Occupational Health Department

NMRTC Bremerton and Branch Health Clinics

(PSNS/Bangor/Everett)

**HEAT**

**Program Elements FY2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | Comments/Compliance |
| 1 | Occupational history, Data Grid 5100/15, completed/current |  |  |   |
| 2 | MMO form (502) complete and in the EHF (including demographic data), note charted in MHS Genesis |  |  |   |
| 3 | Labs obtained (**UA**) |  |  |  |
| 4 | EKG obtained |  |  | Only if indicated due to cardio risk factors |
| 5 | Medication reconciliation completed |  |  | **Meds that may increase biological heat effect:** anticholinergics, diuretics, MAO inhibitors, tricyclic antidepressants , nitrites and antihistamines |
| 6 | Abnormal tests are appropriately followed-up |  |  | Letter and copy of the abnormal lab sent to worker |
| 7 | Communication to worker/ supervisor whether worker is cleared/not cleared by medical |  |  | Via PWO, or 5100/1 form, or scheduler’s tool, MMO completed/signed by provider |

**Records screened for compliance**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of review | Pt. Init. | Last 4SSN | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Comments (write on back PRN) |
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Validated by/Program Manager Signature Date