



**UNITED STATES ARMY
ENVIRONMENTAL HYGIENE
AGENCY**

ABERDEEN PROVING GROUND, MD 21010-5422

GUIDE FOR DEVELOPING A PHYSICAL ASSESSMENT PROTOCOL

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GUIDE FOR DEVELOPING A PHYSICAL ASSESSMENT PROTOCOL

CHAPTER 1

INTRODUCTION

1-1. PURPOSE. This technical guide is designed to assist the physician responsible for the occupational health service (OHS) and the occupational health nurse (OHN) develop a physical assessment protocol for use by the OHN conducting physical examinations. Specifically it--

a. Provides a sample protocol with 14 modules that specify history and examination procedures for the OHN to follow when conducting an examination.

b. Outlines procedures for using the protocol for medical surveillance.

c. Recommends content of administrative examinations necessary to assess the employee's physical and mental capabilities and limitations in relation to specific job requirements.

1-2. REFERENCES. The publications and forms used in this guide are listed in appendix A.

1-3. EXPLANATION OF ABBREVIATIONS AND TERMS. Abbreviations and special terms used in this guide are explained in the glossary.

1-4. BACKGROUND.

a. Legal and ethical considerations require that protocols be provided for expanded role nursing functions such as physical examinations. A written protocol provides specific guidance to OHNs performing physical examinations and allows them to function within the legal framework of nursing practice. When conducting physical examinations on a well population, the nurse's primary function is to identify abnormalities and refer all abnormal findings to a physician.

b. The sample protocol appearing in appendix B is not intended to be complete or applicable to OHNs at every installation. Rather, the protocol should be tailored within regulatory limits to the qualifications and capabilities of the OHN and the installation needs.

1-5. RESPONSIBILITIES. The physician responsible for the OHS should prepare the protocol in coordination with the OHN conducting physical assessments. Annually thereafter the physician and the OHN should review the protocol, make appropriate revisions, and date and sign the cover sheet.

1-6. CREDENTIALING.

a. The OHN performing physical assessments must--

(1) have successfully completed a course of study in physical assessment and a preceptorship under direct physician supervision, and

(2) be locally credentialed to perform this expanded role function.

b. Credentialing procedures are outlined in AR 40-66, chapter 9.

CHAPTER 2

THE PROTOCOL

2-1. COVER SHEET. A cover sheet should be prepared and precede the protocol. The physician and the OHN must date and sign the cover sheet initially. Annually thereafter the physician and the OHN should review the protocol, make appropriate revisions, and date and sign the cover sheet. These actions ensure that the protocol has been approved and is current. An example of a cover sheet is presented in appendix B.

2-2. PROTOCOL CONTENTS.

a. The protocol recommends parameters for the OHN to follow for history and physical examination procedures when conducting physical assessments. The protocol may be used with or without the computerized system--Occupational Health Management Information System (OHMIS).

(1) When OHMIS is available, hazard specific history and physical examination requirements *and* laboratory procedures for certain compounds and environmental conditions are provided in the medical surveillance recommendations of the medical information module (MIM) (see para 2-3).

(2) When OHMIS is not available, the AEHA Form 275-R (Protocol Worksheet) may be used as an aid in planning and performing medical surveillance (see para 2-4). If properly completed, the worksheet will provide history and physical examination modules and identify laboratory tests that need to be performed for an employee. (AEHA Form 275-R is located at the back of this technical guide. Local reproduction is authorized on 8 1/2- by 11-inch paper.)

b. However *with or without OHMIS* the physician must use the DOD Manual 6055.5-M, Department of Health and Human Services (DHHS) (NIOSH) Publication No. 81-123, and other pertinent occupational medicine references. In addition, appropriate regulations and legal requirements must be followed to determine the scope and frequency of job-related examinations.

c. The sample protocol contains 14 modules relating to organ systems. Each module is divided into two sections, a *medical history* section and a *physical examination* section.

(1) In the *medical history* section, the suggested history questions are identified by the letter "H."

(2) In the *physical examination* section, the physical examination guidance is identified by the letter "E."

(3) The column to the right of the questions addresses *actions to be taken by the OAH if the answer to a history question is "yes" or a physical examination finding is positive.*

d. The sample protocol is presented in appendix B.

2-3. USING THE PROTOCOL FOR MEDICAL SURVEILLANCE WITH OHMIS.

a. Take the following steps before the employee arrives for the scheduled appointment:

(1) Obtain the employee's Occupational Health Summary and Recommended Medical Surveillance Worksheet computer printouts from the MIM. Examples appear in appendixes C and D, respectively.

(2) Complete appropriate laboratory slips based on the medical surveillance recommendations for clinical laboratory studies from the computer printout (appendix C).

b. Take the following steps with the employee present:

(1) Obtain a work history.

(a) Check current work exposures obtained from work history against the hazard inventory to ensure appropriate medical surveillance. Add or delete tests/examinations according to current workplace exposures.

(b) Add any significant exposures not on the Occupational Health Summary printout and delete those that are not current.

(2) Obtain a medical history according to history modules indicated on the Recommended Medical Surveillance Worksheet computer printout (appendix D). Record on the appropriate form [SF 93 (Report of Medical History) and/or the SF 600 (Chronological Record of Medical Care)]. The OAH signs in the "Remarks" section (item 25) of the SF 93. The physician signs in the block indicated for physician's signature. *There may be instances when an organ system history is required without a physical examination.*

(3) Include information on past or present use of medications with each history module and record in item 8 of the SF 93.

(4) Conduct a physical examination for those modules indicated on the Recommended Medical Surveillance Worksheet computer printout. Record on the appropriate form [SF 78 (Certificate of Medical Examination) or the SF 88 (Report of Medical Examination)]. Either the SF 78 or SF 88 may be used to record physical examination findings for a civilian employee, but only the SF 88 may be used for military personnel. *For every physical examination module performed, the corresponding history module should be obtained.*

(a) For the SF 78, the OHN signs in part C, block 3, and the physician supervisor countersigns in same block.

(b) For the SF 88, the OHN signs in block 79 and the physician supervisor countersigns in block 80.

(5) Perform those clinical procedures (lab, EKG, PFT, etc.,) that can be done in the OHS.

(6) Refer the employee out of the OHS with proper referral slips for all tests/procedures needed to complete medical surveillance which cannot be performed in the OHS.

(7) Place the Occupational Health Summary computer printout in the employee's medical record. *After the physical examination is complete, destroy the Recommended Medical Surveillance Worksheet. Since the employee's name and social security number is on this worksheet, it must be treated as CONFIDENTIAL MEDICAL INFORMATION and destroyed accordingly.*

2-4. USING THE PROTOCOL FOR MEDICAL SURVEILLANCE WITHOUT OHMIS.

a. Take the following steps before the employee arrives for the scheduled appointment:

(1) Obtain a protocol worksheet (AEHA Form 275-R) and fill in the employee's name and appointment date and time.

(2) Review current hazard inventory for employee's workplace exposures.

(3) Ensure the medical surveillance recommendations determined by the physician are based on current hazardous exposures. Circle the appropriate numbers on the protocol worksheet for the recommended clinical laboratory studies and complete appropriate laboratory slips.

(4) Determine the appropriate history modules to be used from the medical surveillance recommendations. Circle the specific numbers opposite the appropriate history modules on the protocol worksheet. *There may be instances when an organ system history is required without a physical examination.*

(5) Determine the appropriate physical examination modules to be performed from the medical surveillance recommendations. Circle the specific numbers opposite the appropriate physical examination modules on the protocol worksheet. *For every physical examination module required, the corresponding history module should be performed.*

b. Take the following steps with the employee present:

(1) Obtain a work history.

(a) Check current work exposures from work history against the hazard inventory to ensure appropriate medical surveillance. Add or delete tests/examinations according to current workplace exposures.

(b) Record those hazards with significant exposures on HSC Form 79-R (Master Problem List).

(c) File the HSC Form 79-R in the employee's medical record.

(2) Obtain a medical history according to history modules circled on the protocol worksheet. Record on the appropriate form (SF 93 or the SF 600). The OHN signs in the "Remarks" section (item 25) of the SF 93. The physician supervisor signs in the block indicated for physician's signature.

(3) Include information on past or present use of medications with each history module and record in item 8 of the SF 93.

(4) Conduct a physical examination for those modules circled on the protocol worksheet. Record on the appropriate form (SF 78 or the SF 88). Either the SF 78 or SF 88 may be used to record physical examination findings for a civilian employee, but only the SF 88 may be used for military personnel. *For every physical examination module performed, the corresponding history module should be obtained.*

(a) On the SF 78, the OHN signs in part C, block 3; the physician supervisor countersigns in the same block.

(b) On the SF 88, the OHN signs in block 79 and the physician supervisor countersigns in block 80.

(5) Perform those clinical procedures (lab, EKG, PFT, etc.) that can be done in the OHS.

(6) Refer the employee out of the OHS with proper referral slips for all tests/procedures needed to complete medical surveillance which cannot be performed in the OHS.

(7) *When the examination is complete, destroy the protocol worksheet.* Since the employee's name is on this worksheet, it must be treated as CONFIDENTIAL MEDICAL INFORMATION and destroyed accordingly.

CHAPTER 3

ADMINISTRATIVE EXAMINATIONS

3-1. BACKGROUND. For the purpose of this guide, preplacement and periodic physical examinations required by OPM are referred to as administrative examinations.

a. Preplacement Examinations.

(1) OPM policy limits mandatory preplacement medical examinations to applicants for positions with specific physical fitness standards, potentially hazardous duty exposures, or when deemed necessary by the employing agency. The local civilian personnel officer determines which positions require preplacement health evaluations.

(2) In general, most wage grade (WG) positions (OPM Handbook X-118C) are considered arduous or hazardous in nature and require a preplacement examination. General schedule (GS) positions (OPM Handbook X-118) are considered light duty and do not require a preplacement examination *except* for the following GS occupational series:

- GS-007 Correctional Officer
- GS-026 Park Technician
- GS-081 Fire Protection and Prevention
- GS-083 Police
- GS-085 Guard
- GS-455 Range Technician
- GS-462 Forestry Technician
- GS-462 Forestry Technician (Smokejumper)
- GS-1811 Criminal Investigating

(3) In addition to the nine occupational series identified in paragraph (2) above, OPM regulations required preplacement examinations for Motor Vehicle Operators (FPM 930) and Quality Assurance Specialists, Ammunition (CPR 950-20, Appendix W). Army regulations also require preplacement examinations for Motor Vehicle Drivers and Equipment Operators (AR 600-55), Civilian Police and Guards (AR 190-56), and Firefighters (AR 420-90).

b. Periodic Examinations. Periodic examinations are not required by OPM for the nine GS positions listed in paragraph 3-1a(2). However, the incumbent may be subjected to a periodic examination following appointment. Specifically:

- (1) *OPM regulations* require periodic examinations for:
- (a) Motor Vehicle Operators and Incidental Drivers (FPM chapter 930).
 - (b) Quality Assurance Specialists, Ammunition (CPR 950-20, appendix W).
- (2) *Army Regulations* require periodic examinations for:
- (a) Motor Vehicle Drivers and Equipment Operators (AR 600-55).
 - (b) Civilian police and guards (AR 190-56).
 - (c) Firefighters (AR 420-90).

3-2. TYPES OF EXAMINATIONS PERFORMED BY THE OHN.

a. Most preplacement and periodic physical examinations for civilian employees may be performed by an OHN who--

- (1) has the required education and training, *and*
- (2) is currently credentialed by an Army Medical Center or Army Medical Department Activity to perform physical examinations (see para 1-6).

b. An OHN may not--

- (1) Perform physical examinations for fitness for duty, disability retirement, and the occupational series GS-2152 (Air Traffic Control) and GS-2181 (Aircraft Operators) as listed in OPM Handbook X-118. These physical examinations must be performed by a physician.
- (2) Conduct or sign enlistment, flying duty, induction, separation and medical board examinations on military personnel per AR 40-48.

3-3. EXAMINATION CONTENT.

a. General.

(1) The local physician supervisor must specify the scope of all physical examinations to be conducted by the OHN. The content should be based on pertinent regulations (see para 3-1), the good practice of occupational medicine, and potential hazards in the work environment. The examination should be extensive enough to evaluate whether the individual possesses the minimum capabilities necessary for safe and efficient performance of the job and, when indicated, include medical surveillance for specific workplace exposures.

(2) Applicable regulations must be readily available in the OHS and used as a resource to determine the examination content *and* make recommendations to hire or not to hire an applicant or retain an employee. These regulations are listed in appendix A as well as throughout the document.

(3) Guidance on the content of administrative examinations to be performed by the OHN must be included in the protocol signed by the physician.

b. Preplacement Examinations. For all preplacement examinations required by OPM, a complete physical examination with emphasis on those functional requirements and environmental factors specified on the SF 78 is recommended. NOTE: The SF 78 should accompany the employee presenting for a preplacement examination required by Civilian Personnel Office (CPO) regulations.

(1) Appendix E identifies which protocol modules (by number) to use to evaluate the specific functional requirements and environmental factors on the SF 78.

(2) Table 3-1 (Recommended Content of Required Preplacement Examinations) provides the recommended scope of preplacement examinations. It divides these examinations into two categories--*routine* and *special*.

(a) *Routine* refers to all preplacement examinations other than *special* required by CPO. Guidance for the content of *routine* examinations represents good occupational medicine practice.

(b) *Special* refers to those occupations having specific and detailed physical requirements designated by OPM and/or Department of Army regulations. Guidance for *special* examinations includes regulatory requirements as well as good occupational medicine practice. The applicable regulations for specific occupations cited in Table 3-1 should be used in conjunction with the guidance presented in Table 3-1.

(3) In all cases where the applicant will be assigned to a potentially hazardous work environment, baseline laboratory tests/examinations specific to the hazards must be obtained in addition to the test/examinations indicated in Table 3-1.

c. Periodic Administrative Examinations. Table 3-2 (Recommended Content of Periodic Administrative Examinations) provides the recommended scope and frequency of periodic administrative examinations. This guidance does not include tests/examinations that may be required for health hazards in the work environment.

(1) For the OPM occupations/series that periodic examinations are not required by regulation, the content reflects good occupational medicine practice.

(2) In those OPM occupations/series requiring a periodic examination, the content is based on a combination of the regulation and good occupational medicine practice. The appropriate regulations must also be used at the local level in conjunction with the guidance in Table 3-2.

(3) Where an employee is assigned to a potentially hazardous work environment, laboratory tests/examinations specific to the hazards must be obtained in addition to the tests/examinations indicated in Table 3-2.

Table 3-1
Recommended Content of Required Preplacement Examinations

OPM Occupations/Series	Regulation	History (Medical/Work)	Physical Exam Complete	EKG	PFT	Audiogram	Vision Screen	Chest X-Ray	Urinalysis (Protein & Glucose)	CBC	CBC/Diff	Liver Function (SGOT & SGPT)	Serology (RPR)	Tetanus Immunization
I Routine	FPM Suppl 339-31	x	x	x ²		x	x		x	x				x
II Special														
a. Correctional Officer, GS-007	OPM Handbook X-118	x	x	x ²		x	x		x	x				x
b. Park Technician, GS-026	OPM Handbook X-118	x	x	x ²		x	x		x	x				x
c. Fire Protection & Prevention, GS-081	OPM Handbook X-118	x	x	x	x	x	x	x	x	x			x	x
d. Police, GS-083	OPM Handbook X-118; AR 190-56	x	x	x ²		x	x		x	x				x
e. Guard, GS-085	OPM Handbook X-118; AR 190-56	x	x	x ²		x	x		x	x				x
f. Range Technician, GS-455	OPM Handbook X-118	x	x	x ²		x	x		x	x				x
g. Forestry Technician, GS-462	OPM Handbook X-118	x	x	x ²		x	x		x	x				x
h. Forestry Technician (Smokejumper), GS-462	OPM Handbook X-118	x	x	x ²	x	x	x		x	x				x
i. Criminal Investigating, GS-1811	OPM Handbook X-118	x	x	x ²		x	x		x	x				x
j. Quality Assurance Specialist, Ammunition, GS-1910	CPR 950-20, Appendix W	x	x	x ¹	x	x	x	x	x		x	x		x
k. Motor Vehicle and Incidental Operators, WG-6505	FPM Chap 930, including Appendix A; AR 600-55	x	x	x ²		x	x		x	x				x

X - Performed routinely
 1 - Stress test included
 2 - Performed when greater than 40 years of age

Table 3-2
Recommended Content of Periodic Administrative Examinations

OPM Occupations/Series	Regulation	History (Medical, Interim, Work)	Physical Exam Complete	EKG	PFT	Audiogram	Vision Screen	Liver Function (SGOT & SGPT)	Urinalysis (Protein & Glucose)	CBC	CBC/Diff
Correctional Officer, GS-007	NR	AR	AR	AR ²					AR		
Park Technician, GS-026	NR	AR	AR	AR ²					AR		
Fire Protection & Prevention, GS-081	AR 420-90	12*	12*	12* ²					12*	12*	
Police, GS-083	AR 190-56	AR	AR	AR ²					AR		
Guard, GS-085	AR 190-56	AR	AR	AR ²					AR		
Ranger Technician, GS-455	NR	AR	AR	AR ²					AR		
Forestry Technician, GS-462	NR	AR	AR	AR ²					AR		
Forestry Technician (Smokejumper), GS-462	NR	AR	AR	AR ²					AR		
Criminal Investigating GS-1811	NR	AR	AR	AR ²					AR		
Quality Assurance Specialist, Ammunition GS-1910	CPR 950-20, Appendix W	24*	24*	24* ¹	24*	24*	24*	24*	24*		24*
Motor Vehicle and Incidental Operators WG-6505	FPM Chap 930, including Appendix A; AR 600-55	48*				48*	48*				

*Lower case number indicates examination frequency in months.

AR-Perform on an age related basis - Quadrennial for those 39 years of age or younger, biennial for those 40 to 49 years old, and annual for those 50 years old and over.

NR-not required by regulation.

1-Stress test included.

2-For personnel over 40 years of age.

Appendix A

References

Section I
Publications

AR 40-5
Preventive Medicine

AR 40-48
Nonphysician Health Care Providers

AR 40-66
Medical Record and Quality Assurance Administration

AR 190-56
The Army Civilian Police and Security Guard Program

AR 420-90
Fire Protection

AR 600-55
Motor Vehicle Driver and Equipment Operator Selection, Training, Testing,
and Licensing

DOD Manual 6055.5-M
Occupational Health Surveillance Manual

CPR 950-20, Appendix W
Physical Requirements

FPM, Chapter 339
Qualification Requirements (Medical)

FPM Supplement 339-31
Reviewing and Acting on Medical Information

FPM, Chapter 930
Programs for Specific Positions and Examinations (Miscellaneous) with
Appendix A, Physical Standards for Motor Vehicle Operators and Incidental
Operators

TB MED 501
Hearing Conservation

TB MED 506
Occupational Vision

DHHS (NIOSH) Publication No. 81-123
Occupational Health Guidelines for Chemical Hazards

OPM Handbook X-118
Qualification Standards for Positions Under The General Schedule

OPM Handbook X-118C
Job Qualification System for Trades and Labor Occupations

Section II
Prescribed and Related Forms

SF 78	Certificate of Medical Examination
SF 88	Report of Medical Examination
SF 93	Report of Medical History
SF 600	Chronological Record of Medical Care
HSC Form 79-R	Master Problem List
AEHA Form 275-R	Protocol Worksheet

APPENDIX B
SAMPLE PROTOCOL

PROTOCOL COVER SHEET

The physical assessment protocol constitutes the procedures that have been prepared by the undersigned for use by occupational health nurses credentialed to perform physical examinations at _____.

APPROVED:

Date _____, M.D.

Date _____, R.N.

Reviewed and modified as indicated.

APPROVED:

Date _____, M.D.

Date _____, R.N.

Reviewed and modified as indicated.

APPROVED:

Date _____, M.D.

Date _____, R.N.

MODULE 1
EYE AND VISION

Step	Question	If the answer is <i>yes</i> ,
H1	History of: a. Eye disease? b. Eye injury? c. Eye surgery?	Record circumstances and current status. Record circumstances and current status. Record circumstances and current status.
H2	Wears corrective lenses?	Record date of last examination and most recent prescription.
H3	Wears contact lenses?	Record including date of last contact lens evaluation.
H4	Recent changes in vision? Near vision? Far vision?	Record circumstances and current status.
H5	Current problem with persistent eye strain, irritation or pain?	Record circumstances. Refer to physician.
E1	Test vision (corrected and uncorrected) as required by TB MED 506. Does not meet standard?	Record. Refer to optometrist as required by TB MED 506.
E2	Inspect external eye: a. Yellow sclera? b. Inflamed conjunctiva? c. Inflamed eyelid?	Record. Refer to physician. Record. Refer to physician. Record. Refer to physician.
E3	Inspect iris and pupils: a. Pin point pupils? b. Dilated pupils? c. Unequal pupils? d. Pupils not reactive to light?	Record. Refer to physician. Record. Refer to physician. Record. Refer to physician. Record. Refer to physician.
E4	Check cardinal positions of gaze. Is paralysis suspected?	Record. Refer to physician.
E5	If 40 or older, measure intraocular pressure. Pressure increased?	Record. Refer to physician.
E6	Inspect condition of safety glasses. Badly scratched or broken?	Record. Initiate replacement of safety glasses.

MODULE 2
EAR, NOSE AND THROAT

Step	Question	If the answer is <i>yes</i> ,
H1	History of:	
	a. Trauma to the ears, nose, throat or sinuses?	Record circumstances and current status.
	b. Chronic ear, nose, throat or sinus problems?	Record circumstances and current status.
	c. Ear, nose or throat surgery?	Record circumstances and current status.
	d. Hearing loss?	Record cause, extent and date of diagnosis.
H2	Wears a hearing aid?	Record. Refer to audiologist as required by TB MED 501.
H3	Prior exposure to noise?	Record circumstances.
E1	Examine oral cavity, teeth, throat and nasal passages.	Record.
E2	Examine ears:	
	a. Foreign body, inflammation or impacted cerumen in canal?	Record. Refer to physician. Reschedule audiogram.
	b. Inflamed, ruptured or bulging eardrums?	Record. Refer to physician. Reschedule audiogram.
E3	Audiogram as required by TB MED 501.	Record. Follow up as required by TB MED 501. Refer abnormal results to audiologist.

MODULE 3
NERVOUS SYSTEM AND MENTAL HEALTH

Step	Question	If the answer is <i>yes</i> ,
H1	History of:	
	a. Unconsciousness?	Record circumstances, frequency and duration. Refer to physician.
	b. Numbness?	Record circumstances, frequency and duration. Refer to physician.
	c. Tingling?	Record circumstances, frequency and duration. Refer to physician.
	d. Weakness?	Record circumstances, frequency and duration. Refer to physician.
	e. Paralysis?	Record circumstances, frequency and duration. Refer to physician.
	f. Recurrent dizziness?	Record circumstances, frequency and duration. Refer to physician.
	g. Recurrent lightheadedness?	Record circumstances, frequency and duration. Refer to physician.
	h. Speech disorders?	Record circumstances, frequency and duration. Refer to physician.
	i. Visual disturbances (e.g., double or blurred vision)?	Record circumstances, frequency and duration. Refer to physician.
	j. Ataxia or tremors?	Record circumstances, frequency and duration. Refer to physician.
	k. Loss of equilibrium?	Record circumstances, frequency and duration. Refer to physician.
	l. Frequent or recurrent headaches?	Record circumstances, frequency and duration. Refer to physician.
	m. Head injury?	Record age at time of injury and any complications.
	n. Epilepsy or seizures?	Record diagnosis, age at onset and treatment plan. If symptoms in past 2 years, refer to physician.
H2	History of:	
	a. Depression or excessive worry?	Record circumstances and current status. Refer to physician.
	b. Sleep disorder?	Record circumstances and current status. Refer to physician.
	c. Alcohol use?	Record amount per week and duration of use.
	d. Alcoholism?	Record circumstances and current status. Refer to physician.
	e. Drug addiction?	Record circumstances and current status. Refer to physician.
	f. Treatment of psychological disorders?	Record circumstances and current status. Refer to physician.

(continued on next page)

MODULE 3
 NERVOUS SYSTEM AND MENTAL HEALTH (continued)

Step	Question	If the answer is <i>yes</i> ,
H3	Rejection or discharge from military service for a psychiatric illness?	Record circumstances and current status. Refer to physician.
H4	Applied for or received compensation for neurological, mental or psychological problem?	Record diagnosis, date and current status. Refer to physician.
E1	Check cranial nerves. Abnormal?	Record. Refer to physician.
E2	Check peripheral nervous system. a. Motor function. Abnormal? b. Sensory function. Abnormal? c. Reflexes. Abnormal?	Record. Refer to physician. Record. Refer to physician. Record. Refer to physician.
E3	Evaluate equilibrium, gait and station. Abnormal?	Record. Refer to physician.
E4	During examination, observe dress, grooming and personal hygiene, facial expression, manner and mood; manner of speech and state of awareness or consciousness. Abnormal?	Record. Refer to physician.
E5	Evaluate orientation to time and place, memory skills, intellectual performance and judgment. Abnormal?	Record. Refer to physician.

MODULE 4
MUSCULOSKELETAL SYSTEM

Step	Question	If the answer is <i>yes</i> ,
H1	History of: a. Swollen or painful joints or limbs? b. Bone, joint or muscular injury or disease? c. Severe or recurrent back pain? d. Arthritis? e. Surgery on bones, joints and/or back?	Record circumstances. Record circumstances and current status. Record circumstances and current status. Refer to physician. Record circumstances and current status. Record circumstances and current status.
H2	Applied for or received medical or disability payment for musculoskeletal problems (to include back related problems)?	Record diagnosis, date, disability awarded and current status.
E1	Observe for bone, joint or muscular abnormalities. Abnormal?	Record abnormalities to include limitation of range of motion and pain. Refer to physician.
E2	Check the stance and posture. Abnormal?	Record. Refer to physician.
E3	Observe gait. Abnormal?	Record. Refer to physician.
E4	Examine back and neck for: a. Abnormal curvatures? b. Limitations or pain on range of motion?	Record. Refer to physician. Record. Refer to physician.
E5	Check for hernias. Hernia?	Record. Refer to physician.
E6	Examine upper and lower extremities for bone, joint or muscular abnormalities to include limited range of motion and pain. Abnormal?	Record. Refer to physician.

MODULE 5
RESPIRATORY SYSTEM

Step	Question	If the answer is <i>yes</i> ,
H1	History of: a. Chronic cough? b. Sputum production? c. Dyspnea? d. Hemoptysis?	Record circumstances and current status. Refer to physician. Record circumstances and current status. Refer to physician. Record circumstances and current status. Refer to physician. Record circumstances and current status. Refer to physician.
H2	History of Chronic Respiratory Disease: a. Hay Fever? b. Asthma? c. Emphysema? d. Bronchitis? e. Lung cancer? f. Other?	Record circumstances and current status. Refer to physician. Record circumstances and current status. Refer to physician.
H3	History of other Respiratory Problems: a. Pneumothorax? b. Pneumonia or other pulmonary infections? c. Other?	Record circumstances and current status. Refer to physician. Record circumstances and current status. Refer to physician. Record circumstances and current status. Refer to physician.
H4	History of exposures to dusts, mists, fumes, smokes, or fibers?	Record circumstances and current status. Refer to physician.
H5	History of tobacco use?	Record type of tobacco use, quantify use/day, years of usage, and current status.
H6	Required to use gas mask or respirator on the job?	Record type of respirator or device, past problems with respirator usage, level of effort required while wearing respirator, the environmental conditions under which it is worn, and any history of claustrophobia. Order baseline spirometry. Refer to physician.

(continued on next page)

MODULE 5
RESPIRATORY SYSTEM (continued)

Step	Question	If the answer is <i>yes</i> ,
E1	Observe, auscultate and percuss chest for: a. Anatomic abnormalities or scars. Abnormal? b. Respiratory rate. Abnormal? c. Breath sounds. Abnormal?	Record. Refer to physician. Record. Refer to physician. Record. Refer to physician.

MODULE 6
CARDIOVASCULAR SYSTEM

Step	Question	If the answer is <i>yes</i> ,
H1	History of:	
	a. Heart disease?	Record circumstances and current status. Refer to physician.
	b. Chest pain?	Record circumstances and current status. Refer to physician.
	c. Hyperlipidemia?	Record circumstances and current status. Refer to physician.
	d. Arrhythmias?	Record circumstances and current status. Refer to physician.
	e. Hypertension?	Record circumstances and current status. Refer to physician.
	f. Circulation problems?	Record circumstances and current status. Refer to physician.
	g. Stroke?	Record circumstances and current status. Refer to physician.
	h. Heart surgery?	Record circumstances and current status. Refer to physician.
	i. Tobacco use?	Record type of tobacco use, quantify use/day, years of usage, and current status.
	j. Alcohol use?	Record amount per week and duration of use.
H2	Over 40?	Order EKG.
E1	Auscultate and/or palpate carotid arteries. Abnormal?	Record. Refer to physician.
E2	Measure blood pressure and palpate peripheral pulses. Abnormal?	Record. Refer to physician.
E3	Auscultate heart for:	
	a. Heart rate and rhythm. Abnormal?	Record. Refer to physician.
	b. Heart sounds (to include murmurs, rubs, clicks, etc.). Abnormal?	Record. Refer to physician.
E4	Examine extremities for:	
	a. Edema (pitting)?	Record. Refer to physician.
	b. Cyanosis?	Record. Refer to physician.
	c. Varicose veins?	Record. Refer to physician.
	d. Ulcers?	Record. Refer to physician.

MODULE 7
LIVER

Step	Question	If the answer is <i>yes</i> ,
H1	History of: a. Liver disease (to include hepatitis)? b. Gallbladder disease (to include gallstones)? c. Jaundice? d. Alcohol use?	Record circumstances and current status. Refer to physician. Record circumstances and current status. Refer to physician. Record circumstances and current status. Refer to physician. Record amount per week and duration of use.
H2	Previous exposure to hepatotoxins e.g., benzene, toluene?	Record.
E1	Observe sclera and skin for icterus. Abnormal?	Record. Refer to physician.
E2	Palpate and/or percuss liver for: a. Masses? b. Pain? c. Margin (enlarged, hard, irregular)?	Record. Refer to physician. Record. Refer to physician. Record. Refer to physician.

MODULE 8
GASTROINTESTINAL SYSTEM

Step	Question	If the answer is <i>yes</i> ,
H1	History of:	
	a. Difficulty swallowing?	Record circumstances and current status. Refer to physician.
	b. Recurrent nausea?	Record circumstances and current status. Refer to physician.
	c. Persistent vomiting?	Record circumstances and current status. Refer to physician.
	d. Chronic indigestion?	Record circumstances and current status. Refer to physician.
	e. Recent change in weight?	Record circumstances and current status. Refer to physician.
	f. Eating disorder?	Record circumstances and current status. Refer to physician.
	g. Gastritis?	Record circumstances and current status. Refer to physician.
	h. Ulcer disease?	Record circumstances and current status. Refer to physician.
	i. Stomach or gastric cancer?	Record circumstances and current status. Refer to physician.
H2	History of:	
	a. Colitis?	Record circumstances and current status. Refer to physician.
	b. Recurrent diarrhea?	Record circumstances and current status. Refer to physician.
	c. Chronic constipation?	Record circumstances and current status. Refer to physician.
	d. Blood or mucus in stool?	Record circumstances and current status. Refer to physician.
	e. Colon or rectal cancer?	Record circumstances and current status. Refer to physician.
H3	History of abdominal surgery?	Record type, complications and date.
H4	History of pancreatitis?	Record circumstances and current status. Refer to physician.
H5	History of alcohol use?	Record amount per week and duration of use.
E1	Auscultate bowel. Bowel sounds absent or abnormal?	Record. Refer to physician.
E2	Palpate and percuss abdomen. Masses? Pain?	Record. Refer to physician.
E3	Perform rectal exam and check stool for occult blood. Abnormal?	Record. Refer to physician.

MODULE 9
ENDOCRINE SYSTEM

Step	Question	If the answer is <i>yes</i> ,
H1	History of disorders of the glands to include:	
	a. Pituitary?	Record circumstances and current status. Refer to physician.
	b. Thyroid?	Record circumstances and current status. Refer to physician.
	c. Parathyroids?	Record circumstances and current status. Refer to physician.
	d. Adrenals?	Record circumstances and current status. Refer to physician.
	e. Pancreas (especially diabetes)?	Record circumstances and current status. Refer to physician.
	f. Gonads?	Record circumstances and current status. Refer to physician.
H2	History of:	
	a. Growth abnormalities?	Record circumstances and current status. Refer to physician.
	b. Unexplained weight changes?	Record circumstances and current status. Refer to physician.
	c. Unexplained fever?	Record circumstances and current status. Refer to physician.
	d. Rapid pulse?	Record circumstances and current status. Refer to physician.
	e. Intolerance to heat or cold?	Record circumstances and current status. Refer to physician.
H3	History of surgery of the glands such as:	
	a. Thyroid?	Record circumstances and current status. Refer to physician.
	b. Gonads?	Record circumstances and current status. Refer to physician.
	c. Other?	Record circumstances and current status. Refer to physician.
E1	Observe for exophthalmos. Present?	Record. Refer to physician.
E2	Palpate thyroid for mass such as goiter. Present?	Record. Refer to physician.

MODULE 10
IMMUNE SYSTEM

Step	Question	If the answer is <i>yes</i> .
H1	History of use of steroids or other immunosuppressants?	Record circumstances and current status. Refer to physician.
H2	History of: a. Recurrent infections? b. Malignancy? c. Autoimmune disease?	Record circumstances and current status. Refer to physician. Record circumstances and current status. Refer to physician. Record circumstances and current status. Refer to physician.
H3	History of allergies?	Record.
H4	History of exposure to: a. Ionizing radiation? b. Chemotherapeutic agents? c. Benzene or other unsaturated aromatics? d. AIDS virus?	Record circumstances and current status. Record circumstances and current status. Record circumstances and current status. Record circumstances and current status. Refer to physician.
E1	Palpate liver, spleen and lymph nodes. Abnormal?	Record. Refer to physician.

MODULE 11
HEMATOLOGY

Step	Question	If the answer is <i>yes</i> ,
H1	History of blood dyscrasias:	
	a. Leukemia?	Record circumstances and current status. Refer to physician.
	b. Anemia?	Record circumstances and current status. Refer to physician.
	c. Leukopenia?	Record circumstances and current status. Refer to physician.
	d. Thrombocytopenia?	Record circumstances and current status. Refer to physician.
	e. Other disorders of blood and blood forming organs?	Record circumstances and current status. Refer to physician.
H2	History of excessive bleeding following injury or tooth extraction?	Record circumstances and current status. Refer to physician.
H3	History of transfusion of whole blood, platelets or plasma?	Record circumstances and current status. Refer to physician.
H4	History of exposure to hematologic toxins (e.g., benzene, ionizing radiation)?	Record circumstances and current status.
E1	Inspect skin for:	
	a. Multiple or severe ecchymoses?	Record. Refer to physician.
	b. Multiple petechiae?	Record. Refer to physician.
	c. Excessive pallor?	Record. Refer to physician.
	d. Excessive rubor?	Record. Refer to physician.
	e. Cyanosis?	Record. Refer to physician.

MODULE 12
DERMATOLOGY

Step	Question	If the answer is <i>yes</i> ,
H1	History of:	
	a. Severe acne?	Record circumstances and current status. Refer to physician.
	b. Eczema?	Record circumstances and current status. Refer to physician.
	c. Recurrent dermatitis?	Record circumstances and current status. Refer to physician.
	d. Skin tumors/cancer?	Record circumstances and current status. Refer to physician.
	e. Slow healing wounds?	Record circumstances and current status. Refer to physician.
	f. Recurrent hives?	Record circumstances and current status. Refer to physician.
	g. Other skin disorders?	Record circumstances and current status. Refer to physician.
H2	History of skin problems associated with sunlight or chemicals?	Record circumstances and current status. Refer to physician.
E1	Inspect skin for:	
	a. Skin color (e.g., excessive rubor or pallor)? Abnormal?	Record. Refer to physician.
	b. Temperature (e.g., clammy)? Abnormal?	Record. Refer to physician.
	c. Texture? Abnormal?	Record. Refer to physician.
	d. Hydration? Abnormal?	Record. Refer to physician.
E2	Inspect skin for lesions:	
	a. Fissuring?	Record. Refer to physician.
	b. Scaling?	Record. Refer to physician.
	c. Inflammation?	Record. Refer to physician.
	d. Growths?	Record. Refer to physician.
	e. Bruises?	Record. Refer to physician.
	f. Excoriations?	Record. Refer to physician.
	g. Other?	Record. Refer to physician.

MODULE 13
URINARY TRACT

Step	Question	If the answer is <i>yes</i> ,
H1	History of urinary dysfunction:	
	a. Frequency?	Record circumstances and current status. If current problem, order urinalysis and refer to physician.
	b. Dysuria?	Record circumstances and current status. If current problem, order urinalysis and refer to physician.
	c. Polyuria?	Record circumstances and current status. If current problem, order urinalysis and refer to physician.
	d. Discolored?	Record circumstances and current status. If current problem, order urinalysis and refer to physician.
	e. Hematuria?	Record circumstances and current status. If current problem, order urinalysis and refer to physician.
	f. Hesitancy?	Record circumstances and current status. If current problem, order urinalysis and refer to physician.
H2	History of renal disease:	
	a. Kidney stones?	Record circumstances and current status. Refer to physician.
	b. Nephritis?	Record circumstances and current status. Refer to physician.
	c. Renal failure?	Record circumstances and current status. Refer to physician.
	d. Other?	Record circumstances and current status. Refer to physician.
E	No examination in this module.	

MODULE 14
REPRODUCTIVE SYSTEM

Step	Question	If the answer is <i>yes</i> ,
H1	Pregnant?	Record. Refer to physician.
H2	Spouse pregnant?	Record.
H3	Infertility problem?	Record. Refer to physician.
H4	History of:	
	a. Still birth?	Record circumstances. Refer to physician.
	b. Miscarriage?	Record circumstances. Refer to physician.
	c. Premature or low birth weight children?	Record circumstances. Refer to physician.
	d. Children with congenital abnormalities?	Record circumstances. Refer to physician.
E	No examination in this module.	

APPENDIX C

EXAMPLE OF THE OCCUPATIONAL HEALTH SUMMARY
GENERATED BY THE MIM

Occupational Health Summary

Clinic _____ Installation _____
For: _____

Date of summary:

Date of birth:

Arloc:

Org-Primary:

DAC (X)

Pay plan/Job series number: GS / 0081 FIRE FIGHTER

Special Surveillance Designators:

HYPERTENSI

SMOKER

ASTHMA

HEARING

VISION

RESPIRATOR

Temporarily detailed/reassigned: LIGHT DUTY

Evaluation for: Pre-place () Job Change () Periodic () Term () Other ()

***** Health Notes *****

Functional Requirements:

General Health Historical Data:

FAMILY HISTORY OF OBESITY. MOTHER DIED OF LUNG CANCER, AGE 60.
APPENDECTOMY 1956. LEFT ARM BROKEN 1972.

Occupational Health Historical Data:

LACERATION OF LEFT HAND 1983, SLIGHT LOSS OF LUNG CAPACITY NOTED 1984

Baseline Testing: (including date of test)

CBC: HCT=43 HGB=14.3 WBC=8,500 NORMAL DIFFERENTIAL

PFT: FVC=4,800 CC FEV₁=85%

UA: NORMAL

CHEST X-RAY: NORMAL

AUDIOGRAM: SLIGHT LOSS AT 6000 HZ

ALL TESTS DONE 2/25/78.

BP: 135/85 Pulse: 95 Resp: 12 Height: 72.00 Weight: 200.00

Pertinent Physical Findings:

04/08/87

Occupational Health Summary (continued)

For:

Documentation for Specific Hazardous Exposures:

MANGANESE -009275000
 SPIROMETRY _____
 LIVER FUNCTION _____
 URINALYSIS W/MICRO _____
 CBC W/DIFF _____

HEAT STRESS - POHEATSTR
 * EKG (OVER 40) _____

NOISE, CONTINUOUS - PONOISECO
 * AUDIOGRAM, PERIODIC _____

2-NITROPROPANE - TX5250000
 CBC W/DIFF _____
 METHEMOGLOBIN _____
 HAZARD COMMUNICATION _____
 PREGNANCY SURVEILLANCE _____

Assessment:

Plan/Recommendations:

Disposition:

Signature of Care Provider _____ Date: _____

* Indicates legal and/or regulatory requirement.

APPENDIX D

EXAMPLE OF THE RECOMMENDED MEDICAL SURVEILLANCE WORKSHEET
GENERATED BY THE MIM

RECOMMENDED MEDICAL SURVEILLANCE WORKSHEET

For:

Pertinent Findings of Review of Systems with Special Attention to:

- * ALCOHOL USE _____
- * SMOKING _____
- * CARDIOVASCULAR SYSTEM _____
- * DERMATOLOGIC SYSTEM _____
- * EAR/NOSE/THROAT _____
- * ENDOCRINE SYSTEM _____
- * THYROID _____
- EYES _____
- GASTROINTESTINAL SYSTEM _____
- HEMATOLOGIC SYSTEM _____
- HEPATIC SYSTEM _____
- * MENTAL HEALTH _____
- * OBESITY _____
- NERVOUS SYSTEM _____
- HEADACHES _____
- * MENTAL STATUS _____
- CENTRAL NERVOUS SYSTEM _____
- PERIPHERAL NERVOUS SYSTEM _____
- * RESPIRATORY SYSTEM _____
- KIDNEYS _____
- * USE/OTHER MEDICATIONS _____
- * FAMILY HIST./CANCER _____
- * PREV. EXP./AGENT _____
- PREV. EXP./HEPATOTOXINS _____
- PREV. EXP./CARCINOGENS _____

Pertinent Physical Examination Findings for Occupational Surveillance:

- * CARDIOVASCULAR SYSTEM _____
- * DERMATOLOGIC SYSTEM _____
- * EAR/NOSE/THROAT _____
- * ENDOCRINE SYSTEM _____
- EYES _____
- GASTROINTESTINAL SYSTEM _____
- HEMATOLOGIC SYSTEM _____
- HEPATIC SYSTEM _____
- NERVOUS SYSTEM _____
- * MENTAL STATUS _____
- CENTRAL NERVOUS SYSTEM _____
- PERIPHERAL NERVOUS SYSTEM _____
- * RESPIRATORY SYSTEM _____
- KIDNEYS _____

*Indicates specific areas/systems requiring history and physical examinations.

APPENDIX E

THE RELATIONSHIP OF FUNCTIONAL REQUIREMENTS AND ENVIRONMENTAL FACTORS ON THE SF 78 TO THE PROTOCOL

TO BE GIVEN TO PERSON EXAMINED WITH A PRE-ADDRESSED "CONFIDENTIAL-MEDICAL" ENVELOPE.

UNITED STATES CIVIL SERVICE COMMISSION
CERTIFICATE OF MEDICAL EXAMINATION

Form Approved
Budget Bureau
No. 50-R0073

Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE (typewrite or print in ink)

1. NAME (last, first, middle)		2. SOCIAL SECURITY ACCOUNT NO.	3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4. DATE OF BIRTH
5. DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If your answer is "YES" explain fully to the physician performing the examination)</i>		6. I CERTIFY THAT ALL THE INFORMATION GIVEN BY ME IN CONNECTION WITH THIS EXAMINATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF <i>(signature of applicant)</i>		

Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER

1. PURPOSE OF EXAMINATION <input type="checkbox"/> PREAPPOINTMENT <input type="checkbox"/> OTHER (specify)	2. POSITION TITLE
3. BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO	

4. Circle the number preceding each functional requirement and each environmental factor essential to the duties of this position. List any additional essential factors in the blank spaces. Also, if the position involves law enforcement, air traffic control, or fire fighting, attach the specific medical standards for the information of the examining physician.

A. FUNCTIONAL REQUIREMENTS

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> 1. Heavy lifting, 45 pounds and over 4,5,6 2. Moderate lifting, 15-44 pounds 4 3. Light lifting, under 15 pounds 4 4. Heavy carrying, 45 pounds and over 4,5,6 5. Moderate carrying, 15-44 pounds 4 6. Light carrying, under 15 pounds 4 7. Straight pulling (hours) 4 8. Pulling hand over hand (hours) 4 9. Pushing (hours) 4 10. Reaching above shoulder 4 11. Use of fingers 3,4 12. Both hands required 4 13. Walking (hours) 3,4 14. Standing (hours) 3,4 | <ul style="list-style-type: none"> 15. Crawling (hours) 3,4 16. Kneeling (hours) 4 17. Repeated bending (hours) 4 18. Climbing, legs only (hours) 4,5,6 19. Climbing, use of legs and arms 4,5,6 20. Both legs required 4 21. Operation of crane, truck, tractor, or motor vehicle 1,2,3,4,6 22. Ability for rapid mental and muscular coordination simultaneously 3,4 23. Ability to use and desirability of using firearms 1,2,3,4 24. Near vision correctable at 13" to 16" to Jaeger 1 to 4 1 | <ul style="list-style-type: none"> 25. Far vision correctable in one eye to 20/20 and to 20/40 in the other 1 26. Far vision correctable in one eye to 20/50 and to 20/100 in the other 1 27. Specific visual requirement (specify) 1 28. Both eyes required 1 29. Depth perception 1 30. Ability to distinguish basic colors 1 31. Ability to distinguish shades of colors 1 32. Hearing (aid permitted) 2 33. Hearing without aid 2 34. Specific hearing requirements (specify) 2 35. Other (specify) |
|---|---|--|

B. ENVIRONMENTAL FACTORS

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> 1. Outside 5,10,12 2. Outside and inside 5,10,12 3. Excessive heat 3,6,9,12 4. Excessive cold 3,4,6,9,12 5. Excessive humidity 5,12 6. Excessive dampness or chilling 6,12 7. Dry atmospheric conditions 12 8. Excessive noise, intermittent 2 9. Constant noise 2 10. Dust 5,10 | <ul style="list-style-type: none"> 11. Silica, asbestos, etc. 5 12. Fumes, smoke, or gases 1,3,5,6,7,10,11,12 13. Solvents (degreasing agents) 3,5,6,7,11,12 14. Grease and oils 12 15. Radiant energy 1,3,6,12 16. Electrical energy 3,6 17. Slippery or uneven walking surfaces 3,4 18. Working around machinery with moving parts 1,2,3,4 19. Working around moving objects or vehicles 1,2,3,4 | <ul style="list-style-type: none"> 20. Working on ladders or scaffolding 1,2,3,4,6 21. Working below ground 3,4,6 22. Unusual fatigue factors (specify) 3,5,6 23. Working with hands in water 12 24. Explosives 1,2,3,5,6,7,11,12 25. Vibration 3,4 26. Working closely with others 3 27. Working alone 3,6,9 28. Protracted or irregular hours of work 3,9 29. Other (specify) |
|---|---|---|

Part C. TO BE COMPLETED BY EXAMINING PHYSICIAN

1. EXAMINING PHYSICIAN'S NAME (type or print)	3. SIGNATURE OF EXAMINING PHYSICIAN
2. ADDRESS (including ZIP Code)	<i>(signature)</i> <i>(date)</i>

IMPORTANT: After signing, return the entire form intact in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you.

The superscript numbers correspond to the protocol module numbers.

Glossary
Section I

AIDS	Acquired Immune Deficiency Syndrome
AR	Army Regulation
BUN	Blood Urea Nitrogen
CBC	Complete Blood Count
CBC/Diff	Complete Blood Count with Differential
CPO	Civilian Personnel Office
CPR	Civilian Personnel Office Regulation
DHHS	Department of Health and Human Services
DOD	Department of Defense
EKG	Electrocardiogram
FEV ₁	Forced Expiratory Volume in one second
FPM	Federal Personnel Manual
FSH/LH	Follicle Stimulating Hormone/Luteinizing Hormone
FVC	Forced Vital Capacity
GGTP	Gamma Glutamyl Transpeptidase
GS	General Schedule
Hct	Hematocrit
Hgb	Hemoglobin
HSC	U.S. Army Health Services Command
MIM	Medical Information Module
NIOSH	National Institute for Occupational Safety and Health
OHMIS	Occupational Health Management Information System
OHN	Occupational Health Nurse
OHS	Occupational Health Service
OPM	Office of Personnel Management
PFT	Pulmonary Function Test
PMN	Polymorphic Neutrophil
RBC	Red Blood Count
RPR	Rapid Plasma Reagin
SF	Standard Form
SGOT	Serum Glutamic Oxaloacetic Transaminase (Aspartate Transferase)
SGPT	Serum Glutamic Pyruvic Transaminase (Alanine Transferase)
WBC	White Blood Count
WG	Wage Grade

Section II
Terms

COMPLETE PHYSICAL EXAMINATION/ASSESSMENT. The process of medically evaluating fitness to perform work while ruling out evidence of acute and chronic injury and disease using mainly inspection, percussion, and auscultation. The process includes an evaluation of all organ systems and vital signs (temperature, pulse, respiration, blood pressure, height, and weight).

ADMINISTRATIVE EXAMINATION. A complete physical examination performed to assess the employee's physical and mental capabilities and limitations in relation to specific job requirements. Examples include preplacement, fitness for duty, disability retirement, and periodic examinations for a few selected occupations. See chapter 3.

AGE RELATED. Quadrennial for those 39 years of age or younger, biennial for those 40 to 49 year old, and annual for those 50 years old and older.

JOB-RELATED MEDICAL SURVEILLANCE. Occupationally related evaluation that may include only one or all of the following: health history, physical examination, and clinical laboratory tests. The tests/examinations performed are specific to the potential workplace health hazards, are oriented toward target organs, and are designed for early detection of adverse effects resulting from exposure to those hazards.

HAZARD. A real or potential risk to the employee's well being.

SIGNIFICANT EXPOSURE. The amount of a hazard which has a recognized potential to cause harm to the employee's well being.

AUDIOGRAM. A record of the threshold of audibility of each ear for pure tone test frequencies 500, 1000, 2000, 3000, 4000, and 6000 Hertz. TB MED 501 will be used as a reference.

CHEST X-RAY. A 14- by 17-inch film taken at a distance of 6 feet and includes a posterior-anterior and a left lateral projection.

PULMONARY FUNCTION TEST (PFT). Includes, at a minimum, the determination of Forced Expiratory Volume in one second (FEV_1), Forced Vital Capacity (FVC), and comparison with expected norms for the individual's age and height.

STRESS TEST. Submaximal determination of work capacity employing a bicycle ergometer or treadmill followed by an EKG, similar to the Master's Test.

VISION SCREEN. The use of multiphasic equipment to evaluate near, intermediate, and distance visual acuity, near/distance phoria, color perception, and depth perception.

PROTOCOL WORK SHEET
For use of this form, see Technical Guide 154.

NAME _____
 APPOINTMENT DATE/TIME _____ / _____

EYE AND VISION	EAR, NOSE AND THROAT	NERVOUS SYSTEM AND MENTAL HEALTH	MUSCULOSKELETAL SYSTEM	RESPIRATORY SYSTEM	CARDIOVASCULAR SYSTEM	LIVER	GASTROINTESTINAL SYSTEM	ENDOCRINE SYSTEM	IMMUNE SYSTEM	HEMATOLOGY	DERMATOLOGY	URINARY TRACT	REPRODUCTIVE SYSTEM
----------------	----------------------	----------------------------------	------------------------	--------------------	-----------------------	-------	-------------------------	------------------	---------------	------------	-------------	---------------	---------------------

HISTORY MODULES	1	2	3	4	5	6	7	8	9	10	11	12	13	14
PHYSICAL EXAMINATION MODULES	1	2	3	4	5	6	7	8	9	10	11	12	13	14

CLINICAL LABORATORY STUDIES (Circle appropriate numbers)

- | | |
|--|---|
| 1. Alkaline Phosphatase | 18. Renal Function incl Creatinine and BUN as a minimum |
| 2. Audiogram | 19. Reticulocyte Count |
| 3. Bilirubin | 20. Sperm Count (Males) |
| 4. Blood Lead | 21. Spirometry incl FEV ₁ and FVC as a minimum |
| 5. BUN | 22. Sputum Cytology |
| 6. CBC w/Diff incl Hct, Hgb, WBC, PMN, Baso, Eo, Mono, Lymph Atypical | 23. Tonometry |
| 7. Chest X-Ray (14 x 17) P/A | 24. Urine Fluoride |
| 8. Creatinine | 25. Urine Mercury |
| 9. EKG | 26. Urinalysis (incl Glucose and Protein) w/Microscopic |
| 10. Fecal Occult/Blood | 27. Visual Acuity w/Fields |
| 11. FSH LH Estrogens (Females) | 28. WBC |
| 12. Hematocrit | 29. Zinc Protoporphyrin |
| 13. Hemoglobin | 30. |
| 14. Liver Function incl Bilirubin, SGOT, SGPT, GGTP, Alkaline Phosphatase, Total Protein, and Serum Albumin as a minimum | 31. |
| 15. Methemoglobin | 32. |
| 16. Platelet Count | 33. |
| 17. RBC Cholinesterase | 34. |