be summarized as follows:

A. Immunizations against polio, tetanus and diphtheria must be current.
B. Immunity to measles, mumps and rubella is required. This requirement can be met by documentation of physician-diagnosed illness (except 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).
C. It may be reasonable to obtain rubella antibody titer for females of child bearing age as part of pre-employment exam.
D. Specific requirements are outlined in the instructions listed in the program description.
E. Unusual circumstances such as an outbreak, may necessitate additional requirements.

The purpose of the exam is to identify potentially communicable conditions. Scope of the exam would depend on results of the history, local public health requirements and communicable disease risk specific to the area.
OCCUPATIONS IN THIS PROGRAM: CRANE OPERATORS  
RAILROAD EQUIPMENT OPERATORS  
CONDUCTORS  
BRAKEMEN  

PROGRAM FREQUENCY: ANNUAL  

<table>
<thead>
<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE PERI TERM LINE ODIC EXAM</th>
</tr>
</thead>
</table>

MEDICAL HISTORY:  
PERSONAL HISTORY OF:  
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)  
MAJOR ILLNESS OR INJURY  
HOSPITALIZATION OR SURGERY  
CANCER  
BACK INJURY  
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)  
HAVE YOU EVER SMOKED  
DO YOU CURRENTLY SMOKE (PACKS/DAY)  
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE  
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)  
ALLERGIES (INCLUDE MEDICATIONS)  
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)  
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS  
CHANGE OR LOSS OF VISION  
LOSS OR CHANGE IN HEARING  
CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS  
EPILEPSY (SEIZURE DISORDER)  
NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS  
MIGRAINE HEADACHE  
DIABETES OR OTHER ENDOCRINE GLAND DISORDER  
MENTAL/EMOTIONAL ILLNESS  
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY  
PERSONALITY CHANGE  

COMMENTS ON MEDICAL HISTORY:  

LABORATORY-  
URINALYSIS:  
ROUTINE:  
URINALYSIS WITH MICROSCOPIC  
CARDIOLOGY-  
ELECTROCARDIOGRAM  

YES ANNUAL NO
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<th>BASE</th>
<th>PERI</th>
<th>TERM</th>
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<td>VISION SCREEN (VISUAL ACUITY)</td>
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<td>COMMENTS ON LABORATORY RESULTS:</td>
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<td>physcial examination:</td>
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<tr>
<td>VITAL SIGNS</td>
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<tr>
<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>CENTRAL NERVOUS SYSTEM</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
</tr>
<tr>
<td>PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>BACK &amp; MUSCULOSKELETAL SYSTEM</td>
<td></td>
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<tr>
<td>CARDIOVASCULAR SYSTEM</td>
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<td>EYES (CONJUNCTIVA, SCLERA, CORnea, LENS, RETINA)</td>
<td>YES</td>
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<tr>
<td>EArS (TYMpanic MEMBRANES)</td>
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<tr>
<td>OVERALL PHYSICAL FITNESS</td>
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<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
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<td>ANNUAL</td>
<td>NO</td>
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<tr>
<td>COMMENTS ON PHYSICAL EXAMINATION:</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
</tr>
<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>RECOMMENDATIONS:</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
</tr>
</tbody>
</table>

PROGRAM DESCRIPTION:

REFERENCES: (OTHER); 1. NAVFAC P-306, TESTING AND LICENSING OF WEIGHT HANDLING AND CONSTRUCTION EQUIPMENT OPERATORS, SEPT 1978; 2. FPM 930, Programs for Specific Programs and Examinations (Miscellaneous). PROGRAM REVISED 8/90.

7-6
OCCUPATIONS IN THIS PROGRAM:
DOT VEHICLE OPERATORS
EXPLOSIVE ORDNANCE HANDLERS
EXPLOSIVE ORDNANCE DRIVERS

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 49 CFR 391.41-49

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI ODIC TERM EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO
MAJOR ILLNESS OR INJURY YES ANNUAL NO
HOSPITALIZATION OR SURGERY YES ANNUAL NO
CANCER YES ANNUAL NO
BACK INJURY YES ANNUAL NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO
HAVE YOU EVER SMOKED YES ANNUAL NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO
ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS) YES ANNUAL NO
SYPHILIS OR Gonorrhea YES ANNUAL NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL NO
NERVOUS STOMACH OR ULCER YES ANNUAL NO
HEAD INJURY YES ANNUAL NO
CHANGE OR LOSS OF VISION YES ANNUAL NO
LOSS OR CHANGE IN HEARING YES ANNUAL NO
CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS YES ANNUAL NO
KIDNEY DISEASE YES ANNUAL NO
EPILEPSY (SEIZURE DISORDER) YES ANNUAL NO
NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES ANNUAL NO
MIGRAINE HEADACHE YES ANNUAL NO
DIABETES OR OTHER ENDOCRINE GLAND DISORDER YES ANNUAL NO
MENTAL/EMOTIONAL ILLNESS YES ANNUAL NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY YES ANNUAL NO
TREATMENT FOR DRUG OR ALCOHOL USE YES ANNUAL NO
PERSONALITY CHANGE YES ANNUAL NO
MUSCLE OR JOINT PROBLEMS YES ANNUAL NO
PERMANENT DEFECT FROM ILLNESS, DISEASE OR INJURY YES ANNUAL NO

FAMILY HISTORY OF:
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO

COMMENTS ON MEDICAL HISTORY: YES ANNUAL NO
<table>
<thead>
<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE PERI TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td>LABORATORY- URINALYSIS: ROUTINE:</td>
<td>URINALYSIS WITH MICROSCOPIC</td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>AUDIOLOGY- AUDIOGRAM</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>OPTOMETRY- VISION SCREEN (VISUAL ACUITY) COLOR VISION VISUAL FIELDS</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>COMMENTS ON LABORATORY RESULTS:</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>PHYSICAL EXAMINATION: VITAL SIGNS</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>CENTRAL NERVOUS SYSTEM</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>BACK &amp; MUSCULOSKELETAL SYSTEM</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>EXTREMITIES</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>CARDIOVASCULAR SYSTEM</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>PERIPHERAL VASCULAR SYSTEM (RAYNAUD'S) EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA)</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>ABDOMEN</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>GENITOURINARY TRACT</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>RESPIRATORY SYSTEM</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>EARS (TYMPANIC MEMBRANES)</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>COMMENTS ON PHYSICAL EXAMINATION:</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
<tr>
<td>RECOMMENDATIONS:</td>
<td></td>
<td>YES ANNUAL NO</td>
</tr>
</tbody>
</table>

PROGRAM DESCRIPTION:


PROVIDER COMMENTS:

This program is designed to provide guidance for physical standards of drivers who must meet the requirements from the Federal Department of Transportation. Activities must be familiar with individual state Department of Transportation motor vehicle operator requirements since some state requirements may be more stringent. Licensing officials in Public Works, Ordnance Department, Safety, Civilian Personnel or Navy Supply can assist in determining the state requirements.
705 DIVER/HYPERBARIC WORKER

PROGRAM FREQUENCY: EVERY FIVE YEARS TO AGE 45
EVERY TWO YEARS AFTER AGE 45

PROGRAM DESCRIPTION:
This program is designated solely to provide guidance on scheduling frequency. Tests and forms required are promulgated in Manual of the Medical Department, NAVMED P-117, Chapter 15, Article 15-66, Change 104. PROGRAM REvised 4/91.

PROVIDER COMMENTS:
Examinations must be performed by a medical officer or DOD civilian physician. Examinations not performed by diving medical officer, undersea medical officer, or a clinical hyperbaric medical officer will be forwarded to CHBUMED (MED-21) for review and approval.
FIREFIGHTER

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM
LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>ANNUAL</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your work exposure history current (OPNAV 5100/15)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major illness or injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalization or surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you drink 6 or more drinks per week (beer, wine, liquor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever smoked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you currently smoke (packs/day)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart disease, high blood pressure, or stroke</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current medication use (prescription or OTC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies (include medications)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of seat belts (always, mostly, some, none)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies, asthma, hay fever, eczema (atopy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis or jaundice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung or resp disease (COPD, bronchitis, pneumonitis)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache, dizziness, light-headedness, weakness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change or loss of vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss or change in hearing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest pain, angina, heart attack, palpitations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic abdominal pain, vomiting, other GI symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy (seizure disorder)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neur disorder, gait change, paresthesia, coord loss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid disease (heat or cold intolerance)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental/emotional illness</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

WORK HISTORY OF:

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>ANNUAL</th>
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<tbody>
<tr>
<td>Exp to respiratory irritants</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Exp to carcinogens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exp to potentially infectious body fluids</td>
<td></td>
<td></td>
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</tbody>
</table>

COMMENTS ON MEDICAL HISTORY:

LABORATORY-

HEMATOLOGY:

<table>
<thead>
<tr>
<th>Test</th>
<th>YES</th>
<th>ANNUAL</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete blood count (HGB, HCT, WBC, MCV, MCH, MCHC)</td>
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<td></td>
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</tbody>
</table>

SERUM CHEMISTRY:

<table>
<thead>
<tr>
<th>Test</th>
<th>YES</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver profile to include</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SGOT (AST), TOT. BILI., ALK. PHOS.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUN and creatinine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7-11
<table>
<thead>
<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE</th>
<th>PERI</th>
<th>TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>LINE</td>
<td>ODIC</td>
<td>EXAM</td>
</tr>
<tr>
<td>CHOLESTEROL</td>
<td></td>
<td>YES</td>
<td>PENTA-E</td>
<td>YES</td>
</tr>
<tr>
<td>SGOT (AST)</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
</tr>
<tr>
<td>URINALYSIS:</td>
<td>ROUTINE:</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>URINALYSIS WITH MICROSCOPIC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARDIOLOGY-</td>
<td>ELECTROCARDIOGRAM</td>
<td>YES</td>
<td>***</td>
<td>YES</td>
</tr>
<tr>
<td>AUDIOLOGY-</td>
<td>AUDIOGRAM</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
</tr>
<tr>
<td>RADIOLOGY-</td>
<td>CHEST X-RAY (PA)</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>SPIROMETRY-</td>
<td>SPIROMETRY (FVC, FEV1, FEV1/FVC)</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
</tr>
<tr>
<td>OPTOMETRY-</td>
<td>VISION SCREEN (VISUAL ACUITY)</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>COLOR VISION</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>DEPTH PERCEPTION</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>COMMENTS ON LABORATORY RESULTS:</td>
<td>YES</td>
<td>ANNUAL</td>
<td>YES</td>
</tr>
</tbody>
</table>

**PHYSICAL EXAMINATION:**

| VITAL SIGNS | YES  | ANNUAL | YES |

<table>
<thead>
<tr>
<th>SPECIAL ATTENTION IN EXAMINATION TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRAL NERVOUS SYSTEM</td>
</tr>
<tr>
<td>PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)</td>
</tr>
<tr>
<td>BACK &amp; MUSCULOSKELETAL SYSTEM</td>
</tr>
<tr>
<td>CARDIOVASCULAR SYSTEM</td>
</tr>
<tr>
<td>EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA)</td>
</tr>
<tr>
<td>GENITOURINARY TRACT</td>
</tr>
<tr>
<td>LIVER</td>
</tr>
<tr>
<td>RESPIRATORY SYSTEM</td>
</tr>
<tr>
<td>EARS (TYMPANIC MEMBRANES)</td>
</tr>
<tr>
<td>SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)</td>
</tr>
<tr>
<td>THYROID</td>
</tr>
<tr>
<td>METABOLIC DISTURBANCE (FEVER, TACHYCARDIA)</td>
</tr>
<tr>
<td>OVERALL PHYSICAL FITNESS</td>
</tr>
<tr>
<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
</tr>
</tbody>
</table>

| COMMENTS ON PHYSICAL EXAMINATION: | YES  | ANNUAL | YES |

**SPECIAL REQUIREMENTS:**

| QUALIFICATIONS: | YES  | ANNUAL | YES |

| CURRENT IMMUNIZATIONS | YES  | ANNUAL | YES |
| IS HEPATITIS B VACCINE SERIES COMPLETE OR PRIOR INFECTION DOCUMENTED? | YES  | ANNUAL | YES |

| IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? | YES  | ANNUAL | YES |
| ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? | YES  | ANNUAL | YES |
| RECOMMENDATIONS: | YES  | ANNUAL | YES |

7-12
PROGRAM DESCRIPTION:


PROVIDER COMMENTS:

Current NIOSH Guidelines and a likely OSHA Regulation consider public safety workers, including both policemen and firefighters at risk for exposure to bloodborne pathogens. This risk is not universal since duties of public safety workers vary greatly between departments and locations. The purpose of the requirement for assessment of hepatitis B immune status is to determine for the individual the extent of potential exposure. Those who are felt to be at significant risk may be placed in Program 178, Blood and/or Body Fluids.
FIREFIGHTER INSTRUCTOR

PROGRAM FREQUENCY: PENTAENNIAL

PROGRAM DESCRIPTION:
This program is designed solely to provide guidance for scheduling frequency and references. Medical examination is recorded on SF 88 and SF 93. Detailed guidance is contained in Manual of the Medical Department, NAVMED P-117, Chapter 15, Article 15-67 with additional guidance for special studies in Article 15-9. REFERENCES: (OTHER); (1) Manual of the Medical Department, NAVMED P-117, Change 104. PROGRAM REVISED 4/91.
FOODSERVICE PERSONNEL

PROGRAM FREQUENCY: PREPLACEMENT FOLLOWING ABSENCE FROM JOB FOR 30 DAYS OR MORE

<table>
<thead>
<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE</th>
<th>PERI</th>
<th>ODIC</th>
<th>EXAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL HISTORY: PERSONAL HISTORY OF:</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>MAJOR ILLNESS OR INJURY</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>HOSPITALIZATION OR SURGERY</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>CANCER</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>BACK INJURY</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>HAVE YOU EVER SMOKED</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>DO YOU CURRENTLY SMOKE (PACKS/DAY)</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>CURRENT MEDICATION USE (PRESCRIPTION OR OTC)</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>ALLERGIES (INCLUDE MEDICATIONS)</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>SKIN DISEASE</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>HEPATITIS OR JAUNDICE</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>TUBERCULOSIS</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>INFECTIOUS DISEASE</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>COMMENTS ON MEDICAL HISTORY:</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

LABORATORY-
ADDITIONAL LAB TESTS: APPROPRIATE BY THE PHYSICIAN | YES | NO | NO |
COMMENTS ON LABORATORY RESULTS: | YES | NO | NO |

PHYSICAL EXAMINATION:
VITAL SIGNS | YES | NO | NO |
SPECIAL ATTENTION IN EXAMINATION TO:
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) | YES | NO | NO |
OTHER APPROPRIATE EXAMINATION (SPECIFY) | YES | NO | NO |
COMMENTS ON PHYSICAL EXAMINATION: | YES | NO | NO |

CERTIFICATIONS PERFORMED IAW:
NAV MED P-5010 | YES | NO | NO |
ASSESSMENT: | YES | NO | NO |
RECOMMENDATIONS: | YES | NO | NO |
PROGRAM DESCRIPTION:
This program is required for preplacement exam. There is no requirement for a periodic examination. A situational examination is required when the employee has been out of foodservice duties for illness or for non-medical reasons longer than 30 days. REFERENCES: (OTHER); 1. 132200Z DEC 89; 2. Manual of Naval Preventive Medicine NAVMED P-5010. PROGRAM REVISED 8/90.

PROVIDER COMMENTS:
The choice of additional examination elements and laboratory tests should be determined locally, based on Public Health regulations, if applicable. 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. The focus of the exam is to identify potentially communicable conditions.
FORKLIFT OPERATOR

PROGRAM FREQUENCIES: TRIENNIAL

EXAM ELEMENT ELEMENT GIVEN FOR: BASE PERI TERM LINE ODIC EXAM

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES TRI-ENN NO
MAJOR ILLNESS OR INJURY YES TRI-ENN NO
HOSPITALIZATION OR SURGERY YES TRI-ENN NO
CANCER YES TRI-ENN NO
BACK INJURY YES TRI-ENN NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES TRI-ENN NO
HAVE YOU EVER SMOKED YES TRI-ENN NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES TRI-ENN NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES TRI-ENN NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES TRI-ENN NO
ALLERGIES (INCLUDE MEDICATIONS) YES TRI-ENN NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES TRI-ENN NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES TRI-ENN NO
HEAD INJURY YES TRI-ENN NO
CHANGE OR LOSS OF VISION YES TRI-ENN NO
LOSS OR CHANGE IN HEARING YES TRI-ENN NO
CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS YES TRI-ENN NO
EPILEPSY (SEIZURE DISORDER) YES TRI-ENN NO
NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES TRI-ENN NO
DIABETES OR OTHER ENDOCRINE GLAND DISORDER YES TRI-ENN NO
MENTAL/EMOTIONAL ILLNESS YES TRI-ENN NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY YES TRI-ENN NO
PERSONALITY CHANGE YES TRI-ENN NO
COMMENTS ON MEDICAL HISTORY:

LABORATORY-

URINALYSIS:
ROUTINE:
URINALYSIS WITH MICROSCOPIC YES TRI-ENN NO

CARDIOLOGY-
ELECTROCARDIOGRAM YES *** NO

AUDIOLOGY-

AUDIOGRAM YES TRI-ENN NO

OPTOMETRY-
VISION SCREEN (VISUAL ACUITY)
COLOR VISION YES TRI-ENN NO
DEPTH PERCEPTION YES TRI-ENN NO
VISUAL FIELDS YES TRI-ENN NO

COMMENTS ON LABORATORY RESULTS:
EXAM ELEMENT | ELEMENT GIVEN FOR: | BASE | PERI | TERM | LINE | ODIC | EXAM
---|---|---|---|---|---|---|---
**PHYSICAL EXAMINATION:**
VITAL SIGNS | YES | TRI-ENN | NO |
SPECIAL ATTENTION IN EXAMINATION TO:
CENTRAL NERVOUS SYSTEM | YES | TRI-ENN | NO |
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR) | YES | TRI-ENN | NO |
BACK & MUSCULOSKELETAL SYSTEM | YES | TRI-ENN | NO |
CARDIOVASCULAR SYSTEM | YES | TRI-ENN | NO |
EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA) | YES | TRI-ENN | NO |
EARS (TYPANIC MEMBRANES) | YES | TRI-ENN | NO |
OTHER APPROPRIATE EXAMINATION (SPECIFY) | YES | TRI-ENN | NO |
COMMENTS ON PHYSICAL EXAMINATION: | YES | TRI-ENN | NO |

**IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?**
YES | TRI-ENN | NO |

**ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?**
YES | TRI-ENN | NO |

**RECOMMENDATIONS:**
YES | TRI-ENN | NO |

**PROGRAM DESCRIPTION:**

***EKG over age 39. Frequency of exam is the same as the licensing requirement for operators.**

REFERENCES: (OTHER); 1. DOD 4145.19-R-1, Storage and Materials Handling, Department of Defense, September 1979. PROGRAM REVISED 8/90.

**PROVIDER COMMENTS:**

Certification requirements for operators of Materials Handling Equipment are contained in DOD 4145.19-R-1. Section 5, On the Job Training; Course for Operators of MHE, contains guidance for administration of vision, hearing and reaction tests by licensing individuals. A summary of instructions that apply to measuring physical abilities is:

A. Visual Acuity - minimum standard is visual acuity correctable to 20/30 in each eye. Visual acuity of 20/40 or poorer will be referred to a medical examiner for decision on whether or not the individual's vision is sufficient for operation of MHE. Persons with sight in only one eye can operate industrial tractors in open areas, but not in warehouses. Sight in both eyes is required for handling ammunition and explosives.

B. Depth perception test, optical, is used in counselling and training of the operator although there is no minimum standard.

C. A field of vision test with a lateral range of 75 on each side of the focus line is the minimum standard acceptable. If the standard is not met, the medical examiner will determine whether the individual's lateral vision is sufficient for safe operation of MHE.

D. An operator of MHE will not necessarily be disqualified because of colorblindness. However, if there is an indication of colorblindness, the examinee will receive special training.

E. Guidelines for screening state that the examinee should be able to hear conservation, spoken clearly and in a moderate tone, from a distance of 20 feet.

Local activities may have more stringent physical and requirements. Licensing personnel in Naval Supply, Public Works, Civilian Personnel or Safety can provide local policies.

Individuals who operate MHE for handling ammunition and explosives must be examined under Program #706.
STRESSOR(S) IN THIS PROGRAM: NIOSH # CAS #
1,1,2-TRICHLORO-1,2,2,-TRIFLUOROETHANE (FREON - 113) KJ4000000 76-13-1

PROGRAM FREQUENCY: ANNUAL

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<td>SHORTNESS OF BREATH</td>
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COMMENTS ON MEDICAL HISTORY: YES ANNUAL NO

PHYSICAL EXAMINATION:

| VITAL SIGNS | YES | ANNUAL | NO |
| SPECIAL ATTENTION IN EXAMINATION TO: | YES | ANNUAL | NO |
| CENTRAL NERVOUS SYSTEM | YES | ANNUAL | NO |
| CARDIOVASCULAR SYSTEM | YES | ANNUAL | NO |
| SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC) | YES | ANNUAL | NO |
| OTHER APPROPRIATE EXAMINATION (SPECIFY) | YES | ANNUAL | NO |

COMMENTS ON PHYSICAL EXAMINATION: YES ANNUAL NO

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? YES ANNUAL NO

ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? YES ANNUAL NO

RECOMMENDATIONS: YES ANNUAL NO
PROGRAM DESCRIPTION:
Workers exposed to FC-113 at or above the action level, i.e., one half or more of the permissible exposure limits (8-hour TWA) for more than 30 days a year or 10 days a quarter, should be placed in a medical surveillance program and scheduled for annual examinations. Workers should have a preplacement examination if they do not fit the criteria for placement in the medical surveillance program but have potential exposure to FC-113 above the Short Term Exposure Limit (STEL). REFERENCES: (OTHER); 1. Commander, Naval Sea Systems Command letter, 4734/9210 Ser 06C13C/1117 of 29 Oct 85; 2. Federal Register 54FR 2539-2541 Jan 19, 1989; 3. NIOSH Alert, Request for Assistance in Preventing Deaths from Excessive Exposure to Chlorofluorocarbon 113 (CFC-113); Occupational Health Guidelines for Fluorotrichloromethane, DHHS (NIOSH) Publication No. 81-123, January 1981. PROGRAM REVISED 8/90.

PROVIDER COMMENTS:
A limited number of freons have cardiac sensitizing effects. Interval history should stress intake of oral medications with cardiac sensitizing effects (epinephrine, norepinephrine, dopamine, isoprotenol and other sympathomimetic drugs used by asthmatics).
## Hazardous Waste Workers and Emergency Responders

**Program Frequency:** Annual

**OSHA Standard 29 CFR 1910.120**

**Exam Element**

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<th>Term</th>
<th>Line</th>
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<th>Exam</th>
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**Medical History:**

**Personal History Of:**

- Is your work exposure history current (OPNAV 5100/15) YES Annual YES
- Major illness or injury YES Annual YES
- Hospitalization or surgery YES Annual YES
- Cancer YES Annual YES
- Back injury YES Annual YES
- Do you drink 6 or more drinks per week (beer, wine, liquor) YES Annual YES
- Have you ever smoked YES Annual YES
- Do you currently smoke (packs/day) YES Annual YES
- Heart disease, high blood pressure, or stroke YES Annual YES
- Current medication use (prescription or OTC) YES Annual YES
- Allergies (include medications) YES Annual YES
- Use of seat belts (always, mostly, some, none) YES Annual YES
- Allergies, asthma, hay fever, eczema (atopy) YES Annual YES
- Skin disease YES Annual YES
- Heat injury (cramps, exhaustion, stroke) YES Annual YES
- Lung or Resp disease (COPD, bronchitis, pneumonitis) YES Annual YES
- Headache, dizziness, light-headedness, weakness YES Annual YES
- Cold injury (frostbite, chill, trench ft, hypothermia) YES Annual YES
- Change or loss of vision YES Annual YES
- Loss or change in hearing YES Annual YES
- Chest pain, angina, heart attack, palpitations YES Annual YES
- Shortness of breath YES Annual YES
- Epilepsy (seizure disorder) YES Annual YES
- Neuropathy, gait change, paresthesia, coord loss YES Annual YES
- Thyroid disease (heat or cold intolerance) YES Annual YES
- Mental/Emotional Illness YES Annual YES

**Work History Of:**

- Exp to skin irritants YES Annual YES
- Exp to respiratory irritants YES Annual YES
- Exp to carcinogens YES Annual YES

**Comments on Medical History:**

**Laboratory**

**Hematology:**

- Complete blood count (Hgb, Hct, Wbc, Mcv, Mch, Mchc) YES Annual YES
- Differential white blood cell count YES Annual YES

**Serum Chemistry:**

- Liver profile to include:
  - SGOT (AST), tot. Bili., Alk. Phos YES NO YES
  - BUN and Creatinine YES Annual YES
  - SGOT (AST) YES Annual YES
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<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
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<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
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PROGRAM DESCRIPTION:

PROVIDER COMMENTS:
29 CFR 1910.120 establishes minimal medical surveillance for those personnel who are or may be exposed to hazardous substances at or above the PEL for 30 days per year, wear a respirator 30 days per year, or sustain an overexposure incident involving hazardous substances. CFR requires an annual exam unless the attending physician feels longer intervals are appropriate. Under no circumstances should the frequency be less than every two years. A Physician's Written Opinion is required by OSHA standard. A sample can be found in Appendix F, F-2.
### HEALTH CARE WORKERS

**PROGRAM FREQUENCY:** ANNUAL

**EXAM ELEMENT** | ELEMENT GIVEN FOR: | BASE | PERI | TERM |
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<td>YES</td>
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<td>NO</td>
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<tr>
<td>EXP TO ANESTHETIC GASES</td>
<td>YES</td>
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<td>EXP TO ETHYLENE OXIDE</td>
<td>YES</td>
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<td>EXP TO IONIZING RADIATION</td>
<td>YES</td>
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<td>EXP TO NON-IONIZING RADIATION (LASER,IR,MW,UV)</td>
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<td>EXP TO POTENTIALLY INFECTIOUS BODY FLUIDS</td>
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<td>EXP TO FORMALDEHYDE</td>
<td>YES</td>
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<td><strong>COMMENTS ON MEDICAL HISTORY:</strong></td>
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**LABORATORY:**

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<th>ADDITIONAL LAB TESTS:</th>
<th>TUBERCULOSIS SCREEN</th>
<th>YES</th>
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**COMMENTS ON LABORATORY RESULTS:**

**PHYSICAL EXAMINATION:**

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<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
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**COMMENTS ON PHYSICAL EXAMINATION:**

**QUALIFICATIONS:**

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<th>CURRENT IMMUNIZATIONS</th>
<th>YES</th>
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<td>MEASLES/MUMPS/RUBELLA IMMUNE STATUS</td>
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<tr>
<td>VARICELLA IMMUNE STATUS (FOR EMPLOYEES WITH DIRECT CONTACT WITH CHILDREN)</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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<tr>
<td>IS HEPATITIS B VACCINE SERIES COMPLETE OR PRIOR INFECTION DOCUMENTED?</td>
<td>YES</td>
<td>ANNUAL</td>
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</tbody>
</table>

7-23
PROGRAM DESCRIPTION:

This program has an annual frequency based on the requirement for the tuberculosis screen to be conducted annually. REFERENCES: (OTHER);
PROGRAM REVISED 8/90.

PROVIDER COMMENTS:

The immunization requirements promulgated by the various references can be summarized as follows:

A. Hepatitis B vaccine series is required for those medical and dental workers with exposure or potential exposure to blood or body fluids unless there is a contraindication. Those with exposure to blood and other infectious bodily fluids should be placed in Program 178.

B. Those individuals who have no history of varicella or serologic evidence of immunity should be counselled to report varicella exposure to the clinic since patient care restrictions may be appropriate 8 - 21 days after exposure. Those who work with children and have not had varicella should have varicella antibody measured.

C. Immunizations against tetanus and diphtheria should be current.

D. Immunity to measles, mumps and rubella is required. This requirement can be met by documentation of physician-diagnosed illness (except rubella), serologic evidence of immunity, or documented immunization (for measles, 2 doses 1 month apart after 1 year of age in individuals born in or after 1957 is required).

E. It is reasonable to obtain rubella antibody titer for females of child-bearing age as part of the pre-employment exam.

F. Specific requirements are contained in the instructions listed in the program description.

There is no specific exam required. The content of the exam and assignment to specific stressors are determined by review of responses to history questions and further interview of the worker as deemed appropriate. Health care workers are potentially exposed to a wide variety of chemical, physical and biologic agents. These exposures may change over time. Annual update of work exposures allows for adjustment of exposure programs as appropriate.

7-24
## MOTOR VEHICLE OPERATOR (OTHER THAN DOT)

**PROGRAM FREQUENCY:** QUADRENNIAL

**EXAM ELEMENT** | **ELEMENT GIVEN FOR:** | **BASE** | **PERI** | **TERM** | **LINE** | **ODIC** | **EXAM**
--- | --- | --- | --- | --- | --- | --- | ---

**MEDICAL HISTORY:**

**PERSONAL HISTORY OF:**

- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) | YES QUAD-ENN NO
- MAJOR ILLNESS OR INJURY | YES QUAD-ENN NO
- HOSPITALIZATION OR SURGERY | YES QUAD-ENN NO
- CANCER | YES QUAD-ENN NO
- BACK INJURY | YES QUAD-ENN NO
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK
  - (BEER, WINE, LIQUOR) | YES QUAD-ENN NO
- HAVE YOU EVER SMOKED | YES QUAD-ENN NO
- DO YOU CURRENTLY SMOKE (PACKS/DAY) | YES QUAD-ENN NO
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE | YES QUAD-ENN NO
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) | YES QUAD-ENN NO
- ALLERGIES (INCLUDE MEDICATIONS) | YES QUAD-ENN NO
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) | YES QUAD-ENN NO
- HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS | YES QUAD-ENN NO
- HEAD INJURY | YES QUAD-ENN NO
- CHANGE OR LOSS OF VISION | YES QUAD-ENN NO
- LOSS OR CHANGE IN HEARING | YES QUAD-ENN NO
- CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS | YES QUAD-ENN NO
- EPILEPSY (SEIZURE DISORDER) | YES QUAD-ENN NO
- NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS | YES QUAD-ENN NO
- DIABETES OR OTHER ENDOCRINE GLAND DISORDER | YES QUAD-ENN NO
- MENTAL/EMOTIONAL ILLNESS | YES QUAD-ENN NO
- DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY | YES QUAD-ENN NO
- PERSONALITY CHANGE | YES QUAD-ENN NO

**COMMENTS ON MEDICAL HISTORY:**

**LABORATORY-**

**URINALYSIS:**

- ROUTINE: URINALYSIS WITH MICROSCOPIC | YES QUAD-ENN NO

**CARDIOLOGY-**

- ELECTROCARDIOGRAM | YES *** NO

**AUDIOLOGY-**

- AUDIOTGRAM | YES QUAD-ENN NO

**OPTOMETRY-**

- VISION SCREEN (VISUAL ACUITY) | YES QUAD-ENN NO
- VISUAL FIELDS | YES QUAD-ENN NO

**COMMENTS ON LABORATORY RESULTS:**

---

7-25
EXAM ELEMENT | ELEMENT GIVEN FOR: | BASE | PERI | TERM |
--- | --- | --- | --- | --- |
PHYSICAL EXAMINATION: | | | | |
VITAL SIGNS | YES | QUAD-ENN | NO |
SPECIAL ATTENTION IN EXAMINATION TO: | | | | |
CENTRAL NERVOUS SYSTEM | YES | QUAD-ENN | NO |
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR) | YES | QUAD-ENN | NO |
BACK & MUSCULOSKELETAL SYSTEM | YES | QUAD-ENN | NO |
CARDIOVASCULAR SYSTEM | YES | QUAD-ENN | NO |
EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA) | YES | QUAD-ENN | NO |
EARS (TYMPANIC MEMBRANES) | YES | QUAD-ENN | NO |
OTHER APPROPRIATE EXAMINATION (SPECIFY) | YES | QUAD-ENN | NO |
COMMENTS ON PHYSICAL EXAMINATION: | YES | QUAD-ENN | NO |
IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? | YES | QUAD-ENN | NO |
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? | YES | QUAD-ENN | NO |
RECOMMENDATIONS: | YES | QUAD-ENN | NO |

PROGRAM DESCRIPTION:

***EKG over age 39. REFERENCES: (OTHER); Federal Personnel Manual, Chapter 930. PROGRAM REVIEWED 8/90.

PROVIDER COMMENTS:

Guidelines for Motor Vehicle Operators in this program are contained in Federal Personnel Manual, Chapter 930. An operator is defined as any employee who is regularly required to operate motor vehicles and is occupying a position officially classified as a motor vehicle operator. The term does not apply to heavy equipment operators such as grader, tractor, crane or forklift operator. According to Chapter 930, "At least once every 4 years each agency must provide for testing, in accordance with standards and procedures established by OPM, the physical fitness of all employees who operate motor vehicles." The standards are published in Appendix A of Chapter 930 and were used in development of Program 712.

Local and state requirements may have differing frequencies of examination. Local activities will need to be familiar with regulations affecting licensure of Motor Vehicle Operators in their area and meet those requirements in addition to those implied by the guidelines in FPM Chapter 930.

Guidelines for examinations for interstate driving and any driver covered by Federal Motor Carrier Safety regulations, 49 CFR 391.41-49, Subpart E, are contained in Program #706.
NAVAL INVESTIGATIVE SERVICE

PROGRAM FREQUENCY: AGE DEPENDENT:

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<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE LINE</th>
<th>PERI ODIC</th>
<th>TERM EXAM</th>
</tr>
</thead>
</table>

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES BY AGE NO
MAJOR ILLNESS OR INJURY YES BY AGE NO
HOSPITALIZATION OR SURGERY YES BY AGE NO
CANCER YES BY AGE NO
BACK INJURY YES BY AGE NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES BY AGE NO
HAVE YOU EVER SMOKED YES BY AGE NO
DO YOU CURRENTLY SMOKE (PACKS/DAY) YES BY AGE NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES BY AGE NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES BY AGE NO
ALLERGIES (INCLUDE MEDICATIONS) YES BY AGE NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES BY AGE NO
LOSS OR CHANGE IN HEARING YES BY AGE NO
COMMENTS ON MEDICAL HISTORY: YES BY AGE NO

LABORATORY-

HEMATOLOGY:

COMPLETE BLOOD COUNT (HGB,HCT,WBC,MCV,MCH,MCHC) YES BY AGE NO

SERUM CHEMISTRY:

BASIC PROFILE TO INCLUDE:
BUN, CREATININE, URIC ACID, CALCIUM, YES BY AGE NO
TOT. BILI., ALK. PHOS, SGOT (AST)

LIVER PROFILE TO INCLUDE:
SGOT (AST), TOT. BILI., ALK. PHOS YES BY AGE NO

CHOLESTEROL YES BY AGE NO
TRIGLYCERIDES YES BY AGE NO

URINALYSIS:

ROUTINE:
URINALYSIS WITH MICROSCOPIC YES BY AGE NO

CARDIOLOGY-

ELECTROCARDIOGRAM YES *** YES

AUDIOLOGY-

AUDIOGRAM YES BY AGE NO

RADIOLOGY-

CHEST X-RAY (PA) YES NO YES
EXAM ELEMENT:

ELEMENT GIVEN FOR:  BASE PERI TERM
LINE ODIC EXAM

OPTOMETRY-

VISION SCREEN (VISUAL ACUITY)  YES BY AGE NO
COLOR VISION  YES BY AGE NO
DEPTH PERCEPTION  YES BY AGE NO
COMMENTS ON LABORATORY RESULTS:

PHYSICAL EXAMINATION:

VITAL SIGNS  YES BY AGE NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)  YES BY AGE NO
COMMENTS ON PHYSICAL EXAMINATION:

CERTIFICATIONS PERFORMED IAW:

NIS MANUAL FOR ADMINISTRATION  YES BY AGE NO
REVIEW OF FUNCTIONAL/ENVIRONMENTAL REQUIREMENTS OF SF 78  YES BY AGE NO

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPPNAV 5100/15?
ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?
RECOMMENDATIONS:

PROGRAM DESCRIPTION:

This program has an age dependent frequency:

Age to 37 years  Tri-ennial
Age 38 to 40 years  Bi-ennial
Age 41 and over  Annual

***The EKG is given every 5 years beginning at age 35. REFERENCES:
(OTHER); 1. NIS Administrative Manual, NIS-1, Chapter 13, Section 1306; 2. Commander, Naval Investigative Service Command, ltr 31 May 89; 3. RE Bonner ltr, 6260, 29 Jun 89. PROGRAM REVIEWED 8/90.

PROVIDER COMMENTS:

Weight certification is required for NIS agents. Weight certification is accomplished by completing the weight range chart (addendum 2, NIS-1, Chapter 13) provided with the SF 78 at each examination and annually.
POLICE/GUARD SECURITY

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT

MEDICAL HISTORY:

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES ANNUAL NO

MAJOR ILLNESS OR INJURY YES ANNUAL NO

HOSPITALIZATION OR SURGERY YES ANNUAL NO

CANCER YES ANNUAL NO

BACK INJURY YES ANNUAL NO

DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES ANNUAL NO

HAVE YOU EVER SMOKED YES ANNUAL NO

DO YOU CURRENTLY SMOKE (PACKS/DAY) YES ANNUAL NO

HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES ANNUAL NO

CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES ANNUAL NO

ALLERGIES (INCLUDE MEDICATIONS) YES ANNUAL NO

USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES ANNUAL NO

HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS YES ANNUAL NO

CHANGE OR LOSS OF VISION YES ANNUAL NO

LOSS OR CHANGE IN HEARING YES ANNUAL NO

CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS YES ANNUAL NO

SHORTNESS OF BREATH YES ANNUAL NO

EPILEPSY (SEIZURE DISORDER) YES ANNUAL NO

NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS YES ANNUAL NO

THYROID DISEASE (HEAT OR COLD INTOLERANCE) YES ANNUAL NO

DIABETES OR OTHER ENDOCRINE GLAND DISORDER YES ANNUAL NO

MENTAL/EMOTIONAL ILLNESS YES ANNUAL NO

DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY YES ANNUAL NO

PERSONALITY CHANGE YES ANNUAL NO

WORK HISTORY:

EXPOSURE TO POTENTIALLY INFECTIOUS BODY FLUIDS YES ANNUAL NO

LAPORTY-

SEUM CHEMISTRY:

BASIC PROFILE TO INCLUDE:

BUN, CREATININE, URIC ACID, CALCIUM, YES ANNUAL NO

TOTAL BILIRUBIN, ALK. PHOS., SGOT (AST)

CHOLESTEROL YES PENTA-E NO

URINALYSIS:

ROUTINE:

URINALYSIS WITH MICROSCOPIC YES ANNUAL NO

CARDIOLOGY-

ELEOTOCARDIOGRAM YES *** NO

AUDIOLOGY-

AUDIOTRAM YES ANNUAL NO
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<td>OPTOMETRY-</td>
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<td>VISION SCREEN (VISUAL ACUITY)</td>
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<td>COLOR VISION</td>
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<td>COMMENTS ON LABORATORY RESULTS:</td>
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<td>PHYSICAL EXAMINATION:</td>
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<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
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<td>CENTRAL NERVOUS SYSTEM</td>
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<td>PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)</td>
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<td>BACK &amp; MUSCULOSKELETAL SYSTEM</td>
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<td>CARDIOVASCULAR SYSTEM</td>
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<td>EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA)</td>
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<td>EARS (TYMpanic MEMBRANES)</td>
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<td>SKIN-WITH REGARD TO MALIGNANT &amp; PRE-MALIGNANT COND</td>
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<td>THYROID</td>
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<td>METABOLIC DISTURBANCE (Fever, Tachycardia)</td>
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<td>OBESITY</td>
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<td>QUALIFICATIONS:</td>
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<td>IS HEPATITIS B SERIES COMPLETE OR PRIOR INFECTION DOCUMENTED?</td>
<td>YES</td>
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<td>NO</td>
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<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
<td></td>
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<tr>
<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES</td>
<td>ANNUAL</td>
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<tr>
<td>RECOMMENDATIONS:</td>
<td></td>
<td>YES</td>
<td>ANNUAL</td>
<td>NO</td>
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</table>

**PROGRAM DESCRIPTION:**


**PROVIDER COMMENTS:**

Current NIOSH Guidelines and a likely OSHA Regulation consider public safety workers, including both policemen and firefighters, at risk for exposure to bloodborne pathogens. This risk is not universal since duties of public safety workers vary greatly between departments and locations. The purpose of the requirement for assessment of hepatitis B immune status is to determine for the individual the extent of potential exposure. Those who are felt to be at significant risk may be placed in Program 178, Blood and/or Body Fluids.
The usual medical examination performed at the time of employment may include:

1. A medical history
2. An occupational health history (OPNAV 5100/15, Medical Surveillance Questionnaire)
3. A physical examination which is an organ inventory and appraisal of function.
4. Such laboratory, radiographic and ancillary tests procedures as indicated by history or other evaluation findings and exposures inherent in the position.
5. A recommendation, including individualized work restrictions and suggested accommodations, which is forwarded to the hiring agency, is free of any diagnostic information and is used exclusively as an aid in placement.

---

PROGRAM DESCRIPTION:

"The basis on which agencies may establish specific medical standards or physical requirements is discussed in FPM Chapter 339. In general, there must be a direct relationship between the medical standard or physical requirement and the actual duties of the position being filled. If there is evidence that an applicant can safely perform the essential duties of a position notwithstanding a potentially disqualifying condition, the standard or requirement must be waived. Agencies must provide reasonable accommodation to qualified handicapped individuals in accordance with Equal Employment Opportunity Commission regulations." Source: X-118 Qualification Standards, Other Qualification Requirements or Provisions, Medical/Physical.

The following guidance was taken from the President's Committee on Employment of People with Disabilities, Fact Sheet On: "Medical Examinations: Are they Beneficial and Legal?"

People with disabilities are people who can work, in most instances. Pre-existing impairments for which accommodations can be made should be considered as simply limitations and not automatic evidence of inability to perform the job. The professional conducting the examination must be provided with a description of the job being offered so that he or she has adequate and appropriate knowledge of the work demands.

An examination at the entry into new employment is highly advantageous to the applicant. It provides an appraisal of current health and the opportunity to provide guidance for a safe and healthful work experience. If a disabling condition is present, it can be accommodated to minimize further functional limitations. Meeting the requirements of the American with Disabilities Act (ADA) is not difficult, for all persons are treated equally and examined equally.
Sources of Additional Information:


4. The President's Committee on Employment of People with Disabilities
   1111 20th Street, NW, Suite 63b
   Washington, D.C. 20036-3470
   (202) 653-5050


6. OCPMINST 12339.1, DON Medical Determinations Related to Employability (CPI 339) 14 JAN 1988. (SN 0693LD0536085)
# RESPIRATOR USER CERTIFICATION EXAM

**PROGRAM FREQUENCY: AGE DEPENDENT**

<table>
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<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE</th>
<th>PERI</th>
<th>TERM</th>
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<tr>
<td><strong>MEDICAL HISTORY:</strong></td>
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<td>LINE</td>
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<td>EXAM</td>
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<tr>
<td>PERSONAL HISTORY OF:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>MAJOR ILLNESS OR INJURY</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
<td></td>
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<tr>
<td>HOSPITALIZATION OR SURGERY</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
<td></td>
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<td>CANCER</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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</tr>
<tr>
<td>BACK INJURY</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<tr>
<td>DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
<td></td>
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<tr>
<td>HAVE YOU EVER SMOKED</td>
<td>YES</td>
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<tr>
<td>DO YOU CURRENTLY SMOKE (PACKS/DAY)</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<tr>
<td>HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<tr>
<td>CURRENT MEDICATION USE (PRESCRIPTION OR OTC)</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
<td></td>
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<tr>
<td>ALLERGIES (INCLUDE MEDICATIONS)</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
<td></td>
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<tr>
<td>USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
<td></td>
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<tr>
<td>ALLERGIES, ASTHMA, HAY FEVER, ECZEMA (ATOPY)</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<tr>
<td>SKIN DISEASE</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
<td></td>
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<tr>
<td>LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS)</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<tr>
<td>USE OF EYE GLASSES</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<tr>
<td>CONTACT LENS USE</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<tr>
<td>CHEST PAIN, ANGINA, HEART ATTACK, PALPITATIONS</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<tr>
<td>SHORTNESS OF BREATH</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<tr>
<td>EPILEPSY (SEIZURE DISORDER)</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<tr>
<td>NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<td>DIABETES OR OTHER ENDOCRINE GLAND DISORDER</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<td>MENTAL/EMOTIONAL ILLNESS</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<td>CLAUSTROPHOBIA</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<td>WORK HISTORY OF:</td>
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<td>PRIOR RESPIRATOR USE</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<td>COMMENTS ON MEDICAL HISTORY:</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<td><strong>PHYSICAL EXAMINATION:</strong></td>
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<td>VITAL SIGNS</td>
<td>YES</td>
<td>BY AGE</td>
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<td>SPECIAL ATTENTION IN EXAMINATION TO:</td>
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<td>CARDIOVASCULAR SYSTEM</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<tr>
<td>EYES (CONJUNCTIVA, SCLERA, CORNEA, LENS, RETINA)</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<td>RESPIRATORY SYSTEM</td>
<td>YES</td>
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<td>NO</td>
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<td>EARS (TYMPANIC MEMBRANES)</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<td>SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<tr>
<td>OTHER APPROPRIATE EXAMINATION (SPECIFY)</td>
<td>YES</td>
<td>BY AGE</td>
<td>NO</td>
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<td>COMMENTS ON PHYSICAL EXAMINATION:</td>
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<tr>
<td>EXAM ELEMENT</td>
<td>ELEMENT GIVEN FOR:</td>
<td>BASE</td>
<td>PERI</td>
<td>TERM</td>
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<tr>
<td>--------------</td>
<td>-------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15?</td>
<td>YES BY AGE</td>
<td>NO</td>
<td></td>
<td></td>
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<tr>
<td>ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE?</td>
<td>YES BY AGE</td>
<td>NO</td>
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</table>

PROGRAM DESCRIPTION:

This program has an age dependent frequency:

<table>
<thead>
<tr>
<th>AGE OF EMPLOYEE</th>
<th>FREQUENCY OF EXAM</th>
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<tbody>
<tr>
<td>15 TO 34</td>
<td>Every 5 years</td>
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<tr>
<td>35 TO 44</td>
<td>Every 2 years</td>
</tr>
<tr>
<td>45+</td>
<td>Annual</td>
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</table>


PROVIDER COMMENTS:

Spirometry and chest x-rays are not required to be routinely performed for this program. Spirometry and routine chest x-rays are not recommended solely as data for determining if a respirator should be worn but may be medically indicated in some fitness determinations when additional information is needed to determine fitness. (NIOSH Pub. No. 87-108). Workers who wear respirators may be receiving spirometry and chest x-rays as part of the surveillance program requirements for specific hazards.
PROGRAM FREQUENCY:  PREPLACEMENT AND ALL SUBSEQUENT COMPLETE EXAMS FOR OTHER REASONS

PROGRAM DESCRIPTION:

This program is designated solely to provide guidance on scheduling frequency. The program requires an exam for pre-placement. Thereafter, on all subsequent and periodic physical examinations for any purpose, submarine duty should be included as an additional purpose and a qualification determination made. Tests and forms required are promulgated in Manual of the Medical Department, NAVMED P-117, Chapter 15, Article 15-69, Change 104. For civilian personnel embarked on submarines consult SECNAVINST 6420.1D, 7 April 1986. PROGRAM REVISED 4/91.
702  WASTEWATER/SEWAGE WORKER

PROGRAM FREQUENCY:  PENTA-ENNIAL

<table>
<thead>
<tr>
<th>EXAM ELEMENT</th>
<th>ELEMENT GIVEN FOR:</th>
<th>BASE</th>
<th>PERI</th>
<th>TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>LINE</td>
<td>ODIC</td>
<td>EXAM</td>
</tr>
</tbody>
</table>

MEDICAL HISTORY:

PERSONAL HISTORY OF:

- IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES PENTA-E NO
- MAJOR ILLNESS OR INJURY YES PENTA-E NO
- HOSPITALIZATION OR SURGERY YES PENTA-E NO
- CANCER YES PENTA-E NO
- BACK INJURY YES PENTA-E NO
- DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR) YES PENTA-E NO
- HAVE YOU EVER SMOKED YES PENTA-E NO
- DO YOU CURRENTLY SMOKE (PACKS/DAY) YES PENTA-E NO
- HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE YES PENTA-E NO
- CURRENT MEDICATION USE (PRESCRIPTION OR OTC) YES PENTA-E NO
- ALLERGIES (INCLUDE MEDICATIONS) YES PENTA-E NO
- USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE) YES PENTA-E NO
- SKIN DISEASE YES PENTA-E NO

COMMENTS ON MEDICAL HISTORY: YES PENTA-E NO

QUALIFICATIONS:

CURRENT IMMUNIZATIONS YES PENTA-E NO

CERTIFICATIONS PERFORMED IAW:

NAVMED P-5010 YES PENTA-E NO

IS SURVEILLANCE CONSISTENT WITH EXPOSURES LISTED ON OPNAV 5100/15? YES PENTA-E NO

ADVERSE HEALTH EFFECTS OF OCCUPATIONAL EXPOSURE? YES PENTA-E NO

RECOMMENDATIONS: YES PENTA-E NO

PROGRAM DESCRIPTION:

The immunization status of wastewater/sewage worker should be reviewed every five years. Tetanus-diphtheria vaccine should be updated according to current recommendations. Polio vaccine is administered to individuals not fully immunized. Specific guidance is contained in these references: (OTHER); 1. NAVMED P-5010, Manual of Naval Preventive Medicine; 2. NAVMEDCOMINST 6230.3, Immunizations and Chemoprophylaxis. PROGRAM REVISED 8/90.
### MEDICAL HISTORY:

**Personal History of:**

- Is Your Work Exposure History Current (OPNAV 5100/15)
- Major Illness or Injury
- Hospitalization or Surgery
- Cancer
- Back Injury
- Do You Drink 6 or More Drinks per week? (beer, wine, liquor)
- Have You Ever Smoked?
- Do You Currently Smoke? (packs/day)
- Do You Use Smokeless Tobacco?
- Heart Disease, High Blood Pressure or Stroke
- Current Medication Use (Prescription or OTC)
- Allergies (Include Medications)
- Use of Seat Belts (Always, Mostly, Some, None)
- Blood Diseases (Anemia)
- Blood Transfusions
- Allergies, Asthma, Hay Fever, Eczema (Atopy)
- Skin Disease
- Precancerous Lesions
- Heat Injury (Cramps, Exhaustion, Stroke)
- Peripheral Vascular Disease
- Hepatitis or Jaundice
- Radiation Therapy or Radiopharmaceutical Treatment
- Lung or Respiratory Disease (COPD, Bronchitis, Pneumonitis)
- Tuberculosis
- Infectious Disease
- History of Chicken Pox
- Syphilis or gonorrhea
- Treatment with Steroids or Cancer (Cytotoxic) Drugs
- Use of Nitrate Medication (Nitroglycerine)
- Use of Anticholinergic Drugs (Donnatal)
- Use of Barbiturates
- Headache, Dizziness, Light-headedness, Weakness
- Nausea or Vomiting
- Nervous Stomach or Ulcer
- Exposure (Acclimatization) to Heat
- Cold Injury (Frostbite, Chill, Trench Foot, Hypothermia)
- Weight Loss
Test  Test Name
1440  Head Injury
1450  Tremors
1455  Use of Eye Glasses
1460  Change or Loss of Vision
1461  Contact Lens Use
1462  Lens Surgery
1463  Photosensitizing Medications
1464  Unusual Sensitivity to Sunlight
1470  Cataracts
1480  Eye Irritation
1481  Eye Injury
1482  Glaucoma
1510  Perforation of Nasal Septum
1520  Tooth or Gum Disease
1530  Ringing in the Ear (Tinnitus)
1535  Ruptured Ear Drum
1540  Loss or Change in Hearing
1550  Chest Pain, Angina, Heart Attack, Palpitations
1560  Coughing Up Blood (Hemoptysis)
1570  Shortness of Breath
1580  Cough (Dry or Productive)
1590  Pneumonia
1600  Chronic Abdominal Pain, Vomiting, Other GI Symptoms
1605  Change in Frequency or Appearance of Bowel Movements
1610  Liver Disease
1620  Kidney Disease
1630  Problems with Urination/Blood in Urine
1640  Current Pregnancy (Self or Spouse)
1650  Impotence or Sexual Dysfunction
1660  Infertility or Miscarriage (Self or Spouse)
1670  Epilepsy (Seizure Disorder)
1680  Neurologic Disorder, Gait Change, Paresthesia, Coordination Loss
1690  Migraine Headache
1700  Thyroid Disease (Heat or Cold Intolerance)
1710  Diabetes or Other Endocrine Gland Disorder
1720  Mental/Emotional Illness
1730  Depression, Difficulty Concentrating, Excessive Anxiety
1732  Treatment for Drug or Alcohol Use
1740  Personality Change
1745  Claustrophobia
1750  Vibration White Finger Disease
1755  Bone Problems (Broken Bones)
<table>
<thead>
<tr>
<th>Test</th>
<th>Test Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1760</td>
<td>Muscle or Joint Problems</td>
</tr>
<tr>
<td>1765</td>
<td>Permanent Defect from Illness, Disease or Injury</td>
</tr>
<tr>
<td>2000</td>
<td>Work History Of:</td>
</tr>
<tr>
<td>2005</td>
<td>Prior Respirator Use</td>
</tr>
<tr>
<td>2010</td>
<td>Exposure to Dusts (Coal, Blast. Grit, Sand, Nuisance)</td>
</tr>
<tr>
<td>2020</td>
<td>Exposure to Asbestos</td>
</tr>
<tr>
<td>2021</td>
<td>10 or More Years Since First Exposure to Asbestos</td>
</tr>
<tr>
<td>2030</td>
<td>Exposure to Lead</td>
</tr>
<tr>
<td>2040</td>
<td>Exposure to Benzene</td>
</tr>
<tr>
<td>2050</td>
<td>Exposure to Chemotherapeutic/Antineoplastic Agents</td>
</tr>
<tr>
<td>2055</td>
<td>Exposure to Aerosolized Antibiotics/Antivirals</td>
</tr>
<tr>
<td>2060</td>
<td>Exposure to Anesthetic Gases</td>
</tr>
<tr>
<td>2070</td>
<td>Exposure to Ethylene Oxide</td>
</tr>
<tr>
<td>2080</td>
<td>Exposure to Chromium or Chromic Acid</td>
</tr>
<tr>
<td>2090</td>
<td>Exposure to Silica or Sand</td>
</tr>
<tr>
<td>2100</td>
<td>Exposure to Hydrogen Fluoride or Inorganic Fluorides</td>
</tr>
<tr>
<td>2104</td>
<td>10 or More Years Since First Exposure to Arsenic</td>
</tr>
<tr>
<td>2105</td>
<td>10 or More Years Since First Exposure to Vinyl Chloride</td>
</tr>
<tr>
<td>2110</td>
<td>Exposure to Ionizing Radiation</td>
</tr>
<tr>
<td>2120</td>
<td>Exposure to Non-Ionizing Radiation (Laser, IR, MW, UV)</td>
</tr>
<tr>
<td>2130</td>
<td>Exposure to Vibration (Segmental or Whole Body)</td>
</tr>
<tr>
<td>2135</td>
<td>Exposure to Excessive Noise</td>
</tr>
<tr>
<td>2140</td>
<td>Eye Injury</td>
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<tr>
<td>2150</td>
<td>Exposure to Skin Irritants</td>
</tr>
<tr>
<td>2160</td>
<td>Exposure to Respiratory Irritants</td>
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<tr>
<td>2170</td>
<td>Exposure to Carcinogens</td>
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<tr>
<td>2180</td>
<td>Exposure to Isocyanate Foam or Paint</td>
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<tr>
<td>2190</td>
<td>Sensitization to Isocyanates (TDI, MDI)</td>
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<tr>
<td>2200</td>
<td>Exposure to Solvents (MEK, PERC, TCE, Toluene..)</td>
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<tr>
<td>2205</td>
<td>Exposure to Potentially Infectious Body Fluids</td>
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<tr>
<td>2210</td>
<td>Exposure to Formaldehyde</td>
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<td>2215</td>
<td>Exposure to Cadmium</td>
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<td>2500</td>
<td>Family History Of:</td>
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<tr>
<td>2510</td>
<td>Blood Diseases (Anemia)</td>
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<tr>
<td>2520</td>
<td>Genetic Disease (Include Children)</td>
</tr>
<tr>
<td>2530</td>
<td>Cancers (Leukemia, Tumors)</td>
</tr>
<tr>
<td>2540</td>
<td>Heart Disease, High Blood Pressure or Stroke</td>
</tr>
<tr>
<td>2545</td>
<td>Cataracts</td>
</tr>
</tbody>
</table>

**COMMENTS ON MEDICAL HISTORY**

**LABORATORY**

| 3100  | Hematology:                                                               |
| 3110  | Complete Blood Count (HGB, HCT, WBC, MCV, MCH, MCHC)                      |
Test Name

3120 Differential White Blood Cell Count
3125 RBC Morphology
3130 Reticulocyte count
3140 Platelet Estimate
3141 Platelet Count
3500 Serum Chemistry:
3510 Random Serum/Plasma Glucose
3520 Basic Profile to Include:
3521 BUN, Creatinine, Uric Acid, Calcium,
3522 Total Bilirubin, Alk. Phos., SGOT (AST)
3530 Liver Profile to Include:
3531 SGOT (AST), Total Bilirubin, Alk. Phos.
3545 BUN and Creatinine
3547 Cholesterol
3550 SGOT (AST)
3560 Phosphate
3570 Globulin
3580 Acid Phosphatase
3590 CPK
3600 Bilirubin (Direct)
3610 Triglycerides
3620 GGT
3630 Blood Lead and Zinc Protoporphyrin (ZPP)
3640 RBC Cholinesterase
3641 Plasma (or Serum) Cholinesterase
3650 Serum FSH, LH and Estrogen
3660 Blood Methemoglobin (If cyanotic)
3670 Blood Acetone
3675 Serum Total Estrogen (female)
3680 Serum Follicle Stimulating Hormone (FSH)
3685 Serum Luteinizing Hormone (LH)
4000 Urinalysis:
4100 Routine:
4110 Urinalysis with Microscopic
4120 Urinalysis without Microscopic
4200 Urine Chemistry:
4210 Urine Total Phenol
4220 Urine Hydroquinone (If Urine is Dark Brown)
4230 Urine Mercury
4250 Urine Fluoride - Post Shift
4260 Urine 24 - Hour Protein (Quantitative)
4270 Urine P-Nitrophenol (If Darkening Observed)
4280 Blank
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<tr>
<th>Test</th>
<th>Test Name</th>
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<tr>
<td>4500</td>
<td>Cytology:</td>
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<td>Sputum Cytology</td>
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<td>4520</td>
<td>Urine Cytology</td>
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<tr>
<td>4800</td>
<td>Additional Lab Tests:</td>
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<tr>
<td>4810</td>
<td>Stool Hemoccult (Over age 45)</td>
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<tr>
<td>4820</td>
<td>Sperm Count (Male)</td>
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<td>4830</td>
<td>RPR</td>
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<td>4840</td>
<td>Tuberculosis Screen</td>
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<td>4850</td>
<td>Pregnancy Testing or Laboratory Testing of</td>
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<td>Fertility if Requested by Employee and Deemed</td>
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<td>Serum to be frozen</td>
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<td>5000</td>
<td>Cardiology:</td>
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<td>5010</td>
<td>Electrocardiogram</td>
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<td>Exercise Cardiac Stress Test</td>
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<td>5200</td>
<td>Audiology:</td>
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<td>5210</td>
<td>Audiogram</td>
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<td>Audiogram - 15 hr/40 hr Noise Free</td>
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<td>5230</td>
<td>Tympanogram Status</td>
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<td>5400</td>
<td>Radiology:</td>
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<td>5410</td>
<td>Chest x-ray (PA)</td>
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<td>5420</td>
<td>Chest x-ray (Asbestos)</td>
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<tr>
<td>5425</td>
<td>Utilizing Form - NAVMED 6260/7</td>
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<td>5600</td>
<td>Spirometry:</td>
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<td>5610</td>
<td>Spirometry (FVC, FEV1, FEV1/FVC)</td>
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<td>5800</td>
<td>Optometry:</td>
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<td>5805</td>
<td>Current Refraction Prescription - When Applicable</td>
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<td>5807</td>
<td>Date of Most Recent Examination</td>
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<tr>
<td>5810</td>
<td>Vision Screen (Visual Acuity)</td>
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<td>5811</td>
<td>Color Vision</td>
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<td>5820</td>
<td>Depth Perception</td>
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<td>5830</td>
<td>Visual Fields</td>
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<td>5835</td>
<td>Contrast Sensitivity</td>
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<td>5836</td>
<td>External Ocular and Fundus Examination</td>
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<td>5840</td>
<td>Ophthalmologic Exam</td>
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<td>5850</td>
<td>Slit Lamp Exam</td>
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<td>5860</td>
<td>Tonometry</td>
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<td>5900</td>
<td>Dental:</td>
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<tr>
<td>5910</td>
<td>Dental Exam</td>
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<tr>
<td>5990</td>
<td>COMMENTS ON LABORATORY RESULTS:</td>
</tr>
</tbody>
</table>
Physical Examination:

Required When Positive History Questions are Obtained:

- Vital Signs

Special Attention in Examination to:

- Central Nervous System
- Peripheral Nervous System (Strength, Sensation, DTR)
- Back and Musculoskeletal System
- Extremities
- Cardiovascular System
- Peripheral Vascular System (Raynaud’s)
- Varicose Veins of Lower Extremities
- Cyanosis
- Clubbing

- Eyes (Conjunctiva, Sclera, Cornea, Lens, Retina)
- Gums (e.g., Lead Lines?)
- Teeth (Acid Erosion)

Abdomen

- Breast Examination (Female)
- Genitourinary Tract
- GU (Including Testicle Size)
- Testes (Male)
- Kidney
- Liver
- Spleen
- Mucous Membranes
- Nasal Mucosa (Septal Perforation)

Respiratory System

- Ears (Tympanic Membranes)
- Skin (Rash, Erosion, Ulcer, Pigment, Eczema, Etc.)
- Skin, With Regard to Malignant and Pre-malignant Conditions
- Thyroid
- Metabolic Disturbance (Fever, Tachycardia)
- Immunocompetence (Lymphatic System)
- Obesity
- Overall Physical Fitness

Rectal Examination

- Hemorrhoids
- Body Habitus

Other Appropriate Examination (Specify):

COMMENTS ON PHYSICAL EXAMINATION:
<table>
<thead>
<tr>
<th>Test</th>
<th>Test Name</th>
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</thead>
<tbody>
<tr>
<td>7100</td>
<td>Qualifications:</td>
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<tr>
<td>7110</td>
<td>Respiratory Protection</td>
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<tr>
<td>7120</td>
<td>Sight Conservation</td>
</tr>
<tr>
<td>7130</td>
<td>Current Immunizations</td>
</tr>
<tr>
<td>7140</td>
<td>Measles/Mumps/Rubella Immune Status</td>
</tr>
<tr>
<td>7145</td>
<td>Measles Immune Status</td>
</tr>
<tr>
<td>7147</td>
<td>Varicella Immune Status (for employees with direct contact with children)</td>
</tr>
<tr>
<td>7150</td>
<td>Is Hepatitis B Vaccine Series Complete or Prior Infection Documented?</td>
</tr>
<tr>
<td>7500</td>
<td>Certifications Performed IAW:</td>
</tr>
<tr>
<td>7510</td>
<td>NAVMED P117, Chapter 15</td>
</tr>
<tr>
<td>7520</td>
<td>NAVMED P-5010</td>
</tr>
<tr>
<td>7530</td>
<td>NAVSEA OP-2239</td>
</tr>
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<td>7540</td>
<td>FPM TS 146</td>
</tr>
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<td>7560</td>
<td>NAVMED P-5055</td>
</tr>
<tr>
<td>7570</td>
<td>NAVFAC P-306</td>
</tr>
<tr>
<td>7575</td>
<td>FPM 930</td>
</tr>
<tr>
<td>7576</td>
<td>ANSI A136.1 OF 1986</td>
</tr>
<tr>
<td>7577</td>
<td>OPNAVINST 5100.23B CHAPTER 22</td>
</tr>
<tr>
<td>7580</td>
<td>NIS Manual for Administration</td>
</tr>
<tr>
<td>7700</td>
<td>Update SF 93 as Applicable</td>
</tr>
<tr>
<td>7710</td>
<td>Review Functional/Environmental Requirements of SF 78</td>
</tr>
<tr>
<td>7720</td>
<td>Complete NAVMED 6260/5, Rev (5/90), Periodic Health Evaluation</td>
</tr>
<tr>
<td>7730</td>
<td>Review DD 2493-1, Initial Exam or DD 2493-2, Periodic Exam</td>
</tr>
<tr>
<td>8000</td>
<td>Hearing Conservation:</td>
</tr>
<tr>
<td>8100</td>
<td>Has Baseline Been Reestablished Due to PTS?</td>
</tr>
<tr>
<td>8110</td>
<td>High Frequency Average Exceeds 45 dB Bilaterally?</td>
</tr>
<tr>
<td>8120</td>
<td>Ear Plugs Fitted and Issued</td>
</tr>
<tr>
<td>8130</td>
<td>Refer to Audiologist or Physician</td>
</tr>
<tr>
<td>9000</td>
<td>Special Notations:</td>
</tr>
<tr>
<td>9010</td>
<td>Substance(s) Known Human Carcinogen</td>
</tr>
<tr>
<td>9020</td>
<td>Substance(s) Suspected Human Carcinogen</td>
</tr>
<tr>
<td>9030</td>
<td>Substance(s) Known Mutagenic or Fetotoxic Effects</td>
</tr>
<tr>
<td>9040</td>
<td>Substance(s) Suspected Human Mutagenic/Fetotoxic Effects</td>
</tr>
<tr>
<td>9050</td>
<td>Counselling Regarding Combined Effects of Smoking and Asbestos Exposure</td>
</tr>
<tr>
<td>9060</td>
<td>Assess Knowledge of Universal Blood/Body Fluid Precautions</td>
</tr>
<tr>
<td>9065</td>
<td>Physician’s Written Opinion Required</td>
</tr>
<tr>
<td>9067</td>
<td>Written Notification of Permanent Threshold Shift Required</td>
</tr>
<tr>
<td>9970</td>
<td>Is Surveillance Consistent with Exposures Listed on OPNAV 5100/15?</td>
</tr>
<tr>
<td>9975</td>
<td>ASSESSMENT:</td>
</tr>
<tr>
<td>9980</td>
<td>Adverse Health Effects Of Occupational Exposure?</td>
</tr>
<tr>
<td>9990</td>
<td>RECOMMENDATIONS:</td>
</tr>
</tbody>
</table>
APPENDIX B

The following list of stressors was reviewed and not included in the Medical Matrix. Any questions or concerns should be addressed to Committee members or Occupational Medicine staff at NAVENVIRHLTHCEN. The list will be reviewed periodically and updated.

<table>
<thead>
<tr>
<th>Stressor</th>
<th>Date reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetone</td>
<td>Dec 1989</td>
</tr>
<tr>
<td>Asphalt Fumes</td>
<td>Dec 1989</td>
</tr>
<tr>
<td>Benzo(a) pyrene</td>
<td>Dec 1989</td>
</tr>
<tr>
<td>Crysene</td>
<td>Dec 1989</td>
</tr>
<tr>
<td>Fungicides</td>
<td>Nov 1990</td>
</tr>
<tr>
<td>N-heptane</td>
<td>Dec 1989</td>
</tr>
<tr>
<td>N-Hexane</td>
<td>Dec 1989</td>
</tr>
<tr>
<td>Silver</td>
<td>Dec 1989</td>
</tr>
</tbody>
</table>

On further review for chronic effects and evaluation of usage, these programs were removed from the Medical Matrix. Solvents were included in Program #603, Mixed Solvents, and program #157 was combined with an existing program. The Program Numbers will be retained for historical purposes.

<table>
<thead>
<tr>
<th>Program Number</th>
<th>Stressor</th>
<th>Date Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>107</td>
<td>Ammonia</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>119</td>
<td>Benzoyl Peroxide</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>120</td>
<td>Benzyll Chloride</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>123</td>
<td>2-Butanone (Methyl Ethyl Ketone)</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>129</td>
<td>Chlorine</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>136</td>
<td>Cyclohexanone</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>144</td>
<td>Ethyl Butyl Ketone</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>147</td>
<td>Ethylene Glycol</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>153</td>
<td>Glycol Ethers (other than ethoxy and methoxy ethanol)</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>212</td>
<td>N-Heptane</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>154</td>
<td>Hexone</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>157</td>
<td>Hydrogen Fluoride (Combined with #150)</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>Program Number</td>
<td>Stressor</td>
<td>Date Reviewed</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>160</td>
<td>Isopropyl Alcohol</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>164</td>
<td>Methyl (N-Amyl) Ketone</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>165</td>
<td>Methyl Alcohol</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>169</td>
<td>Morpholine</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>101</td>
<td>Nuisance Dusts</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>181</td>
<td>2-Pentanone (Methyl Propyl Ketone)</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>182</td>
<td>Phenol</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>183</td>
<td>Phosgene</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>504</td>
<td>Radiation - Infrared, UV and Visible</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>509</td>
<td>Sight Conservation (Bi-ennial frequency reserved for computer scheduling)</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>188</td>
<td>Sodium Hydroxide</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>193</td>
<td>TMPP (Trimethylolpropane Phosphate)</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>199</td>
<td>Triorthocresylphosphate (TOCP)</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>202</td>
<td>Vinyl Acetate</td>
<td>Aug 1990</td>
</tr>
<tr>
<td>206</td>
<td>Zinc Oxide</td>
<td>Aug 1990</td>
</tr>
</tbody>
</table>
APPENDIX C

General References


APPENDIX D

IMPROVEMENT REQUEST
MEDICAL MATRIX

DATE _____________

Originator: _____________________________________________

Address: _______________________________________________

Telephone: (AV) ___________________ (COM) ______________________

This is a request for a CHANGE in a current program.

Name and number of program: ______________________________

Recommendation: _________________________________________

This is a request for ADDITION of a new program.

Recommendation: Include references and description of program currently in use.

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

Additional comments: ____________________________________

_________________________________________________________

_________________________________________________________

Mail to:
Commanding Officer
ATTN: Medical Matrix Committee
Navy Environmental Health Center
2510 Walmer Avenue
Norfolk, VA 23513-2617
### MEDICAL SURVEILLANCE/CERTIFICATION EXAM FOR THE FOLLOWING PROGRAMS

<table>
<thead>
<tr>
<th>CODE</th>
<th>PROGRAM</th>
<th>EXAM TYPE</th>
<th>PROG FREQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>178</td>
<td>BLOOD AND/OR BODY FLUIDS</td>
<td>BASELINE</td>
<td></td>
</tr>
</tbody>
</table>

**EMPLOYEE OCCUP.:** HOSPITAL CORPSMAN  
**AGENCY:** NEPMU-2  
**CODING:**

**CURRENT PRIMARY WORK LOCATION (BLDG/ROOM):** X-336

**WORK SUPERVISOR:**  
**DUTY TEL #:**

### MEDICAL HISTORY:

**PERSONAL HISTORY OF:**

- **IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15):** Y N ?  
- **MAJOR ILLNESS OR INJURY:** Y N ?  
- **HOSPITALIZATION OR SURGERY:** Y N ?  
- **CANCER:** Y N ?  
- **BACK INJURY:** Y N ?  
- **DO YOU DRINK 6 OR MORE DRINKS PER WEEK? (BEER, WINE, LIQUOR):** Y N ?  
- **HAVE YOU EVER SMOKED?** Y N ?  
- **DO YOU CURRENTLY SMOKE? (PACKS /DAY):** Y N ?  
- **HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE:** Y N ?  
- **CURRENT MEDICATION USE (PRESCRIPTION OR OTC):** Y N ?  
- **ALLERGIES (INCLUDE MEDICATIONS):** Y N ?  
- **USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE):** Y N ?  

**WORK HISTORY OF:**  
**EXPOSURE TO POTENTIALLY INFECTIOUS BODY FLUIDS:** Y N ?

### COMMENTS ON MEDICAL HISTORY:


**PHYSICAL EXAMINATION:**

<table>
<thead>
<tr>
<th>VITAL SIGNS</th>
<th>HT (in):</th>
<th>WT (lbs):</th>
<th>BP:</th>
<th>P:</th>
<th>RESP:</th>
</tr>
</thead>
</table>

**RECORDS MAINTAINED AT:** TESTING FACILITY

**PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL):** SMITH, JOHN M  
**SEX:** M  
**RELATIONSHIP TO SPONSOR:**  
**STATUS:**  
**RANK/ GRADE:** HM2  
**SPONSOR'S NAME:**  
**ORGANIZATION:** NEPMU-2

**DEPART./SERVICE:**  
**SSN OR IDENTIFICATION NO.:** 1111111111  
**DATE OF BIRTH:** 02/02/60

**CHRONOLOGICAL RECORD OF MEDICAL CARE**  
**SF-600 FACSIMILE**

8-E
## Physical Examination

Other Appropriate Examination (Specify)

Comments on Physical Examination:

---

## Qualifications

Is Hepatitis B Vaccine Series Complete or Prior Exposure Documented?

Special Notations:
- Assess Knowledge of Universal Blood/Body Fluid Precautions
- Physician's Written Opinion Required
- Is Surveillance Consistent with Exposures Listed on OPNAV 5100/15

Assessment:
- Adverse Health Effects of Occupational Exposure?

OCCUPATIONAL PHYSICAL EXAMINATION

- Mark "X" whether Qualified or Not Qualified for further exposure, Pending for awaiting results or Incomplete for another visit required

**Code Program**

PEND INCOM QUAL NOT QUAL

| 178 BLOOD AND/OR BODY FLUIDS |

**Recommendations:** (Include reasons for Not Qual. or any restrictions)

---

## Records Maintained At

<table>
<thead>
<tr>
<th>Records Maintained At:</th>
<th>Testing Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL)</td>
<td>SMITH, JOHN M</td>
</tr>
<tr>
<td>RELATIONSHIP TO SPONSOR</td>
<td>ORGANIZATION</td>
</tr>
<tr>
<td>SPONSOR'S NAME</td>
<td>NEPMU-2</td>
</tr>
<tr>
<td>DEPART./SERVICE</td>
<td>11111111</td>
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<tr>
<td>SSN OR IDENTIFICATION NO.</td>
<td>DATE OF BIRTH</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>02/02/60</td>
</tr>
</tbody>
</table>

CHRONOLOGICAL RECORD OF MEDICAL CARE SF-600 FACSIMILE
APPENDIX F

PHYSICIAN’S WRITTEN OPINION

On the following pages are samples of physician’s written opinions required by OSHA for certain programs. The physician’s written opinion contains the results of the medical examination and the following:

1. The physician’s opinion as to whether the employee has any detected medical conditions that would place the employee at an increased risk of health impairment from continued exposure to the particular hazard.

2. Any recommendations for limitations on the employee or for use of personal protective equipment.

3. A statement that the employee has been informed of the results of the medical evaluation and about any medical conditions resulting from exposure to the particular hazard.

The physician’s written opinion is given to the employee’s command and therefore must not reveal specific findings or diagnoses unrelated to occupational exposure to the hazards.

Sample Physician’s Written Opinion for: page

Asbestos Medical Surveillance Program 8-F-1
Hazardous Waste Workers and Emergency Responders 8-F-2
Occupational Exposure to Blood and/or Body Fluids 8-F-3
Occupational Exposure to Ethylene Oxide 8-F-4
Occupational Exposure to Formaldehyde 8-F-5
Occupational Exposure to Lead 8-F-6
Notification of Permanent Threshold Shift 8-F-7
ASBESTOS MEDICAL SURVEILLANCE PROGRAM

PHYSICIAN’S WRITTEN OPINION in the case of:

Name: __________________________ SSN: __________ Dept/Code: ____________________

1. The above noted individual was examined according to current guidelines regarding exposure to asbestos. On the basis of this examination the following comments are submitted:

2. A medical condition WAS/WAS NOT detected that would place the employee at an increased risk of material health impairment from exposure to asbestos, tremolite, anthophyllite, or actinolite. Comments (if applicable):

3. Limitations ARE/ARE NOT recommended on this individual’s exposure or use of personal protective equipment, including respirators. Comments (if applicable):

4. The employee has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

5. The employee has been counselled regarding the results of this medical evaluation and of any medical conditions resulting from asbestos, tremolite, anthophyllite or actinolite exposure that require further explanation or treatment, as noted by his/her signature below.

______________________________
(employee’s signature)

______________________________
(examiner’s signature and stamp)  (date)

Original: health record
Copies: employee
employee’s command

THIS LETTER IS PROTECTED BY THE PRIVACY ACT OF 1974
HAZARDOUS WASTE WORKERS AND EMERGENCY RESPONDERS

PHYSICIAN'S WRITTEN OPINION in the case of:

Name: _________________________ SSN: ________________ Dept/Code: __________

1. The above noted individual was examined according to 29 CFR 1910.120 regarding hazardous waste operations or emergency response. On the basis of this examination the following comments are submitted.

2. A medical condition WAS/WAS NOT detected that would place the employee at an increased risk of material impairment of health from hazardous waste operations or emergency response. Comments (if applicable):

3. Limitations ARE/ARE NOT recommended on this individual's exposure or use of personal protective equipment, including respirators. Comments (if applicable):

4. The employee has been counselled regarding the results of this medical evaluation and of any medical conditions that require further evaluation or treatment.

(examiner's signature and stamp) (date)

Original: health record
Copies: employee
employee's command

THIS LETTER IS PROTECTED BY THE PRIVACY ACT OF 1974

8-F-2
OCCUPATIONAL EXPOSURE TO BLOOD AND/OR BODY FLUIDS

PHYSICIAN'S WRITTEN OPINION in the case of:

Name: ___________________________ SSN: __________________ Dept/Code: ________________

1. The above noted individual was examined according to current guidelines regarding exposure to blood and/or body fluids. On the basis of this examination the following comments are submitted:

2. There ARE/ARE NOT recommended limitations upon the employee's ability to receive hepatitis B vaccination. Limitations, if recommended, are based on the following findings:

3. The employee has been informed of the results of this medical evaluation and about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(examiner's signature and stamp)   (date)

Original: health record
Copies: employee
           employee's command

THIS LETTER IS PROTECTED BY THE PRIVACY ACT OF 1974
OCCUPATIONAL EXPOSURE TO ETHYLENE OXIDE

PHYSICIAN'S WRITTEN OPINION in the case of:

Name: _______________________________ SSN: ___________________ Dept/Code: ____________________

1. The above noted individual was examined according to 29 CFR 1910.1047 regarding occupational exposure to ethylene oxide. On the basis of this examination the following comments are submitted:

2. A medical condition WAS/WAS NOT detected that would place the employee at an increased risk of material impairment of health from exposure to ethylene oxide. Comments (if applicable):

3. Limitations ARE/ARE NOT recommended on this individual's exposure or use of personal protective equipment, including respirators. Comments (if applicable):

4. The employee has been counselled regarding the results of this medical evaluation and of any medical conditions resulting from ethylene oxide exposure that require further evaluation or treatment.

(examiner's signature and stamp) (date)

Original: health record
Copies: employee

employee’s command

THIS LETTER IS PROTECTED BY THE PRIVACY ACT OF 1974

8-F-4
OCCUPATIONAL EXPOSURE TO FORMALDEHYDE

PHYSICIAN'S WRITTEN OPINION in the case of:

Name:________________________ SSN:______________ Dept/Code:_______

1. The above noted individual was examined according to current guidelines regarding exposure to formaldehyde. On the basis of this examination the following comments are submitted:

2. A medical condition WAS/WAS NOT detected that would place the employee at an increased risk of material impairment of health from exposure to formaldehyde. Comments (if applicable):

3. Limitations ARE/ARE NOT recommended on this individual’s exposure or use of personal protective equipment, including respirators. Comments (if applicable):

4. The employee has been counselled regarding (1) the results of this medical evaluation, (2) any medical conditions which would be aggravated by exposure to formaldehyde or which may have resulted from past formaldehyde exposure or from exposure in an emergency, and (3) whether there is a need for further examination or treatment.

(examiner’s signature and stamp) (date)

Original: health record
Copies: employee
 employee’s command

THIS LETTER IS PROTECTED BY THE PRIVACY ACT OF 1974

8-F-5
OCCUPATIONAL EXPOSURE TO LEAD

PHYSICIAN’S WRITTEN OPINION in the case of:

Name: ___________________________ SSN: _______________ Dept/Code __________

1. The above noted individual was examined according to 29 CFR 1910.1025 regarding occupational exposure to lead. On the basis of this examination the following comments are submitted:

2. A medical condition WAS/WAS NOT detected that would place the employee at an increased risk of material impairment of health from exposure to lead. Comments (if applicable):

3. Limitations ARE/ARE NOT recommended on this individual’s exposure or use of personal protective equipment, including respirators. Comments (if applicable):

4. The employee has been counselled regarding the results of this medical evaluation and of any medical conditions resulting from lead exposure that require further evaluation or treatment.

(examiner’s signature and stamp) (date)

Original: health record
Copies: employee
employee’s command

THIS LETTER IS PROTECTED BY THE PRIVACY ACT OF 1974
NOTICE OF SIGNIFICANT THRESHOLD SHIFT

NAME:_________________________ SSN:_________________________ CODE/DEPT_________________________

Ref: (a) 29 CFR 1910.95

1. The results of the hearing test provided to you as part of the Navy Hearing Conservation Program indicate that you may have suffered a deterioration in your hearing sensitivity. This condition is referred to as a Significant Threshold Shift (STS). Because of the test results, you have been or will be scheduled for one or more hearing tests to confirm the findings. Also, you may be given a medical examination to determine the probable cause of the STS. This written notification is presented under the requirements of reference (a).

2. Audiometric technicians have provided you with properly fitted hearing protection devices and given you a reindoctrination of the Hearing Conservation Program requirements.

3. In order to preserve your hearing, it is very important that you wear your hearing protection at all times when in areas identified as noise hazardous or in the vicinity of noise hazardous tools, weapons or operations.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION:

PATIENT SIGNATURE: ___________________________ DATE: ___________________________

________________________________________________________________________

Audiometric Technician Signature
APPENDIX G

American Cancer Society (ACS) recommendations to maximize the performance of the Hemoccult II.

1. Subjects should avoid ingesting red meat and high-peroxidase foods for three days before and during testing.

2. Use of vitamin C, iron tablets and nonsteroidal anti-inflammatory drugs should be avoided.

3. Two samples of each of three consecutive stools should be tested.

4. The delay between preparation and laboratory testing should not exceed three days.

5. Slides should not be rehydrated.

6. A single positive smear should be considered a positive test result, even in the absence of dietary restriction.

ACS recommendations for the early detection of cancer in asymptomatic people include:

<table>
<thead>
<tr>
<th>Test or Procedure</th>
<th>Sex</th>
<th>Age</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stool Guaiac Slide Test</td>
<td>M &amp; F</td>
<td>Over 50</td>
<td>Every Year</td>
</tr>
<tr>
<td>Digital Rectal Examination</td>
<td>M &amp; F</td>
<td>Over 40</td>
<td>Every Year</td>
</tr>
</tbody>
</table>

## APPENDIX H
### ALPHABETICAL LISTING OF STRESSORS

<table>
<thead>
<tr>
<th>Program Number</th>
<th>Stressor/Program Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>102</td>
<td>2-ACETYLAMINOFLUORENE</td>
<td>4-1</td>
</tr>
<tr>
<td>601</td>
<td>ACID/ALKALI (PH &lt;4.0 OR &gt; 11.0)</td>
<td>6-1</td>
</tr>
<tr>
<td>103</td>
<td>ACRYLAMIDE</td>
<td>4-3</td>
</tr>
<tr>
<td>104</td>
<td>ACRYLONITRILE (VINYL CHLORIDE)</td>
<td>4-5</td>
</tr>
<tr>
<td>105</td>
<td>ALLYL CHLORIDE</td>
<td>4-7</td>
</tr>
<tr>
<td>152</td>
<td>ALLYL GLYCIDYL ETHER (AGE)</td>
<td>4-91</td>
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<tr>
<td>106</td>
<td>4-AMINODIPHENYL</td>
<td></td>
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<td>107</td>
<td>AMMONIA</td>
<td>8-B</td>
</tr>
<tr>
<td>108</td>
<td>ANESTHETIC GASES</td>
<td>4-11</td>
</tr>
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<td>207</td>
<td>ANIMAL ASSOCIATED DISEASE</td>
<td>4-13</td>
</tr>
<tr>
<td>109</td>
<td>ANTIMONY</td>
<td>4-15</td>
</tr>
<tr>
<td>110</td>
<td>ANTINEOPLASTIC DRUGS</td>
<td>4-17</td>
</tr>
<tr>
<td>111</td>
<td>ARSENIC, 10+ YEARS EXPOSURE</td>
<td>4-19</td>
</tr>
<tr>
<td>112</td>
<td>ARSENIC, ANY EXPOSURE</td>
<td>4-21</td>
</tr>
<tr>
<td>113</td>
<td>ASBESTOS, CURRENT WORKER 10+ YEARS SINCE FIRST EXPOSURE</td>
<td>4-23</td>
</tr>
<tr>
<td>114</td>
<td>ASBESTOS, CURRENT WORKER 0 TO 10 YEARS SINCE FIRST EXPOSURE</td>
<td>4-25</td>
</tr>
<tr>
<td>115</td>
<td>ASBESTOS, PAST WORKER 10+ YRS EXPOSURE</td>
<td>4-27</td>
</tr>
<tr>
<td>116</td>
<td>ASBESTOS, PAST WORKER, 0 TO 10 YEARS SINCE FIRST EXPOSURE</td>
<td>4-29</td>
</tr>
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<td>701</td>
<td>AVIATION</td>
<td>7-1</td>
</tr>
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<td>133</td>
<td>BARIUM CHROMATE</td>
<td>4-57</td>
</tr>
<tr>
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