

## 2-11. Physical Fitness of Personnel (Regulatory)

(1) The medical officer will make appropriate recommendations to the proper authority for the promotion of health and the physical fitness of personnel. OPNAV Instruction 6110.1 series provides policy and procedure for the Physical Readiness Program. The physical and mental benefits derived from athletics, recreation, and other measures to improve or maintain a satisfactory state of physical fitness should be emphasized.

(2) The medical officer will, with the approval of the commanding officer, conduct or direct examinations of personnel of the command whenever there is reason to believe that diseases are being concealed. During such examinations the physical condition and personal hygiene of personnel will be observed.

## 2-12. Directives (Regulatory)

(1) The medical officer, subject to the orders of the commanding officer, will prepare and maintain the necessary directives for the organization and operation of the Medical Department.

## 2-13. Medical Journal (Regulatory)

(1) Each medical activity will utilize a BUMED-approved automated log, i.e., SAMS, AHLTA, etc., or an electronic log mandated by their respective Fleet Commander/Type Commander (TYCOM) directives, i.e., ship's deck logs, etc., to record events concerning the Medical Department and those command evolutions that require Medical Department input. For any unusual event requiring documentation, a "Memorandum for the Record" as defined by the Correspondence Manual, SECNAVINST 5216.5 series, will be utilized and routed through the appropriate chain of command.

(2) Medical Departments utilizing the Medical Department Journal as an inter-department watch turnover log may do so by following local directives.

## 2-14. Reports to the Officer of the Deck or Day (Regulatory)

(1) Injuries or death of personnel, damage, destruction, or loss of Medical Department property, and any important occurrence will be reported by the medical officer to the officer of the deck or day, or other proper official for entry in the log or journal of the command or activity.

(2) Patients in serious or very serious condition will be the subject of a report to the commanding officer or officer of the deck or day, together with the necessary information for the notification of next of kin.

## 2-15. Educational Measures (Regulatory)

(1) The medical officer, with the approval of the appropriate authority, will conduct health education programs, including the dissemination of information regarding the prevention of diseases and other subjects pertaining to hygiene and sanitation.

(2) The medical officer will supervise the instruction of personnel regarding sexually-transmitted diseases and advise them of the associated dangers. Information distributed by BUMED relative to social hygiene will be used.

(3) The medical officer, with the approval of the appropriate authority, will conduct a program of first aid instruction for officers and enlisted personnel attached to the command which will ensure knowledge and ability in the principles of first aid and basic life support.

(4) The medical officer will provide for the instruction of Hospital Corpsmen as set forth in Chapter 9 of this manual.

(5) The medical officer will make provisions for the indoctrination of personnel under the medical officer's charge in Navy and Medical Department regulations and administrative procedures.

## 2-16. Preparation for Emergency (Regulatory)

(1) The medical officer will ensure that the Medical Department is at all times prepared to meet medical emergencies.

## 2-17. Cooperation with Other Agencies (Regulatory)

(1) The medical officer will cooperate with the Public Health Service and other Federal, State, and local agencies for the collection of vital statistics, and for the prevention of disease and the reporting of communicable diseases following articles 22-17 through 22-21.

(2) The regional health directors in each of the Public Health Service regional areas will cooperate with naval authorities for the purpose of safeguarding the health of military personnel in extra military areas and may, if desired, act as the liaison between the naval activity and the State or local health agencies to solve community health problems of interest to the Medical Department of the Navy.

## 2-18. Compulsory Medical or Surgical Treatment (Regulatory)

(1) By authority delegated by the Secretary of the Navy, and with the approval of the commanding officer, the senior medical or dental officer, as appropriate, of a ship or station, after consultation with other medical or dental officers, if available, will, where in the medical officer's judgment the best interests of the individual or of the service require, take the following measures with or without the consent of the individual concerned:

(a) Emergency care required to preserve the life or health of the member.

(b) Care necessary to protect the life or health of a member who is considered by a psychiatrist to be mentally incompetent.

(c) Routine treatment for minor or temporary disabilities in time of war or in peacetime when the mission of the activity concerned would be severely hindered by failure to provide treatment.