DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 5210.9B
BUMED-M09B
16 Jun 2009

BUMED INSTRUCTION 5210.9B

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: FORMS AND REPORTS MANAGEMENT PROGRAM AND SURVEY COORDINATION

Ref: (a) SECNAV M-5213.1 of 1 Dec 2005
(b) SECNAV M-5214.1 of 1 Dec 2005
(c) SECNAV M-5210.1 of 17 Nov 2007
(d) SECNAV M-5210.2 of 25 Jul 2008
(e) SECNAVINST 5870.4A
(f) OPNAVINST 5300.8C
(g) SECNAVINST 5211.5E
(h) DoD 7750.07-M of 14 May 2008
(i) Under Secretary of Defense for Personnel and Readiness memorandum, DTM-07-015, "DoD Social Security Number (SSN) Reduction Plan" of 28 Mar 2008
(j) BUMEDINST 5210.10

Encl: (1) Forms Management Officer (FMO) Responsibilities
(2) Form Approval Process
(3) Form Consolidation/Standardization
(4) Medical and Dental Form Requirements
(5) Form Exceptions and Overprints
(6) Naval Forms Online
(7) Electronic Forms – Applications
(8) Paper/Specialty Forms
(9) Information Requirements (Reports) Management
(10) Survey Coordination
(11) Sample SSN Action Memos
(12) Definitions
(13) Acronyms

1. Purpose

a. To implement references (a) through (j) at the Bureau of Medicine and Surgery (BUMED) and throughout the Navy Medical Department. To provide policies and procedures which further clarify references (a) through (j) at BUMED and throughout the Navy Medical Department.

b. To ensure command authority and version control are maintained for all official Navy Medical Department forms.

c. To ensure all Navy Medical Department personnel use only official forms.

d. To ensure all Navy Medical Department forms are simple, practical, and up to date; to minimize the burden imposed by reports; to expedite the flow of information through the use of technological advances; and to minimize costs in these areas.

e. To establish a method for the Navy Medical Inspector General (MEDINSGEN) to perform form and report related inspections.

f. This instruction is significantly revised and should be read in its entirety.

2. Cancellation. BUMEDINST 5210.9A.

3. Background. Many of the references in this instruction may be required to fully implement portions of this instruction. The enclosures may be used as stand-alone documents.

a. References (a) through (g) are Department of the Navy (DON) manuals and instructions related to these programs. They are available at: http://doni.daps.dla.mil/default.aspx.

b. Reference (h) is the Department of Defense (DoD) forms manual and is available at: http://www.dtic.mil/whs/directives/corres/pub1.html.

c. Reference (i) is the DoD memorandum addressing SSN usage and is available electronically at: http://www.dtic.mil/whs/directives/corres/pdf/pr080328ssn.pdf.

d. Reference (j) is the Navy Medicine Records Management Program instruction and is available electronically from the directives tab at: http://navymedicine.med.navy.mil/.

e. Enclosures (1) through (13) provide specifics related to the BUMED Forms and Reports Program. Enclosure (1) addresses FMO responsibilities. Enclosure (2) describes the forms approval process. Enclosure (3) covers form consolidation and standardization. Enclosure (4) is specific to medical and dental forms. Enclosure (5) describes the processes for creating overprints and exceptions to higher authority forms. Enclosure (6) requires all official forms to utilize a centralized stocking point. Enclosure (7) provides guidance for automated forms. Enclosure (8) provides guidance for specialty/paper forms. Enclosure (9) addresses the management and use of report control symbols (RCS). Enclosure (10) integrates BUMED survey requirements with forms management. Enclosure (11) is a sample action memo, used to gain approval for a form capturing an SSN. Enclosure (12) summarizes the various definitions and enclosure (13) summarizes the acronyms.

4. Responsibilities

a. BUMED

(1) The Regulations and Directives Branch, BUMED-M09B31 is responsible for the following:

(a) The administration of the Forms and Reports Management Program at Navy Medical Department activities (the Navy Medicine (NAVMED) and BUMED Forms and Reports Program). This includes issuing a program directive, assigning responsibilities, and providing general program guidance.

(b) The management of all higher authority (Secretary of the Navy (SECNAV), Operational Navy (OPNAV), Department of Defense (DD), Standard Form (SF), Optional Form (OF), and other Federal Agency) forms used by the Navy Medical Department.

(c) Coordinating revision requests to higher authority forms used by the Navy Medical Department.

(d) Coordinating exception requests to higher authority forms used by the Navy Medical Department.

(e) The management of the inventory of all official forms used by Navy Medical Department personnel. The inventory includes paper forms, electronic forms, and automated forms included in all Navy Medical Department developed applications.

(f) Ensuring all NAVMED and BUMED forms used by Navy Medical Department personnel have an associated requiring document, form title, form number, and form edition date.

(g) Posting all approved NAVMED and BUMED forms to the Naval Forms Online Web site at: https://navalforms.daps.dla.mil, the centralized stocking point for all approved DON forms.

(h) Maintaining a case file and forms index for all NAVMED and BUMED forms.

(i) Assisting Navy Medical Department commands with form consolidation and standardization and the implementation of enclosure (3).

(j) Ensuring all NAVMED and BUMED forms integrated into electronic applications follow the guidance in enclosure (7) and to assist those developing electronic applications with meeting the requirements of this instruction.

(k) Ensuring all NAVMED and BUMED paper/specialty forms follow the guidance established in enclosure (8).

(l) The administration of the Headquarters (HQ) BUMED Forms and Reports Management Program, following the guidance established in enclosure (9).

(2) Additional responsibilities as outlined in enclosure (1).

b. NAVMED Regions. Commanders shall assign responsibilities to specific individuals to ensure accountability for the implementation and administration of the forms and reports management programs. The assignment of program management responsibilities is at the discretion of the commanders recognizing the need for latitude in managing the subject programs to meet the specific requirements of the region. The following are provided as general guidance:

(1) Appoint a Forms and Reports Management Officer with Regional program responsibility within 30 days of the date of this instruction. Provide the following information to BUMED-M09B31 via fax at DSN 762-3213, commercial (202) 762-3213, or e-mail to BUMEDForms@med.navy.mil: individual's name, code, telephone number (commercial and DSN), fax number, e-mail address, and Region mailing address. Notify BUMED-M09B31 of any change in appointment of the Forms and Reports Manager officer within 7 calendar days of the change.

(2) The Region Forms and Reports Management Officer will be responsible for the following:

(a) The administration of the Forms and Reports Management Program at the Navy Medicine Region.

(b) The management of all Region-created forms used by Navy Medical Department personnel within the Region.

(c) The review of program requirements and assess compliance to ensure requirements are being executed.

(d) Ensuring Region forms do not duplicate higher authority forms in any way.

(e) Ensuring Region network servers do not store electronic versions of higher authority forms. Per reference (h), DoD components shall hyperlink to higher authority forms to avoid user access to outdated and obsolete forms. Exceptions may be granted from the functional area FMO. Exceptions require, at a minimum, a formal plan for ensuring revised forms are updated in a timely manner.

(f) Ensuring all Region forms used by Navy Medical Department personnel have an associated requiring document, form title, form number, form edition date, and follow the guidance established in enclosure (2).

(g) Assisting their Activity Forms and Reports Management Officers in reducing the number of forms used within the Activities through standardization and consolidation, per enclosure (3).

(h) Ensuring all Region-sponsored medical and dental forms follow the guidelines established in enclosure (4).

(i) Ensuring all Region requirements for overprints and exceptions to higher authority forms follow the guidance established in enclosure (5).

(j) Ensuring all Region-created forms are properly posted to the Naval Forms Online Web site, per enclosure (6).

(k) Maintaining a forms index and case files for all Region-created forms used by Navy Medical Department personnel within the Region.

(l) Reviewing all requests for new or revised forms initiated by an Activity Forms and Reports Management Officer and ensuring requests:

1. Include all required documentation.

2. Do not duplicate a higher authority form.

3. Do not duplicate a previously approved form.

(m) Ensuring all Region forms capturing an SSN receive proper approval, per enclosure (2).

(n) Ensuring all Region forms integrated into electronic applications follow the guidance in enclosure (7) and to assist those developing electronic applications at the Region, with meeting the requirements of this instruction.

(o) Ensuring all Region paper/specialty forms follow the guidance established in enclosure (8).

(p) The administration of the Region's Reports Management Program, following the guidance established in enclosure (9).

(q) Ensuring all Region sponsored surveys follow the guidance established in enclosure (10).

(3) Additional responsibilities as described in enclosure (1).

c. Navy Medical Department Activities. Commanders, commanding officers, and officers in charge shall assign responsibilities to specific individuals to ensure accountability for the implementation and administration of the forms and reports management programs. The assignment of program management responsibilities is at the discretion of the commander, commanding officer, or the officer in charge, recognizing the need for latitude in managing the subject programs to meet the specific requirements of the activity. The following are provided as general guidance:

(1) Appoint a Forms and Reports Management Officer with total program responsibility within 30 days of the date of this instruction. Provide the following information to BUMED-M09B31 via fax at DSN 762-3213, commercial (202) 762-3213, or e-mail BUMEDForms@med.navy.mil: individual's name, code, telephone number (commercial and DSN), fax number, e-mail address, and activity mailing address. Notify BUMED-M09B31 of any change in appointment of the Forms and Reports Manager officer within 7 calendar days of the change.

(2) The Activity Forms and Reports Management Officer will be responsible for the following:

(a) Administration of the Forms and Reports Management Program at the Navy Medical Department Activity.

(b) Management of all Activity-created forms used by Navy Medical Department personnel within the Activity.

(c) Review of program requirements and assessment of compliance to ensure requirements are being executed.

(d) Ensuring Activity forms do not duplicate higher authority forms in any way.

(e) Ensuring Activity network servers do not store electronic versions of higher authority forms. Per reference (h), DoD components shall hyperlink to higher authority forms to avoid user access to outdated and obsolete forms. Exceptions may be granted from the functional area FMO. Exceptions will require, at a minimum, a formal plan for ensuring revised forms are updated in a timely manner.

(f) Ensuring all Activity forms used by Navy Medical Department personnel have an associated requiring document, form title, form number, form edition date, and follow the guidance established in enclosure (2).

(g) Assisting their command and subordinate commands in reducing the number of forms used within the Activities through standardization and consolidation, per enclosure (3).

(h) Ensuring all Activity-sponsored medical and dental forms follow the guidelines established in enclosure (4).

(i) Ensuring all Activity requirements for overprints and exceptions to higher authority forms follow the guidance established in enclosure (5).

(j) Ensuring all Activity-created forms are properly posted to the Naval Forms Online Web site, per enclosure (6).

(k) Ensuring all Activity forms used by Navy Medical Department personnel have an associated requiring document, form title, form number, and form edition date.

(l) Maintaining a forms index and case files for all Activity-created forms used by Naval Medical Department personnel within the Activity.

(m) Review of all requests for new or revised forms initiated by their activity, to include ensuring requests:

1. Include all required documentation.

2. Do not duplicate a higher authority form.

3. Do not duplicate a previously approved form.

(n) Ensuring all Activity forms capturing an SSN receive proper approval, per enclosure (2).

(o) Ensuring all Activity forms integrated into electronic applications follow the guidance in enclosure (7) and to assist those developing electronic applications at the Activity with meeting the requirements of this instruction.

(p) Ensuring all Activity paper/specialty forms follow the guidance established in enclosure (8).

(q) The administration of the Activity's Reports Management Program, following the guidance established in enclosure (9).

(r) Ensuring all Activity sponsored surveys follow the guidance established in enclosure (10).

(3) Additional responsibilities as described in enclosure (1).

d. MEDINSGEN Inspectors. Forms and Reports Management inspections will be included in future MEDINSGEN inspections. Inspections will ensure, at a minimum, the following:

(1) Electronic versions of higher authority forms are not stored on local servers. Per reference (h), DoD components shall hyperlink to higher authority forms to avoid user access to outdated and obsolete forms.

(2) Ensure all forms used by Navy Medical Department personnel have an associated requiring document, form title, form number, and form edition date.

(3) Ensure all Navy Medical Department commands are maintaining a forms index and form case files.

(4) Report forms related deficiencies to the BUMED FMO (BUMED-M09B3).

e. All Navy Medical Department Personnel

(1) Ensure copies of forms are generated from the approved source of supply. No more than a 30-day supply may be maintained. Paper copies cannot be generated from a previously printed paper copy. All copies must be generated from the latest edition of the form available from the approved source of supply (i.e., you cannot make a copy of a copy).

(2) Approved electronic forms (i.e., portable document format (PDF) forms) can be stored on a local computer or storage device. However, to ensure outdated forms are not used, the form's approved source of supply must be checked every 30 days for updates.

5. Action. Implement enclosures (1) through (13), which prescribe the procedures for administering the Forms and Reports Program and establishes the relationship between the Forms and Reports Program and Surveys.

6. Sample Format. Enclosure (11) is a sample action memo used for requesting approval for forms capturing an SSN. The sample is available in Microsoft Word format on the Directives Web site at: http://navymedicine.med.navy.mil/. Under the Navy Medicine Directives tab, select Forms, on the forms page, select the "Sample Formats" link available at the top of the page.

7. Forms and Reports

a. SF 1 (Rev. July/1979), Printing and Binding Requisition to the Public Printer, is available electronically at: http://www.gsa.gov/Portal/gsa/ep/formslibrary.do?formType=SF.

b. DD Form 67 (FEB 2008), Form Processing Action Request, is available electronically at: http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm.

c. OPNAV 5213/10 (Rev. SEP 1981), Report Analysis Data Report, is available electronically from Naval Forms Online at: https://navalforms.daps.dla.mil/web/public/home.

d. The following NAVMED forms are available electronically from Naval Forms Online at: https://navalforms.daps.dla.mil/web/public/home:

(1) NAVMED 5210/1 (09-2008), Form Processing Continuation Sheet.

(2) NAVMED 6000/5 (09-2008), Medical Record – Supplemental Medical Data.

e. The requirements contained in paragraph 4b(1), 4c(1), and 4d(4) are exempt from reports control per reference (b), part IV, paragraph 7g.

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Distribution is electronic only via the Navy Medicine Web site at:
http://navymedicine.med.navy.mil/default.cfm?selTab=Directives

FORMS MANAGEMENT OFFICER (FMO) RESPONSIBILITIES

1. Bureau of Medicine and Surgery (BUMED) FMO is responsible for the following:

a. The administration of the Forms Management Program at Navy Medical Department activities (the NAVMED Forms Program). This includes issuing a program directive, assigning responsibilities, and providing general program guidance.

b. The management of all higher authority SECNAV, Operational Navy (OPNAV), DD, SF, OF, and other Federal Agency) forms used by Navy Medical Department personnel. Management includes the printing, digitization, distribution, and inventory of all OF, SF, DD, SECNAV, and OPNAV forms under BUMED sponsorship.

c. Coordinating all requested revisions to higher authority forms used by Navy Medical Department personnel.

d. Coordinating all requested exceptions to higher authority forms used by Navy Medical Department personnel.

e. Managing the design of all NAVMED and BUMED forms.

f. Ensuring all NAVMED and BUMED forms used by Navy Medical Department personnel have an associated requiring document, form title, form number, form edition date, and follow the guidance established in enclosure (2).

g. Ensuring the associated requiring document has the forms listed in the Forms and Reports paragraph. This paragraph is the last paragraph above the signature.

h. Ensuring all overprints to NAVMED, BUMED, and higher authority forms used by Navy Medical Department personnel have an appropriate form number, title, edition date, and receive proper approval prior to their use as established in enclosure (5).

i. Ensuring all exceptions to NAVMED, BUMED, and higher authority forms used by Navy Medical Department personnel have an appropriate form number, title, edition date, and receive proper approval prior to their use as established in enclosure (5).

j. Managing the inventory of all NAVMED and BUMED forms. The inventory includes paper forms, electronic forms, and automated forms included in all Navy Medical Department developed applications.

k. Ensuring all NAVMED and BUMED forms capturing an SSN receive proper approval, per reference (i) and enclosure (2) of this instruction.

l. Maintaining the SSN reporting data required by reference (i), as outlined in enclosure (2) of this instruction.

m. Ensuring all NAVMED and BUMED forms requesting an individual to provide an SSN, Protected Health Information (PHI), or Protected Personal Information (PPI) meet reference (g) and:

(1) Received approval from the Privacy Act Coordinator.

(2) Have a properly formatted Privacy Act Statement.

n. Ensuring all NAVMED and BUMED forms are in compliance with reference (e) and:

(1) Do not duplicate copyrighted information.

(2) Do not provide an inappropriate endorsement of copyrighted information.

o. Ensuring all NAVMED and BUMED forms used as surveys are in compliance with reference (f), enclosure (11) of this instruction, and:

(1) Have an appropriate RCS.

(2) Receive approval from the Navy Survey Approval Manager, as required.

p. Ensuring all NAVMED and BUMED forms used for reporting have an appropriate RCS, per reference (b) and enclosure (9) of this instruction.

q. Posting all approved NAVMED and BUMED forms to the Naval Forms Online Web site at: https://navalforms.daps.dla.mil, the centralized stocking point for all approved DON forms. Additional information is provided in enclosure (6).

r. Maintaining a case file and forms index for all NAVMED and BUMED forms.

s. Reviewing *frequently used* NAVMED and BUMED forms yearly, and *all* NAVMED and BUMED forms every 2 years to identify opportunities for standardizing, eliminating duplicate or unnecessary forms, and improving the effectiveness of forms.

t. Managing the Naval Forms Online administrative accounts for all Navy Medical Department activity FMOs. Additional information is provided in enclosure (6).

u. The administration of the HQ BUMED Forms Management Program including:

(1) BUMED and other standardized forms for use by HQ BUMED.

(2) Design of BUMED department forms (those for use within HQ BUMED only).

v. Assisting Region and subordinate commands in reducing the number of forms used within the Navy Medical Department through standardization and consolidation, per enclosure (3).

w. Ensuring all NAVMED and BUMED forms integrated into electronic applications follow the guidance in enclosure (7) and to assist those developing electronic applications at HQ BUMED with meeting the requirements of this instruction.

x. Ensuring all NAVMED and BUMED paper/specialty forms follow the guidance established in enclosure (8).

y. Ensuring all HQ-sponsored surveys follow the guidance established in enclosure (10).

z. Maintenance of the Manual of the Medical Department (MANMED), chapter 23.

2. Region FMOs are responsible for the following:

a. The administration of the Forms and Reports Management Program at their Navy Medicine Region.

b. The management of all Region-created forms used by the Region's Navy Medical Department personnel.

c. Ensuring all Region-created forms used by the Region's Navy Medical Department personnel have an associated requiring document, form title, form number, form edition date, and follow the guidance established in enclosure (2).

d. Ensuring the associated requiring document has the forms listed in the Forms and Reports paragraph. This paragraph is the last paragraph above the signature.

e. Ensuring all Region overprints to higher authority forms used by the Region's Navy Medical Department personnel have an appropriate form number and receive approval from BUMED-M09B31 prior to their use. Additional guidance is available in enclosure (5).

f. Ensuring all Region exceptions to higher authority forms used by the Region's Navy Medical Department personnel have an appropriate form number and receive approval from BUMED-M09B31, prior to their use. Additional guidance is available in enclosure (5).

g. Approval for all overprints and exceptions to NAVMED 6000/5 prior to their use. Additional guidance is available in enclosure (5).

h. Ensuring all Region-sponsored medical and dental forms follow the guidelines established in enclosure (4).

i. Ensuring all Region paper/specialty forms follow the guidance established in enclosure (8).

j. Ensuring all Region forms integrated into electronic applications follow the guidance in enclosure (7) and to assist those developing electronic applications at the Region with meeting the requirements of this instruction.

k. The review of program requirements and assess compliance to ensure requirements are being executed.

l. Ensuring Region forms do not duplicate higher authority forms in any way.

m. Ensuring Region network servers do not store electronic versions of higher authority forms. Per reference (h), DoD components shall hyperlink to higher authority forms to avoid user access to outdated and obsolete forms. Exceptions may be granted from the functional area FMO. Exceptions will require, at a minimum, a formal plan for ensuring revised forms are updated in a timely manner.

n. Ensuring all Region forms capturing an SSN receive proper approval, per reference (i) and enclosure (2) of this instruction.

o. Maintaining the SSN reporting data required by reference (i) and as outlined in enclosure (2) of this instruction.

p. Ensuring all Region forms requesting an individual to provide an SSN, PHI, or PPI meet reference (g) and:

(1) Received approval from the Privacy Act Coordinator.

(2) Have a properly formatted Privacy Act Statement.

q. Ensuring all Region forms are in compliance with reference (e) and:

(1) Do not duplicate copyrighted information.

(2) Provide an inappropriate endorsement of copyrighted information.

r. Ensuring all Region forms used as surveys are in compliance with reference (f), enclosure (10) of this instruction, and:

(1) Have an appropriate RCS.

(2) Receive approval from the Navy Survey Approval Manager, as required.

s. Ensuring all Region forms used for reporting have an appropriate RCS per reference (b) and enclosure (9) of this instruction.

t. Reviewing all requests for new or revised forms initiated by an Activity Forms and Reports Management Officer and ensures requests:

(1) Include all required documentation.

(2) Do not duplicate a higher authority form.

(3) Do not duplicate a previously approved form.

u. Posting all approved Region forms to the Naval Forms Online Web site at: https://navalforms.daps.dla.mil, the centralized stocking point for all approved DON forms. Additional information is available in enclosure (6).

v. Maintaining a forms index and case file for all Region forms.

w. Reviewing *frequently used* Region forms yearly, and *all* Region forms every 2 years to identify opportunities for standardizing, eliminating duplicate or unnecessary forms, and improving the effectiveness of forms.

x. Assisting the Region's subordinate FMOs in reducing the number of forms used within the Activities through standardization and consolidation as outlined in enclosure (3).

3. Activity FMOs are responsible for the following:

a. The administration of the Forms and Reports Management Program at their Navy Medical Department Activity.

b. Managing all Activity-created forms used by the Activities Navy Medical Department personnel.

c. Ensuring all Activity-created forms used by the Activities Navy Medical Department personnel have an associated requiring document, form title, form number, form edition date, and follow the guidance established in enclosure (2).

d. Ensuring the associated requiring document has the forms listed in the Forms and Reports paragraph. This paragraph is the last paragraph above the signature.

e. Ensuring all Activity overprints to higher authority forms used by the Activity's Navy Medical Department personnel have an appropriate form number and receive approval from BUMED-M09B31 prior to their use. Additional guidance is available in enclosure (5).

f. Ensuring all Activity exceptions to higher authority forms used by the Activity's Navy Medical Department personnel have an appropriate form number and receive approval from BUMED-M09B31 prior to their use. Additional guidance is available in enclosure (5).

g. Ensuring all overprints and exceptions to NAVMED 6000/5 receive Region approval prior to their use.

h. Ensuring all Activity-sponsored medical and dental forms follow the guidelines established in enclosure (4).

i. Reviewing program requirements and assess compliance to ensure requirements are being executed.

j. Ensuring Activity forms do not duplicate higher authority forms in any way.

k. Ensuring Activity network servers do not store electronic versions of higher authority forms. Per reference (h), DoD components shall hyperlink to higher authority forms to avoid user access to outdated and obsolete forms. Exceptions may be granted from the functional area FMO. Exceptions will require, at a minimum, a formal plan for ensuring revised forms are updated in a timely manner.

l. Maintaining a forms index and case files for all Activity forms used by the Activities Navy Medical Department personnel.

m. Reviewing *frequently used* Activity forms yearly, and *all* Activity forms every 2 years to identify opportunities for standardizing, eliminating duplicate or unnecessary forms, and improving the effectiveness of forms.

n. Maintaining the SSN reporting data required by reference (i) and as outlined in enclosure (2) of this instruction.

o. Ensuring all Activity forms capturing an SSN receive proper approval, per reference (i) and enclosure (2) of this instruction.

p. Ensuring all Activity forms requesting an individual to provide an SSN, PHI, or PPI meet reference (g) and:

(1) Received approval from the Privacy Act Coordinator.

(2) Have a properly formatted Privacy Act Statement.

q. Ensuring all Activity forms are in compliance with reference (e) and:

(1) Do not duplicate copyrighted information.

(2) Provide an inappropriate endorsement of copyrighted information.

r. Ensuring all Activity forms used as surveys are in compliance with reference (f), enclosure (10) of this instruction, and:

(1) Have an appropriate report control symbol.

(2) Receive approval from the Navy Survey Approval Manager as required.

s. Ensuring all Activity forms used for reporting have an appropriate RCS per reference (b) and enclosure (9) of this instruction.

t. Reviewing all requests for new or revised forms initiated by their activity and ensures requests:

(1) Include all required documentation.

(2) Do not duplicate a higher authority form.

(3) Do not duplicate a previously approved form.

u. Assisting their command and subordinate commands in reducing the number of forms used within the Activities through standardization and consolidation, per enclosure (3).

v. Ensuring all Activity forms integrated into electronic applications follow the guidance in enclosure (7) and to assist those developing electronic applications at the Activity, with meeting the requirements of this instruction.

w. Ensuring all Activity paper/specialty forms follow the guidance established in enclosure (8).

x. Posting all approved Activity forms to the Naval Forms Online Web site at: https://navalforms.daps.dla.mil, the centralized stocking point for all approved DON forms. Additional information is available in enclosure (6).

4. BUMED assistance may be obtained by contacting BUMED-M09B31 at DSN 762-3249, commercial (202) 762-3249, or e-mail: BUMEDForms@med.navy.mil.

FORM APPROVAL PROCESS

1. A signed DD Form 67 is required for each new, revised, or cancelled form and must be maintained in the form's case file.

2. All forms capturing an SSN require Flag or Senior Executive Service (SES) level approval prior to use, per reference (i) and as described in paragraph 5 of this enclosure.

3. Forms Precedence. Enclosure (12) provides an additional "higher authority forms" table.

a. First Level Forms – SF/OF and other Federal Agency forms. Forms established by General Services Administration (GSA) or other Federal Agencies (such as the Office of Personnel Management, Center for Disease Control, etc.) for government-wide use. Navy Medical personnel are required to use these forms as prescribed and are not authorized to create any form that duplicates these forms.

b. Second Level Forms – DD. Established for DoD-wide use. Navy Medical personal are required to use DD forms as prescribed or adopted and are not authorized to create any form that duplicates a DD form.

c. Third Level Forms – DON forms (SECNAV, OPNAV, and Navy Marine Corps (NAVMC)). Forms established by DON for use in more than one Naval command. Navy Medical Department personnel are required to use SECNAV, OPNAV, and NAVMC forms as prescribed and are not authorized to create any form that duplicates a SECNAV, OPNAV, or NAVMC form.

d. Fourth Level Forms (Echelon II) – BUMED and NAVMED forms. Forms established by BUMED for use in more than one Navy Medicine command. Navy Medical Department personnel are required to use NAVMED forms as prescribed and are not authorized to create any form that duplicates a NAVMED form.

e. Fifth Level Forms (Echelon III) – NAVMED Region forms (Navy Medicine West (NAVMEDWEST), Navy Medicine East (NAVMEDEAST), Navy Medicine National Capital Area (NAVMEDNCA), and Navy Medicine Support Command (NMSC). Forms established by a Navy Medicine Region for use by Navy Medical Department personnel in that Region. Navy Medical Department personnel are required to use Navy Medicine Region forms as prescribed and are not authorized to create any form that duplicates a Navy Medicine Region form.

f. Sixth Level Forms (Echelon IV). Navy Medicine Activity form. Forms established by a Navy Medicine Activity for use in more than one Navy Medicine command within a given Activity. Navy Medical personnel are required to use Navy Medicine Activity forms as prescribed and are not authorized to create any form that duplicates a Navy Medicine Activity form.

g. Seventh Level Forms (Echelon V and below). Navy Medicine Activity Form. Forms established by a Navy Medicine Activity for use in more than one Navy Medicine command

within a given Activity. Navy Medical personnel are required to use Navy Medicine Activity forms as prescribed and are not authorized to create any form that duplicates a Navy Medicine Activity form.

h. Forms placed in a medical or dental record are described in enclosure (4).

4. DD Form 67 field requirements are based on the level of form.

a. First, Second, and Third Level Forms. The requirements for these forms vary and are based on the form specifics. Contact the BUMED FMO for assistance with new, revised, or cancelled forms at this level.

b. Fourth Level Forms (NAVMED and BUMED)

(1) Prescribed Forms. Forms associated with a BUMED prescribing issuance. Forms are required for Echelon III and subordinate commands.

Field 2 is requesting subject matter expert (SME) (e.g., M1).
Field 3 is the single-digit code.
Field 4 is the BUMED FMO.
Fields 5 and 6 are filled by the BUMED FMO.
Fields 7 through 14 are self explanatory (Field 9 would be "prescribed").
Field 15 is coordinated by the BUMED FMO, as necessary.
Field 16 is used for any additional coordination that may be required.
Field 17 is signed by the SME.
Field 18 is signed by the SME's director.
Field 19 is signed by the SME's single-digit code.
Field 20 is signed by the BUMED FMO.

(2) Adopted Forms. NAVMED forms associated with two or more Echelon III, or below, prescribing issuances. Each Echelon III, or below, must provided a signed DD Form 67. Form requirement is based on the Echelon III, or below, prescribing issuance.

Field 2 is the Region department head.
Field 3 is Region FMO (Echelon III).
Field 4 is BUMED FMO.
Fields 5 and 6 are filled by the BUMED FMO.
Fields 7 through 14 are self-explanatory (Field 9 would be "adopted").
Field 15 is names, titles, and signatures of Region Medical Forms Committee members who reviewed and approved the form design. NAVMED 5210/1, Form Processing Continuation Sheet is used to capture additional names of concurring officials. Dated initials are required and indicate agreement with the form.
Field 16 is used for any additional coordination that may be required.
Field 17 is signed by the Region department head.

Field 18 is signed by the Region FMO.
Field 19 is signed by the Region commander.
Field 20 is signed by the BUMED FMO.

c. Fifth Level Forms

(1) Prescribed Forms. Forms associated with an Echelon III prescribing issuance. Forms are required for the Echelon III and subordinate commands.

Field 2 is the requesting department (e.g., emergency room (ER)).
Field 3 is Region Forms Committee. Required for medical forms only.
Field 4 is the Region FMO.
Fields 5 and 6 are filled by the Region FMO.
Fields 7 through 14 are self-explanatory (Field 9 would be "prescribed").
Field 15 is names, titles, and signatures of Region Medical Forms Committee members who reviewed and approved the form design. NAVMED 5210/1 is used to capture additional names of concurring officials. Dated initials are required and indicate agreement with the form.
Field 16 is used for any additional coordination that may be required.
Field 17 is signed by the Region department head.
Field 18 is signed by the Region Medical Forms Committee chairman. Required for medical forms only.
Field 19 is signed by the Region commander or the individual signing the prescribing issuance.
Field 20 is signed by the Region FMO.

(2) Adopted Forms. Echelon III forms associated with two or more Echelon IV, or below, prescribing issuances. Each Echelon IV, or below, must provided a signed DD Form 67. Form requirement is based on the Echelon IV, or below, prescribing issuance.

Field 2 is the requesting department (e.g., ER).
Field 3 is the Region Medical Forms Committee (Echelon III). Required for medical forms only.
Field 4 is the Region FMO.
Fields 5 and 6 are filled by the Region FMO.
Fields 7 through 14 are self-explanatory (Field 9 would be "adopted").
Field 15 is names, titles, and signatures of Region Medical Forms Committee members who reviewed and approved the form design. NAVMED 5210/1 used to capture additional names of concurring officials. Dated initials are required and indicate agreement with the form. Required for medical forms only.
Field 16 is used for any additional coordination that may be required.
Field 17 is signed by the department head.
Field 18 is signed by the Region Medical Forms Committee chairman. Required for medical forms only.
Field 19 is signed by the Region commander.
Field 20 is signed by the Region FMO.

d. Sixth Level Forms

(1) Prescribed Forms. Forms associated with an Echelon IV prescribing issuance. Forms are required for the Echelon IV and subordinate commands.

Field 2 is the requesting department (e.g., ER).
Field 3 is the Naval Medical Center (NMC) or Medical Treatment Facility (MTF) Medical Forms Committee. Required for medical forms only.
Field 4 is the NMC or MTF FMO.
Fields 5 and 6 are filled by the NMC or MTF FMO.
Fields 7 through 14 are self explanatory (Field 9 would be "prescribed").
Field 15 is names, titles, and signatures of the NMC or MTF Medical Forms Committee members who reviewed and approved the form design. NAVMED 5210/1 is used to capture additional names of concurring officials. Dated initials are required and indicate agreement with the form. Required for medical forms only.
Field 16 is used for any additional coordination that may be required.
Field 17 is signed by the department head.
Field 18 is signed by the NMC or MTF Medical Forms Committee chairman. Required for medical forms only.
Field 19 is signed by the NMC commander, MTF commanding officer, or the individual signing the prescribing issuance.
Field 20 is signed by the NMC or MTF FMO.

(2) Adopted Forms. Echelon IV forms associated with two or more Echelon V, or below, prescribing issuances. Each Echelon V, or below, must provide a signed DD Form 67. Form requirement is based on the Echelon V, or below, prescribing issuance.

Field 2 is the requesting department (e.g., ER).
Field 3 is the NMC or MTF Medical Forms Committee (Echelon IV). Required for medical forms only.
Field 4 is the NMC or MTF FMO.
Fields 5 and 6 are filled by the NMC or MTF FMO.
Fields 7 through 14 are self-explanatory (Field 9 would be "adopted").
Field 15 is names, titles, and signatures of NMC or MTF Forms Committee members who reviewed and approved the form design. NAVMED 5210/1 is used to capture additional names of concurring officials. Dated initials are required and indicate agreement with the form. Required for medical forms only.
Field 16 is used for any additional coordination that may be required.
Field 17 is signed by the department head.
Field 18 is signed by the NMC or MTF Medical Forms Committee chairman. Required for medical forms only.
Field 19 is signed by the NMC commander, MTF commanding officer, or the individual signing the prescribing issuance.
Field 20 is signed by the NMC or MTF FMO.

e. Seventh Level Prescribed Forms. Forms associated with an Echelon V, or below, prescribing issuance. Forms are required for the Echelon V and subordinate commands.

Field 2 is the requesting department (e.g., ER).
Field 3 is the command's Medical Forms Committee. Required for medical forms only.
Field 4 is the command's FMO.
Fields 5 and 6 are filled by the command's FMO.
Fields 7 through 14 are self-explanatory (Field 9 would be "prescribed").
Field 15 is names, titles, and signatures of the command's Medical Forms Committee members who reviewed and approved the form design. NAVMED 5210/1 is used to capture additional names of concurring officials. Dated initials are required and indicate agreement with the form. Required for medical forms only.
Field 16 is used for any additional coordination that may be required.
Field 17 is signed by the department head.
Field 18 is signed by the command's Medical Forms Committee chairman. Required for medical forms only.
Field 19 is signed by the command's officer in charge or the individual signing the prescribing issuance.
Field 20 is signed by the command's FMO.

5. Appropriate SSN approval is determined by the level of the form.

a. First, Second, Third, and Fourth Level Forms require Vice Chief, BUMED approval.

b. Fifth and below Level Forms will require Region approval from either a Flag or SES.

c. Requests for SSN approval will be completed via an action memo (enclosure (11) is a sample) and must include the following:

(1) Justification for using the SSN. Justification must include at least one of the five alternatives outlined in reference (i), available at: http://www.defenselink.mil/privacy/SSNReductionPlan.pdf.

(2) If justified, indicate if the SSN can be truncated (i.e., last four digits) or masked.

(3) Relate the form to a system of records, privacy impact assessment, and the DoD Information Technology Portfolio Repository (DITPR) identification (ID) number, as applicable.

d. Per reference (i), the FMO is required to maintain the following information related to capturing an SSN:

(1) Number of forms reviewed.

(2) Number of forms requesting SSNs.

(3) Number of SSN justifications approved and disapproved.

(4) Examples of forms where SSNs were not allowed.

(5) Examples of SSN truncation or masking.

6. BUMED assistance may be obtained by contacting BUMED-M09B31 at DSN 762-3249, commercial (202) 762-3249, or e-mail: BUMEDForms@med.navy.mil.

FORM CONSOLIDATION/STANDARDIZATION

1. Prescribed Forms

a. A prescribed OPNAV/SECNAV (Echelon I) form is required to be used by all Echelon I and below commands.

b. A prescribed NAVMED form (Echelon II) is required to be used by all Navy Medicine commands.

c. A prescribed Region form (Echelon III) is required to be used by the prescribing Region and all Echelon IV and below commands within that Region.

d. A prescribed NMC or MTF form (Echelon IV) is required to be used by the prescribing NMC or MTF and all Echelon V subordinate commands.

2. Adopted Forms

a. An adopted OPNAV/SECNAV form is used by two or more Echelon II commands. Each subordinate command has a prescribing document.

b. An adopted NAVMED form is used by two or more Regions (Echelon III commands). Each subordinate command has a prescribing document.

c. An adopted Region form is used by two or more subordinate commands (Echelon IV commands). Each subordinate command has a prescribing document.

d. An adopted MTF form is used by two or more subordinate Activities (Echelon V or below commands). Each subordinate command has a prescribing document.

3. Consolidation/Standardization

a. When two or more commands have the same form requirement, the form can either be adopted or prescribed.

b. Each command cannot maintain a separate form. The commands must standardize on one form design; one command prescribing the form and the others adopting.

c. The decision to adopt a form versus prescribing a form shall be based on the needs and resources available to the participating commands. No one scenario can fit all the needs of the Navy Medical Department.

4. BUMED assistance may be obtained by contacting BUMED-M09B31 at DSN 762-3249, commercial (202) 762-3249, or e-mail: BUMEDForms@med.navy.mil.

MEDICAL AND DENTAL FORM REQUIREMENTS

1. The following forms can be placed in medical and dental records:

a. Other Federal Agency forms prescribed/adopted through a BUMED or higher issuing document.

b. SF and OF.

c. DD.

d. SECNAV and OPNAV.

e. NAVMED.

f. Approved exceptions and overprints to NAVMED, SECNAV, OPNAV, DD, SF, and OF forms.

g. Approved overprints and exceptions to NAVMED 6000/5.

2. Higher authority forms must be used as prescribed.

3. All exceptions to higher authority forms require approval, through the chain of command, from the issuing FMO prior to their use. Additional guidance related to exceptions is outlined in enclosure (5).

4. Overprints to higher authority forms are authorized but must following the guidance outlined in enclosure (5).

5. Overprints and exceptions to NAVMED 6000/5 are authorized but must following the guidance outlined in enclosure (5).

6. NAVMED 6000/5 itself cannot be placed in a medical or dental record; only approved overprints or exceptions to NAVMED 6000/5 can be placed in a medical or dental record.

FORM EXCEPTIONS AND OVERPRINTS

1. Form exceptions to higher authority medical forms:

a. Require approval, through the chain of command, from the issuing FMO, prior to their use.

b. Must receive SME approval prior to being forwarded, through the chain of command, to the issuing FMO for consideration.

c. Requests for exceptions originating from a Region, NMC, or MTF level require approval from their SME and Medical Forms Review Committee, as defined in enclosure (12).

d. Shall have an associated requiring document.

e. Can contain:

(1) Pre-printed medical procedures.

(2) Pre-printed medications.

f. Require a local form number, form edition date, and will clearly note that it is an exception. Paragraph 6b(1) of this enclosure provides an example format.

g. If denied by any FMO in the chain of command, cannot be used.

h. If the original form is cancelled, any exceptions to the cancelled form will need to be cancelled. For example, if SF 600 is cancelled, all previously approved exceptions to the SF 600 will also be cancelled.

i. If the original form is revised, any exceptions to the revised form will need to be revised. For example, if SF 600 is revised, all previously approved exceptions to the SF 600 will need to be revised.

j. If an approved exception needs to be revised, the revised form may need additional approval from the issuing FMO prior to its use. BUMED-M09B31 will assist in determining if the revised exception requires approval from the issuing FMO. Revisions to an approved exception cannot be used until the proper approvals have been obtained.

2. Form exceptions to higher authority non-medical forms:

a. Require approval, through the chain of command, from the issuing FMO, prior to their use.

b. Shall receive SME approval prior to their use.

c. Shall have an associated requiring document.

d. Require a local NMC or MTF form number, form edition date, and will clearly note that it is an exception. Paragraph 6b(1) of this enclosure provides an example format.

e. If denied by any FMO in the chain of command, cannot be used.

f. If the original form is cancelled, any exceptions to the cancelled form will need to be cancelled. For example, if SF 600 is cancelled, all previously approved exceptions to the SF 600 will also be cancelled.

g. If the original form is revised, any exceptions to the revised form will need to be revised. For example, if SF 600 is revised, all previously approved exceptions to the SF 600 will need to be revised.

h. If an approved exception needs to be revised, the revised form may need additional approval from the issuing FMO prior to its use. BUMED-M09B31 will assist in determining if the revised exception requires approval from the issuing FMO. Revisions to an approved exception cannot be used until the proper approvals have been obtained.

3. Form overprints to higher authority medical forms:

a. Require approval, through the chain of command, from the issuing FMO, prior to their use.

b. Requests for overprints originating from a Region, NMC, or MTF level require approval from their SME and Medical Forms Review Committee, as defined in enclosure (12).

c. Shall have an associated requiring document.

d. Can contain:

(1) Pre-printed medical procedures.

(2) Pre-printed medications.

e. Require a local form number, form edition date, and will clearly note that it is an overprint. Paragraph 6b(2) of this enclosure provides an example format.

f. If denied at any level, the form cannot be used.

g. If the original form is cancelled, any overprint to the cancelled form will need to be cancelled. For example, if SF 600 is cancelled, all previously approved overprints to the SF 600 will also be cancelled.

h. If the original form is revised, any overprints to the revised form will need to be revised. For example, if SF 600 is revised, all previously approved overprints to the SF 600 will need to be revised.

4. Form overprints to higher authority non-medical forms:

a. Require approval, through the chain of command, from the issuing FMO, prior to their use.

b. Shall receive SME approval prior to their use.

c. Shall have an associated requiring document.

d. Require a local NMC or MTF form number, form edition date, and will clearly note that it is an exception. Paragraph 6b(1) of this enclosure provides an example format.

e. If denied by any FMO in the chain of command, cannot be used.

f. If the original form is cancelled, any overprint to the cancelled form will need to be cancelled. For example, if SF 600 is cancelled, all previously approved overprints to the SF 600 will also be cancelled.

g. If the original form is revised, any overprints to the revised form will need to be revised. For example, if SF 600 is revised, all previously approved overprints to the SF 600 will need to be revised.

5. Overprints and exceptions to NAVMED 6000/5 will:

a. Require approval from an NMC or MTF SME and from the commands Medical Forms Review Committee, as defined in enclosure (12).

b. Have an associated requiring document.

c. Include a local NMC or MTF form number, form edition date, and note that it is an overprint. An example is: NAVHOSPJAX 6000/42 (10-2008), Overprint to SF 509 (Rev. 7-91).

d. Not be used as alternatives to higher authority forms without approval, through the chain of command, from the issuing FMO.

e. Contain:

(1) Pre-printed medical procedures.

(2) Pre-printed medications.

6. The following are the only authorized changes to NAVMED 6000/5:

a. Local Form Title. This field may be filled or removed from the form.

b. NAVMED 6000/5 (09-2008) must be changed to accommodate the local form number (using the next available number in the command's numeric listing for the 6000 standard subject identification code (SSIC) and edition date. Examples are as follows:

(1) NAVHOSPJAX 6000/42 (10-2008), Exception to NAVMED 6000/5 (09-2008).

(2) NAVHOSPJAX 6000/43 (10-2008), Overprint to NAVMED 6000/5 (09-2008).

7. Approved overprints/exceptions to NAVMED 6000/5 will include default data for the following:

a. Requiring Document (title and number).

b. Issuance Date.

c. Local form number, edition date, and either "overprint" or "exception."

8. Approved overprints/exceptions to NAVMED 6000/5 may include a category:

a. When appropriate, default data may be entered for the form category field. If the field/data is not required, it can be removed from the overprint/exception.

b. For single-page forms, the page number can be removed from the overprint/exception.

9. NAVMED 6000/5 itself cannot be placed in a medical or dental record; only approved overprints or exceptions can be placed in a medical or dental record.

NAVAL FORMS ONLINE

1. The Naval Forms Online Web site is the source of supply for all official DON forms. This Web site is divided into two distinct Web sites:

a. The general user Web site at: https://navalforms.daps.dla.mil/web/public/home allows the user to view forms by command, search by key word, order (paper stock only), and download for use.

b. The administrative Web site at: https://navalforms.daps.dla.mil/group/management/home provides FMOs administrative tools for managing, storing, and distributing all official DON forms.

2. Accounts for Navy Medical Department FMOs are established and maintained by the BUMED Forms and Reports Manager, BUMED-M09B31.

3. Access to the administrative Web site is limited to one user account per command.

4. It is recommended the point of contact (POC) information include a generic command e-mail address (e.g., BUMEDForms@med.navy.mil).

5. The administrative Web site requires FMOs to input data related to forms. The following is required for all official forms (paper/specialty, electronic, and automated):

a. Unlocked File. File is only visible to users of the administrative side of the Web site.

b. Locked File. File available for download by the user. Locked files are not to be uploaded for paper/specialty, automated, or classified forms.

c. Form Image File. Only required for paper stocked forms.

d. Number. Local form number.

e. Title. Form title.

f. Edition Date. Form edition or revision date.

g. Forms Manager. FMO's name.

g. Command/Activity.

h. Supporting Directive. Number, title, and edition date of the requiring document.

i. Sponsor. Name of the department/code sponsoring the form.

j. Form User Base. Administrative, medical, or dental.

k. Contains Privacy Statement.

l. Contains SSN Field.

6. Only PDF files are authorized to be posted to the Naval Forms Online Web site.

ELECTRONIC FORMS – APPLICATIONS

1. Commands are encouraged to develop electronic forms. However, forms built inside electronic applications are not exempt from the requirements outlined in this instruction.

2. Forms integrated into electronic applications must have a requiring document, form title, form number, and form edition date. This information must be clearly noted on either the initial entry screen or each individual screen.

3. Revisions to the electronic application must be announced via a revision to the requiring document and be noted by a change in the form's edition date. A "screen capture" must be maintained in the official form file. This "screen capture" will be uploaded to the Naval Forms Online Web site as an unlocked PDF following the guidance in enclosure (6).

4. Unless previously approved by the functional area FMO, no form can be integrated into an electronic application without prior written approval, through the chain of command, from the functional area FMO.

5. If approval is granted to automate a form, new approval must be achieved when the form is revised.

6. Forms available in a DoD-approved application (e.g., Armed Forces Health Longitudinal Technology Application (AHLTA)) must be used as prescribed. If a form available in a DoD-approved application does not meet a command's need, an exception must be approved prior to a replacement form being used.

7. When more than one command purchases the same approved medical records software that has the ability to generate electronic forms or data input screens, forms and data mapping must be standardized and appropriate forms information must be maintained with the functional area FMO.

8. Forms created for use within an electronic application shall not be printed and reproduced as blank forms.

9. An electronic form is considered a record and must comply with references (c) and (j).

PAPER/SPECIALTY FORMS

1. Paper/specialty forms with an annual usage greater than 100 forms will be printed by the Document Automated and Production Service (DAPS) in Philadelphia, Pennsylvania, and will be stocked and available for order at Navy Forms Online at: https://navalforms.daps.dla.mil.

2. Local reproduction of any type will not be authorized for forms that are available from DAPS.

3. BUMED FMO may authorize local reproduction for paper/specialty forms with an annual usage less than 100 forms and are not available from DAPS.

4. Local reproduction of paper/specialty forms with an annual usage greater than 100 forms will require BUMED FMO approval and will only be granted as an interim solution until the form is available from DAPS.

5. The following are procedures for NAVMED and BUMED paper/specialty forms stocked at DAPS:

a. Originator/sponsor prepares and submits DD Form 67, "Form Processing Action Request," to request both new and revised forms, form justification, prescribing directive, a rough draft, and printing specifications of required form to the BUMED FMO. Enclosure (2) provides further guidance.

b. BUMED FMO will search all existing DoD and DON forms to determine if a form already exists that meets the requirements of the requestor. If an existing form meets most or all requirements, the existing form will be used instead of creating a new one.

c. If a new form must be created, the BUMED FMO will check to see if the new/revised form is exempt from reference (b). If the form is not exempt, originator/sponsor will provide BUMED FMO with a signed OPNAV 5214/10. OPNAV 5214/10 is used to assign an RCS (number). Enclosure (9) of this instruction provides further guidance.

d. BUMED FMO will contact DAPS' POC to request a stock number for the newly requested or revised form. DAPS may require additional information regarding the form specifications before providing the new stock number.

e. Once the stock number is assigned, BUMED FMO will modify the existing form or create a new form and develop the paperwork identified in paragraphs 5f and 5g of this enclosure, as needed. The completed paperwork is provided to DAPS Philadelphia.

f. If the form is a specialty form, BUMED FMO completes an SF 1, Printing and Binding Requisition to the Public Printer Form. (A specialty form is any form that is not a flat sheet of paper (e.g., tag, special label, punch card, aperture card, etc.)). BUMED FMO will also prepare a printing specification sheet.

g. For paper or specialty forms, a camera-ready copy of the form must be forwarded to DAPS.

h. After preparing the package, the BUMED FMO will forward the documents to DAPS Philadelphia, via facsimile at (215) 697-2978 or DSN 442-2978. Thereafter, the original documents are to be mailed to the address below:

DOCUMENT AUTOMATION AND PRODUCTION SERVICE (DAPS)
700 ROBBINS AVENUE BLDG 4 D
PHILADELPHIA PA 19111-5094

i. Once the package is approved, DAPS will assemble a procurement package. The DAPS item manager will overnight the package, which will include a U.S. GPO proof sheet and proofs of the form, to the forms manager. When the procurement package is received, the BUMED FMO will notify the originator/sponsor. Both the BUMED FMO and originator/sponsor will review the proofs and mark the proof sheet appropriately.

(1) If the proof is not satisfactory to the BUMED FMO/originator/sponsor, check either Block ”D,” “Revise proof required due to contractor’s deficiencies,” or Block “E,” “Revised proof required due to author’s alterations.” Block “D” is used when the contractor did not prepare the form to the requested specifications.

(2) If the proof is correct, indicate it on the proof sheet by signature and date.

(3) Procurement package must be returned to DAPS within 3 business days. Printing cost of the form will increase if package is not returned to DAPS Philadelphia within this time frame.

j. DAPS will notify the BUMED FMO when the form is available on Naval Forms Online Web site. Once notified, the BUMED FMO will inform the originator/sponsor that the form is now stocked and available for order.

k. The BUMED FMO and the originator/sponsor must closely monitor the progress of the specialty form and its associated requiring document to ensure the specialty form is not printed far in advance of the requiring document being signed.

(1) A signed requiring document should not be distributed more than 3 days prior to the associated specialty forms being stocked/loaded on Naval Forms Online.

(2) DAPS should not do a minimum print run (as outlined on the SF 1) of the specialty forms unless the requiring document is expected to be signed within 3 weeks.

(3) Specialty forms should not be made available on Naval Forms Online until the requiring document has been signed.

6. The following are procedures for Echelon III and below paper/specialty forms stocked at DAPS:

a. Originator/sponsor prepares and submits DD Form 67, Form Processing Action Request, to request both new and revised forms, form justification, prescribing directive, a rough draft, and printing specifications of required form to their command FMO. Enclosure (2) provides further guidance.

b. Command FMO will search all existing DoD and DON forms to determine if a form already exists that meets the requirements of the requestor. If an existing form meets most or all requirements, the existing form will be used instead of creating a new one.

c. If a new form must be created, the command FMO will confirm the new or revised form is exempt from reference (b). If the form is not exempt, originator/sponsor will provide command FMO with a signed OPNAV 5214/10. OPNAV 5214/10 is used to assign a report control symbol (number). Enclosure (9) of this instruction provides further guidance.

d. Command FMO will forward completed DD Form 67, form justification, prescribing directive, draft form, and printing specifications to BUMED FMO.

e. BUMED FMO will contact DAPS' POC to request a stock number for the newly requested or revised form. DAPS will require information regarding the form specifications before providing the new stock number.

f. Once the stock number is assigned, BUMED FMO will notify the command FMO. Command FMO will modify the existing form or create a new form and develop the paperwork identified in paragraphs 6h and 6i of this enclosure, as needed. The completed paperwork is forwarded to the BUMED FMO.

g. After review, paperwork is submitted to DAPS Philadelphia by BUMED FMO.

h. If the form is a specialty form, the command FMO must fill out an SF 1. (A specialty form is any form that is not a flat sheet of paper (e.g., tag, special label, punch card, aperture card, etc.)). The command FMO will also prepare a printing specification sheet and artwork. All paperwork is forwarded to BUMED FMO for review.

i. After reviewing the package, the BUMED FMO will submit the documents to DAPS Philadelphia, via facsimile at (215) 697-2978 or DSN 442-2978. Thereafter, the original documents are to be mailed to the below address:

DOCUMENT AUTOMATION AND PRODUCTION SERVICE (DAPS)
700 ROBBINS AVENUE BLDG 4 D
PHILADELPHIA PA 19111-5094

j. The command FMO and BUMED FMO will prepare a history folder for the form; folder should contain copies of the entire package.

k. Once the package is received, DAPS will assemble a procurement package. The DAPS item manager will overnight the package, which will include a U.S. GPO proof sheet and proofs of the form, to the BUMED FMO. BUMED FMO will review the package and overnight it to the command FMO.

l. Once the procurement package is received, the command FMO will notify the originator/ sponsor. Both the command FMO and originator/sponsor will review the proofs and mark the proof sheet appropriately.

(1) If the proof is not satisfactory to the command FMO/originator/sponsor, check either Block ”D,” “Revise proof required due to contractor’s deficiencies,” or Block “E,” “Revised proof required due to author’s alterations.” Block “D” is used when the contractor did not prepare the form to the requested specifications.

(2) If the proof is correct, indicate it on the proof sheet by signature and date.

(3) Procurement package must be sent back to BUMED FMO within 3 business days. Printing cost of the form will increase if package is not returned within this time.

(4) After review by BUMED FMO, procurement package will be forward to DAPS.

m. DAPS will notify the BUMED FMO when the form is stocked/loaded on Naval Forms Online Web site. Once notified, BUMED FMO will notify the command FMO.

n. The BUMED FMO and the originator/sponsor must closely monitor the progress of the specialty form and its associated requiring document to ensure the specialty form is not loaded on Naval Forms Online Web site far in advance of the requiring document being signed.

(1) A signed requiring document should not be distributed more than 3 days prior to the associated specialty forms being stocked/loaded on Naval Forms Online.

(2) DAPS should not do a minimum print run (as outlined on the SF 1) of the specialty forms unless the requiring document is expected to be signed within 3 weeks.

(3) Specialty forms should not be available on Naval Forms Online until the requiring document has been signed.

o. Command FMO will inform the originator/sponsor that the form is now stocked and available for order.

p. FMOs will update all appropriate form’s indexes, databases, and history files.

INFORMATION REQUIREMENTS (REPORTS) MANAGEMENT

1. Information requirements (reports) fall in one of the following four collection types:

   a. Internal Information Collection.

   b. DON Information Collection.

   c. Interagency Information Collection.

   d. Public Information Collection.

2. All information requirements (reports) require an issuing document. The issuing document must clearly describe, at a minimum, the following:

   a. When the report is required.

   b. Who completes the report.

   c. Who receives the completed report.

   d. Why the report is required.

   e. What data is required.

   f. The report format.

3. If the reporting requirement is exempt, the issuing document must clearly note the exemption. Exemptions are listed in paragraph 7 of reference (b).

4. If the reporting requirement is not exempt, a signed OPNAV 5214/10, Report Analysis Data, is required. The OPNAV 5214/10 documents the required data associated with an RCS.

5. The RCS or exemption is listed in the Forms and Reports paragraph of the requiring document. This paragraph is the last paragraph above the signature.

6. Navy Medical Department activities are not required to respond to any reporting requirement, except designated as exempt from reports control, that do not have an RCS assigned.

7. An RCS may be used for 3 years from the date of the requiring issuance. After 3 years, the RCS must be reestablished.

8. BUMED Reports Manager (BUMED-M09B31) is responsible for the following:

a. Serves as the BUMED Information Management Control (Reports) Manager.

b. Administers the BUMED Reports Management Program. This includes issuing a program directive, assigning responsibilities, and providing general program guidance.

c. Ensures BUMED compliance with reference (b).

d. Reviews all NAVMED/BUMED internal information collections (reports) by assigning an RCS or citing an appropriate exemption authority.

(1) A NAVMED RCS is issued for Navy Medical Department reporting requirements that fall under the Navy Medical Department's command.

(2) A BUMED RCS is issued for all BUMED HQ reporting requirements.

e. Serves as a liaison between BUMED and DON for the issuance of all BUMED-sponsored DON information collection RCSs. DON information collections require a DON RCS that is issued by the DON Reports Manager.

f. Serves as a liaison between BUMED, DON, and DoD for all BUMED-sponsored interagency information collection RCSs. Interagency information collections require a DoD RCS that is issued by the DoD Reports Manager.

g. Serves as a liaison between BUMED, DON, DoD, and the Office of Management and Budget (OMB) for all BUMED-sponsored Federal Government information collection RCSs. Federal Government information collections require a GSA RCS that is issued by the GSA Reports Manager.

h. Serves as a liaison between BUMED, DON, DoD, and the OMB for all BUMED-sponsored public information collection RCSs. Public information collections require an OMB RCS that is issued by the OMB Reports Manager.

i. Reviews individual information collections at least every 3 years.

j. Maintains case files for all approved NAVMED reports (i.e., RCS, title of collection, purpose, cost, respondents, etc.).

9. Region Reports Manager is responsible for the following:

a. Serves as the Region Information Management Control (Reports) Manager.

b. Administers the Region Reports Management Program.

c. Ensures the Region's compliance with reference (b).

d. Reviews all Region internal information collections (reports) by assigning an RCS or citing an appropriate exemption authority. A Region RCS is issued for reporting requirements that fall within the Region's command.

e. Serves as a liaison between the Region and BUMED for the issuance of a Region-sponsored NAVMED information collection RCSs that is issued by the BUMED Reports Manager.

f. Serves as a liaison between the Region and BUMED for the issuance of all Region-sponsored DON information collection RCSs that is issued by the DON Reports manager.

g. Serves as a liaison between the Region and BUMED for all Region-sponsored interagency information collection RCSs that is issued by the DoD Reports Manager.

h. Serves as a liaison between the Region and BUMED for all Region-sponsored Federal Government information collection RCSs that is issued by the OMB Reports Manager.

i. Serves as a liaison between the Region and BUMED for all Region-sponsored public information collection RCS that is issued by the GSA Reports Manager.

j. Reviews individual information collections at least every 3 years.

k. Maintains case files for all approved Region reports (i.e., RCS, title of collection, purpose, cost, respondents, etc.).

10. Activity Reports Manager is responsible for the following:

a. Serves as the Activity Information Management Control (Reports) Manager.

b. Administers the Activity Reports Management Program.

c. Ensures the Activity's compliance with reference (b).

d. Reviews all Activity internal information collections (reports) by assigning an RCS or citing an appropriate exemption authority. An Activity RCS is issued for reporting requirements under the Activity's command authority.

e. Serves as a liaison between the Activity and Region for the issuance of an Activity-sponsored Region information collection RCSs that is issued by the Region Reports Manager.

f. Serves as a liaison between the Activity and Region for the issuance of an Activity-sponsored BUMED information collection RCSs that is issued by the BUMED Reports Manager.

g. Serves as a liaison between the Activity and Region for the issuance of all Activity-sponsored DON information collection RCSs that is issued by the DON Reports manager.

h. Serves as a liaison between the Activity and Region for all Activity-sponsored interagency information collection RCSs that is issued by the DoD Reports Manager.

i. Serves as a liaison between the Activity and Region for all Activity-sponsored Federal Government information collection RCSs, issued by the GSA Reports Manager.

j. Serves as a liaison between the Activity and Region for all Activity-sponsored public information collection RCSs, issued by the OMB Reports Manager.

k. Review individual information collections at least every 3 years.

SURVEY COORDINATION

1. All surveys require an issuing document authorizing the collection of information and must be in compliance with references (f) and (g).

2. Surveys may required approval, through the chain of command, from the Navy Survey Approval Manager, as outlined in reference (f).

3. The issuing document must clearly provide the following:

   a. When the survey is to be completed (frequency).

   b. Who completes the survey.

      (1) Who receives the completed survey.

      (2) Why the survey is required.

      (3) Time allocated for completing the survey.

4. The survey sponsor must provide the commands FMO with a signed OPNAV 5214/10, Report Analysis Data and a draft of the issuing document that will authorize the data collection.

5. OPNAV 5214/10 is used to support and generate an RCS (number). Enclosure (9) provides additional information.

6. The FMO must maintain case files for all approved surveys. The case file shall contain a copy of the requiring document, the signed OPNAV 5214/10, and concurrence from the Navy Survey Approval Manager, as necessary.

SAMPLE SSN ACTION MEMOS

1. Page 3 of this enclosure is a sample SSN Action Memo.

2. For a Prescribed SECNAV form issued through a BUMED-sponsored SECNAV instruction:

   a. The FOR line is Deputy, Surgeon General.

   b. The FROM line is the BUMED HQ code (single-digit) sponsoring the SECNAV form.

3. For a Prescribed OPNAV form issued through a BUMED-sponsored OPNAV instruction:

   a. The FOR line is Deputy, Surgeon General.

   b. The FROM line is the BUMED HQ code (single-digit) sponsoring the OPNAV form.

4. For a Prescribed NAVMED or BUMED form:

   a. The FOR line is Vice Chief, Bureau of Medicine and Surgery.

   b. The FROM line is the BUMED HQ code (single-digit) sponsoring the NAVMED or BUMED form.

5. For an Adopted NAVMED form:

   a. The FOR line is Vice Chief, Bureau of Medicine and Surgery.

   b. The FROM line is the commander of the Region sponsoring the NAVMED form via BUMED-M09B31.

6. For a Prescribed Region form:

   a. The FOR line is the Region's commander.

   b. The FROM line is the department within the Region sponsoring the form.

7. For an Adopted Region form:

   a. The FOR line is the Region's commander.

   b. The FROM line is the commander of the Region's Activity sponsoring the form via the Region's FMO.

8. For a Prescribed/Adopted Activity form:

a. The FOR line is the Region's commander.

b. The FROM line is the commander of the Activity sponsoring the form via the Region's FMO.

ACTION MEMO

November 13, 2008

FOR: VICE CHIEF, BUREAU OF MEDICINE AND SURGERY
[Flag or SES approval at least one administrative level above senior signing official]

FROM: Deputy Chief for Logistics (M4) [Senior Signing Official]

VIA: BUMED-M09B31 [Appropriate FMO]

SUBJECT: Proposed NAVMED 6000/5 (10/2008), Medical Record – Supplemental Medical Data

- Per Under Secretary of Defense Memorandum of March 28, 2008, "DoD Social Security Number (SSN) Reduction Plan, all forms capturing an SSN requires Flag or SES approval and justification shall be reviewed at least one administrative level above the senior signing official.
- NAVMED 6000/5, Medical Record – Supplemental Medical Data captures an SSN.
- The justification for using the SSN [at least one of the five alternatives outlined in attachment 1 of the DoD Social Security Number (SSN) Reduction Plain available at: http://www.defenselink.mil/privacy/SSNReductionPlan.pdf].
- The SSN can be truncated, masked, or entered completely.
- The form is related to [the system of record, privacy impact assessment, and the DoD Information Technology Portfolio Repository (DITPR) ID number.]

RECOMMENDATION: NAVMED 6000/5 (10/2008), Medical Record (TAB A) is approved for use.

Approve_____ Disapprove_____
(initial/date) (initial/date)

COORDINATION: TAB B

ATTACHMENTS:
As stated

Prepared by: Name, organization, and telephone number.

DEFINITIONS

1. Adopted Form. A form issued through a prescribing directive for use within the command, but not a form the command has the authority to change. When more than one command has the same form requirements, each command must use the same form. The lead command is the sponsor of the form and has responsibility for the form design.

2. Approved Source of Supply. The source of supply for all required forms shall be outlined in the forms paragraph of the prescribing directive. DoD forms are available from the DoD Forms Web site at: http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm. SF and OF forms are available from the GSA Forms Web site at: http://www.gsa.gov/Portal/gsa/ep/formsWelcome.do?pageTypeId=8199&channelId=-25201. DON forms are available from the Naval Forms Online Web site at: https://navalforms.daps.dla.mil/web/public/home. Navy Medical Department forms shall be migrated to the Naval Forms Online Web site through the implementation of this instruction.

3. Burden. The time, effort, or financial resources expended by persons to provide information to a Federal agency.

4. Cancelled Form. A form no longer authorized for use.

5. Case file. A physical file folder containing, at a minimum, the following: current and previous form images, signed DD Form 67, and the front page of all requiring documents.

6. Collection of Information. Obtaining or soliciting facts, application forms, schedules, questionnaires, reporting or record-keeping requirements, or other similar methods calling for either:

a. Answers to identical questions posed to, or identical reporting or record-keeping requirements imposed upon, ten or more persons, other than agencies, instrumentalities, or employees of the United States.

b. Answers to questions posed to agencies, instrumentalities, or employees of the United States, which are to be used for general statistical purposes.

7. DD Form. A form approved by the Washington Headquarters Services (WHS), Executive Services Directorate (ESD), for use by two or more DoD components. The form may be hard copy, soft copy (electronic), or other media (e.g., Excel spreadsheet). The use of the form is either prescribed or adopted as shown below.

IF THE FORM IS:	AND PRESCRIBED BY:	THEN THE FORM IS:
Mandatory for use by the DoD components	A Public Law or DoD issuance such as a: • DoD Directive • DoD Instruction • DoD Manual/Publication • DoD Memorandum • Military Standard • Joint Publication	A PRESCRIBED form
Optional for use by two or more DoD components	A DoD component regulation, manual, or instruction	An ADOPTED form

8. Electronic Form. An officially-prescribed set of data residing in an electronic medium that is used to produce a mirror-like image of the officially prescribed form (also identified as a computer-generated form). An electronic form may also contain prescribed fields for collecting data that can be integrated, managed, processed, and/or transmitted through an organization's information processing systems (also identified as a Web-based form). There are two types of electronic forms: one that is part of an automated transaction and one whose image/data elements reside on a computer. An electronic form is considered a record and must comply with references (c) and (j).

9. Exempt Information Collections. Information collections exempt from reference (b).

10. Exception. A situation in which the Office of Primary Responsibility (OPR) has approved a change to the content, format, or printing of an approved form. Forms that are electronically-generated require an exception, prior to use. There are four types of exceptions:

a. Content Exception. An addition, change to, or deletion of one or more data elements displayed on a form. Examples of content exceptions include a field change or the addition of a new field to collect additional data. Content exceptions are not overprints.

b. Electronic Form Exception. An electronic form exception is a request to create an electronic version of a form that the OPR has not approved for electronic generation.

c. Format Exception. A change made by altering the spacing and/or rearranging the data elements on a form without changing the data elements themselves.

d. Printing Exception. A change in the printing specifications or construction of a form, such as a change in color, paper size or type, multi-part sets, marginally punched constructions, or alternative printing technology. The need for a printing exception applies only when a form has mandatory printing specifications.

11. Form. A fixed arrangement of captioned spaces designed for gathering, organizing, and transmitting prescribed information quickly and efficiently. A form may be in hard copy or soft copy (electronic). A form is considered a record and must comply with references (c) and (j).

12. Form Number. The unique number assigned to a form. The number is based on reference (d) and meets the format described in reference (a).

13. Forms Index. An electronic listing of all forms (current and cancelled) under an FMO's responsibility. The index will contain, at a minimum, the following information: form number, form title, form edition date, requiring document, cancellation document when appropriate, does form contain an SSN, does the form contain a privacy act statement, and if the form is part of a medical or dental record.

14. Form Revision. Any changes to a previously approved form. Changes require an update to the forms edition date and must be announced via a requiring document (a change transmittal to the issuing document). When a form is revised, all approved overprints and exceptions are cancelled. New approval must be granted from the functional area FMO.

15. Form Designation. The alphabetic preface to the form number. It identifies the promulgator of the form. For example, the form designation "NAVMED" indicates the form is issued by BUMED.

16. Forms Management Officer (FMO). Individual responsible for the command's forms management program.

a. BUMED FMO – BUMED-M09B31.

b. REGION FMO – Individual assigned by the commander responsible for administrating, implementing, and managing the forms management program within that given Region.

c. ACTIVITY FMO – Individual assigned by the commander or officer in charge responsible for administrating, implementing, and managing of the forms management program within that Activity.

Remainder of page intentionally left blank.

17. Higher Authority Forms. Forms established by a requiring document or issuance from an authority higher than your command.

Echelons	Authority over New, Revisions, Cancellations, Overprints, and Exceptions to:	Higher Authority Forms 1st, 2nd, and 3rd Level Forms
Echelon II (BUMED) 4th Level Form	BUMED and NAVMED Forms	OPNAV, SECNAV, DD, SF, OF, Office of Personnel Management (OPM), and all other Government agency forms
Echelon III (Region) 5th Level Form	Region Forms	All above and NAVMED Forms
Echelon IV (e.g., MTF) 6th Level Form	Command Forms	All above and Region forms
Echelon V and below (e.g., Clinics) 7th Level Form	Command Forms	All above and Echelon IV forms

18. Information Collection (Report). Data or information collected for use in determining policy; planning; controlling and evaluating operations and performance; making administrative determinations; or preparing other reports. The data or information may be in narrative, statistical, graphic, or other format and may be displayed on paper, magnetic tape, or other media.

19. Information Collection Request. A written report form, application form, schedule, questionnaire, reporting or record-keeping requirement, or other similar method calling for the collection of information.

20. Information Requirement. The functional area expression of need for data or information to carry out specified and authorized functions or management purposes that require the establishment, of maintenance of forms or formats, or information management collection or record-keeping systems, manual or automated.

21. Interagency Information Collection (Reporting) Requirement. Any requirement involving submission of an information collection to an agency from one or more other agencies.

22. Internal Information Collection. An information collection that remains within one organizational structure for its own use.

23. Issuing FMO. The FMO of the command responsible for a prescribing document or issuance requiring a form. For example, BUMED-M09B31 is the issuing FMO for all NAVMED forms prescribed by a BUMED issuance.

24. Licensed Information Collection. An information collection that has been requested and justified by an action officer, reviewed and approved by the Command Information Management Control Manager, and assigned an RCS or an exemption authority.

25. Medical Forms Review Committees. A NMC or MTF committee chaired by the FMO and includes, at a minimum, representatives from the following departments: Patient Administration, Legal, Records Management, Nursing, Surgery, Emergency Department, and Medical or Dental (i.e., Pediatrics, Obstetrics, Dentistry). The committee is organized to review all form-related requests (new, revised, cancellation) to ensure compliance with this instruction and all other associated prescribing documents and issuances.

26. Mirror-Like Image. A replica of an official image created by computer software that is the best exactness of the official image that the software allows. Some variants may be fonts, margins, and size of entry field.

27. Non-Form Item. A printed product without spaces for entering information. Some non-form items are part of the forms program so they may be controlled or inventoried (e.g., identification cards, hazard stickers, etc.).

28. Obsolete Form. A form no longer in use.

29. Official Navy Medical Department Form. A Navy Medical Department form with a form number, form title, form edition date, and a signed corresponding prescribing document (issuance).

30. One-Time (OT) Form. A form developed for an OT requirement that becomes obsolete after completion of the requirement.

31. One-Time Information Collection. An information collection prepared only once. OT collections will be assigned an RCS per SSIC code using “OT” as suffix number (e.g., NAVMED 6000-7 OT).

32. Optional Form (OF). Forms developed for use by two or more Federal agencies and approved by GSA for non-mandatory use. The availability of these forms is generally set forth in the regulations issued by the originating agency.

33. Originator/Sponsor. Refers to the person/code that initiates a new or revised form.

34. Overprinting. The displaying of identical entries in an appropriately captioned area or fillable field existing on a form (e.g., statements displayed in the “Remarks” field on the DD Form 1610, “Request and Authorization for Temporary Duty (TDY) Travel of DoD Personnel”)

required by a DoD component. Adding the statements will not change the information being collected on the form. Overprints are not exceptions. Electronic forms that are partially completed, saved, and then reused are not overprints.

35. Prescribing Document or Issuance. The written/signed communication that starts or oversees an action, conduct, or procedure. The prescribing document or issuance establishes a requirement for and prescribes the required use of a form by the organizations and individuals identified in the scope of the document or issuance, unless instructions in the document or issuance specifically state otherwise or a written waiver is granted. Prescribing issuances are often public laws or DoD Directives, Instructions, Directive-Type Memorandums (DTM), and Publications, and include materials usually issued to multiple addresses for insertion in policy, administrative, or operations manuals. News releases, catalogs, price lists, training materials, and correspondence are not included.

36. Prescribed Form. A form required to be used by a prescribing directive. The prescribing directive determines who is required to use the form. Only the prescribing command's FMO has the authority to change the form.

37. Privacy Act Statement. The statement on a form that provides information to the individual completing the form so that they can make an informed decision about whether to provide the information.

38. Public Information Collection. Any requirement involving submission of an information collection to an agency from the public.

39. Report. The data or information that is prepared for use in determining policy; planning, controlling, and evaluating operations and performance; making administrative decisions or preparing other reports. A report is considered a record and must comply with references (c) and (j).

40. Report Control Symbol (RCS). The unique number assigned to a Report. The number is based on reference (d) and meets the format described in reference (b).

41. Requiring Document. See Prescribing Document or Issuance.

42. Unlicensed Information Collection. An information collection that has not been sufficiently justified by the action officer, reviewed and approved by the Information Control Manager, and not assigned an RCS or an exemption authority.

43. Sponsored Form. A form issued through a prescribing directive for use within the command. One command will serve as the sponsor of the form. The other commands using the form will adopt the form. The sponsor command is responsible for coordinating any change to the form with the adopting FMOs.

44. Standard Form (SF). Forms developed for use by two or more Federal agencies and approved by the GSA for mandatory use. The availability of these forms is generally set forth in the regulations issued by the originating agency.

45. Superseded Form. A form that has been replaced by a new edition of the form.

46. Supersession Notice. A notice specifying whether the existing stock of a superseded form may be used until depleted or is obsolete.

47. Survey/Personnel Survey. An organized effort to obtain information from persons about themselves, their attitudes, perceptions, beliefs, opinions, or interests where the acquisition of such information is not a normal administrative requirement internal to the command.

ACRONYMS

AHLTA	Armed Forces Health Longitudinal Technology Application
BUMED	Bureau of Medicine and Surgery
DAPS	Document Automation and Production Service
DD	Department of Defense (form)
DITPR	DoD Information Technology Portfolio Repository
DoD	Department of Defense
DON	Department of the Navy
DTM	Directive Type Memorandum
ER	Emergency Room
ESD	Executive Services Directorate
FMO	Forms Management Officer
GPO	Government Printing Office
GSA	General Services Administration
HQ	Headquarters
ID	Identification
MANMED	Manual of the Medical Department
MEDINSGEN	Medical Inspector General
MTF	Medical Treatment Facility
NAVMC	Navy Marine Corps
NAVMED	Navy Medicine
NAVMEDEAST	Navy Medicine East
NAVMEDNCA	Navy Medicine National Capital Area
NAVMEDWEST	Navy Medicine West
NMC	Naval Medical Center
NMSC	Navy Medicine Support Command
OF	Optional Form
OMB	Office of Management and Budget
OPM	Office of Personnel Management
OPNAV	Operational Navy
OPR	Office of Primary Responsibility
OT	One-Time
PDF	Portable Document Format
PHI	Protected Health Information
POC	Point of Contact
PPI	Protected Personal Information
RCS	Report Control Symbol
SECNAV	Secretary of the Navy
SES	Senior Executive Service
SF	Standard Form
SME	Subject Matter Expert
SSIC	Standard Subject Identification Code
SSN	Social Security Number
TDY	Temporary Duty
WHS	Washington Headquarters Services