

Bureau of Medicine and Surgery
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Radiation Health Protection Manual

This edition is a revision to the Basic manual of February 2011.

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Change Transmittal Two
Radiation Health Protection Manual
U.S. Navy
NAVMED P-5055

2 Dec 2022

To: Holders of the Radiation Health Protection Manual

1. This Change. Updates articles 2-3 and 2-4. Removed the digital rectal exam and dipstick urinalysis. Added amplifying information on who can evaluate for microhematuria.
2. Background. Medical standards for cancer screening have evolved and improved over time. The digital rectal exam is no longer indicated for cancer screening. In order to reduce false positives and unnecessary work ups, dipstick urinalysis has been removed as an evaluation method for microhematuria. The recommended initial evaluation going forward is microscopy. If a positive finding for microhematuria is identified, a definitive evaluation will be performed according to the most recent American Urological Association Guidelines for evaluation of microhematuria by a board certified physician with appropriate expertise.
3. Scope and Applicability. This guidance applies to all newly performed Ionizing Radiation Medical Exams effective the date this change is signed.
4. Action
 - a. Remove pages 2-5 and 2-7 and replace with revised pages 2-5 and 2-7.
 - b. Record this Change 2 in the Record of Page Changes.



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Chief, Bureau of Medicine and Surgery

3. **Special Studies.** The required documented special studies are:

a. White Blood Count (WBC) and Hematocrit (HCT) within 3 months prior to conduct of the physical examination.

b. Urinalysis. Urine will be tested for red blood cells using microscopic high-powered field within 3 months prior to conduct of the physical examination.

c. Breast examination (manual and clinical breast examination) is required for females age 40 and older. Civilian female workers may have this examination performed by their civilian provider and submit the documentation to the Navy examiner. Civilian female workers may also submit results of mammography examinations for consideration. Female pelvic examination is not required.

d. Digital Rectal Exam- (DRE) are no longer indicated. Mark Not Examined (NE) in block 18.

e. In addition, the following special studies may apply:

(1) Occupational intake of radioactive material and assessment of the committed effective dose equivalent or committed dose equivalent must be performed following Chapter 3 of this manual.

(2) When deemed necessary by the responsible physician, radiation health officer, or radiation health director, a radiobioassay may be performed on body tissues, secretions, and excretions to estimate an exposure from internal contaminants. If a command lacks the capability to perform the appropriate radiobioassay or to perform committed effective dose equivalent or committed dose equivalent calculations, a request for assistance must be submitted to one of the support facilities designated in Chapter 3.

(3) Additional requirements to perform special exams due to specific work environments can be provided in the applicable program radiological controls manual with Chief, BUMED approval.

f. The periodicities for renewal of radiation worker medical qualification listed in article 2-2, paragraph 2 must not be extended to accommodate outside physical examinations or special study results. Workers who do not complete outside private testing within the limits of article 2-2, subparagraph 5b will be temporarily designated not physically qualified (NPQ), have their dosimeter issue privileges suspended, and where applicable, be placed on the command dosimetry issue not allowed (DINA) (disqualification) list. The worker's dosimeter issue privileges must be reinstated when the RME is completed and the worker is found physically qualified.

f. Abnormal HCT and WBC

(1) HCT or WBC values that are outside of laboratory normal ranges are considered disqualifying if the repeat HCT or WBC remains abnormal. In each case, the local or attending physician must perform further clinical evaluations to determine the reason for the abnormal HCT or WBC and record this reason. The physician's evaluation of the HCT or WBC and his or her requests for other studies or consultations must be directed toward ruling out cancer or bone marrow suppression. The repeat studies will be documented in the Summary of Abnormal Findings block. If a repeat study falls within the laboratory normal range, a comment will be made in the Summary of Abnormal Findings block with an annotation of not considered disqualifying (NCD). If it remains outside the laboratory normal range, the comment will include an annotation of considered disqualifying (CD) if due to cancer or bone marrow suppression. If the condition is chronic, has been evaluated during a previous physical examination and determined not to be due to cancer, and laboratory results do not indicate a change in patient status, the condition does not need to be reevaluated.

(2) If cancer or bone marrow suppression is determined, the case must be submitted to the REAB. Otherwise, the responsible physician can medically qualify the individual for radiation work. The basis for a determination of CD or NCD must be given by the responsible physician as a comment in the Summary of Abnormal Findings block of NAVMED 6470/13.

(3) The laboratory normal values ranges for the HCT, and WBC must be transcribed on the NAVMED 6470/13.

g. Urinalysis. Urine will be tested for red blood cells by microscope. The result of the initial test will be written in block 12 of NAVMED 6470/13. The result from the laboratory report must be transcribed verbatim.

(1) Red blood cells in the urine of 3 or more per high power field require repeat urine microscopy. Document repeat urinalysis results in the Summary of Abnormal Findings block. In each case, the local or attending physician must perform further clinical evaluations to determine the reason for the hematuria (if present) and record this reason. The physician's evaluation of the hematuria and his or her requests for other studies or consultations must be directed toward ruling out cancer. If the repeat study shows fewer than 3 RBCs per high power field, a comment will be made in the Summary of Abnormal Findings block with an annotation of NCD. If the repeat urinalysis shows 3 or more RBCs per high power field, a definitive evaluation according to the most recent American Urological Association Guidelines for evaluation of microhematuria by a board certified physician with appropriate expertise will be performed. If definitive evaluation results in a finding of cancer, the Summary of Abnormal Findings comment will include an annotation of CD. If the hematuria is chronic, has been evaluated during a previous physical examination and determined not to be due to cancer, and laboratory results do not indicate a change in patient status, the condition is not disqualifying and does not need to be reevaluated unless clinically indicated.