Occupational Health Department

NMRTC Bremerton and Branch Health Clinics

(PSNS/Bangor/Everett)

**POLICE**

**Program Elements FY2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | COMMENTS/% COMPLIANCE |
| 1 | Occupational History, Data Grid 5100/15, completed/current |  |  |  |
| 2 | Correct MMO form (714) in EHF, and complete (including demographic data) note charted in MHS Genesis |  |  |  |
| 3 | Frequency of exam correct |  |  | Annual for civilians, active duty based on age |
| 4 | Are correct annual labs complete **(UA)** |  |  |  |
| 5 | Other orders (EKG, lipid panel) complete |  |  | Baseline only |
| 6 | Spirometry complete (per NIOSH criteria/guidelines) |  |  | Baseline only |
| 7 | Imms- Td/Tdap and Hep B series complete-titer |  |  | Current? \*Declination form mandatory for Hep B |
| 8 | Animal control/handler, rabies series completed |  |  | If applicable |
| 9 | Audiogram complete |  |  |  |
| 10 | Abnormal tests are followed up |  |  | F/U is giving/sending a copy of abnormal test to worker to take to PMD |
| 11 | Communication to worker/supervisor/safety whether worker is qualified/not qualified |  |  | Via PWO, or 5100/1 form, or medical 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 | 8 | 9 | 10 | 11 | Comments (use back of form as needed) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Validated by/Program Manager Signature Date