

**MEDICAL SURVEILLANCE  
PROCEDURES MANUAL  
AND  
MEDICAL MATRIX  
(EDITION 12)**



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER  
BUREAU OF MEDICINE AND SURGERY

**MEDICAL SURVEILLANCE PROCEDURES MANUAL AND MEDICAL MATRIX**

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## PREFACE

This 12<sup>th</sup> Edition of the Medical Surveillance Procedures Manual and OEM Medical Matrix is the result of collaborative efforts and work by a group of subject matter experts from across the Department of Defense. It is a dynamic document that has been built on the efforts of Occupational and Environmental Medicine professionals for almost 25 years.

NMCPHC OEM would like to thank everyone who contributed thoughts and recommendations to the update of the Matrix Program. The NMCPHC Staff responsible for this update of the Medical Matrix Manual and Medical Matrix Online (formerly PC Matrix) include:

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For changes from the 11<sup>th</sup> edition of the Matrix, see C8. Revisions and Improvement of the Matrix. This document will be regularly updated. The latest version may be found on the Navy and Marine Corps Public Health Center, Occupational and Environmental Medicine Department website at the following URL:

<http://www.med.navy.mil/sites/nmcphc/occupational-and-environmental-medicine/oemd/Pages/medical-surveillance-certification.aspx>

Reviewed and approved

A handwritten signature in black ink, appearing to read 'A. Philippi', is written over a horizontal line.

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By Direction

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Chapter 1:

C1. Purpose and Use of the Matrix

C1.1 Purpose of the Matrix

Occupational health clinics must keep track of occupational medical surveillance requirements for multiple health hazards to which DoD workers are exposed. Multiple sources of requirements (OSHA, DoD, Service branches, etc.) and elements of occupational medical surveillance differ from program to program. The Medical Matrix was developed to track and keep current those requirements and elements. Matrix Online, formerly PC Matrix, is a digital tool that facilitates choosing the requirements and elements from any combination of stressors each worker is exposed to.

C1.2 Use of the Matrix

The Medical Matrix and Matrix Online are exclusively for providers and Occupational Health clinics performing certification exams and occupational medical surveillance on DoD workers. The Matrix is not to be used as a checklist for hazardous exposures or to decide what medical surveillance is required for workers (or which workers require medical surveillance).

Chapter 2:C2. Matrix Development HistoryC2.1 Medical Matrix Committee

The Medical Matrix Validation Committee was formed in March 1988. Its tasking was to review existing OMS and design a program that would define hazard-based medical surveillance. The goal of the Committee was to develop standard examination protocols for medical surveillance programs that could be presented in a useable format. The original Matrix was published as a Navy and Marine Corps Public Health Center (NMCPHC, previously the Navy Environmental Health Center) Technical Manual in January 1989. The Medical Matrix Committee continues to review existing programs and to evaluate the need for and write new programs for those stressors that have adverse health effects.

C2.2 Further Development of the Matrix

Previous editions of the Matrix were in two parts: a document called the Medical Matrix and a software program called PC Matrix. PC Matrix was used to produce a single medical record entry (an SF-600 overprint) that included all the pertinent elements from one or many medical surveillance programs applicable to each patient. The Matrix Committee determined the contents of the Medical Matrix, and the PC Matrix was programmed to include the Medical Matrix information. Revisions were made to the Medical Matrix, then the PC Matrix, and an effort was made to publish or release both simultaneously. Matrix Online represents a major change: The information regarding OMS is stored in a database that can be updated at any time, by NMCPHC; from that database, SF-600 overprints may be produced or an up-to-the-moment version of the Medical Matrix may be printed. As Matrix Online is a web-based product, no longer will there be a need to install or re-install updated versions of PC Matrix.

C2.3 Explanation of Contents

The Matrix contains medical surveillance and certification programs in four sections. Within the sections, each program is organized according to the following format: medical history questions (including personal and work history), required laboratory or ancillary tests, if any (e.g., spirometry), areas which should be targeted on physical examination (e.g., central nervous system), special requirements (such as qualification and certification), and special notations such as warnings, assessment of knowledge, and the requirement for a physician's or provider's Written Opinion (if the program has such a requirement). Following each program is a Program Description section that includes general references (texts used in developing each program, which may serve as additional resources) and specific references (such as OSHA, DoD, OPM, or Navy regulations). Detailed guidance about the examination, such as how to interpret test results, and what to do with test results that are outside the range of normal, may also be included. However, except when there has been confusion or standards are unclear, descriptions of the adverse health effects of each stressor or of minimum standards (such as visual acuity) are not included, as they are beyond the scope of the Matrix. The four sections of the Matrix are Chemical Stressors, Physical Stressors, Mixed Exposures (which include biologicals and chemicals which are not regulated), and Specialty Examinations. The purpose of the medical surveillance exams in the first three sections is to identify unexpectedly high levels of exposure or the effects of exposures, so that timely steps can be taken to protect the worker or the worker population from exposure-related adverse health effects through improved engineering or administrative controls or PPE.

#### C2.4 Limitations of Matrix Online

Great effort has gone into making Matrix Online user friendly and useful. However, the complexity of OMS, especially the differences in periodicity among programs, precludes addressing completely every possible combination of programs and program elements. The two elements of concern here are the electrocardiogram and the chest X-ray. Some programs require annual or regular electrocardiograms; others require only a single electrocardiogram on or after a certain age. Matrix Online does not “make that decision” for the provider, as parameters must be considered that are beyond the information collected by Matrix Online. Similarly, chest X-rays may be required at different intervals by different programs, and some of the intervals are determined by a combination of parameters that Matrix Online does not have access to. Thus, when “electrocardiogram” or “chest X-ray” is included in the SF-600 overprint, providers are advised to determine whether or not such an exam is appropriate for the worker. (In other words, just because the printout says “electrocardiogram” or “chest X-ray,” it does not necessarily mean an electrocardiogram or chest X-ray is required at that medical surveillance visit.)

Chapter 3:C3. Occupational Medical Surveillance

Occupational Medical Surveillance (OMS) is the systematic assessment of employees exposed or potentially exposed to occupational hazards.(1) In practice, people that work around hazards (such as asbestos or noise) are periodically checked for evidence that an unexpected exposure or overexposure has occurred. That may range from completing a questionnaire to undergoing a complete medical exam and multiple tests. While some exposures can be disclosed by laboratory tests, such as a blood lead level, other exposures are only apparent by their effects, such as noise causing decreased hearing. Additionally, the effects of some exposures only become apparent after years or decades, such as asbestosis.

C3.1 General Duty Clause

OMS is performed because the Occupational Safety and Health Administration (OSHA) requires employers to provide a safe workplace. This includes medical surveillance for workers with hazardous occupational exposures. The overarching requirement is called “the general duty clause,” which reads as follows. “Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.”(2)

C3.2 OMS and Disease Surveillance

OMS differs from “disease surveillance.” An example of disease surveillance would be the Centers for Disease Control and Prevention (CDC) investigating reports of food borne illness after a community picnic. OMS does not focus on patients; it focuses on workers. When a worker sees the Occupational Medical Physician (Occ Doc) as part of medical surveillance, there is not a traditional doctor-patient relationship. The Occ Doc is uniquely focused on signs and symptoms of illnesses caused by harmful work exposures. The doctor is not trying to care for the patient. Medical surveillance is trying to answer two questions:

1. Has there been a harmful occupational exposure?
2. Can the worker safely return to his job?

If medical conditions are found that are unrelated to the worker’s occupation, those are dealt with separately. Usually, the patient is advised to see his or her regular physician (Family Practice, Internal Medicine, or Obstetrician-Gynecologist). If a work-related illness is identified during OMS, the worker then becomes a patient, and is cared for separately from his or her participation in OMS. Civilians that suffer a job-related injury or illness are cared for under the Federal Employees' Compensation Act (i.e., Federal Worker’s Compensation); contractors are cared for under the Worker’s Compensation of their contracting agency (generally under the Worker’s Compensation of the state they are located in); Navy military members are cared for by the Bureau of Medicine and Surgery (BUMED).

C3.3 Risk Based Surveillance

Workers participate in OMS based on actual or potential exposures. This is called “risk based,” “hazard based,” or “exposure based” medical surveillance. Participation in OMS is referred to as “enrollment” in a medical surveillance program. The enrollment into a medical surveillance program is determined by a documented survey of the worksite, by an Industrial Hygienist (IH), and collaborative consideration by Safety, IH, and Occupational Medicine (OM) representatives. An actual exposure occurs when a worker comes into direct contact with a

hazard, such as picking up a lead pipe with an ungloved hand. A potential exposure occurs when a worker is in proximity to a hazard, but engineering controls or personal protective equipment (PPE) prevents direct contact with the hazard (e.g., using a gloved hand). If a worksite might, in the future, begin using a hazardous product, or if the product is used in a nearby building, that does not constitute a potential hazard. Generally, incidental (one-time) exposures should not lead to enrollment in OMS; however, one time or “emergency” exposures may require ongoing enrollment in OMS (e.g., 1, 3-butadiene).

#### C3.4 Medical Certification Examinations

Medical certification examinations are performed on workers with safety-sensitive or restricted-access jobs. They are designed to establish that a worker is medically qualified to perform his or her job duties without increased risk of harm to the worker, to co-workers, or to others. Certification examinations consist of specific components chosen to identify the minimum medical qualifications a worker or job applicant (called a “candidate”) must have to safely perform the duties of the job. Although certification exams are not considered OMS, they are often done at the same time as surveillance exams; for this reason, they are included in this document (Matrix).

#### C3.5 Components of OMS

OMS includes obtaining a worker history, a directed physical exam (if required, as some OMS consists only of a questionnaire), associated laboratory, X-ray, and other studies, making a determination of the worker’s fitness to return to work around the specific hazard or hazards involved, and communicating those findings to the worker and to the employer. As part of some OMS programs, urine, blood, or body tissue is examined for the presence or effect of a hazardous substance. This is called biological monitoring.

#### C3.6 Reporting

Specific diagnoses or findings unrelated to occupation are communicated to the worker but not to the employer, as those are protected private health information. However, the purpose of OMS is not only to protect the health of individuals, but also of populations, specifically including other workers. An integral part of OMS is communicating work-related findings to the employer. Certain OSHA OMS programs require written notification in the form of a physician’s or provider’s written opinion. Examples that follow OSHA wording are included in the Written Opinion Samples section. An abnormality may indicate that worksite exposure controls of a known exposure are inadequate, or that an unrecognized exposure is occurring, or that a substance previously thought to be safe has an adverse health effect. For this reason, OMS must be consistent from worker to worker. Getting one test on one worker and another test on another worker hinders making meaningful observations on the worker population, the worksite, and on the medical surveillance program; it also tends to decrease worker confidence, increase suspicion of discrimination, and may prompt union complaints and involvement.

Chapter 4:C4. Sources of Guidance in Determining Matrix Programs and ElementsC4.1 Hierarchy of Authoritative Guidance

The components of OMS examinations are determined based on the hazard to health of each exposure. The Matrix uses a hierarchy of guidance in selecting which exposures should have medical surveillance programs, what components each program should include, and the frequency of OMS. The highest Federal authority regarding OMS is the Code of Federal Regulations (CFR, including letters of clarification and standards interpretation), primarily OSHA (29 CFR), Office of Personnel Management (OPM, 5 CFR), and the Department of Transportation (DOT, 49 CFR). After that, Department of Defense (DoD) regulations, then Navy regulations, then BUMED requirements mandate the minimum OMS. Guidance from the CDC, the National Institute for Occupational Safety and Health (NIOSH), the Agency for Toxic Substances and Disease Registry (ATSDR), the American College of Occupational and Environmental Medicine (ACOEM), the National Fire Protection Association (NFPA), and other professional bodies is also considered; it is generally followed unless it contradicts or is excepted by regulatory guidance. Thus, the Matrix establishes the minimum requirements for OMS and certification exams.

C4.2 Safety Programs

Medical surveillance programs are generally only part of a larger worker safety program. For example, the Asbestos Medical Surveillance Program (AMSP), which includes medical exams, chest X-rays, and spirometry, is one element of the Navy Asbestos Program, which includes avoiding the use of asbestos, regulations preventing or minimizing worker exposures to asbestos, and AMSP participation for workers that do work with asbestos.

Chapter 5:

C5. Types of Occupational Medical Examinations

OMS programs may include baseline (pre-placement), periodic, and termination medical examinations. If there is evidence of overexposure or a single, unexpected exposure, a situational examination will be required. Except where OSHA requires medical surveillance for such exposures (e.g., 1,3-butadiene), guidelines for situational examinations are generally not included in the Medical Matrix.

C5.1 Baseline Examination (Pre-Placement or Pre-Assignment)

This examination is performed before the employee starts work in a position with a potential for hazardous exposure and provides information necessary to determine suitability of the employee for the job. It also provides a baseline against which changes can be compared.

C5.2 Periodic Examination

This examination is performed during the time that a worker is employed in a job with a potential for exposure to hazardous substances. The frequency and extent of periodic examinations vary, depending on the program; the most common frequency is annually. With certain stressors, the frequency of examinations will depend on variables such as the findings from previous examinations, the duration of exposure, or the age of the worker.

C5.3 Termination Examination

This examination may be required when the worker terminates employment or is permanently removed from a position with actual or potential exposure to a hazardous substance. Documentation of the worker's state of health at the termination of employment or exposure is essential for comparison purposes if the worker later develops medical problems that could be attributed to past occupational exposures. In some cases, this examination is not required if a periodic examination has been documented within the past twelve months.

C5.4 Situational Examination

This examination is conducted in response to a specific incident in which an overexposure to a hazardous substance may have occurred. Such an incident should prompt an examination of all individuals with suspected overexposure, not just those already in a surveillance program. These examinations may vary significantly from routine medical surveillance protocols.

C5.5 Standard Questions

In addition to questions related to the specific work hazard of concern, every Matrix program includes a standard set of medical, occupational, and social history questions designed to help assess public health and safety risk factors for the worker. These questions were written for inclusion in data collection protocols when developed. Because of the Genetic Information Non-discrimination Act of 2010 (GINA), questions about family history are no longer included in the worker's medical history.

## Chapter 6:

### C6. Placement of Workers in Medical Surveillance Programs

Workers with potential exposure to hazards are placed in medical surveillance programs based on IH surveys that quantify exposures in the workplace. This risk based medical surveillance takes into account job classification (including expected job tasks, potential exposures to infectious material, and personal and public safety), exposure levels (frequency and duration), routes of exposure (inhalation, skin absorption, or ingestion), and similarly exposed groups (SEGs). The decision to enroll a worker in a medical surveillance program is based on occupational health and safety regulations and guidance and when established a hazardous exposure at or above the Action Level (usually one half of the Permissible Exposure Limit, if an OSHA standard). The decision may also be driven by other hazard based standards, policy and guidance from DoD, Navy, other Federal Agencies (e.g. Army Regulations, CDC, NIOSH, DHHS), other recognized professional organizations (e.g. WHO, ILO, ACGIH, ACOEM), or by the professional judgment of the IH, OEM, and Safety professionals. Criteria for making the recommendation to have workers included in medical surveillance can be found in reference (3). The Matrix contains the elements required for each medical surveillance program and is meant to be used by those providing occupational medical surveillance; the Matrix is not to be used to determine who should be enrolled in medical surveillance.

#### C6.1 Special Circumstances

Situations may arise where IH data indicate potential overexposure to a stressor, but there is no corresponding Matrix program for that stressor. An Occupational Medicine specialist may substitute a closely related Matrix program after review of the toxicity (or other health risk) of the stressor. Any appropriate modifications can be hand written on the forms generated. Requests for a new Matrix program or recommendations to modify an existing program should be sent to the Matrix Committee.

#### C6.2 Exception to Risk Based Surveillance

There is one notable exception to using risk of exposure to direct medical surveillance. The Marine Corps places all Marines into the Hearing Conservation Program's monitoring program for hearing acuity. Industrial hygienists remove members selectively.

#### C6.3 Using the SF-600 printout

The initial (history) questions of the SF-600 may be completed by the worker (or candidate), the physical findings documented by the examiner, and the laboratory and other studies by the designated MTF staff. Whether questions answered by the worker are reviewed by a nurse or physician is determined by the MTF and is based on the characteristics of each exposure. However, whether the PPE used by the worker is the correct PPE for the exposure(s) of the job should be answered by an adequately trained MTF staff member who has the IH survey results in hand while interviewing the examinee.

Chapter 7:C7. Certification Exams of Special InterestC7.1 Vehicle Operators

The medical certification of Vehicle Operators is challenging. Supervisors and workers are sometimes confused as to which documents provide authoritative guidance for the vehicle being operated. Medical providers are thus uncertain as to what certification exam to perform, what certification standards to use (and, consequently, what constitutes medical qualification), and what form to use to document medical certification. In addition, some of the vehicle reference documents contain standards that are contradictory, and current versions of some documents are difficult to obtain. Since May 2014, the DOT has required that certification exams of civilians driving commercial motor vehicles and vehicles carrying explosives be performed by licensed examiners listed with the National Registry of Certified Medical Examiners. The OPNAV 8020/6 was revised by the CNO in June 2018 and in June 2019. Since the June 2018 revision, OPNAV 8020/6 is no longer to be used to document medical certification of civilians driving Commercial Motor Vehicles and vehicles carrying explosives; certification of those civilian drivers is to be done using FMCSA forms. Certification of operators of other vehicles is tiered on OPNAV 8020/6: Vehicle operators who must meet the most stringent standards (i.e., those in Category B) are listed at the top, and those with the least stringent standards are listed last. Those qualified at any level are automatically qualified to operate vehicles in all lower levels.

In contrast to occupational medical surveillance exams, for which providers may order additional studies for individual workers if indicated, medical certification exams, including those for vehicle operators, are well-defined and are to contain only the required elements. Workers or applicants who fail to demonstrate medical qualification based on the required tests must be considered disqualified. Should the examinee wish to provide additional documentation (for example, of studies showing that findings consistent with a disqualifying presumptive diagnosis are due to a definitive diagnosis of a non-disqualifying condition), the examinee may do so. That is the responsibility of the examinee; additional studies are not to be ordered or requested by the examining Navy provider. (See C7.4.2.)

C7.2 Police and Security Workers

Police and security workers (PSWs) have jobs that are especially safety sensitive and that require physical fitness. Part of the PSW job is participation in Physical Agility Testing (PAT), a rigorous physical fitness test. All workers or candidates examined as PSWs should be considered as someone who will perform all the job duties of a PSW, including participation in the PAT. If a worker presenting for a PSW medical certification exam claims to be exempt from that standard because he or she will be doing a desk job, etc., the worker's supervisor or Personnel should be contacted prior to performing the exam, as that worker is not to be considered a PSW. (Note that certain disabilities may be accommodated by participation in alternative PAT elements.) Participation in the PAT, as well as in job duties such as chasing suspects, may present a hazard to those with cardiovascular or musculoskeletal disease. The Personnel Department is ultimately responsible for the hiring and firing of PSWs, and some Activities have pressured medical examiners to provide additional statements, either by adding text to the medical certification form or on a separate form or letter, stating that the worker or candidate may safely participate in the PAT, physical fitness training, or hazardous job duties. Such additional documentation should not be provided. PAT participation, etc., is to be considered as among the duties of the

PSW job as the provider grants or denies medical certification. To give additional documentation may be understood to imply that the examiner has somehow done additional investigation into the examinee's health (which the Navy medical examiner is not authorized to do), gives a false sense of security as to the examinee's fitness, and may expose the Navy to liability. Unfortunately, no medical examiner can guarantee that a worker will not experience a serious adverse health event while participating in the PAT. The medical examiner is restricted to identifying evidence of medical disqualification. Despite some guidance to the contrary, even risk factors are not to be considered; evidence (including presumptive evidence) of existing disease is to be used to disqualify.

### C7.3 Firefighters

Like PSWs, firefighters (FFs) have a challenging and safety-sensitive job. A detailed description of the job duties and medical qualification standards for FFs (and slightly different medical qualification standards for candidates) are included in reference (5). In contrast to PSWs, all of whom must be considered as available to participate in the PAT and to perform strenuous job duties, individual FFs may be assigned jobs that are less demanding (e.g., dispatchers); the worker may be examined with the exact job duties he or she will be performing in mind. In addition to listing standards and tests for conditions that may identify disqualifying medical conditions, reference (5) includes screening exams (e.g., mammograms) that would be considered routine Preventive Medicine. As those tests are not related to firefighting work, they are not to be performed as part of FF medical certification. FFs are encouraged to obtain those exams from their personal medical provider; personal health insurance, not Navy OH, may cover some or all of the expense.

### C7.4 Screening for Tuberculosis (TB) for Firefighters (707), Healthcare Workers (719), Childcare Workers (703), and Silica Workers (187)

Certain programs require screening for TB. Unless specified otherwise in the Program Description or Provider Comments, TB screening is to follow CDC guidance. See references (6) through (10). This currently is as follows:

Initial (baseline) evaluation should be by TB skin test ("2-step" for those who have not been tested for more than 1 year) or a single blood test, reference (6). (2-step testing refers to administering TB skin testing twice, the second administered 7 to 21 days after the first; a questionnaire does not serve as one of the steps.)

Thereafter, annual screening is to be done by questionnaire, using reference (7).

Skin or blood testing is required only for those at increased risk (and who have not had a positive skin test previously), per reference (6) (military and civilian mariners) and references (2) and (4) (civilians). Additional references (10) through (13) pertain to firefighters, and reference (6) pertains to health care workers. Contract healthcare workers in several states must follow the requirements set forth in their OSHA approved state plans. Some states require healthcare workers to be screened or tested annually. Reference (6) presents a risk classification table that recommends LTBI screening frequency for healthcare workers. Based on numbers of beds and clinical TB cases, almost all Navy MTFs are considered low risk. Serial testing of healthcare workers and others in low risk settings is not recommended.

Individuals who test positive for TB must be medically evaluated (military by their primary care provider, civilians by their private physician, unless a civilian was exposed while working for the Navy and wishes to see a Navy provider) to rule out active TB. This will also ensure

appropriate treatment or prophylaxis (if medically indicated), and to receive medical clearance to work.

Risk Assessment of the MTF and the surrounding civilian communities should be ongoing, according to reference (6). Reference (14) has details about the TB risk assessment of Navy MTFs.

### C7.5 Guidance for Clinicians Regarding an Abnormal B Reading

1) Acute processes and abnormalities identified by the initial radiologist's reading should be dealt with by the provider as with any other X-ray finding.

2) If the B reading is abnormal, we recommend the provider take the B reading and go over the film with the radiologist. (Providers should NOT contact the B reader! B readers are contracted only to interpret chest X-rays, not to discuss their findings.) Most radiologists who are not thoracic radiologists have little familiarity with the B reading form and the various symbols used. The Occ Health provider should be prepared to convey what the findings indicate, not simply the finding. In other words, rather than telling the radiologist, "the B reading is marked small opacities at 1/1 profusion," the Occ Health provider should say "the B reader found small parenchymal opacities that were mild in degree"; instead of "pleural thickening left chest wall, width B, extent 2, calcification 0," the provider should say, "pleural thickening located on the left of the chest, between 5 and 10 mm wide, with vertical length between ¼ to ½ of the height of the lung, without calcification," etc. The "other symbols" at the bottom of the B reading may be unrelated to pneumoconiosis (i.e., unrelated to asbestos or silica), and it may be important to follow those up (generally by directing the worker to see his primary care provider). It would be unexpected for an "other symbol" to be marked if the initial radiologist's reading (i.e., not the B reading) found no abnormality. What the provider and radiologist can do that the B reader cannot do is compare the chest X-ray with past films and lateral views. Additional studies may be ordered as well (e.g., a lateral view or CT scan). Providers should consider "the whole patient." While B reading is done for asbestos and crystalline silica medical surveillance, there may be other exposures or processes causing abnormal B readings.

3) Pneumoconiosis-related findings, although noted on the B reading, may be minimal in degree and in significance. For example, the profusion of small opacities going from 0/1 to 1/0 (or from any minor category to the next higher or lower minor category) may be X-ray findings that are minimal or even questionable. Those are best "treated" by following them over time (i.e., comparing it with last year's film and next year's film). Pleural thickening, especially if there are changes or pleural effusion, can be further evaluated by chest CT (for example, to rule out cancer or mesothelioma), but if findings have been stable for years, there may be little value in a CT.

4) Marked changes in profusion or pleural thickening may indicate significant exposure to asbestos or silica. In addition to considering further evaluation of the worker (that is, working him or her up as a worker's compensation case), it would be appropriate to contact the workplace and notify them of possible over-exposures taking place and suggest to them that a thorough review of work practices, procedures, ventilation, etc., and use of personal protective equipment (i.e., respirators) is in order.

5) B readings commonly go from "negative" to "positive" and from "positive" to "negative." This is most often due to variability among B readers. (Studies have found more than

100-fold variability among Navy B readers.) B reading is a surveillance tool, not a diagnostic tool. B readings are done to alert the clinician to possible worker over-exposure to asbestos or crystalline silica and to classify chest X-rays done for occupational medical surveillance in a way that is consistent. Findings consistent with asbestos or crystalline silica exposure may be very subtle, and do not necessarily indicate pathology or even exposure. Unless findings are markedly different from previous studies, we suggest the provider convey the following to the worker:

- No acute process was noted, meaning no pneumonia or cancer was found.
- The purpose of the CXR was to look for markings that could be related to asbestos or crystalline silica exposure. That is not done to diagnose disease, but to document the effectiveness of the Navy asbestos and crystalline silica programs. The findings could be normal for that worker, or they could be the result of how the X-ray was taken, or they could be early signs that there has been asbestos or silica exposure. Unless they are advanced, they generally represent normal variation and are no cause for concern. Coupled with results of the physical exam and spirometry, you are confident that this person is not showing signs of asbestosis or silicosis. (If you are not convinced, tell the worker you want to investigate further, and get whatever additional studies, including pulmonary or other consultation, are necessary.)
- The best way to follow this is to repeat the B reading at the required interval (5, 2, or 1 year), to continue using respiratory protection at his or her job, and to return or have his co-workers return if they feel like they're not given enough respirators or if they develop acute chest symptoms.

C7.6 Jaeger Snellen Visual Acuity Equivalents

<b>Jaeger</b>	<b>Snellen equivalent inches 14/</b>	<b>Snellen equivalent feet (per AMA) 20/</b>	<b>Snellen 20 equivalent feet ("correct") 20/</b>
J1	14	20	20
J2	18	26	25
J3	21	30	32
J4	24	34	
J5	28	40	40
J6	35	50	
J7	40	57	50
J8	45	64	
J9	60	86	63
J10	70	100	
J11	80	114	80
J12	88	126	
J13	112	160	100
J14	140	200	125

Chapter 8:C8. Disqualification of Workers and CandidatesC8.1 Description of Job Duties

The medical examiner of a worker or candidate for a job (usually a safety sensitive job) is being asked to determine medical qualification for performing the duties of the job as described to the examiner by the employer (generally the Personnel Department). A “job description” used to inform an employee or supervisor of the employee’s responsibilities is often inadequate for the medical examiner’s purposes. The medical examiner must know how much weight the employee will be carrying, not only that the employee will be taking reports to the boss. If the examiner is not provided with an accurate and sufficiently detailed description of the job duties, the examiner should not proceed with the exam, as the description constitutes the only valid basis for determining qualification or disqualification for the job.

C8.2 Medical and Physical Fitness

The medical examiner is determining medical fitness, not physical fitness. Medical fitness implies there is no existing medical condition that would impair or prevent safely performing the duties of a job. Physical fitness implies the worker has sufficient strength and endurance to actually perform certain tasks. For example, a person may be medical qualified to do five chin-ups, but may not be sufficiently physically conditioned to do so. Determining the physical fitness or conditioning of workers is generally the role of the supervisor or the training department, and may be done, for example, under the direction of the supervisor or an athletic trainer. If the employer wants the physical fitness of a candidate to be determined, the candidate can be sent for a Functional Capacity Exam (FCE). FCEs are usually done by the Occupational Therapy or Physical Therapy Department. OH providers and OH clinics are usually not staffed, equipped, or trained to perform FCEs.

C8.3 Definitive and Presumptive Evidence of Qualification or Disqualification

If the medical examiner finds no evidence of a disqualifying medical condition, the worker or candidate may be certified as qualified to safely perform the job. If the routine medical examination (i.e., the exam specified for that job, without additional tests that are not specified as part of the exam) reveals the existence of a disqualifying condition or presumptive (not necessarily definitive) evidence of a disqualifying condition, the examiner should not certify the examinee as qualified. At that point, it is the responsibility of the worker or candidate to provide evidence (usually meaning documentation) that the presumptive diagnosis was incorrect (e.g., tachycardia was from just running up 10 stories or too much caffeine, and not due to thyrotoxicosis or cardiac disease) or that the disqualifying condition is controlled sufficiently so as not be disqualifying (e.g., severe hypertension has responded to medications). The examiner should inform the examinee of the disqualifying findings and the need for evidence that those findings are either due to conditions that are not disqualifying or have been controlled such that they are not disqualifying. Providing such evidence may be as simple as a myopic driver who forgot his glasses returning for a visual acuity recheck wearing corrective lenses. It may require a worker with glycosuria to be diagnosed and treated for diabetes (by his or her personal medical provider) until the worker’s hemoglobin A1c is shown to be sufficiently low. In any case, the medical examiner must not take on the role of personal medical provider and must not order or request specific tests, consultations, or referrals.

#### C8.4 Medical Qualification Determinations: Guidance for Occupational Health Providers

Occupational Medicine providers are frequently asked to determine whether workers are medically qualified for their jobs. This can be challenging, especially when there is limited evidence to make such a determination, or when there are concerning findings but the worker or the supervisor insist that the worker is capable of safely performing all the duties of the job. This document gives guidance to providers who encounter such situations.

##### C8.4.1 Determining Medical Qualification

For each candidate or worker, determining medical qualification requires knowledge of the specific job requirements and the examinee's actual medical conditions (not risk factors), and being able to logically connect how those conditions prohibit or limit the examinee from safely performing the job. While the reference documents for an exam (e.g., for firefighters, DoD 6055.05-M, Occupational Medical Examinations and Surveillance Manual, and NMCPHC-TM OM 6260, Medical Surveillance Procedures Manual and Medical Matrix) may be used as general guidance, it is the occupational health provider's responsibility to look at the specific physical requirements of the job found in the Position Description (PD) and OF 178, Certificate of Medical Examination, to determine whether any medical condition limits or prevents the examinee from safely performing some or all of the essential job requirements.

The occupational health provider then communicates to management (generally Human Resources, HR) the recommendation as to medical qualification for duty, and any limitations or accommodations. It is agency management that makes the final determination as to whether the worker can start or remain on the job, with or without accommodation.

##### C8.4.2 Additional Tests and Consults

Occupational health providers should not order or make referrals for specific tests or studies beyond what is listed in the Medical Matrix when determining examinee medical qualification. Doing so may place the occupational health provider in the role of treating physician or imply that the Navy is assuming responsibility for the medical care of the examinee. If the provider does order specific tests, the employer (the Navy) is financially responsible for those tests and the provider may be making an unauthorized commitment. Unauthorized commitments can result in financial responsibility for the provider.

If the routine medical certification or surveillance exam and studies indicate the worker is not medically qualified for duty (i.e., there is evidence of a medical condition which prohibits the worker from safely performing the essential functions of the job), the examiner should recommend medical disqualification. Examinees wishing to dispute that finding may, at their own expense, provide medical documentation that must be considered by the occupational health provider.

##### C8.4.3 Requesting Additional Medical Information

The occupational health provider may provide a letter stating specifically why the examinee is medically disqualified and the information needed from the treating physician in order to establish that the worker can safely perform his or her essential job requirements. Specific tests should not be mentioned. A copy of the examinee's PD and OF 178 should be included for the treating physician to review. HR may wish to provide a letter to the worker identifying the time period the employee has in which to provide additional medical documentation.

#### C8.4.4 Reviewing Documentation

The occupational health provider must review the medical documentation provided from the examinee and decide if it is adequate to determine whether the examinee is medically qualified for duty. There may be some situations where no amount of additional medical information will convince the occupational health provider that the worker is qualified; however, the examiner is still required to review any medical information the worker may provide. Occasionally, the occupational health provider may need to contact the treating physician for additional information; in that case, a release should be signed by the examinee. If there is still insufficient information to determine that a worker is medically qualified for duty, either based on examinee past medical history or current documentation, then the occupational health provider cannot find the examinee qualified and should so inform the examinee and HR.

#### C8.4.5 Fitness for Duty Evaluations

If the examinee fails to provide adequate and convincing documentation regarding the treatment, resolution, or stability of a medical condition which may limit the safe performance of essential job functions, then the agency may elect to order the worker for a Fitness for Duty (FFD) evaluation. Specific agency-ordered medical evaluations are allowed per 5 CFR 339.301 and are paid for by the agency. HR should take the lead in ordering FFD evaluations, as there may be disciplinary and legal ramifications. The occupational health provider should assist HR in determining the appropriate specialist for referral; typically, this specialist will have experience in Functional Capacity Evaluations and FFD evaluations. HR will make the final decision on FFD and whether the examinee can start or remain on the job.

Chapter 9:C9. Revisions and Improvement of the MatrixC9.1 Revisions from Medical Matrix 11

As with previous editions of the Matrix, this document will be regularly updated. However, rather than occasionally publishing numbered version in print or electronic format, Matrix Online will be updated continuously to maintain currency with pertinent guidance. Thus, at any time, the most current version of a program or the entire Matrix can be displayed or printed, and the most current version of one or several programs can be used to produce an SF-600 overprint. A separate log will be maintained to track updates for reference purposes

The standard set of history questions has been updated. Family history and related questions are no longer part of any program.

The Medical Matrix is not an exhaustive list of Navy chemical stressors and is not to be used as such (for example, as a checklist). Just because a chemical is not listed in the Matrix does not indicate that it is not used by Navy workers or that it is not a potential hazard to Navy workers. Occupational medical surveillance programs may be added to the Matrix as necessary.

Programs for Health Care Workers (719), Childcare Workers (703), Firefighters (707), Police/Security Workers (714), various Vehicle Operators (706, 710, 712, 720), and Explosives Handlers (721) have received particular attention and updates. Vehicle operators, in particular, have been reviewed because of recent changes in DOT regulation and the release of an updated Navy medical certification form 8020/6 to replace both the previous 8020/2 and 8020/6 forms. The National Fire Protection Association (NFPA) reference document has been updated to NFPA 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments 2013.

Programs that have been updated since the 2011 Matrix are Beta-Propiolactone 185, Toluene 195, Styrene 189, Silica (Crystalline) 187, Teteryl 209, Isocyanates 196, Ethoxy And Methoxy Ethanol 143, 4,4'-Methylene Bis (2-Chloroaniline) (MOCA) (Also MBOCA) 167, Respirator User Certification Exam 716, Health Care Workers (HCWS) 719, Xylene 205, Barber And Beauty Shop Employees 723, Naval Criminal Investigative Service 713, Radiation - Laser (Class 3B & 4) 506, Ortho-Toluidine 194, Methyl Bromide 215, Cobalt 208, Organophosphate/Carbamate Compounds (Acetylcholinesterase Inhibitors) 179, N-Nitrosodimethylamine 177, Whole Body Vibration 511, Vibration, Hand-Arm 508, Manganese Oxide Fumes 210, Antimony 109, Carbon Black 125, Ethylene Oxide 148, Nitroglycerine 176, Carbon Disulfide 126, Organotin Compounds 180, Polychlorinated Biphenyls (PCB) 184, Latex 310, Tetrachloroethylene (Perchloroethylene) 192, Sulfur Dioxide 190, Otto Fuel II And Other Alkyl Nitrate Propellants And Explosives 186, Police/Guard Security 714, Aviation 701, and Firefighter (Comprehensive) 707.

C9.2 Improvement of the Matrix

The Medical Matrix Manual depends on the expertise and involvement of the DoD OH community, especially the Navy OH community. Typographical or formatting errors should be noted in an email to: [usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-pcmatrixhelp@health.mil](mailto:usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-pcmatrixhelp@health.mil) <<mailto:usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-pcmatrixhelp@health.mil?subject=Matrix Manual Suggestions>> with the subject "Matrix Manual Suggestions".

Requests for changes and additional programs can be sent to the same address, and should include the recommendations and links to supporting references, if available, or, if not available, adequate information to allow correct identification of the references.

Chapter 10:

C10. References

1. Department of Health and Human Services. Federal occupational health medical surveillance. <<http://foh.psc.gov/services/MedSurv/MedicalSurveillance.asp>> (page last accessed 11-19-2018).
2. OSHA. Section 5(a)(1). General duty clause. <<https://www.osha.gov/dte/library/tuberculosis/tbpresent/slide8.html>> (page last accessed 10-29-2014).
3. Navy Environmental Health Center TM6290.91–2 Rev B, Industrial Hygiene Field Operations Manual, chapter 3. <<http://www.med.navy.mil/sites/nmcpHC/Documents/industrial-hygiene/ihfom.zip>> (page last accessed 10-30-2014).
4. NFPA Standard on Medical Requirements for Fire Fighters, (NFPA 1582), 2013 Edition. For purchase: NFPA 1582 2013, Comprehensive Occupational Medical Program for Fire Departments. <<http://www.madcad.com/store/subscription/NFPA-1582-13/>> (page last accessed 4-4-2016).
5. CDC Morbidity and Mortality Weekly Report. Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities, 30 Dec 2005, Volume 54, No. RR-17. <[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s\\_cid=rr5417a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e)> (page last accessed 4-4-2016).
6. NAVMED 6224/8 (Rev. 3-2011), Tuberculosis Exposure Risk Assessment. <<http://www.med.navy.mil/directives/ExForms/NAVMED%206224%208.pdf>> (page last accessed 4-4-2016).
7. BUMEDINST 6224.8 Tuberculosis Control Program <<http://www.med.navy.mil/directives/ExternalDirectives/6224.8B%20with%20CH-1.pdf>> (page last accessed 4-4-2016).
8. CDC. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. ATS/CDC Statement Committee on Latent Tuberculosis Infection Membership List, June 2000. MMWR June 09, 2000, 49(RR06); 1-54. <<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4906a1.htm>> (page last accessed 4-4-2016).
9. CDC. TB Elimination Targeted Tuberculosis Testing and Interpreting Tuberculin Skin Test Results. December 2011. <<http://www.cdc.gov/tb/publications/factsheets/testing/skintestresults.pdf>> (page last accessed 4-4-2016).
10. Firefighter Medical Surveillance Examinations, BUMED letter 6260, Ser M3/06UM3108, 3 March 2006. ).
11. DODINST 6055.06, DoD Fire and Emergency Services (F&ES) Program. <<http://www.dtic.mil/whs/directives/corres/pdf/605506p.pdf>> (page last accessed 4-4-2016).
- 12.5 CFR 339, Medical Qualification Determinations. <[http://www.access.gpo.gov/nara/cfr/waisidx\\_10/5cfr339\\_10.html](http://www.access.gpo.gov/nara/cfr/waisidx_10/5cfr339_10.html)> (page last accessed 4-4-2016).

13. NMCPHC – TM - OEM 6260.96-2, Occupational Medicine Field Operations Manual <[http://www.med.navy.mil/sites/nmcphc/Documents/oem/OccMedFieldOpsManual\\_Aug2006.pdf](http://www.med.navy.mil/sites/nmcphc/Documents/oem/OccMedFieldOpsManual_Aug2006.pdf)> (page last accessed 4-4-2016).

Chapter 11:

C11. Chemical Stressors

C11.1 Programs

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**2-ACETYLAMINOFLUORENE**

**102**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
2-acetylaminofluorene	AB9450000	53-96-3

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

This compound was being developed as a pesticide until carcinogenic activity was discovered. In recent years, it has been used only in laboratories as a model of tumorigenic activity in animals. The use of this substance would be rare and current exposure risk is low at present.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Occupational Health and Safety Guidelines for 2-Acetylaminofluorene](#)
2. [29 CFR 1910.1003](#)

**REVIEWED:** October 2023

**ACRYLAMIDE**

**103**

**STRESSOR(S) IN THIS PROGRAM:** acrylamide      **NIOSH#** AS3325000      **CAS#** 79-06-1

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Cough, other than with colds, flu or allergies	Yes	Yes	Yes
Seizures or fits	Yes	Yes	Yes
Unexplained loss of consciousness	Yes	Yes	Yes
Numbness, tingling, or weakness in hands or feet	Yes	Yes	Yes
Neurological disorder, gait change, paresthesia, loss of coordination	Yes	Yes	Yes
Hallucinations, auditory or visual	Yes	Yes	Yes
Unexplained fatigue	Yes	Yes	Yes
Drowsiness unexplained by long waking hours	Yes	Yes	Yes
Weight loss	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Peeling of the skin of hands or feet	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Exposed skin (head, neck, upper extremities)	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes
Peripheral nervous system (DTRs, gait, heel walking, toe walking, finger-nose, alternate hand pat, light touch, pinprick)	Yes	Yes	Yes
Upper and lower extremity strength	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Occupational Health and Safety Guidelines for Acrylamide](#)
2. [NIOSH Skin Notation Profiles Acrylamide. DHHS \(NIOSH\) Publication No. 2011-139. April 2011.](#)
3. [NIOSH Occupational Health and Safety Guidelines for Acrylamide](#)

**REVIEWED:** October 2023

**ACRYLONITRILE (VINYL CYANIDE)**

**104**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
acrylonitrile	AT5250000	07-13-1

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Any liver problems?	Yes	Yes	Yes
Eye irritation or blurred vision	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Cough, other than with colds, flu or allergies	Yes	Yes	Yes
Sneezing	Yes	Yes	Yes
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	Yes
Nausea or vomiting	Yes	Yes	Yes
Rectal bleeding	Yes	Yes	Yes
Chronic abdominal pain, vomiting, other GI symptoms	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	Yes
Problems with balance or coordination	Yes	Yes	Yes
Numbness, tingling, or weakness in hands or feet	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Any kidney problems?	Yes	Yes	Yes
Stool hemocult (over age 40)	Yes	Yes	Yes
Chest X-ray (PA)	Yes	Yes	Yes
Cardiovascular system	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Abdomen	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [OSHA Standard 29 CFR 1910.1045](#)
2. [29 CFR 1926.1145 --Acrylonitrile](#)
3. [NIOSH Occupational Health and Safety Guidelines for Acrylonitrile](#)
4. DODI 6055.05-M, Table C2.T1, Acrylonitrile

**REVIEWED:** October 2023

**ALLYL CHLORIDE**

**105**

**STRESSOR(S) IN THIS PROGRAM:** allyl chloride      **NIOSH#** UC7350000      **CAS#** 107-05-1

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Do you currently drink beverages containing alcohol	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Liver disease	Yes	Yes	No
Hepatitis or jaundice	Yes	Yes	No
Change or loss of vision in either eye	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Shortness of breath	Yes	Yes	No
Cough, other than with colds, flu or allergies	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Problems with balance or coordination	Yes	Yes	No
Weakness, paresthesia (“pins and needles”), or numbness in extremities	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Kidney disease	Yes	Yes	No
BUN	Yes	Yes	No
Creatinine	Yes	Yes	No
AST	Yes	Yes	No
ALT	Yes	Yes	No
Bilirubin, Total	Yes	Yes	No
Alkaline phosphatase	Yes	Yes	No
Urine Ph	Yes	Yes	No
Urine specific gravity	Yes	Yes	No
Urine urobilinogen	Yes	Yes	No
Urine protein	Yes	Yes	No
Urine glucose	Yes	Yes	No
Urine ketones	Yes	Yes	No
Urine blood	Yes	Yes	No

EXAM ELEMENT	BASE	PERI	TERM
Urine RBCs	Yes	Yes	No
Urine WBCs	Yes	Yes	No
Chest X-ray (PA)	Yes	Yes	No
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	No
Electroneuromyography of upper and lower extremities	Yes	Yes	No
Eyes	Yes	Yes	No
Mucous membranes	Yes	Yes	No
Respiratory system	Yes	Yes	No
Liver	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Extremity sensation (pin prick, light touch)	Yes	Yes	No
Grip strength	Yes	Yes	No
Heel and toe walking	Yes	Yes	No

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Recommended Standard for Allyl Chloride](#)

**REVIEWED:** October 2023

**ALPHA-NAPHTHYLAMINE**

**170**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 alpha-naphthylamine                                      QM1400000                      134-32-7

**Program Frequency:**                      Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Decreased immunity	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Impotence or sexual dysfunction	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Medical clearance for respirator use may be required.

According to Reference 1, certain accidental occupational exposures constitute an emergency and require that “Special medical surveillance by a physician shall be instituted within 24 hours for employees present in the potentially affected area at the time of the emergency. A report of the medical surveillance and any treatment shall be included in the incident report.” While “special medical surveillance” may include all elements of this Program, the physician should tailor the care and follow-up of each case as appropriate.

**REFERENCE:**

1. [OSHA STANDARD 29 CFR 1910.1003](#)
2. [29 CFR 1926.1103 Carcinogens \(4-Nitrobiphenyl, etc.\)](#).
3. [29 CFR 1910.1004 alpha-Naphthylamine](#)
4. IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Supplement 7, 1987. Former standard 29 CFR 1910.1004.

**REVIEWED:** April 2011

**4-AMINODIPHENYL**

**106**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
4-aminodiphenyl	DU8925000	92-67-1

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Problems with urination or blood in urine	Yes	Yes	Yes
Impotence or sexual dysfunction	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
AST	Yes	Yes	Yes
ALT	Yes	Yes	Yes
Bilirubin, Total	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [29 CFR 1910.1003](#)
2. [NIOSH Recommended Standard for 4-aminodiphenyl.](#)

**REVIEWED:** May 2011

**ANTIMONY**

**109**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
antimony	CC4025000	7440-36-0
antimony trioxide (handling & use)	CC5650000	1309-64-4

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Eye irritation or blurred vision	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Nervous stomach or ulcer	Yes	Yes	Yes
Chronic abdominal pain, vomiting, other GI symptoms	Yes	Yes	Yes
Blood in stool	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Electrocardiogram	Yes	Yes	Yes
Chest X-ray (PA)	Yes	Yes	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	Yes
Eyes	Yes	Yes	Yes
Conjunctiva	Yes	Yes	Yes
Mucous membranes	Yes	Yes	Yes
Cardiovascular system	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Abdomen	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Based on NIOSH criteria document (2006), baseline spirometry, annual CXR, EKG and spirometry have been added.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards Antimony, September 2005](#)

2. [NIOSH Criteria Documents, Criteria for a Recommended Standard: Occupational Exposure to Antimony, September 1978](#)
3. [HAZ MAP: Antimony](#)

**REVIEWED:** October 2023

**ARSENIC**

**112**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
arsenic (inorganic & soluble compounds)	CG0525000	7440-38-2
calcium arsenate	CG0830000	7778-44-1
arsenic acid, lead (2+) salt (2:3)	CG0990000	3687-31-8
arsenic pentoxide	CG2275000	1303-28-2
arsenic trioxide	CG3325000	1327-53-3
sodium arsenate		7784-46-5
arsenic trichloride		7778-34-1
lead arsenate		3687-31-8

<b>Program Frequency:</b>	<b>Variable*</b>		
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Do you have breathlessness, sputum production, or wheezing (none, mild, moderate, severe)	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Cough, other than with colds, flu or allergies	Yes	Yes	Yes
Coughing up blood (hemoptysis)	Yes	Yes	Yes
10 or more years since first exposure to arsenic	Yes	Yes	Yes
Numbness, tingling, or weakness in hands or feet	Yes	Yes	Yes
Easily fatigued	Yes	Yes	Yes
Pain in arms or legs not caused by an injury	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
RBC	No	Yes	Yes
WBC	Yes	Yes	Yes
HGB	Yes	Yes	Yes
MCV	Yes	Yes	Yes
MCH	Yes	Yes	Yes
MCHC	Yes	Yes	Yes
Platelets	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Chest X-ray (PA)	Yes	No	No
Nasal mucosa (septal perforation)	Yes	Yes	Yes
Cardiovascular system	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Skin of palms and soles	Yes	Yes	Yes
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

Periodicity is every 12 months unless the worker is either older than 45 or has been working with arsenic for more than 10 years, in which case periodicity is every 6 months.

**PROVIDER COMMENTS:**

Sputum Cytology is not required.

When a specified examination has not been provided within six months preceding termination of employment, an examination must be provided upon termination of employment.

A Physician’s Letter is required (see Chapter 10 for a sample Physician’s Letter).

**REFERENCE:**

1. [29 CFR 1910.1018](#)
2. [NIOSH Recommended Standard for Arsenic](#)
3. [29 CFR 1910.134, Respiratory Protection\) \(Respirator program generally required\)](#)
4. Klaassen CD, Casarett & Doull's Toxicology: The Basic Science of Poisons 6th edition, McGraw-Hill 2001: 818-820;
5. [Agency for Toxic Substances and Disease Registry \(ATSDR\) Toxicological Profile](#)
6. DODI 6055.05-M, Table C2.T2, Arsenic-Inorganic

**REVIEWED:** October 2023

**ASBESTOS CURRENT WORKER**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
asbestos	CI6475000	1332-21-4
amosite	CI6477000	12172-73-5
anthophyllite	CA8430000	17068-78-9
chrysotile	CI6478500	12001-29-5
crocidolite	CI6479000	12001-28-4

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
DD 2493-1 Initial Asbestos Questionnaire	Yes	No	No
DD 2493-2 Periodic Asbestos Questionnaire	No	Yes	Yes
Asbestos History & Physical NAVMED 6260/5 completed	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Any finding related to asbestos exposure	Yes	Yes	Yes
Chronic abdominal pain, vomiting, other GI symptoms	Yes	Yes	Yes
Change in frequency or appearance of bowel movements	Yes	Yes	Yes
Chest X-ray (B-reader) - using NAVMED 6260/7 (only if required per Provider Comments)	Yes	*	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	Yes
Cardiovascular system	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Abdomen	Yes	Yes	Yes
Extremity examination for clubbing, cyanosis, or edema	Yes	Yes	Yes
Counseling regarding combined effects of smoking and asbestos exposure	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes
Complete NAVMED 6260/5	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

Examination is required within 30 calendar days before or after termination of employment, if not examined within the last year.

**PROVIDER COMMENTS:**

Examination results are recorded on NAVMED 6260/5, Periodic Health Evaluation. Workers examined for current exposure must complete DD 2493-1, Initial Examination, or DD 2493-2, Periodic Examination questionnaires.

OSHA standard requires a Physician's/provider's written Opinion. A sample is included in Chapter 10.

Amendment to the Standard (55FR 3724) requires that the employee be counseled regarding the increased risk of lung cancer attributable to the combined effects of smoking and asbestos exposure and that this is part of the Physician's/provider's Written Opinion.

The National Institute for Occupational Safety and Health (NIOSH) worked with the Department of Health and Human Services in issuing a final ruling (References (7) and (8)) accepting digital radiographs for use in pneumoconioses medical surveillance. As Navy facilities have transitioned to digital radiography, all chest X-rays for B-reading are now to be digital.

Requirements for storage of asbestos medical surveillance records and X-rays are described in Reference (9)."

\*Frequency for Chest X-ray

If 0 to 10 years since first exposure: Every 5 years

If 10+ years since first exposure and Age Under 35: 5 years; Age 35-44: 2 years; Age 45+: Annually

**REFERENCE:**

1. [29 CFR 1910.1001.](#)
2. 29 CFR 1926.1101
3. [29 CFR 1915.1001](#)
4. [OPNAVINST 5100.23G, Chapter 17.](#)
5. [OPNAVINST 5100.19D, Chapter B1.](#)
6. [NIOSH B Reader Information for Medical Professionals.](#)
7. DODI 6055.05-M, Table C2.T3, Asbestos
8. [NIOSH. Chest Radiography.](#)
9. [Specifications for Medical Examinations of Underground Coal Miners, A Rule](#)
10. [NMCPHC - TM - OEM 6260.96-2 Occupational Medicine Field Operations Manual](#)

**REVIEWED:** November 2018

**ASBESTOS PAST WORKER**

**114**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
Asbestos	CI6475000	1332-21-4
Amosite	CI6477000	12172-73-5
Anthophyllite	CA8430000	17068-78-9
Chrysotile	CI6478500	12001-29-5
Crocidolite	CI6479000	12001-28-4

**Program Frequency:** 5 years

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Chest X-ray (B-reader) - using NAVMED 6260/7 (only if required per Provider Comments)	*	*	No
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	No
Counseling regarding combined effects of smoking and asbestos exposure	Yes	Yes	No
Complete NAVMED 6260/5	Yes	Yes	No

**PROGRAM DESCRIPTION:**

**PROVIDER COMMENTS:**

Amendment (55 FR 3724) to the OSHA Standard (29 CFR 1910.1001) requires that the employee be counseled regarding the increased risk of lung cancer attributable to the combined effects of smoking and asbestos exposure.

Spirometry (FEV1, FVC, FEV1/FVC %) is performed with each examination, but can be postponed indefinitely in the case of pandemic, local epidemic, or worker’s infectious disease. The examination is documented on NAVMED 6260/5, Periodic Health Evaluation. A Physician’s Written Opinion is not required to be given to workers for past exposure examination. The DD Form 2493-1 and DD Form 2493-2 are not required for past exposure examinations.

Although this program is used for formerly exposed workers (the OSHA standard applies to currently exposed workers), this risk communication on the multiplicative risk of continued smoking and former asbestos exposure should be discussed with the employee at each asbestos medical surveillance visit.

\* Periodic chest X-ray for B reading is not required if:

(A) the previous B reading was done as part of the Past Worker program and did not show asbestos-related abnormalities, OR

(B) the previous B reading was done within the past 12 months as part of the Current Worker program and did not show asbestos-related abnormalities, OR

(C) a previous B reading showed asbestos-related abnormalities and the worker is being followed as a Worker's Compensation case.

All chest X-rays for B-reading are now to be digital. Requirements for storage of asbestos medical surveillance records and X-rays are described in Reference (6).

If a B reading is not required for a past worker, then no chest X-ray is required.

**REFERENCE:**

1. [OPNAVINST 5100.23 \(current series\), Chapter 17;](#)
2. [OPNAVINST 5100.19 \(current series\), Chapter B1;](#)
3. [Occupational Medicine Field Operations Manual, current edition](#)
4. [NIOSH. Chest Radiography.](#)
5. [Specifications for Medical Examinations of Underground Coal Miners, A Rule by the Health and Human Services Department on 09/13/2012.](#)
6. [NMCPHC - TM - OEM 6260.96-2 Occupational Medicine Field Operations Manual](#)

**REVIEWED:** October 2023

**BENZENE**

**117**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
benzene	CY1400000	71-43-2

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Eye irritation or blurred vision	Yes	Yes	Yes
Difficulty breathing	Yes	Yes	Yes
Exposure to benzene before current job	Yes	Yes	Yes
Exposure to chemotherapeutic or antineoplastic agents	Yes	Yes	Yes
Exposure to ionizing radiation	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	Yes
Unusual nervousness or irritability	Yes	Yes	Yes
Unexplained fatigue	Yes	Yes	Yes
Unexplained weight gain or loss	Yes	Yes	Yes
Skin changes (blisters, dry, red, or scaly skin)	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
RBC	Yes	Yes	Yes
WBC	Yes	Yes	Yes
HGB	Yes	Yes	Yes
MCV	Yes	Yes	Yes
MCH	Yes	Yes	Yes
MCHC	Yes	Yes	Yes
Neutrophils	Yes	Yes	Yes
Lymphocytes	Yes	Yes	Yes
Monocytes	Yes	Yes	Yes
Eosinophils	Yes	Yes	Yes
Basophils	Yes	Yes	Yes
Platelets	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Nose	Yes	Yes	Yes
Mucous membranes	Yes	Yes	Yes
Mouth and oropharynx	Yes	Yes	Yes
Throat	Yes	Yes	Yes
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Lungs	Yes	Yes	Yes
Abdomen	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

For employees who are or may be exposed to benzene at or above the action level [0.5ppm] ≥ 30 days/ year; for employees who are or may be exposed to benzene at or above the PELs [1ppm] ≥ 10 days/year; or for employees who have been exposed to more than 10 ppm of benzene for ≥ 30 days

**PROVIDER COMMENTS:**

29 CFR 1910.1028 includes the following additional requirements.

- \* Care of emergency exposures.
- \* Findings mandating referral to hematologist or internist.
- \* Finding mandating removal from exposure.

For all workers wearing respirators for at least 30 days a year, cardiopulmonary examination and spirometry are required on initial examination and every three years, references (1) and (3).

**REFERENCE:**

1. 29 CFR 1910.1028 and 1926.1128;
2. [NIOSH Occupational Safety and Health Guideline for Benzene](#)

**REVIEWED:** October 2023

**BENZIDINE**

**118**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
benzidine	DC9625000	92-87-5

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Decreased immunity	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Exposure to chemotherapeutic or antineoplastic agents	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
Problems with urination or blood in urine	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Urine cytology	Yes	Yes	Yes
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [OSHA STANDARD 29 CFR 1910.1003](#)
2. OSHA STANDARD 29 CFR 1926.1103

**REVIEWED:** October 2023

**BERYLLIUM**

**121**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
beryllium	DS1750000	7440-41-7
beryllium aluminum alloy	DS2200000	12770-50-2
beryllium chloride	DS2625000	7787-47-5
beryllium fluoride	DS2800000	7787-49-7
beryllium hydroxide	DS3150000	13321-32-7
beryllium oxide	DS4025000	1304-56-9

**Program Frequency:** 2 years

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Have you had a major illness or injury since you last occupational health examination?	Yes	Yes	Yes
Have you been hospitalized or had surgery since you last occupational health examination?	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Cough, other than with colds, flu or allergies	Yes	Yes	Yes
Coughing up blood (hemoptysis)	Yes	Yes	Yes
Chest pain	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
BeLPT (unless previously positive)	Yes	Yes	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Physician’s or provider’s written opinion required for Beryllium	Yes	Yes	Yes
Physician’s written opinion to the worker	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

Enrollment in Be medical surveillance is required for all workers reasonably expected to be exposed at or above the action level for more than 30 days per year, or who show signs or symptoms of chronic beryllium disease (CBD) or other beryllium-related health effects, or who are exposed to beryllium during an emergency, or whose most recent written medical opinion recommends periodic medical surveillance.

All medical examinations and procedures required by this standard must be performed by, or under the direction of, a licensed physician.

OSHA requires that supervisors provide the physician with a description of the worker’s former and current duties that relate to the worker’s airborne exposure to and dermal contact with beryllium, the worker’s former and current levels of airborne exposure, a description of any personal protective clothing and equipment, including respirators, used by the worker, including when and for how long the worker has used that personal protective clothing and equipment, and information from records of employment-related medical examinations previously provided to the worker, currently within the control of the employer, after obtaining written consent from the worker.

Per reference (1), worker beryllium medical surveillance records must include the information that was provided to the physician, as well as the worker’s name, social security number, and job classification.

**PROVIDER COMMENTS:**

As of March 2017, a blood Beryllium Lymphocyte Proliferation Test (BeLPT) is required every 2 years unless the worker has previously had a positive BeLPT. Samples must be analyzed in a laboratory certified under the College of American Pathologists/Clinical Laboratory Improvement Amendments (CLIA) guidelines to perform the BeLPT. Because of characteristics of the BeLPT, an abnormal or positive BeLPT must be repeated (i.e., it becomes a “confirmed positive”). According to reference (1), “confirmed positive means the person tested has beryllium sensitization, as indicated by two abnormal BeLPT test results, an abnormal and a borderline test result, or three borderline test results. It also means the result of a more reliable and accurate test indicating a person has been identified as having beryllium sensitization.” (The Navy has not yet identified such a test.)

Low dose computed tomography (LDCT) scan is not required. It is to be obtained only when recommended by a licensed physician after considering the employee’s history of exposure to beryllium along with other risk factors, such as smoking history, family medical history, gender, age, and presence of existing lung disease. (Family medical history is not to be obtained during routine medical surveillance.)

TWO (2) separate physician opinion letters are required in this program.

**Letter to the Employer**

A licensed physician’s written medical opinion must be provided to the employer within 45 days of the medical examination (including any follow-up BeLPT required). It must contain ONLY:

1. The date of the examination
2. A statement that the examination has met the requirements of the OSHA beryllium standard
3. Any recommended limitations on the employee's use of respirators, protective clothing, or equipment,
4. A statement that the physician has explained the results of the medical examination to the employee including any tests conducted, any medical conditions related to airborne exposure that require further evaluation or treatment, and any special provisions for use of personal protective clothing or equipment

IF THE EMPLOYEE PROVIDES WRITTEN AUTHORIZATION, the written opinion must also contain any recommended limitations on the employee's airborne exposure to beryllium.

IF THE EMPLOYEE PROVIDES WRITTEN AUTHORIZATION and IF THE EMPLOYEE IS CONFIRMED POSITIVE OR DIAGNOSED WITH CBD, the written opinion must also contain a recommendation for continued periodic medical surveillance.

IF THE EMPLOYEE PROVIDES WRITTEN AUTHORIZATION and IF THE EMPLOYEE IS CONFIRMED POSITIVE OR DIAGNOSED WITH CBD, the written opinion must also contain a recommendation for medical removal from airborne exposure to beryllium.

IF THE EMPLOYEE PROVIDES WRITTEN AUTHORIZATION and IF THE EMPLOYEE IS CONFIRMED POSITIVE OR DIAGNOSED WITH CBD, the written opinion must also contain a referral for an evaluation at a CBD diagnostic center.

IF THE EMPLOYEE PROVIDES WRITTEN AUTHORIZATION and IF THE LICENSED PHYSICIAN OTHERWISE DEEMS IT APPROPRIATE, the written opinion must also contain a referral for an evaluation at a CBD diagnostic center.

The worker is to receive a copy of the physician's letter to the employer IN ADDITION TO the physician's letter to the worker.

### **Letter to the worker**

A licensed physician's explanation to the worker and a written medical report must be provided to the worker within 45 days of the examination (including any follow-up BeLPT required). The written medical report must contain:

1. A statement indicating the results of the medical examination, including the licensed physician's opinion as to whether the employee has any detected medical condition, such as CBD or beryllium sensitization (i.e., the employee is confirmed positive BeLPT), that may place the employee at increased risk from further airborne exposure
2. Any medical conditions related to airborne exposure that require further evaluation or treatment

3. Any recommendations on the employee's use of respirators, protective clothing, or equipment, or limitations on the employee's airborne exposure to beryllium

IF THE EMPLOYEE IS CONFIRMED POSITIVE OR DIAGNOSED WITH CBD, the written report must also contain a recommendation for continued periodic medical surveillance, a recommendation for medical removal from airborne exposure to beryllium, and a referral for an evaluation at a CBD diagnostic center.

IF THE LICENSED PHYSICIAN OTHERWISE DEEMS IT APPROPRIATE, the written report must also contain a referral for an evaluation at a CBD diagnostic center.

Referral to a CBD diagnostic center must be offered to the worker if the BeLPT becomes positive or if the worker is diagnosed with CBD.

After a worker has received the initial clinical evaluation at a CBD diagnostic center, the worker may choose to have any subsequent medical examinations for which the worker is eligible under the beryllium standard performed at a CBD diagnostic center mutually agreed upon by the employer and the worker, and the employer must provide such examinations at no cost to the worker.

Eligibility for and benefits associated with medical removal from beryllium work are described in Reference (1).

### **Beryllium Lymphocyte Proliferation Test (BeLPT) Labs**

BeLPT can be performed at the following laboratories. It is recommended that Occupational Health clinics contact the lab prior to obtaining blood samples to ensure all required procedures are completed properly and timely.

Oak Ridge National Laboratory

1 Bethel Valley Road

Oak Ridge, TN 37830

Barb Neill 865-241-6152

Cleveland Clinic Laboratories

9500 Euclid Avenue, L15

Cleveland, OH 44195

Lab Coordinator (Lana) 216-444-9033

National Jewish Health

Advanced Diagnostic Laboratories

1400 Jackson St

Denver, CO 80206

303-398-1339

**Chronic Beryllium Disease (CBD) Diagnostic Centers**

Per 29 CFR 1910, CBD diagnostic centers have an on-site pulmonary specialist and on-site facilities to perform a clinical evaluation for the presence of CBD, including pulmonary function testing (as outlined by the American Thoracic Society criteria), bronchoalveolar lavage (BAL), and transbronchial biopsy. The CBD diagnostic center must also have the capacity to transfer BAL samples to a laboratory for appropriate diagnostic testing within 24 hours. The on-site pulmonary specialist must be able to interpret the biopsy pathology and the BAL diagnostic test results.

It is recommended that the ability to transfer BAL samples to a laboratory for appropriate diagnostic testing within 24 hours should be confirmed prior to referral.

DoD medical treatment facilities with pulmonologists on staff:

**USN:**

Naval Medical Center (NMC) Portsmouth

NMC San Diego

Naval Hospital (NH) Camp Pendleton

NH Jacksonville

NH Camp Lejeune

The following may not be able to transfer samples for BeLPT testing: NH Guam, NH Okinawa

**USAF:**

Andrews AFB, MD

Langley AFB, VA

Eglin AFB, FL

Wright Patterson AFB, OH

Keesler AFB, Biloxi, MS

Nellis AFB, Las Vegas, NV

Travis AFB,

Lackland, San Antonio, TX (SAMMC)

Elmendorf AFB, AK

**USA:**

Walter Reed NMMC, Bethesda, MD (belongs to DHA)

Ft Belvoir Community Hospital, VA

Ft. Bragg, NC (Womack AMC)

Ft. Gordon, GA (Eisenhower AMC)

Ft. Sam Houston, TX (Brooke AMC)

Ft. Bliss, El Paso, TX (William Beaumont AMC)

Ft. Lewis/McCord, WA (Madigan AMC)

Ft. Hood, TX (Darnall ACH)

The following may not be able to transfer samples for BeLPT testing: Hawaii (Tripler AMC), Germany (Landstuhl AMC)

**REFERENCE:**

1. 29 CFR 1910.1024 Beryllium (OSHA beryllium standard)
2. [OSHA Safety and Health Topics: Beryllium](#)
3. [ATSDR: Beryllium](#)

**REVIEWED:** October 2023

**BETA-CHLOROPRENE**

**132**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 beta-chloroprene    EI9625000                      126-99-8

**Program Frequency:**                                      3 years

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Have you had a major illness or injury since you last occupational health examination?	Yes	Yes	Yes
Have you been hospitalized or had surgery since you last occupational health examination?	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Eye irritation or blurred vision	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Chest pain not caused by injury or heart disease	Yes	Yes	Yes
Numbness, tingling, or weakness in hands or feet	Yes	Yes	Yes
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	Yes
Unusual nervousness or irritability	Yes	Yes	Yes
Personality or behavior change	Yes	Yes	Yes
Unexplained fatigue	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Hair loss	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
Cardiovascular system	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

Program recommendations from NIOSH have changed significantly from the original 1978 version. Previous version had recommendation for CXR, CBC, urinalysis, liver enzymes, and the program periodic exams were annual.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards beta-Chloroprene](#)
2. [OSHA Safety and Health Guideline for beta-Chloroprene, 2007](#)

**REVIEWED:** October 2023

**BETA-NAPHTHYLAMINE**

**171**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 beta-naphthylamine    QM2100000                      91-59-8

**Program Frequency:**    Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Have you had a major illness or injury since you last occupational health examination?	Yes	Yes	Yes
Have you been hospitalized or had surgery since you last occupational health examination?	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Decreased immunity	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

According to Reference 1, certain accidental occupational exposures constitute an emergency and require that “Special medical surveillance by a physician shall be instituted within 24 hours

for employees present in the potentially affected area at the time of the emergency. A report of the medical surveillance and any treatment shall be included in the incident report.” While “special medical surveillance” may include all elements of this Program, the physician should tailor the care and follow-up of each case as appropriate.

**REFERENCE:**

1. [OSHA STANDARD 29 CFR 1910.1003](#)
2. [29 CFR 1910.1009 beta-Naphthylamine.](#)
3. [29 CFR 1926.1109 beta-Naphthylamine.](#)

**REVIEWED:** October 2023

**BETA-PROPIOLACTONE**

**185**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
beta-propiolactone	RQ7350000	57-57-8

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Decreased immunity	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Severe irritation to eyes	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
AST	Yes	Yes	Yes
ALT	Yes	Yes	Yes
Bilirubin, Total	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	Yes
Eyes	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Kidneys	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

1. BETA-PROPIOLACTONE is one of the OSHA thirteen “Suspect Human Carcinogens.”
2. Recommend commenting on any past or chronic liver disease, immuno-compromised state, treatment with steroids or cytotoxic agents and pregnancy status to medical history à counseling.

**REFERENCE:**

1. 29 CFR 1910.1003
2. 29 CFR 1926.1103.
3. [EPA](#)
4. [NIOSH Pocket Guide to Chemical Hazards](#)

**REVIEWED:** January 2014

**BIS-CHLOROMETHYL ETHER**

**131**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 bis chloromethyl ether                                      KN1575000                      542-88-1

**Program Frequency:**                                      Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you had a major illness or injury since you last occupational health examination?	Yes	Yes	Yes
Have you been hospitalized or had surgery since you last occupational health examination?	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Cough, other than with colds, flu or allergies	Yes	Yes	Yes
Coughing up blood (hemoptysis)	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
Eyes	Yes	Yes	Yes
Mucous membranes	Yes	Yes	Yes
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. OSHA Standard 29 CFR 1910.1003
2. 29 CFR 1926.1103
3. [NIOSH Pocket Guidance for bis-Chloromethyl ether](#)

**REVIEWED:** October 2023

**BORON TRIFLUORIDE**

**122**

**STRESSOR(S) IN THIS PROGRAM:** boron trifluoride  
**NIOSH#** ED2275000 **CAS#** 7637-07-2

**Program Frequency:** 3 years

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Have you had a major illness or injury since you last occupational health examination?	Yes	Yes	Yes
Have you been hospitalized or had surgery since you last occupational health examination?	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Problems with tooth enamel or dentition	Yes	Yes	Yes
Excessive bleeding of the nose, mouth, or gums	Yes	Yes	Yes
Unexplained weight gain or loss	Yes	Yes	Yes
Diagnosis of osteosclerosis or increased bone density	Yes	Yes	Yes
Bone fractures	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	Yes
Eyes	Yes	Yes	Yes
Mucous membranes	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Acute pneumonitis has been associated with exposure to boron. Depending on exposure level, it can be immediately hazardous to life or health

**REFERENCE:**

1. CDC, NIOSH, IDHL 7637072 Aug 1, 1986
2. [NIOSH Pocket Guide to Chemical Hazards Boron Trifluoride, September 2005](#)
3. [ATSDR Toxicological Profile for Boron, Draft for Public Comment September 2007](#)
4. [NIOSH Occupational Safety and Health Guideline for Boron Trifluoride](#)

**REVIEWED:** December 2010

**1,3-BUTADIENE**

**217**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 1,3 butadiene    EI9150000                      106-99-0

**Program Frequency:**                                      3 years

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Decreased immunity	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Exposure to benzene	Yes	Yes	Yes
Exposure to chemotherapeutic or antineoplastic agents	Yes	Yes	Yes
Exposure to ionizing radiation	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
RBC	Yes	Yes	Yes
WBC	Yes	Yes	Yes
HGB	Yes	Yes	Yes
MCV	Yes	Yes	Yes
MCH	Yes	Yes	Yes
MCHC	Yes	Yes	Yes
Neutrophils	Yes	Yes	Yes
Lymphocytes	Yes	Yes	Yes
Monocytes	Yes	Yes	Yes
Eosinophils	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Basophils	Yes	Yes	Yes
Platelets	Yes	Yes	Yes
Eyes	Yes	Yes	Yes
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Abdomen	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Spleen	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

The following are the criteria for placement in this program:

Employees who are or maybe exposed to butadiene at concentrations at or above the action level (AL) on  $\geq 30$  days/yr, at or above the PEL [2ppm]  $\geq 10$  days/yr, or exposed to butadiene following an emergency situation (defined as any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of butadiene). Guidance on emergency examinations and referrals is contained in 29 CFR 1910.1051

Medical surveillance shall be continued for employees even after transfer to a job without butadiene exposure, whose work histories suggest exposure to butadiene:  $\geq$  PEL for  $\geq 30$  days/yr for  $\geq 10$  years, at or above the AL on  $\geq 60$  days/yr for  $\geq 10$  years, or  $> 10$  ppm on 30 or more days in any past year.

Medical clearance for respirator may be required.

See Chapter 10 for a sample Physician's/provider's Written Opinion.

**REFERENCE:**

1. [29 CFR 1910.1051](#)
2. [NIOSH Occupational Safety and Health Guideline for Butadiene \(1,3-butadiene\)](#)
3. [DODI 6055.05-M, T2.T5, 1,3-Butadiene](#)

**REVIEWED:** April 2011

**CADMIUM (CURRENT EXPOSURE)**

**124**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
cadmium (dust and salts)	EU9800000	7440-43-9
cadmium oxide	EV1925000	1306-19-0
cadmium sulfide	EV3150000	1306-23-6
cadmium sulfate	EV2700000	10124-36-4
cadmium nitrate	EV1750000	10325-94-7
cadmium fluoborate	EV0525000	14486-19-2
cadmium chloride	EV0175000	10108-64-2
carbonic acid, cadmium salt	FF9320000	513-78-0

<b>Program Frequency:</b>	<b>Variable</b>		
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you had a major illness or injury since you last occupational health examination?	Yes	*	Yes
Have you been hospitalized or had surgery since you last occupational health examination?	Yes	*	Yes
Have you ever had cancer	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Abnormal pregnancy outcome during present employment	Yes	Yes	Yes
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Cough, other than with colds, flu or allergies	Yes	Yes	Yes
Coughing up blood (hemoptysis)	Yes	Yes	Yes
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	Yes
Blood in stool	Yes	Yes	Yes
Injury with heavy bleeding in last year	Yes	Yes	Yes
Exposure to cadmium	Yes	Yes	Yes

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Seizures or fits	Yes	Yes	Yes
Diabetes (sugar disease) or other endocrine disorder (thyroid, parathyroid, pituitary, adrenal gland)	Yes	Yes	Yes
Thyroid disease (including heat or cold intolerance)	Yes	Yes	Yes
Problems with bones or joints (arthritis, fractures, osteoporosis, osteosclerosis)	Yes	*	Yes
Musculoskeletal problems	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
Kidney stones	Yes	Yes	Yes
Problems with urination or blood in urine	Yes	Yes	Yes
Protein in urine	Yes	Yes	Yes
Prostate gland problems	Yes	Yes	Yes
Sterility, low sperm count, or abnormal sperm motility	Yes	*	Yes
Current pregnancy (females only)	Yes	Yes	Yes
RBC	Yes	*	Yes
WBC	Yes	*	Yes
HGB	Yes	*	Yes
Platelets	Yes	*	Yes
Cadmium (CdB)	Yes	*	Yes
BUN	Yes	*	Yes
Creatinine	Yes	*	Yes
Urine Ph	Yes	*	Yes
Urine specific gravity	Yes	*	Yes
Urine protein	Yes	*	Yes
Urine low molecular weight protein	Yes	*	Yes
Urine albumin	Yes	*	Yes
Urine glucose	Yes	*	Yes
Urine blood	Yes	*	Yes
Urine Cadmium (CdU)	Yes	*	Yes
Urine Beta 2 microglobulin	Yes	*	Yes
Ensure urine specific gravity is $\geq 1.008$ and pH is $\geq 5.5$	Yes	*	Yes
Chest X-ray (PA)	Yes	No	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	*	Yes
Respiratory system	Yes	*	Yes
Kidneys	Yes	*	Yes
Prostate palpation or PSA for males over 40 years old	Yes	*	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	*	Yes

**PROGRAM DESCRIPTION:**

Biological Marker	Monitoring Result Category						
	A	B	C	D			
Cd <sub>urine</sub>	≤ 3	> 3 and < 7	> 7	> 7	>3		>3
	AND	AND/OR	OR	AND	AND		
β2 <sub>urine</sub>	≤ 300	> 300 and ≤750	> 750		>750	>750	
	AND	AND/OR	OR			AND	AND
Cd <sub>blood</sub>	≤ 5	> 5 and ≤ 10	> 10	>5		>5	>10

Cd = cadmium

Cd<sub>urine</sub> = urine Cd, units in micrograms per gram (µg/g) of creatinine.

β2<sub>urine</sub> = urine beta-2 microglobulin, units in µg/g of creatinine

Cd<sub>blood</sub> = blood Cd, units in µg/liter of whole blood.

Required Actions	Monitoring Result Category			
	A	B	C	D
(1) Biological Monitoring				
a. Annual	X			
b. Semiannual		X		
c. Quarterly			X	X
(2) Medical Exam				
a. Biennial	X			
b. Annual		X		
c. Semiannual			X	X
d. Within 90 days		X	X	
(3) Assess within 2 Weeks				
a. Excess Cd exposure		X	X	
b. Work practices		X	X	
c. Personal hygiene		X	X	
d. Respirator use		X	X	
e. Smoking history & current status		X	X	
f. Hygiene facilities		X	X	
g. Engineering controls		X	X	
(4) Correct deficiencies within 30 days		X	X	
(5) Discretionary medical removal		X	X	
(6) Written medical opinion		X	X	X <sup>†</sup>
(7) Mandatory medical removal				X

<sup>†</sup> Required for return to work or permanent removal from occupational Cd exposure.

Currently exposed: all personnel who are or may be exposed to cadmium at or above the action level for 30 or more days per year.

Prior to assignment to a job requiring respirator use, a medical examination to determine fitness for respirator use shall be provided to any employee who does not have a medical examination within the preceding 12 months that satisfies the requirements outlined in 29 CFR 1910.1027. Place individuals in Program 716, Respirator User Certification Exam.

**PROVIDER COMMENTS:**

According to reference (5), urine cadmium is not reliable unless urine specific gravity is at least 1.008 and pH is not less than 5.5. Thus, urine should be checked prior to sending for analysis,

and workers should not be encouraged to "push fluids" prior to urine collection for cadmium analysis. (Do not place a urine dipstick or other item or material into the urine sent for cadmium analysis-test a separate aliquot.) See references (5) and (6) for additional guidance about dilute urine.

In accordance with 29 CFR 1910.1027(l)(1)(iii), the employer shall assure that all medical examinations and procedures required by this standard are performed **by or under the supervision of a licensed physician, who has read and is familiar with the health effects section of Appendix A**, the regulatory text of this section, the protocol for sample handling and laboratory selection in Appendix F, and the questionnaire of Appendix D.

The Physician's/provider's Written Opinion is required by the OSHA Standard. A sample is included in Chapter 10.

Cadmium surveillance periodicity is variable, and depends on biological monitoring findings and duration of cadmium work (per reference (1)). At a minimum, there is to be a baseline exam followed by annual exam and lab work (per references (1) and (2)).

Initial (preplacement) examinations shall be provided for all personnel who meet the criteria for inclusion in the cadmium medical surveillance program. An initial examination is NOT required if records show that the employee has been examined in accordance with the standard within the past 12 months. In that case, the records shall be maintained as part of the employee's medical record, and the prior examination treated as if it were the initial examination. At termination of employment, a medical examination shall be provided that includes the elements of the medical examination listed, including a chest x-ray. However, if the last examination was less than six months prior to the termination date and satisfied these requirements, further examination is not needed unless the results of biological monitoring require further testing.

Urine cadmium, urine beta-2 microglobulin, and blood cadmium test results are to be reported to the worker within 2 weeks of being received, even if values are normal.

\*See table to determine frequency of examinations for current workers. OSHA regulations differ from NIOSH recommendations. More frequent exams may be triggered by the results of biological monitoring. Guidance on actions triggered by biological monitoring is detailed in 29 CFR 1910.1027.

Except for the initial and termination chest X-rays, the frequency of chest x-rays is determined by the examining physician.

**REFERENCE:**

1. [29 CFR 1910.1027](#)
2. [NIOSH Occupational Health Guideline for Cadmium Fume](#)
3. DoDM 6055.05
4. [McDiarmid M. OSHA Standard Interpretations Letter Standard Number 1910.1027; 1915.1027; 1926.1127. June 15, 1994.](#)
5. [McDiarmid M. OSHA Standard Interpretations Standard Number 1910.1027. March 5, 1996.](#)

**REVIEWED:** November 2023

**CADMIUM (PAST EXPOSURE)**

**206**

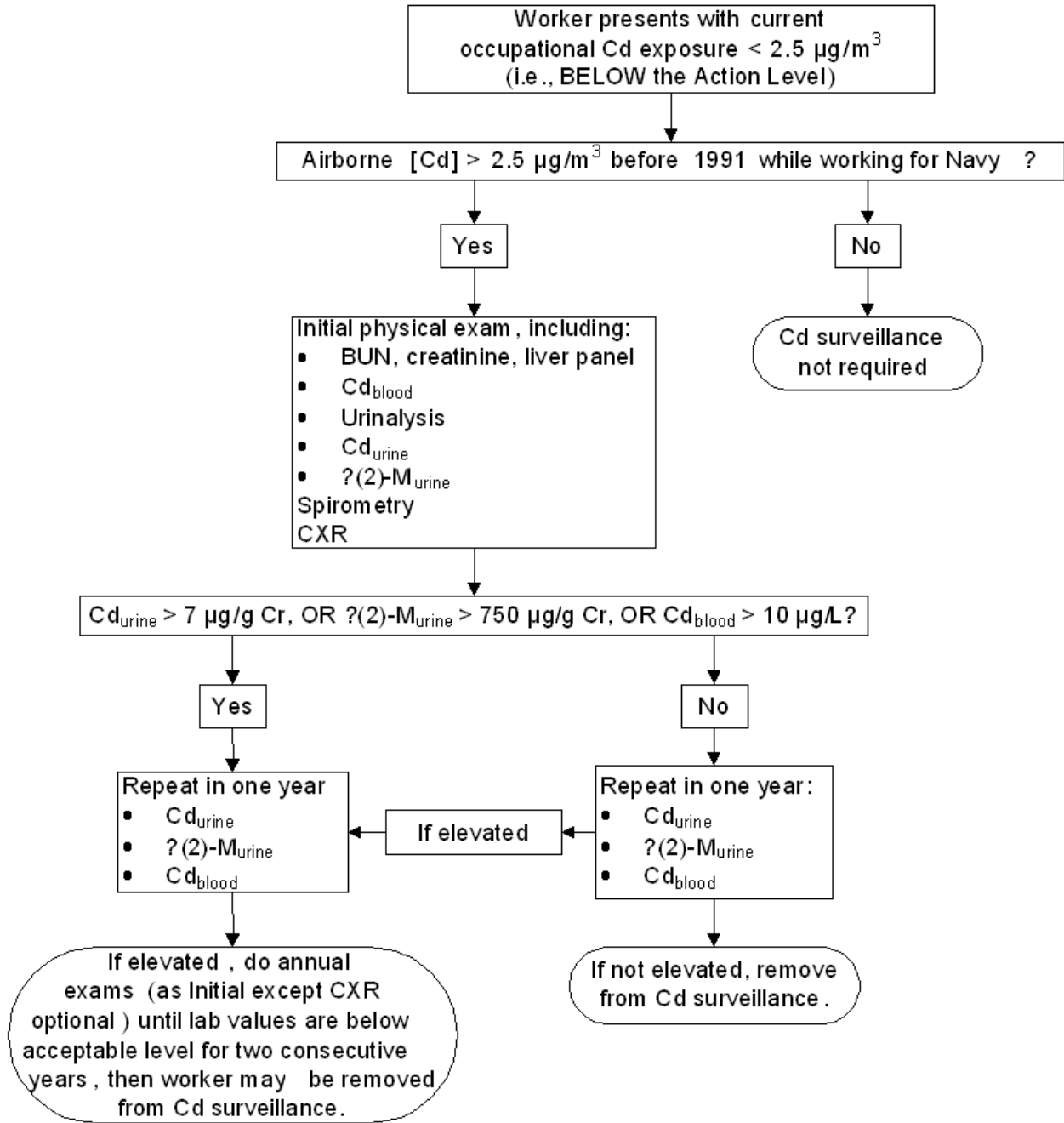
<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
cadmium (dust and salts)	EU9800000	7440-43-9
cadmium oxide (fume)	EV1930000	1306-19-0
cadmium oxide (production)	EV1925000	1306-19-0
cadmium sulfide	EV3150000	1306-23-6
cadmium sulfate	EV2700000	10124-36-4
cadmium nitrate	EV1750000	10325-94-7
cadmium fluoborate	EV0525000	14486-19-2
cadmium chloride	EV0175000	10108-64-2
cadmium carbonate	FF9320000	513-78-0

<b>Program Frequency:</b>	<b>Variable</b>		
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Abnormal pregnancy outcome during present employment	Yes	Yes	Yes
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Cough, other than with colds, flu or allergies	Yes	Yes	Yes
Coughing up blood (hemoptysis)	Yes	Yes	Yes
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	Yes
Blood in stool	Yes	Yes	Yes
Injury with heavy bleeding in last year	Yes	Yes	Yes
Exposure to cadmium	Yes	Yes	Yes
Seizures or fits	Yes	Yes	Yes

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	Yes
Diabetes (sugar disease) or other endocrine disorder (thyroid, parathyroid, pituitary, adrenal gland)	Yes	Yes	Yes
Thyroid disease (including heat or cold intolerance)	Yes	Yes	Yes
Bone problems (including broken bones)	Yes	Yes	Yes
Musculoskeletal problems	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
Kidney stones	Yes	Yes	Yes
Problems with urination or blood in urine	Yes	Yes	Yes
Protein in urine	Yes	Yes	Yes
Prostate gland problems	Yes	Yes	Yes
Impotence or sexual dysfunction	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
Cadmium (CdB)	Yes	*	Yes
BUN	Yes	*	Yes
Creatinine	Yes	*	Yes
AST	Yes	*	Yes
ALT	Yes	*	Yes
Bilirubin, Total	Yes	*	Yes
Alkaline phosphatase	Yes	*	Yes
Urine Ph	Yes	*	Yes
Urine specific gravity	Yes	*	Yes
Urine urobilinogen	Yes	*	Yes
Urine protein	Yes	*	Yes
Urine glucose	Yes	*	Yes
Urine ketones	Yes	*	Yes
Urine blood	Yes	*	Yes
Urine Cadmium (CdU)	Yes	*	Yes
Urine Beta 2 microglobulin	Yes	*	Yes
Ensure urine specific gravity is $\geq 1.008$ and pH is $\geq 5.5$	Yes	*	Yes
Chest X-ray (PA)	Yes	*	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	*	Yes
Respiratory system	Yes	*	Yes
Prostate palpation or PSA for males over 40 years old	Yes	*	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	*	Yes

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**PROGRAM DESCRIPTION:**



See diagram of algorithm to determine frequency of examinations for current workers. Guidance on actions triggered by biological monitoring is detailed in 29 CFR 1910.1027. After the initial chest X-ray, the frequency of chest x-rays is determined by the examining physician, using the periodic spirometry results as a guide.

**PROVIDER COMMENTS:**

According to reference (5), urine cadmium is not reliable unless urine specific gravity is at least 1.008 and pH is not less than 5.5. Thus, urine should be checked prior to sending for analysis, and workers should not be encouraged to "push fluids" prior to urine collection for cadmium

analysis. (Do not place a urine dipstick or other item or material into the urine sent for cadmium analysis-test a separate aliquot.) See references (5) and (6) for additional guidance about dilute urine.

1. In accordance with 29 CFR **1910.1027(I)(1)(iii)**, the employer shall assure that all medical examinations and procedures required by this standard are performed by or under the supervision of a licensed physician, who has read and is familiar with the health effects section of Appendix A, the regulatory text of this section, the protocol for sample handling and laboratory selection in Appendix F, and the questionnaire of Appendix D. These examinations and procedures shall be provided without cost to the employee and at a time and place that is reasonable and convenient to employees.

2. OSHA requires a Physician's/provider's Written Opinion. A sample is included in Chapter 10..

3. Previously exposed - The employer shall institute a medical surveillance program for all employees who prior to the effective date of section **1910.1027(I)(1)(i)(B)** might previously have been exposed to cadmium at or above the action level by the employer, unless the employer demonstrates that the employee did not prior to the effective date of this section work for the employer in jobs with exposure to cadmium for an aggregated total of more than 60 months.

Urine cadmium, urine beta-2 microglobulin, and blood cadmium test results are to be reported to the worker within 2 weeks of being received, even if values are normal.

\*See the diagram to determine frequency of examinations for current workers. Guidance on actions triggered by biological monitoring is detailed in 29 CFR 1910.1027. After the initial chest X-ray, the frequency of chest x-rays is determined by the examining physician, using the periodic spirometry results as a guide.

**REFERENCE:**

1. [29 CFR 1910.1027](#)
2. [OSHA Standards Enforcement Letter, dated 10/19/1994 - Medical surveillance provision of the Cadmium standard for previously exposed employees.](#)
3. NAVENVIRHLTHCEN letter 6260 Ser 3213/6538 of 4 Jan 1993.
4. [NIOSH Occupational Health Guideline for Cadmium Fume](#)
5. [McDiarmid M. OSHA Standard Interpretations Letter Standard Number 1910.1027; 1915.1027; 1926.1127. June 15, 1994.](#)
6. [McDiarmid M. OSHA Standard Interpretations Standard Number 1910.1027. March 5, 1996.](#)

**REVIEWED:** May 2023

**CARBON BLACK**

**125**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 carbon black    FF5800000                      1333-86-4

**Program Frequency:**                      Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Have you had a major illness or injury since you last occupational health examination?	Yes	Yes	Yes
Have you been hospitalized or had surgery since you last occupational health examination?	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Swollen or painful lymph nodes (neck, armpits, groin)	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Cough, other than with colds, flu or allergies	Yes	Yes	Yes
Chest pain	Yes	Yes	Yes
Exposure to dusts (coal, blast grit, sand, nuisance)	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to respiratory irritants	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Sputum cytology	Yes	Yes	Yes
Electrocardiogram	Yes	No	Yes
Electrocardiogram (with comparison to previous looking for RVH and LVH)	Yes	Yes	Yes
Chest X-ray (PA)	Yes	No	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	Yes
Eyes	Yes	Yes	Yes
Mucous membranes	Yes	Yes	Yes
Lymph nodes	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Respiratory system	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Carbon black itself is not considered carcinogenic. However, solvent extracts of carbon black may contain carcinogens.

Eye examination is conducted for evidence of irritation.

**REFERENCE:**

1. [NIOSH Occupational Safety and Health Guideline for Carbon Black](#)
2. [NIOSH Pocket Guide to Chemical Hazards: Carbon Black](#)

**REVIEWED:** November 2023

**CARBON DISULFIDE**

**126**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
carbon disulfide	FF6650000	75-15-0

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Have you had a major illness or injury since you last occupational health examination?	Yes	Yes	No
Have you been hospitalized or had surgery since you last occupational health examination?	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Abnormal pregnancy outcome during present employment	Yes	Yes	No
Use of nitrate medication (nitroglycerine)	Yes	Yes	No
Change or loss of vision in either eye	Yes	Yes	No
Difficulty with distinguishing colors	Yes	Yes	No
Problems with night vision	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No
Nausea or vomiting	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Tremor (shakiness), numbness or loss of sensation/feeling	Yes	Yes	No
Mental or emotional illness	Yes	Yes	No
Hallucinations, auditory or visual	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Personality or behavior change	Yes	Yes	No
Sterility, low sperm count, or abnormal sperm motility	Yes	Yes	No
Any reproductive health problems (spermatic deficiencies, menstrual disorders, miscarriages)	Yes	Yes	No
AST	Yes	Yes	No
ALT	Yes	Yes	No
Bilirubin, Total	Yes	Yes	No
Alkaline phosphatase	Yes	Yes	No

EXAM ELEMENT	BASE	PERI	TERM
Urine Ph	Yes	Yes	No
Urine specific gravity	Yes	Yes	No
Urine urobilinogen	Yes	Yes	No
Urine protein	Yes	Yes	No
Urine glucose	Yes	Yes	No
Urine ketones	Yes	Yes	No
Urine blood	Yes	Yes	No
Urine RBCs	Yes	Yes	No
Urine WBCs	Yes	Yes	No
Electrocardiogram	Yes	Yes	No
Vision screen (visual acuity)	Yes	Yes	No
Color vision	Yes	Yes	No
Peripheral vision	Yes	Yes	No
Amsler grid	Yes	Yes	No
Eyes	Yes	Yes	No
Cardiovascular system	Yes	Yes	No
Liver	Yes	Yes	No
Kidneys	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No
Gait	Yes	Yes	No
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards, current edition; Agency for Toxic Substances and Disease Registry \(ATSDR\) Carbon Disulfide](#)
2. [NIOSH Occupational Health Guideline for Carbon Disulfide](#)
3. [NIOSH Workplace Hazard and Health Topics](#)

**REVIEWED:** November 2023

**CARBON MONOXIDE**

**127**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 carbon monoxide    FG3500000                      630-08-0

**Program Frequency:**                      Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	No
Use of nitrate medication (nitroglycerine)	Yes	Yes	No
Change or loss of vision in either eye	Yes	Yes	No
Shortness of breath	Yes	Yes	No
Change or loss in hearing	Yes	Yes	No
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Epilepsy or seizures	Yes	Yes	No
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	No
Problems with balance or coordination	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Muscle cramping	Yes	Yes	No
RBC	Yes	Yes	No
WBC	Yes	Yes	No
HGB	Yes	Yes	No
MCV	Yes	Yes	No
MCH	Yes	Yes	No
MCHC	Yes	Yes	No
Electrocardiogram	Yes	No	No
Eyes	Yes	Yes	No
Cardiovascular system	Yes	Yes	No
Respiratory system	Yes	Yes	No
Central nervous system	Yes	Yes	No

EXAM ELEMENT	BASE	PERI	TERM
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

Workers are typically included in the surveillance program when they are expected to be exposed to carbon monoxide levels beyond published exposure limits. Exposure limits for employees are as follows:

NIOSH REL: TWA 35 ppm (40 mg/m3) Ceiling 200 ppm (229 mg/m3)

OSHA PEL: TWA 50 ppm (55 mg/m3) IDLH1200 ppm

**PROVIDER COMMENTS:**

Baseline EKG is performed for later comparison when cardiac ischemia, secondary to carbon monoxide exposure, is suspected. Baseline CBC is performed to identify those workers with an underlying anemia or hemoglobinopathy. People with decreased hemoglobin oxygen carrying capacity will exhibit earlier and greater effects from carbon monoxide exposure that results in carboxyhemoglobinemia.

**REFERENCE:**

1. [NIOSH Occupational Health Guideline for Carbon Monoxide](#)
2. Roy A.M. Myers, Antoinette DeFazio, and Mark P. Kelly. Chronic Carbon Monoxide Exposure: A Clinical Syndrome Detected by Neuropsychological Tests. Journal Of Clinical Psychology, Vol. 54(5), 555–567 (1998)
3. Chapman, JT. Carbon Monoxide Poisoning. American College of Physicians, Physician Information and Education Resource 2008.
4. Van Meter, KW. Carbon monoxide poisoning. Emergency Medicine: A Comprehensive Study Guide 6th edition. Chapter 203

**REVIEWED:** February 2010

**CARBON TETRACHLORIDE**

**128**

**STRESSOR(S) IN THIS PROGRAM:** carbon tetrachloride      **NIOSH#** FG4900000      **CAS#** 56-23-5

**Program Frequency:** 3 years

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you had a major illness or injury since you last occupational health examination?	Yes	Yes	Yes
Have you been hospitalized or had surgery since you last occupational health examination?	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Use of barbiturates	Yes	Yes	Yes
Eye irritation or blurred vision	Yes	Yes	Yes
Nausea or vomiting	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Drowsiness unexplained by long waking hours	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
AST	Yes	Yes	Yes
ALT	Yes	Yes	Yes
Bilirubin, Total	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Visual acuity (far)	Yes	Yes	Yes
Eyes	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Liver	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	Yes

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Occupational Safety and Health Guideline for Carbon Tetrachloride](#)

**REVIEWED:** November 2023

**CHLOROFORM**

**130**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
chloroform	FS9100000	67-66-3

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Use of barbiturates	Yes	Yes	Yes
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No
Nausea or vomiting	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Migraine headache	Yes	Yes	Yes
Numbness, tingling, or weakness in hands or feet	Yes	Yes	Yes
Sleep disorder, breathing pauses while sleeping, sleep apnea, loud snoring, insomnia, daytime sleepiness	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Personality or behavior change	Yes	Yes	No
Difficulty walking or talking after being away from work	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
AST	Yes	Yes	Yes
ALT	Yes	Yes	Yes
Bilirubin, Total	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Electrocardiogram	Yes	No	Yes
Cardiovascular system	Yes	Yes	Yes
Abdomen	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Safety and Health Topic: Chloroform](#)
2. [ATSDR ToxFAQs—Chloroform, September 1997](#)
3. [OSHA Occupational Chemical Database CHLOROFORM \(TRICHLOROMETHANE\)](#)

**REVIEWED:** November 2023

**CHROMIC ACID/CHROMIUM (VI)**

133

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
chromic acid	GB2450000	
chromic acid, zinc salt	GB3290000	
dichromic acid, disodium salt	HX7700000	
chromium (vi) water soluble	GB4200000	
chromium (vi) water insoluble	GB4200000	
chromic acid, lead (+2) salt (1:1)	GB2975000	
chromic acid, di-t-butylester	GB2900000	
chromic acid, disodium salt	GB2955000	
chromic acid, dipotassium salt	GB2940000	
chromium phosphate	GB6840000	
chromium carbonyl	GB5075000	
chromic acid, zinc hydroxide hydrate (1:2, 2:1)	GB3260000	
chromium (vi) oxide (1:3)	GB6650000	
chromic acid, strontium salt (1:1)	GB3240000	
chromic acid, calcium salt (1:1)	GB2750000	
barium chromate (vi)	CQ8760000	
c.i. pigment yellow	GB3300000	
chromium chromate	GB2850000	

<b>Program Frequency:</b>	<b>Annual</b>		
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on "light duty" since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Cough, other than with colds, flu or allergies	Yes	Yes	Yes
Coughing up blood (hemoptysis)	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Perforation of nasal septum	Yes	Yes	Yes
Exposure to dusts (coal, blast grit, sand, nuisance)	Yes	Yes	Yes
Exposure to chromium or chromic acid	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
Chest X-ray (PA)	Yes	No	No
Nasal mucosa (septal perforation)	Yes	Yes	Yes
Mucous membranes	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

As of 2018, routine blood and urine testing is discontinued. However, providers may perform further tests if warranted by abnormal findings.

**REFERENCE:**

1. [OSHA STANDARD 29 CFR 1910, 1915, 1917, 1918, 1926 \(Occupational exposure to hexavalent chromium\), final rule effective 30 May 2006](#)
2. [NIOSH Occupational Health Guideline for Chromic Acid and Chromates](#)
3. DoDI 6055.05-M, Table C2.T7, Chromium

**REVIEWED:** April 2018

**COAL TAR PITCH VOLATILES/POLYCYCLIC AROMATIC HYDROCARBONS 134**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
coal tars (coal tar)	GF8600000	8007-45-2
coal tar extracts and high temperature tars	GF8600100	65996-89-6
coal tar pitch volatiles	GF8655000	65996-93-2

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Cough, other than with colds, flu or allergies	Yes	Yes	Yes
Coughing up blood (hemoptysis)	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to respiratory irritants	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Problems with urination or blood in urine	Yes	Yes	Yes
RBC	Yes	Yes	Yes
WBC	Yes	Yes	Yes
HGB	Yes	Yes	Yes
MCV	Yes	Yes	Yes
MCH	Yes	Yes	Yes
MCHC	Yes	Yes	Yes
Neutrophils	Yes	Yes	Yes
Lymphocytes	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Monocytes	Yes	Yes	Yes
Eosinophils	Yes	Yes	Yes
Basophils	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Chest X-ray (PA)	Yes	Yes	Yes
Mucous membranes	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

NOTE: 29 CFR 1910.1029 applies to workers exposed to coke oven emissions and has specific requirements which must be followed in addition to those listed above. These include sputum and urine cytology and spirometry. To the extent that a worker’s exposure to PAH resembles that of coke oven emissions, these additional elements must be considered. While sputum cytology is not of proven benefit, urine cytology has been shown in certain high risk groups to identify asymptomatic cancers. Reference (4) provides more elaborate discussion of the issues.

**REFERENCE:**

1. [29 CFR 1910.1002—Coal tar pitch volatiles; interpretation of term.](#)
2. [29 CFR 1910.1029](#)
3. [NIOSH Occupational Health Guideline for Coal Tar Pitch Volatiles](#)
4. Polycyclic Aromatic Hydrocarbons, Fifth Annual Report on Carcinogens, Summary 1989, U.S. Department of Health and Human Services Public Health Service, Rockville, MD, Technical Resources, Inc. 1989:242-246.
5. Journal of Occupational Medicine 1990 (32): Entire Issue.

**REVIEWED:** December 2009

**COBALT**

**208**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
cobalt (metal fume and dust)	GF8750000	7440-48-4
cobalt (II) oxide	GG2800000	1307-96-6
cobalt (II) sulfide	GG3325000	1317-42-6
cobalt (II) chloride	GG9800000	7646-39-9
cemented tungsten carbide (see #200 for stressors)		

	<b>Program Frequency:</b>			
	Annual			
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>	
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No	
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No	
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No	
Have any medications changed since your last occupational health examination	Yes	Yes	No	
Current medication use (prescription or over the counter)	Yes	Yes	No	
Have you ever had cancer	Yes	Yes	No	
Do you drink six or more alcoholic drinks per week	Yes	Yes	No	
Have you ever smoked	Yes	Yes	No	
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No	
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No	
Eye irritation or blurred vision	Yes	Yes	No	
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No	
Shortness of breath	Yes	Yes	No	
Cough, other than with colds, flu or allergies	Yes	Yes	No	
Exposure to skin irritants	Yes	Yes	No	
Weight loss	Yes	Yes	No	
Allergies (asthma, hay fever, eczema)	Yes	Yes	No	
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No	
Chest X-ray (PA)	Yes	Yes	No	
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	No	
Cardiovascular system	Yes	Yes	No	
Respiratory system	Yes	Yes	No	
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No	
Decreased pulmonary function test	Yes	Yes	No	

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards Cobalt, September 2005](#)
2. [OSHA Chemical Sampling Information for Cobalt, March 2007](#)
3. [OSHA Occupational Safety and Health Guideline for Cobalt Metal, Dust, and Fume \(as Co\)](#)
4. [ATSDR ToxFAQs—Cobalt, April 2004](#)
5. [NIOSH Workplace Hazard and Health Topics: Cobalt](#)

**REVIEWED:** April 2018

**CRESOL**

**135**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
cresol (o, m, p-mixture)	GO5950000	1319-77-3
m-cresol	GO6125000	108-39-4
o-cresol	GO6300000	95-48-7
p-cresol	GO6475000	106-44-5
2,6-ditert-butyl-p-cresol	GO7875000	128-37-0
4,4'-thiobis(6-tert-butyl-m-cresol)	GP3150000	96-69-5

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Liver disease	Yes	Yes	No
Hepatitis or jaundice	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Shortness of breath	Yes	Yes	No
Cough, other than with colds, flu or allergies	Yes	Yes	No
Coughing up blood (hemoptysis)	Yes	Yes	No
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No
Nausea or vomiting	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Allergies (asthma, hay fever, eczema)	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Kidney disease	Yes	Yes	No
BUN	Yes	Yes	No

EXAM ELEMENT	BASE	PERI	TERM
Creatinine	Yes	Yes	No
AST	Yes	Yes	No
Bilirubin, Total	Yes	No	No
Alkaline phosphatase	Yes	No	No
Urine Ph	Yes	Yes	No
Urine specific gravity	Yes	Yes	No
Urine urobilinogen	Yes	Yes	No
Urine protein	Yes	Yes	No
Urine glucose	Yes	Yes	No
Urine ketones	Yes	Yes	No
Urine blood	Yes	Yes	No
Urine RBCs	Yes	Yes	No
Urine WBCs	Yes	Yes	No
Chest X-ray (PA)	Yes	No	No
Respiratory system	Yes	Yes	No
Liver	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Medical clearance for respiratory use may be required.

\*AST for baseline is included in baseline liver profile. Only AST is required on annual basis.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards Cresols, September 2005](#)
2. [OSHA Safety and Health Guideline for Phenol and Cresol, 2008](#)
3. [ATSDR ToxFAQs—Cresol, November 2008](#)
4. [NIOSH Criteria Documents, Criteria for a Recommended Standard: Occupational Exposure to Cresol, 1978](#)
5. [EPA Air Toxics Hazard Summary: Cresol, January 2000](#)

**REVIEWED:** April 2011

**1,2 DIBROMO-3-CHLOROPROPANE (DBCP)**

**137**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
1,2-dibromo-3-chloropropane	TX8750000	96-12-8

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Mucosal irritation	Yes	Yes	Yes
Problems with balance or coordination	Yes	Yes	Yes
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
Impotence or sexual dysfunction	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
Estrogen, serum total	Yes	Yes	Yes
FSH, serum	Yes	Yes	Yes
LH, serum	Yes	Yes	Yes
Sperm count	Yes	Yes	Yes
Body habitus	Yes	Yes	Yes
HEENT	Yes	Yes	Yes
Mucous membranes	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Check for testicle size or atrophy	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Use of 1,2-dibromo-3-chloropropane (DBCP) as a fumigant in the U.S. has been banned by the EPA. Limited manufacturing may still be occurring.

Medical surveillance is to be made available in regulated areas and to workers exposed to DBCP in emergency situations. The OSHA standard on DBCP does not apply to: 1) exposure to DBCP which results solely from the application and use of DBCP as a pesticide; or 2) the storage, transportation, distribution, or sale of DBCP in intact containers sealed in such a manner as to prevent exposure to DBCP vapors or liquids.

All medical examinations and procedures shall be performed by or under the supervision of a licensed physician.

Per 29 CFR 1910.1044, following exposure in an emergency situation the employer shall provide the employee with a sperm count test as soon as practicable, or, if the employee has a history of vasectomy or is unable to produce a semen specimen, the hormone tests contained in paragraph (m)(2)(iii) of this section. The employer shall provide these same tests at a **three** month follow-up.

In addition, if the employee for any reason develops signs or symptoms commonly associated with exposure to DBCP, the employer shall provide the employee with a medical examination which shall include those elements considered appropriate by the examining physician, in accordance with paragraph 1910.1044(m)(3).

**REFERENCE:**

1. [OSHA STANDARD 29 CFR 1910.1044](#)
2. [29 CFR 1926.1144 1,2-dibromo-3-chloropropane.](#)
3. [HAZ-MAP at National Library of Medicine](#)
4. [ATSDR ToxFAQs 1,2-Dibromo-3-Chloropropane, 1995](#)

**REVIEWED:** April 2011

**3,3'-DICHLOROBENZIDINE**

**138**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
3,3' dichlorobenzidine	DD0525000	91-94-1

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Problems with urination or blood in urine	Yes	Yes	Yes
Impotence or sexual dysfunction	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [OSHA STANDARD 29 CFR 1910.1003](#)
2. [29 CFR 1926.1103](#)
3. [Former standard 29 CFR 1910.1007. HAZ-MAP at National Library of Medicine](#)
4. [ATDSR ToxFAQs -3,3'-Dichlorobenzidine, June 1999](#)

**REVIEWED:** February 2009

**4-DIMETHYLAMINOAZOBENZENE**

**139**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
4-dimethylaminoazobenzene	BX7350000	60-11-7

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Problems with urination or blood in urine	Yes	Yes	Yes
Impotence or sexual dysfunction	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [OSHA STANDARD 29 CFR 1910.1003](#)
2. 29 CFR 1926.1103
3. Former standard 29 CFR 1910.1015.
4. [HAZ-MAP at National Library of Medicine](#)

**REVIEWED:** April 2011

**DINITRO-ORTHO-CRESOL**

**140**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 dinitro-o-cresol    GO9625000                      534-52-1

**Program Frequency:**                      Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Liver disease	Yes	Yes	No
Use of nitrate medication (nitroglycerine)	Yes	Yes	No
Glaucoma	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Exposure to dusts (coal, blast grit, sand, nuisance)	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Weight loss	Yes	Yes	No
Thyroid disease (including heat or cold intolerance)	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Kidney disease	Yes	Yes	No
Urine Ph	Yes	Yes	No
Urine specific gravity	Yes	Yes	No
Urine urobilinogen	Yes	Yes	No
Urine protein	Yes	Yes	No
Urine glucose	Yes	Yes	No
Urine ketones	Yes	Yes	No
Urine blood	Yes	Yes	No
Urine RBCs	Yes	Yes	No
Urine WBCs	Yes	Yes	No
Metabolic disturbance (fever, tachycardia)	Yes	Yes	No

EXAM ELEMENT	BASE	PERI	TERM
Eyes	Yes	Yes	No
Mucous membranes	Yes	Yes	No
Thyroid	Yes	Yes	No
Cardiovascular system	Yes	Yes	No
Respiratory system	Yes	Yes	No
Abdomen	Yes	Yes	No
Liver	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

72 hour observation by medical attendants required in all cases of splashes, spills or leaks where significant skin or eye contact with or inhalation of materials occurs. Weekly sampling and analysis of workers blood for DNOC content required during period of expected exposure in the following agriculturally related occupations: mixers, loaders, ground and aerial applicators, and flaggers.

**REFERENCE:**

1. [NIOSH Criteria for a Recommended Standard. Occupational Safety and Health Guideline for Dinitro-ortho-cresol](#)
2. [NIOSH Pocket Guide, Dinitro-ortho-cresol September 2005](#)
3. Hayes WJ, Pesticides Studied in Man, Baltimore: Williams and Wilkins; 1982:466-470.
4. [HAZ-MAP at National Library of Medicine](#)

**REVIEWED:** September 2009

**DIOXANE**

**141**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 dioxane    JG8225000                      123-91-1

**Program Frequency:**                      Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Liver disease	Yes	Yes	No
Hepatitis or jaundice	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Shortness of breath	Yes	Yes	No
Coughing up blood (hemoptysis)	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Kidney disease	Yes	Yes	No
BUN	Yes	Yes	No
Creatinine	Yes	Yes	No
AST	Yes	Yes	No
Bilirubin, Total	Yes	Yes	No
Alkaline phosphatase	Yes	Yes	No
Urine Ph	Yes	Yes	No
Urine specific gravity	Yes	Yes	No
Urine urobilinogen	Yes	Yes	No
Urine protein	Yes	Yes	No
Urine glucose	Yes	Yes	No
Urine ketones	Yes	Yes	No
Urine blood	Yes	Yes	No
Urine RBCs	Yes	Yes	No
Urine WBCs	Yes	Yes	No
Nasal mucosa (septal perforation)	Yes	Yes	No
Mucous membranes	Yes	Yes	No

EXAM ELEMENT	BASE	PERI	TERM
Respiratory system	Yes	Yes	No
Liver	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Nares exam is recommended in NIOSH std.

**REFERENCE:**

1. [NIOSH Criteria for a Recommended Standard. Occupational Exposure to Dioxane.](#)
2. [HAZ-MAP at National Library of Medicine](#)

**REVIEWED:** June 2008

**EPICHLOROHYDRIN**

**142**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
epichlorohydrin	TX4900000	106-89-8

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to respiratory irritants	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
Impotence or sexual dysfunction	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
BUN	Yes	Yes	Yes
Creatinine	Yes	Yes	Yes
AST	Yes	Yes	Yes
Bilirubin, Total	Yes	No	Yes
Alkaline phosphatase	Yes	No	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Urine WBCs	Yes	Yes	Yes
Chest X-ray (PA)	Yes	No	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	Yes
Eyes	Yes	Yes	Yes
Mucous membranes	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Kidneys	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [Occupational exposure to Epichlorohydrin, DHHS Pub. No. 76-206](#)
2. [NIOSH Current Intelligence Bulletin -30: Epichlorohydrin](#)
3. [HAZ-MAP at National Library of Medicine](#)

**REVIEWED:** April 2011

**ETHOXY AND METHOXY ETHANOL**

**143**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
2-ethoxyethanol	K8050000	110-80-5
2-methoxyethanol	KL5775000	109-86-4

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	No
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Kidney disease	Yes	Yes	No
Current pregnancy (females only)	Yes	Yes	No
Infertility or miscarriage (self or spouse)	Yes	Yes	No
RBC	Yes	Yes	No
WBC	Yes	Yes	No
HGB	Yes	Yes	No
MCV	Yes	Yes	No
MCH	Yes	Yes	No
MCHC	Yes	Yes	No
BUN	Yes	Yes	Yes
Creatinine	Yes	Yes	Yes
AST	Yes	Yes	Yes
Bilirubin, Total	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine - 24-hour urine calcium	Yes	Yes	Yes
Urine - End-of-shift, end of work week urine samples for 2-ethoxyacetic acid in mg/g creatinine	Yes	Yes	Yes
Check for testicle size or atrophy	Yes	Yes	No
Testes	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [Occupational Safety and Health Guideline for 2-Ethoxyethanol](#)
2. [The Glycol Ethers, with Particular Reference to 2-Methoxyethanol and 2-Ethoxyethanol: Evidence of Adverse Reproductive Effects, NIOSH Current Intelligence Bulletin 39](#)
3. [HAZ-MAP 2-Ethoxyethanol](#)
4. [HAZ-MAP 2-Methoxyethanol](#)
5. [HAZ-MAP Glycol Ethers](#)

**REVIEWED:** May 2014

**ETHYLENE DIBROMIDE**

**145**

**STRESSOR(S) IN THIS PROGRAM:** ethylene dibromide  
**NIOSH#** KH9275000  
**CAS#** 106-93-4

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Eye irritation or blurred vision	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to respiratory irritants	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
Impotence or sexual dysfunction	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
BUN	Yes	Yes	Yes
Creatinine	Yes	Yes	Yes
AST	Yes	Yes	Yes
Bilirubin, Total	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
Eyes	Yes	Yes	Yes
Cardiovascular system	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes

	<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Liver		Yes	Yes	Yes
Kidneys		Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)		Yes	Yes	Yes
Central nervous system		Yes	Yes	Yes

---

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Criteria for a Recommended Standard Occupational exposure to Ethylene Dibromide, NIOSH Pub. No. 77-221](#)
2. [HAZMAP Ethylene Dibromide](#)
3. [EXTOXNET Ethylene Dibromide](#)
4. [Medical Management Guidelines \(ATSDR\) Ethylene Dibromide](#)

**REVIEWED:** February 2011

**ETHYLENE DICHLORIDE**

**146**

**STRESSOR(S) IN THIS PROGRAM:** ethylene dichloride      **NIOSH#** KI0525000      **CAS#** 107-06-2

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to respiratory irritants	Yes	Yes	Yes
Weight loss	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
RBC	Yes	Yes	Yes
WBC	Yes	Yes	Yes
HGB	Yes	Yes	Yes
MCV	Yes	Yes	Yes
MCH	Yes	Yes	Yes
MCHC	Yes	Yes	Yes
Neutrophils	Yes	Yes	Yes
Lymphocytes	Yes	Yes	Yes
Monocytes	Yes	Yes	Yes
Eosinophils	Yes	Yes	Yes
Basophils	Yes	Yes	Yes

	<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
BUN		Yes	Yes	Yes
Creatinine		Yes	Yes	Yes
AST		Yes	Yes	Yes
Bilirubin, Total		Yes	No	Yes
Alkaline phosphatase		Yes	No	Yes
Urine Ph		Yes	Yes	Yes
Urine specific gravity		Yes	Yes	Yes
Urine urobilinogen		Yes	Yes	Yes
Urine protein		Yes	Yes	Yes
Urine glucose		Yes	Yes	Yes
Urine ketones		Yes	Yes	Yes
Urine blood		Yes	Yes	Yes
Urine RBCs		Yes	Yes	Yes
Urine WBCs		Yes	Yes	Yes
Chest X-ray (PA)		Yes	No	Yes
Eyes		Yes	Yes	Yes
Respiratory system		Yes	Yes	Yes
Liver		Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)		Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided

**PROVIDER COMMENTS:**

Ethylene dichloride is a central nervous system depressant and causes injury to the liver and kidneys. Animal studies indicate that it has little ability to adversely affect the reproductive or developmental processes except at maternally toxic levels.

Medical Clearance for respirator use may be required

Sentinel Health Events (SHE) include:

1. Contact and/or allergic dermatitis
2. Toxic hepatitis is recognized as delayed onset of SHE's and is associated with occupational exposure

**REFERENCE:**

1. [NIOSH Criteria for a Recommended Standard Occupational exposure to Ethylene Dichloride, NIOSH Pub. No. 78-211, September 1978](#)
2. [OSA Guideline for Ethylene Dichloride 1988](#)
3. [HAZMAP – Ethylene Dichloride](#)

**REVIEWED:** February 2011

**ETHYLENEIMINE**

**149**

**STRESSOR(S) IN THIS PROGRAM:** ethyleneimine      **NIOSH#** KX5075000      **CAS#** 151-56-4

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Eye irritation or blurred vision	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
AST	Yes	Yes	Yes
Bilirubin, Total	Yes	No	Yes
Alkaline phosphatase	Yes	No	Yes
Chest X-ray (PA)	Yes	No	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	Yes
Eyes	Yes	Yes	Yes
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Kidneys	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

\*AST for baseline is included in baseline liver profile. Only AST is required on annual basis.

**REFERENCE:**

1. [NIOSH OSH Pocket Guide to Ethylenimine, September 2005](#)
2. [OSHA STANDARD 29 CFR 1910.1003. Former standard 29 CFR 1910.1012.](#)
3. [29 CFR 1926.1103](#)
4. [HAZ-MAP - Ethylenimine](#)

**REVIEWED:** February 2011

**ETHYLENE OXIDE**

**148**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
ethylene oxide (EtO)	KX2450000	75-21-8

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Eye irritation or blurred vision	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Difficulty breathing	Yes	Yes	Yes
Nausea or vomiting	Yes	Yes	Yes
Exposure to chemotherapeutic or antineoplastic agents	Yes	Yes	Yes
Exposure to anesthetic gases	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	Yes
Problems with balance or coordination	Yes	Yes	Yes
Numbness, tingling, or weakness in hands or feet	Yes	Yes	Yes
Unexplained fatigue	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
RBC	Yes	Yes	Yes
WBC	Yes	Yes	Yes
HGB	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
MCV	Yes	Yes	Yes
MCH	Yes	Yes	Yes
MCHC	Yes	Yes	Yes
HCT	Yes	Yes	Yes
Lymphocytes	Yes	Yes	Yes
Monocytes	Yes	Yes	Yes
Eosinophils	Yes	Yes	Yes
Basophils	Yes	Yes	Yes
Retic count	Yes	Yes	Yes
Platelets	Yes	Yes	Yes
Eyes	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

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**PROGRAM DESCRIPTION:**

None provided

**PROVIDER COMMENTS:**

Per reference (1), the content of the medical examination shall be determined by the examining physician, and shall include pregnancy testing or laboratory evaluation of fertility, if requested by the employee and deemed appropriate by the physician.

Periodicity may be more frequently than annual if deemed appropriate by the physician.

OSHA Standard requires a provider's Written Opinion (PWO). A sample PWO can be found in Physician's/Provider's Written Opinion Samples of the Medical Matrix and reference (1) [Appendix C](#).

Workers in EtO surveillance generally also will be enrolled in the respiratory protection program.

Refer to reference (1) for exams required following acute exposure or for exams with positive findings.

**REFERENCE:**

1. [29 CFR 1910.1047](#).
2. [29 CFR 1926.1147 \(applies to construction, and only refers back to 29 CFR 1910.1047\)](#)
3. [NIOSH Current Intelligence Bulletin -35, Ethylene Oxide, 1981](#)
4. [HAZ-MAP – Ethylene Oxide](#)
5. [OSHA Safety and Health Topics Ethylene Oxide](#)

**REVIEWED:** December 2014

**FLUORIDES (INORGANIC)**

**150**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
fluorides	LM6290000	16984-48-8
calcium fluoride	EW1760000	7789-75-5
carbonyl fluoride	FG6125000	353-50-4
perchloryl fluoride	SD1925000	7616-94-6
sulfuryl fluoride	WT5075000	2699-79-8
fluorine	LM6475000	7782-41-4
hydrofluoric acid	MW7875000	7664-39-3

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Hepatitis or jaundice	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Chronic abdominal pain, vomiting, other GI symptoms	Yes	Yes	No
Exposure to hydrogen fluoride or inorganic fluorides	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Muscle or joint problems, rheumatism, or arthritis	Yes	Yes	No
Allergies (asthma, hay fever, eczema)	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Kidney disease	Yes	Yes	No
Urine Fluoride - post shift	Yes	*	No
Chest X-ray (PA)	Yes	No	No
Eyes	Yes	Yes	No
Mucous membranes	Yes	Yes	No
Teeth (acid erosion)	Yes	Yes	No

EXAM ELEMENT	BASE	PERI	TERM
Respiratory system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

A preplacement spot urine fluoride is obtained for a baseline as an indicator of body burden.

Medical Clearance for respirator use may be required.

\*At the time of the periodic examination, evaluate the need to perform a urine fluoride test. Post shift examination of the urine fluoride reflects recent exposure (in the preceding hours) and is not useful for biological monitoring if the employee has not been exposed to fluoride. The best time to obtain the urine specimen is at the end of a work week after the employee has been involved in tasks with fluoride exposure during that week. Because of the episodic exposure of most employees, the laboratory work obtained for the annual medical surveillance may not coincide with an exposure period. Ideally, the biological monitoring should be collected at the same time the Industrial Hygienist collects environmental samples.

**REFERENCE:**

1. Federal Register volume 66, Number 172, September 5, 2001
2. [NIOSH Criteria Documents, Criteria for a Recommended Standard: Occupational Exposure to Inorganic Fluorides, 1975](#)
3. Advanced Inorganic Fluorides: Synthesis, Characterization and Applications, (Nakajima et al, 2000)
4. American Journal of Pathology: Inorganic fluoride. Divergent effects on human proximal tubular cell viability (Zager and Iwata, 1997)
5. [HAZ-MAP FLUORIDES](#)

**REVIEWED:** October 2020

**FORMALDEHYDE**

**151**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
formaldehyde	LP8925000	50-00-0

**Program Frequency:** Annual\*

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Contact lens use	Yes	Yes	Yes
Eye irritation or blurred vision	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Cough, other than with colds, flu or allergies	Yes	Yes	Yes
Coughing up blood (hemoptysis)	Yes	Yes	Yes
Swelling in legs or feet (not caused by walking)	Yes	Yes	Yes
Exposure to formaldehyde	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Numbness, tingling, or weakness in hands or feet	Yes	Yes	Yes
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Prior respirator use	Yes	Yes	Yes
Any problems with prior respirator use	Yes	Yes	Yes
Chest X-ray (PA)	Yes	**	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	Yes
Eyes	Yes	Yes	Yes
Nasal mucosa (septal perforation)	Yes	Yes	Yes
Mucous membranes	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Respiratory system	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

The employer shall institute medical surveillance programs for all employees exposed to formaldehyde at concentrations at or exceeding the action level (0.5 ppm calculated as an 8-hour TWA) or exceeding the STEL (2 ppm as a 15-minute STEL). The employer shall make medical surveillance available for employees who develop signs and symptoms of overexposure to formaldehyde and for all employees exposed to formaldehyde in emergencies.

Respirators must be used during work operations for which feasible engineering and work-practice controls are not yet sufficient to reduce employee exposure to or below the PEL (0.75 ppm as an 8-hour TWA). The OSHA standard requires an annual medical examination, including spirometry, for all workers whose exposure requires use of respirators for protection. For those workers whose exposure does not require a respirator, the examiner shall review the medical and work history and determine whether an examination is required.

Examinations are required for employees exposed to formaldehyde in an emergency. The employer shall promptly notify an employee of the right to seek a second medical opinion after each occasion that an initial physician conducts a medical examination or consultation for the purpose of medical removal or restriction. Refer to 29 CFR 1910.1048, Appendix C.

For those employees getting spirometry as part of their medical surveillance examination, the OSHA standard states that the spirometry should include, at a minimum, FVC, FEV1, and FEF (Forced Expiratory Flow).

The OSHA standard does not REQUIRE a Chest X-Ray as part of Formaldehyde medical surveillance. Examining physicians should use clinical judgment to decide whether to order/perform chest x-ray (see Appendix C of the OSHA standard).

Diseases associated with exposure to this agent include: Occupational Asthma, Allergic Contact Dermatitis and Acute Pneumonitis. Biomonitoring for chronic formaldehyde exposure is not feasible, as formaldehyde is naturally occurring and is rapidly broken down.

Formaldehyde is sold commercially as formalin, a colorless liquid with a pungent odor, in aqueous solutions of 37%, 44%, or 50%.

A Physician's/provider's Written Opinion is required by OSHA Standard. A sample Physician's/provider's Written Opinion can be found at the end of this manual.

\*Frequency determined by examining physician

\*\*See provider comments

**REFERENCE:**

1. [29 CFR 1910.1048, Appendix C](#)
2. [29 CFR 1910.1048 Safety and Health Topics Formaldehyde](#)
3. 29 CFR 1226.1148
4. [Haz Map](#)
5. IARC Monographs on the Evaluation of Carcinogenic Risks to Humans
6. [ATSDR Toxicological Profile for Formaldehyde](#)

**REVIEWED:** April 2017

**FREON (HALOALKANE) WORKERS**

**718**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
1,1,2-trichloro-1,2,2,-trifluoroethane (Freon - 113)	KJ4000000	76-13-1
Trichlorofluoromethane		75-69-4
1,2-dichloro-1,1,2,2-tetrafluoroethane		76-14-2
1-chloro-1,1-difluoroethane		75-68-3
1,2-dibromotetrafluoroethane		124-73-2
Dichlorodifluoromethane		75-71-8

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Shortness of breath	Yes	Yes	No
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Cardiovascular system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No

**PROGRAM DESCRIPTION:**

Workers exposed to FC-113 at or above the action level, i.e., one half or more of the permissible exposure limits (8-hour TWA) for more than 30 days a year or 10 days a quarter, should be placed in a medical surveillance program and scheduled for annual examinations. Workers should have a preplacement examination if they do not fit the criteria for placement in the medical surveillance program but have potential exposure to FC-113 above the Short Term Exposure Limit (STEL).

**PROVIDER COMMENTS:**

A limited number of haloalkane compounds have cardiac sensitizing effects. Interval history should stress intake of oral medications with cardiac sensitizing effects (epinephrine, norepinephrine, dopamine, isoproterenol and other sympathomimetic drugs used by asthmatics).

**REFERENCE:**

1. Commander, Naval Sea Systems Command letter, 4734/9210 Ser 06C13C/1117 of 29 Oct 85
2. Federal Register 54 FR 2539-2541 Jan 19, 1989
3. [TOXNET listing of Freon chemical names](#)
4. [EPA: Chemicals in the Environment: Freon-113](#)

**REVIEWED:** December 2017

**GLYCIDYL ETHERS**

**152**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
resorcinol diglycidyl ether	VH1050000	101-90-6
oxirane, (2-propenyloxy)methyl (allyl glycidyl ether)	RR0875000	106-92-3
propane, 1,2-epoxy-3-isopropyl ether, bis (2,3-epoxy propyl)	TZ3500000	4016-14-2
propane, 1,2-epoxy-3-phenoxy	KN2350000	2238-07-5
propane, 1-butoxy-2,3-epoxy	TZ3675000	122-60-1
1-propanol,2,3-epoxy (glycidol)	TX4200000	2426-08-6
	UB4375000	556-52-5

<b>Program Frequency:</b>	<b>Annual</b>		
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Allergies (asthma, hay fever, eczema)	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Infertility or miscarriage (self or spouse)	Yes	Yes	No
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	No
Eyes	Yes	Yes	No
Nose	Yes	Yes	No
Mucous membranes	Yes	Yes	No
Throat	Yes	Yes	No
Respiratory system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards Glycidol, September 2005](#)
2. [OSHA Chemical Sampling Information Allyl glycidyl ether](#)
3. [Current Intelligence Bulletin-Glycidyl Ethers October 1978](#)
4. [NIOSH Criteria Documents, Criteria for a Recommended Standard: Occupational](#)
5. [American Thoracic Society](#)

**REVIEWED:** February 2011

**HYDRAZINES**

**155**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
1,1-dimethylhydrazine	MV2450000	57-14-7
hydrazine	MV7175000	302-01-2
phenylhydrazine	MV8925000	100-63-0
methyl hydrazine	MV5600000	60-34-4

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Eye irritation or blurred vision	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Exposure to chemotherapeutic or antineoplastic agents	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to respiratory irritants	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Numbness, tingling, or weakness in hands or feet	Yes	Yes	Yes
Thyroid disease (including heat or cold intolerance)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
RBC	Yes	Yes	Yes
WBC	Yes	Yes	Yes
HGB	Yes	Yes	Yes
MCV	Yes	Yes	Yes
MCH	Yes	Yes	Yes
MCHC	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
AST	Yes	Yes	Yes
Bilirubin, Total	Yes	No	Yes
Alkaline phosphatase	Yes	No	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Chest X-ray (PA)	Yes	No	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	Yes
Eyes	Yes	Yes	Yes
Thyroid	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

The potential for worker exposure is primarily through inhalation and skin absorption. Liquid in the eyes or on the skin causes severe burns. Hydrazine as the vapor or liquid is a severe skin and mucous membrane irritant, a convulsant, a hepatotoxin, and a carcinogen in animals (1).

Diseases associated with exposure to this agent include: Allergic Contact Dermatitis and Acute Pneumonitis.

**EMERGENCY NOTE:**

(1) Exposure to high quantities of this agent can result in severe illness or death with some effects taking hours or days to materialize. In acute over-exposure situations, evaluation should take place in a setting where staff is able to assess and respond rapidly to life-threatening organ failure.

(2) Specific antidote to CNS effects, e.g. seizures, is pyridoxine (vitamin B6)

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards Hydrazines, September 2005](#)
2. [OSHA Chemical Sampling Information Methyl Hydrazine](#)
3. [ATSDR ToxFAQs—Hydrazines, September 1997](#)
4. [Public Health Statement ATSDR—Hydrazines, 1997](#)

5. [NIOSH Criteria Documents, Criteria for a Recommended Standard: Occupational Exposure to Hydrazines, 1978](#)
6. [Haz Map](#)

**REVIEWED:** October 2020

**HYDROGEN CYANIDE/CYANIDE SALTS**

**156**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
hydrogen cyanide and cyanide salts	MW6825000	74-90-8
cyanides	GS7175000	57-12-5
cyanamide	GS5950000	420-04-2
cyanogen	GT1925000	460-19-5
cyanogen chloride	GT2275000	506-77-4
calcium cyanamide	GS6000000	156-62-7
methacrylonitrile	UD1400000	126-98-7
methyl 2-cyanoacrylate	AS7000000	137-05-3
silver cyanide	VW3850000	506-64-9
calcium cyanide	EW0700000	592-01-8
potassium cyanide	TS8750000	151-50-8
sodium cyanide	VZ7525000	143-33-9

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No
Nausea or vomiting	Yes	Yes	No
Chronic abdominal pain, vomiting, other GI symptoms	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Tremor (shakiness), numbness or loss of sensation/feeling	Yes	Yes	No
Thyroid disease (including heat or cold intolerance)	Yes	Yes	No

EXAM ELEMENT	BASE	PERI	TERM
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Chest X-ray (PA)	Yes	No	No
Mucous membranes	Yes	Yes	No
Thyroid	Yes	Yes	No
Cardiovascular system	Yes	Yes	No
Respiratory system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards Hydrogen Cyanide, September 2005](#)
2. [OSHA Safety and Health Guideline for Hydrogen cyanide--1995](#)
3. [CDC Emergency Response Safety and Health Database—Hydrogen cyanide, August 2008](#)
4. [ATSDR Medical Management Guidelines for Hydrogen Cyanide, 2007](#)
5. [NIOSH Criteria Documents, Criteria for a Recommended Standard: Occupational Exposure to Hydrogen Cyanide and Cyanide Salts, 1976](#)

**REVIEWED:** October 2020

**HYDROGEN SULFIDE**

**158**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
hydrogen sulfide    MX1225000                      7783-06-4

**Program Frequency:**                      Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Epilepsy or seizures	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Tremor (shakiness), numbness or loss of sensation/feeling	Yes	Yes	No
Mental or emotional illness	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Personality or behavior change	Yes	Yes	No
Weight loss	Yes	Yes	No
Chest X-ray (PA)	Yes	No	No
Eyes	Yes	Yes	No
Respiratory system	Yes	Yes	No
Central nervous system	Yes	Yes	No
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Medical clearance for respirator may be required

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards Hydrogen Sulfide, September 2005](#)
2. [OSHA Safety and Health e-Tool Oil and Gas Drilling and Servicing Physical Properties and Physiological Effects of Hydrogen Sulfide, January 2009](#)
3. [ATSDR Medical Management Guidelines for Hydrogen Sulfide, February 2009](#)

**REVIEWED:** October 2017

**HYDROQUINONE (DIHYDROXY BENZENE)**

**159**

**STRESSOR(S) IN THIS PROGRAM:** hydroquinone      **NIOSH#** MX3500000      **CAS#** 123-31-9

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Allergies (asthma, hay fever, eczema)	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Vision screen (visual acuity)	Yes	Yes	No
Slit lamp exam	Yes	Yes	No
Eyes	Yes	Yes	No
Respiratory system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Hydroquinone primarily affects the eyes. Chronic exposure produces changes characterized as: brownish discoloration of the conjunctiva and cornea confined to the interpalpebral tissue; small opacities of the cornea; and structural changes in the cornea that result in loss of visual acuity. Annual slit lamp exam is recommended to evaluate corneal and conjunctival changes and opacities (3).

Allergic Contact Dermatitis has been associated with exposure to Hydroquinone.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards Hydroquinone, September 2005](#)
2. [OSHA Exposure limits and symptoms of Hydroquinone, acetic acid, and glutaraldehyde exposure. 1998](#)
3. [NIOSH Criteria Documents Comprehensive Safety Recommendations for Occupational Exposure to Hydroquinone, 1978](#)
4. [Haz-Map: Hydroquinone](#)

**REVIEWED:** November 2010

**ISOCYANATES**

**196**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
benzene,2,4-diisocyanato-1-methyl	CZ6300000	584-84-9
hexamethylene, 1,6-diisocyanate	MO1740000	822-06-0
isocyanic acid, methylene-diphenylene ester	NQ9350000	101-68-8
isocyanic acid, 1,5-naphthylene ester	NQ9600000	3173-72-6
s-triazine-2,4,6-triol	XZ1800000	108-80-5
isocyanic acid, methylene(3,5,5-trimethyl 3 cyclohexylene) ester	NQ9370000	4098-71-9
isocyanic acid, methylenedi-4,1-cyclohexylene-ester	NQ9250000	5124-30-1

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Change or loss of vision in either eye	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Wheezing	Yes	Yes	No
Shortness of breath	Yes	Yes	No
Cough, other than with colds, flu or allergies	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Exposure to isocyanate foam or paint	Yes	Yes	No
Sensitization to isocyanates (TDI, MDI)	Yes	Yes	No
Problems with balance or coordination	Yes	Yes	No
Allergies (asthma, hay fever, eczema)	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Chest X-ray (PA)	Yes	No	No
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	No

EXAM ELEMENT	BASE	PERI	TERM
Respiratory system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Pulmonary function changes secondary to isocyanate exposure tend to occur at the end of the work-shift of work-week of exposure. The PFT, therefore, is of most use when performed at such end of work-shift times.

**REFERENCE:**

1. [NIOSH SAFETY AND HEALTH TOPIC: ISOCYANATES. Multiple informational sites listed under this main web site;](#)
2. [NIOSH Pocket Guide to Chemical Hazards, current edition.](#)
3. [ATSDR - ToxFAQs™: Methyl Isocyanate](#)
4. [HAZMAP](#)

**REVIEWED:** October 2020

<b>EXAM ELEMENT</b>	<b>Program Frequency:</b>		
	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	No	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	No	No
Has anything about your health status changed since your last occupational health examination	Yes	No	No
Have any medications changed since your last occupational health examination	Yes	No	No
Current medication use (prescription or over the counter)	Yes	No	No
Have you ever had cancer	Yes	No	No
Do you drink six or more alcoholic drinks per week	Yes	No	No
Have you ever smoked	Yes	No	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	No	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	No	No
Have you ever been evaluated for latex allergy	Yes	No	No
Frequent dental or medical procedures or any condition that resulted in multiple procedures, operations, or chronic medical instrumentation (for example, urinary catheterization)	Yes	No	No
Regular contact with latex gloves or other rubber products	Yes	No	No
Adverse reaction to eating any vegetable or fruit	Yes	No	No
Allergies (asthma, hay fever, eczema)	Yes	No	No
Anaphylaxis (anaphylactic shock) or hives	Yes	No	No
Itchy eyes, runny nose, respiratory symptoms when using latex gloves	Yes	No	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	No	No
Recurrent skin rash	Yes	No	No
Abnormalities possibly related to exposures/occupations	Yes	No	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. BUMEDINST 6200.16(series), Prevention of Latex Sensitization Among Health Care Workers and Patients

**REVIEWED:** January 2021

**LEAD (INORGANIC)**

**161**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
lead (inorganic)	OF7525000	7439-92-1
chromic acid, lead (2+) salt	GB2975000	7758-97-6
lead phosphate (3:2)	OG3675000	7446-27-7

**Program Frequency:** 6 months\*

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	No	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	No	Yes
Has anything about your health status changed since your last occupational health examination	Yes	No	Yes
Have any medications changed since your last occupational health examination	Yes	No	Yes
Current medication use (prescription or over the counter)	Yes	No	Yes
Have you ever had cancer	Yes	No	Yes
Do you drink six or more alcoholic drinks per week	Yes	No	Yes
Have you ever smoked	Yes	No	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	No	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	No	Yes
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	No	Yes
Change or loss of vision in either eye	Yes	No	Yes
Change or loss in hearing	Yes	No	Yes
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	No	Yes
Frequent pain or tightness in your chest	Yes	No	Yes
Chronic abdominal pain, vomiting, other GI symptoms	Yes	No	Yes
Exposure to lead	Yes	No	Yes
Headache, dizziness, light headedness, weakness	Yes	No	Yes
Numbness, tingling, or weakness in hands or feet	Yes	No	Yes
Sleep disorder, breathing pauses while sleeping, sleep apnea, loud snoring, insomnia, daytime sleepiness	Yes	No	Yes
Depression, difficulty concentrating, excessive anxiety	Yes	No	Yes
Personality or behavior change	Yes	No	Yes
Unexplained fatigue	Yes	No	Yes
Weight loss	Yes	No	Yes
Muscle or joint problems, rheumatism, or arthritis	Yes	No	Yes
Kidney disease	Yes	No	Yes
Impotence or sexual dysfunction	Yes	No	Yes
Current pregnancy (females only)	Yes	No	Yes
Infertility or miscarriage (self or spouse)	Yes	No	Yes
Difficulty breathing while fitting or using a respirator	Yes	No	Yes

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
RBC	Yes	No	Yes
WBC	Yes	No	Yes
HGB	Yes	No	Yes
MCV	Yes	No	Yes
MCH	Yes	No	Yes
MCHC	Yes	No	Yes
HCT	Yes	No	Yes
RBC Morphology (Peripheral Smear)	Yes	No	Yes
BUN	Yes	No	Yes
Creatinine	Yes	No	Yes
Lead, whole blood	Yes	Yes	Yes
ZPP	Yes	Yes	Yes
Urine Ph	Yes	No	Yes
Urine specific gravity	Yes	No	Yes
Urine urobilinogen	Yes	No	Yes
Urine protein	Yes	No	Yes
Urine glucose	Yes	No	Yes
Urine ketones	Yes	No	Yes
Urine blood	Yes	No	Yes
Urine RBCs	Yes	No	Yes
Urine WBCs	Yes	No	Yes
Urine microscopic	Yes	No	Yes
Head	Yes	No	Yes
Eyes	Yes	No	Yes
Ears (tympanic membranes)	Yes	No	Yes
Nose	Yes	No	Yes
Gums (e.g., lead lines)	Yes	No	Yes
Teeth (accelerated decay or loss)	Yes	No	Yes
Throat	Yes	No	Yes
Cardiovascular system	Yes	No	Yes
Abdomen	Yes	No	Yes
Central nervous system	Yes	No	Yes
Peripheral nervous system (strength, sensation, DTRs)	Yes	No	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	No	Yes

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**PROGRAM DESCRIPTION:**

A baseline examination is required prior to assignment to a position involving potential exposures to lead that equal or exceed the action level.

A termination examination identical in scope to the baseline will be conducted just prior to the reassignment or termination of a person from a job requiring medical surveillance, unless a medical evaluation was done within the past twelve (12) months.

Guidelines for medical removal and follow-up, including written notification, are very specific and are described in references (1) and (2). Described briefly and in part, the DoD requires a

BLL at or above 20 µg/dl to be repeated in 4 weeks (1 month), and written employee notification within 5 days of each result at or above 20 µg/dl. The DoD requires the worker be removed from lead exposure if a single test result is  $\geq$  30 µg/dl, and that the supervisor/personnel management be notified to remove the worker from lead exposure if repeat BLL testing is at or above 20 µg/dL in 4 weeks. After removal from lead exposure, workers may only return to working with lead after 2 BLLs, done one month apart, are at or below 15 µg/dl.

**PROVIDER COMMENTS:**

A Physician’s/provider’s Written Opinion is required by the OSHA Standard. A sample Physician’s/provider’s Written Opinion can be found in Chapter 10 of the Medical Matrix.

This program consists of; preplacement medical examination, semiannual blood lead monitoring, and follow-up medical evaluations and blood lead analysis based on the results of blood lead analysis and physician opinion. Personnel are included in this program when industrial hygiene surveillance indicates that they perform work or are likely to be in the vicinity of an operation which generates airborne lead concentrations at or above the Action Level 30 days per year. Inclusion in this program is based on measured airborne concentrations without regard to respirator use, and therefore does not indicate that an individual is overexposed to lead.

Diseases associated with exposure to this agent include: hemolytic anemia, occupational asthma, infertility (male), hypertension, toxic neuropathy, and others.

This Inorganic Lead Program and its requirements only apply to adults with occupational exposure to lead. They do not apply to environmental lead exposure (for example, lead in drinking water or soil) or to childhood lead exposure.

Semi-annual lead laboratory evaluations do not require a visit with the provider when blood lead results are below 10 µg/dL. It is appropriate for nurses to review and dispatch negative results as long as the nurses are under the supervision of a physician.

\* A medical examination identical in scope to the baseline will be conducted annually for each person found to have a blood lead concentration at or above 40 µg/dL at any time during the prior year, per reference (2).

**REFERENCE:**

1. DoD 6055.05-M Occupational Medical Examinations and Surveillance Manual Change 2, April 17, 2017
2. [29 CFR 1910.1025—Lead](#)
3. [OSHA 1910.1025A-- Substance data sheet for occupational exposure to lead](#)
4. [OPNAVINST 5100.23 \(current series\), Chapter 21](#)
5. [OPNAVINST 5100.19 \(current series\), Chapter B10.x](#)

**REVIEWED:** January 2023

**MANGANESE OXIDE FUMES**

**210**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 manganese (and compounds)                      OO9275000                      7439-96-5

**Program Frequency:**                      Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Cough, other than with colds, flu or allergies	Yes	Yes	No
Exposure to dusts (coal, blast grit, sand, nuisance)	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Tremor (shakiness), numbness or loss of sensation/feeling	Yes	Yes	No
Mental or emotional illness	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Personality or behavior change	Yes	Yes	No
Chest X-ray (PA)	Yes	No	No
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	No
Respiratory system	Yes	Yes	No
Central nervous system	Yes	Yes	No
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards Manganese compounds and fume, September 2005](#)
2. [OSHA 29 CFR 1926.55 App A Gases, vapors, fumes, dusts, and mists.](#)
3. [American Society of Safety Engineers](#)

**REVIEWED:** December 2014

**MERCURY**

**163**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
mercury (aryl and inorganic compounds)	OV4550000	7439-97-6
mercury (alkyl compounds)	OV4550000	7439-97-6
chloroethyl mercury	OV9800000	107-27-7
mercury (vapor)	OV4550000	7439-97-6

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Tooth or gum disease	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Problems with balance or coordination	Yes	Yes	Yes
Numbness, tingling, or weakness in hands or feet	Yes	Yes	Yes
Tremor (shakiness), numbness or loss of sensation/feeling	Yes	Yes	Yes
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	Yes
Personality or behavior change	Yes	Yes	Yes
Weight loss	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
RBC	Yes	Yes	Yes
WBC	Yes	Yes	Yes
HGB	Yes	Yes	Yes
MCV	Yes	Yes	Yes
MCH	Yes	Yes	Yes
MCHC	Yes	Yes	Yes
Neutrophils	Yes	Yes	Yes
Lymphocytes	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Monocytes	Yes	Yes	Yes
Eosinophils	Yes	Yes	Yes
Basophils	Yes	Yes	Yes
BUN	Yes	Yes	Yes
Creatinine	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Urine Mercury (Hg)	Yes	Yes	Yes
Eyes	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Kidneys	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

The primary basis for this program is the OSHA General Duty Clause (reference (4)) and NIOSH recommendations (reference (1)). Although OSHA does not have a separate Mercury Program (for example, as with asbestos), it does have a Permissible Exposure Limit (PEL), set at 0.1 mg/m<sup>3</sup>, and has issued an Instruction regarding mercury (reference (5)).

**PROVIDER COMMENTS:**

Urine mercury levels can be performed on spot urine collections, but should be corrected to creatinine level.

Per reference (6), “medical surveillance and biological monitoring is not required for personnel working in dental spaces, but may be prescribed by an occupational health professional as circumstances warrant.”

Acute exposure to high concentrations of mercury vapor causes severe respiratory damage, whereas chronic exposure to lower levels is primarily associated with central nervous system damage. Acute mercury poisoning can occur from inhalation of high concentrations of mercury vapor or dust. If the concentration of mercury vapor is high enough, the exposure will result in tightness and pain in the chest, difficulty in breathing, coughing, and shortly thereafter, a metallic taste, nausea, abdominal pain, vomiting diarrhea, headache, and occasionally albuminuria.

With chronic exposure to mercury vapor, early signs are nonspecific and include weakness, fatigue, anorexia, loss of weight, and disturbances of gastrointestinal function. At higher exposure levels, a characteristic mercurial tremor appears. Personality changes are the most

common findings in chronic mercurial poisoning. Symptoms may first occur after a very few weeks of exposure, or they may not become apparent for several years. It has been estimated that the probability of manifesting typical mercurialism with tremor and behavioral changes will increase with exposures to concentrations of 0.1mg/m<sup>3</sup> or higher. There is no evidence of effects at concentrations below 0.01 mg/m<sup>3</sup>.

**REFERENCE:**

1. [NIOSH Occupational Health Guideline for Inorganic Mercury, DHHS Pub. No. 73-11024](#)
2. [OSHA](#)
3. [Haz-Map: Mercury](#)
4. [OSH Act of 1970 - Table of Contents Sec. 5. Duties \(a\). \(page last accessed 10-21-2015\)](#)
5. [CPL 2-2.6 OSHA Instruction October 30, 1978, OSHA Program Directive -300-2 \(page last accessed 10-21-2015\)](#)
6. BUMEDINST 6260.30B Mercury Control Program for Dental Treatment Spaces, 15 Oct 2015

**REVIEWED:** February 2011

**METHYL BROMIDE**

**215**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
methyl bromide	PA4900000	74-83-9

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Change or loss of vision in either eye	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Shortness of breath	Yes	Yes	No
Difficulty breathing	Yes	Yes	No
Nausea or vomiting	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Epilepsy or seizures	Yes	Yes	No
Problems with balance or coordination	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Tremor (shakiness), numbness or loss of sensation/feeling	Yes	Yes	No
Neurological disorder, gait change, paresthesia, loss of coordination	Yes	Yes	No
Mental or emotional illness	Yes	Yes	No
Personality or behavior change	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	No
Vision screen (visual acuity)	Yes	Yes	No
Respiratory system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

Methyl bromide is a potential occupational carcinogen (Reference 1).

**PROVIDER COMMENTS:**

Although only baseline spirometry is required, methyl bromide can be a respiratory irritant, and spirometry should be considered for workers with a history of over-exposure with respiratory symptoms in the past year or if indicated by physical findings.

The onset of respiratory distress may be delayed 4-12 hours after exposure. It is a central nervous system depressant, but may also cause convulsions.

**REFERENCE:**

1. [NIOSH Current Intelligence Bulletin 43 Monohalomethanes, U.S. Department Of Health And Human Services, Sept.1978.](#)

**REVIEWED:** January 2016

**METHYL CHLOROMETHYL ETHER**

166

**STRESSOR(S) IN THIS PROGRAM:** chloromethyl methyl ether      **NIOSH#** KN6650000      **CAS#** 107-30-2

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Decreased immunity	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Cough, other than with colds, flu or allergies	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Impotence or sexual dysfunction	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	Yes
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

The examining physician shall consider whether there exists a condition of increased risk, including reduced immunological competence, treatment with steroids or cytotoxic agents, pregnancy and cigarette smoking.

Commercial grade CMME is contaminated with bis-Chloromethyl ether. Commercial grade CMME is a known human carcinogen.

**REFERENCE:**

1. [29 CFR 1910.1006](#)
2. [29 CFR 1926.1103](#)
3. [Chemical Sampling Information Chloromethyl Methyl Ether, April 1993](#)
4. IARC Monograph on the Evaluation of Carcinogenic Risks to Humans: Overall Evaluation of Carcinogenicity: An updating of IARC Monographs, Vol 1-42, Supp 7, pp 131-132. Lyon International Agency for Research on Cancer, 1987.
5. [NIOSH Pocket Guide for Chemical Hazards Chloromethyl methyl ether](#)

**REVIEWED:** April 2011

**4,4'-METHYLENE BIS (2-CHLOROANILINE) (MOCA) (ALSO MBOCA)**

**167**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**              **CAS#**  
 4,4'-methylene bis(2-chloroaniline)                      CY1050000              101-14-4

**Program Frequency:**                      Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Difficulty breathing	Yes	Yes	Yes
Nausea or vomiting	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	Yes
Unexplained fatigue	Yes	Yes	Yes
Impotence or sexual dysfunction	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
RBC	Yes	Yes	Yes
WBC	Yes	Yes	Yes
HGB	Yes	Yes	Yes
MCV	Yes	Yes	Yes
MCH	Yes	Yes	Yes
MCHC	Yes	Yes	Yes
AST	Yes	Yes	Yes
Bilirubin, Total	Yes	No	Yes
Alkaline phosphatase	Yes	No	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes

4,4'-METHYLENE BIS (2-CHLOROANILINE) (MOCA) (ALSO MBOCA) (167)

EXAM ELEMENT	BASE	PERI	TERM
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Kidneys	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Hematopoietic system (bruising, petechiae, pallor)	Yes	Yes	Yes

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [OSHA Health Guideline revised 26 April 1999.](#)
2. [NIOSH: International Safety Chemical Card](#)
3. [HAZMAP](#)

**REVIEWED:** May 2014

**METHYLENE CHLORIDE (DICHLOROMETHANE)**

**168**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
methylene chloride	methylene chloride	75-09-2

<b>Program Frequency:</b>	<b>By Age</b>
Up to 44	Every 3 years
45+	Annually

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Use of nitrate medication (nitroglycerine)	Yes	Yes	Yes
Eye irritation or blurred vision	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to respiratory irritants	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Exposure to methylene chloride, dichloromethane, methylene dichloride	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	Yes
Numbness, tingling, or weakness in hands or feet	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
RBC	Yes	*	Yes
WBC	Yes	*	Yes
HGB	Yes	*	Yes
MCV	Yes	*	Yes
MCH	Yes	*	Yes
MCHC	Yes	*	Yes
AST	Yes	*	Yes
ALT	Yes	*	Yes
Bilirubin, Total	Yes	*	Yes
Alkaline phosphatase	Yes	*	Yes
Electrocardiogram	Yes	No	No
Eyes	Yes	*	Yes
Cardiovascular system	Yes	*	Yes
Respiratory system	Yes	*	Yes
Liver	Yes	*	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	*	Yes
Central nervous system	Yes	*	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	*	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Affected employees: Employees who are, or may be exposed to methylene chloride as follows:

1. At or above the AL on 30 or more days a year, or above the 8-hour PEL or STEL on 10 or more days per year:
2. Above the 8hr-TWA, PEL or STEL for any time period where an employee has been identified by a physician or other licensed health care professional as being at risk from cardiac disease or from some other serious methylene chloride-related health condition, and such employee requests inclusion in the medical surveillance program;
3. During an emergency. (NOTE: When the employee has been exposed to methylene chloride in emergency situations, the content of emergency medical surveillance is discussed in 29 CFR 1910.)

Consider adding baseline PFTs and end-shift carboxyhemoglobin (recommended by OSHA in Appendix B, but not required by the standard).

End of shift carboxyhemoglobin may be determined periodically, and any level above 3% for non-smokers and above 10% for smokers should prompt an investigation of the worker and his/her workplace.

\*The employer shall update the medical and work history for each affected employee annually. The employer shall provide periodic physical examinations, including appropriate laboratory surveillance, as follows:

Frequency of Examination

Age < 45 years : 3 years

Age >= 45 years : Annual

**REFERENCE:**

1. [29 CFR 1910.1052](#)
2. [29 CFR 1926.1152](#)
3. [DODI 6055.05M, Table C2.T12, Methylene chloride](#)
4. [NIOSH Occupational Health Guideline for Methylene Chloride](#)

**REVIEWED:** January 2023

**4,4'-METHYLENEDIANILINE (MDA)**

**213**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
4,4'-diaminodiphenylmethane	BY5425000	101-77-9

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Use of barbiturates	Yes	Yes	Yes
Chronic abdominal pain, vomiting, other GI symptoms	Yes	Yes	Yes
Exposure to chemotherapeutic or antineoplastic agents	Yes	Yes	Yes
Past work exposure to MDA or other toxic substances	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
Problems with urination or blood in urine	Yes	Yes	Yes
Impotence or sexual dysfunction	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
BUN	Yes	Yes	Yes
Creatinine	Yes	Yes	Yes
AST	Yes	Yes	Yes
ALT	Yes	Yes	Yes
Bilirubin, Total	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
HEENT	Yes	Yes	Yes
Eyes	Yes	Yes	Yes
Cardiovascular system	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Abdomen	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Examinations are required for employees exposed to methylenedianiline in an emergency. Refer to 29 CFR 1910.1050, Appendix C.

The employer shall promptly notify an employee of the right to seek a second medical opinion after each occasion that an initial physician conducts a medical examination or consultation for the purpose of medical removal or restriction.

A physician's opinion letter is required (see Chapter 10 of this manual for a sample letter).

**REFERENCE:**

1. [OSHA STANDARD 29 CFR 1910.1050](#)
2. Aitio, Antero, M.D., Ph.D., Biologic Monitoring, p 178-179;
3. Cocker, J., Assessment of occupational exposure to 4,4'-diaminodiphenylmethane (methylenedianiline) by gas chromatography-mass spectrometry analysis of urine, British Journal of Industrial Medicine, 1986;43:620-625;
4. Hathaway, Gloria J. Ph.D., and J.P. Hughes, M.D., Supplements to Chemical Hazards of the Workplace, 2nd ed., Volume 1, Number 5.

**REVIEWED:** August 2010

**NICKEL CARBONYL**

173

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 nickel carbonyl    QR6300000                      13463-39-3

**Program Frequency:**                      Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Exposure to respiratory irritants	Yes	Yes	Yes
Chest X-ray (PA)	Yes	No	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	Yes
Nasal mucosa (septal perforation)	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Periodic urine nickel measurement has not been correlated with chronic health outcomes; however, urine nickel evaluation may assist the provider in determining if a worker with mild symptoms of nickel carbonyl toxicity would benefit from chelation therapy. Chelation therapy for workers with moderate or severe symptoms of nickel carbonyl toxicity is based on history and should not be delayed awaiting laboratory determination of urine nickel levels.

**REFERENCE:**

1. [NIOSH-OSHA, Occupational Guideline for Nickel Carbonyl, Washington, DC: DHHS/DOL; 1978: 1-5;](#)
2. [NIOSH pocket guide to Chemical Hazards Nickel Carbonyl](#)

3. [OSHA Chemical Sampling Information Nickel Carbonyl](#)
4. [Specific Medical Tests or Examinations Published in the Literature for OSHA-Regulated Substances](#)
5. National Research Council, Nickel: Medical and Biologic Effects of Environmental Pollutants, Washington, DC: National Academy of Sciences: 1975; 97-128.

**REVIEWED:** April 2011

**NICKEL (INORGANIC)**

**172**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
nickel (metal)	QR5950000	7440-02-0
nickel (soluble compounds)	QR5950000	7440-02-0
nickel carbonate	QR6240000	65485-96-1
nickel II hydroxide	QR7040000	12054-48-7
nickel II oxide	QR8400000	1913-99-1
nickel subsulfide	OR9800000	12035-72-2

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to respiratory irritants	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Chest X-ray (PA)	Yes	No	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	Yes
Nasal mucosa (septal perforation)	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH-OSHA, Occupational Guidelines for Nickel Metal and Soluble Nickel Compounds, Washington, DC. DHHS/DOL: 1978: 1-7.](#)
2. National Research Council, Nickel: Medical and Biologic Effects of Environmental Pollutants, Washington, DC: National Academy of Sciences: 1975; 97-128.
3. [NIOSH: Specific Medical Specific Medical Tests or Examinations Published in the Literature for OSHA-Regulated Substances](#)

**REVIEWED:** April 2011

**4-NITROBIPHENYL**

**175**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
4-nitrobiphenyl	DV5600000	92-93-3

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Difficulty breathing	Yes	Yes	Yes
Frequent, unusual or severe headaches	Yes	Yes	Yes
Problems with urination or blood in urine	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
AST	Yes	Yes	Yes
ALT	Yes	Yes	Yes
Bilirubin, Total	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

1. 4-nitrobiphenyl is no longer manufactured or used in the United States. However, it is one of the original OSHA 13 carcinogens.

2. NIOSH (1988) recommended medical surveillance includes evaluation of liver function and integrity. The basis of the NIOSH recommendation is not given. It is recommended that review and assessment of hepatic function be included.

3. As one of the OSHA 13 carcinogens, 29 CFR 1910.1003 applies. In accordance with 1910.1003(d)(2)(iii), any worker involved in exposure incidents for all OSHA-regulated carcinogens must have a special medical surveillance annotation noted by a physician within 24 hours of exposure. A report of the medical surveillance and any treatment shall be included in the incident report, in accordance with paragraph (f)(2) of this section of 29 CFR.

4. Medical clearance for respirator may be required.

**REFERENCE:**

1. [29 CFR 1910.1003](#)
2. [29 CFR 1926.1103](#)
3. [NIOSH Pocket Guide to Chemical Hazards](#)
4. [Occupational Safety and Health Guidelines](#)

**REVIEWED:** April 2011

**NITROGEN OXIDES**

**174**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
nitrogen dioxide	QW9800000	10102-44-0
nitric oxide	QX0525000	10102-43-9
also see nitrous oxide program #108		

<b>Program Frequency:</b>	Annual		
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	No
Allergies (asthma, hay fever, eczema)	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Chest X-ray (PA)	Yes	No	No
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	No
Eyes	Yes	Yes	No
Teeth (acid erosion)	Yes	Yes	No
Cardiovascular system	Yes	Yes	No
Respiratory system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

1. Community studies have demonstrated that exposure to oxides of nitrogen may aggravate existing pulmonary conditions or increase the number of acute respiratory diseases. The level of physical activity during exposure increases the total uptake and alters the distribution of inhaled NO<sub>2</sub>. Additional questioning of frequency of respiratory infections and effects of level of activity during work exposure may be commented on in the patient note.

2. Tooth erosion would likely occur at levels far above the OEL and would not be a sensitive indicator of exposure. Effects on the mucosa (irritation) at levels near the current OSHA PEL are documented and should be considered as an alternative focus for the examination.

3. This Program requires a pre-placement and annual (or periodic) examination, but do not specially require a termination examination.

**REFERENCE:**

1. [Occupational Health Guideline for Nitric Oxide](#)
2. [Specific Medical Tests or Examinations Published in the Literature for OSHA-Regulated Substances](#)
3. [Haz-Map: Occupational Exposure to Hazardous Agents](#)

**REVIEWED:** April 2011

**NITROGLYCERINE**

176

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
nitroglycerin	QX2100000	55-63-0

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Use of nitrate medication (nitroglycerine)	Yes	Yes	No
Use of medication to treat erectile dysfunction	Yes	Yes	No
Shortness of breath	Yes	Yes	No
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No
Cardiovascular or circulatory condition or disease	Yes	Yes	No
Exposure to other explosives or propellants	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Migraine headache	Yes	Yes	No
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	No
Vibration white finger	Yes	Yes	No
Electrocardiogram	Yes	Yes	No
Cardiovascular system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Peripheral vascular system, including acral (distal) micro-circulation and evidence of Reynaud's	Yes	Yes	No
Central nervous system	Yes	Yes	No

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

1. Recommend asking about “sildenafil (Viagra) and other agents used to treat erectile dysfunction” on medication list. Phosphodiesterase inhibitors are contraindicated with use of medicinal NTG due to the increased hypotensive effect.
2. Headaches associated with organic nitrates classically begin as mild frontal headaches and become progressively worse and throbbing in nature. These H/As frequently disappear with further exposure as tolerance develops and recur following a period where there is no exposure (Monday morning).
3. Palpitations, nausea, and feeling of heat in face/upper extremities are frequently reported worker complaints associated with excessive exposure to NTG.
4. The formation of methemoglobinemia has been reported in association with high doses of NTG therapy or high dose occupational exposure; it is rare at conventional doses of NTG. But, this may be clinically significant following large exposures or in individuals with a MetHb reductase deficiency or a congenital MetHb variant. In case of exposure to high dose NTG, arterial blood gases would be drawn to determine MetHb levels.

**REFERENCE:**

1. [HAZMAP: Nitroglycerine](#)
2. [NIOSH Occupational Safety and Health Guideline for Nitroglycerine and Ethylene Glycol Dinitrate](#)

**REVIEWED:** December 2014

**2-NITROPROPANE**

**211**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
2-nitropropane	T25250000	79-46-9

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Cough, other than with colds, flu or allergies	Yes	Yes	Yes
Exposure to respiratory irritants	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
AST	Yes	Yes	Yes
Bilirubin, Total	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Chest X-ray (PA)	Yes	Yes	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	Yes
Vision screen (visual acuity)	Yes	Yes	Yes
Eyes	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Liver	Yes	Yes	Yes
Kidneys	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

1. For the OSHA 13 named suspect carcinogens regulated under 29 CFR 1910.1003, a physical examination must be performed on exposed individuals at least annually. Although 2-NP is NOT included in the OSHA 13, aspects of that exam will be incorporated into this exam as 2-NP is considered a “Possible Human Carcinogen”.

2. NIOSH recommends that the medical evaluation “concentrate on the eyes, skin, liver, kidneys, and nervous and respiratory systems”. It is recommended that PFT be done as an annual study for this stressor. NIOSH 1988 also adds a periodic CXR to the assessment. A CXR should be done periodically.

3. It is recommended that the addition of specific review of, and assessing function of the eyes (external examination and visual acuity), skin (condition and lesions), and kidneys (routine urinalysis), as well as respiratory tract (PFT) and liver (complete LFTs), be considered for inclusion in the baseline, monitoring, and termination examinations.

**REFERENCE:**

1. [NIOSH Occupational Safety and Health Guideline for 2-Nitropropane Potential Human Carcinogen](#)

**REVIEWED:** August 2010

**N-NITROSODIMETHYLAMINE**

**177**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
n-nitrosodimethylamine	IQ0525000	62-75-9

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Difficulty breathing	Yes	Yes	Yes
Fever	Yes	Yes	Yes
Nausea or vomiting	Yes	Yes	Yes
Diarrhea	Yes	Yes	Yes
Chronic abdominal pain, vomiting, other GI symptoms	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Problems with urination or blood in urine	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
AST	Yes	Yes	Yes
Bilirubin, Total	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Urine WBCs	Yes	Yes	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	Yes
Eyes	Yes	Yes	Yes
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Kidneys	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

1. N-nitrosodimethylamine is one of the OSHA thirteen “Suspect Human Carcinogens”.
2. NIOSH recommends the medical evaluation “concentrate on the liver, kidneys, and respiratory system including standardized questionnaires and tests of lung function”. The literature is variable on pulmonary effects, but it is suggested that PFT be done.
3. Eye exam is for evidence of irritation or corneal damage.

**REFERENCE:**

1. [29 CFR 1910.1003](#)
2. [29 CFR 1926.1103](#)
3. [HAZMAP](#)
4. [NIOSH Pocket Guide to Chemicals](#)
5. [Agency for Toxic Substances and Disease Registry](#)

**REVIEWED:** October 2014

**ORGANOTIN COMPOUNDS**

**180**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
tin (organic compounds)		
tributyltin oxide	JN8750000	56-35-9
methyl tin mercaptide		57583-35-4
tributyltin benzoate	WH6710000	4342-36-3
dibutyltin dilaurate	WH7000000	77-58-7
tributyltin fluoride	WH8275000	1983-10-4

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Liver disease	Yes	Yes	No
Change or loss of vision in either eye	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Inability or reduced ability to smell	Yes	Yes	No
Nausea or vomiting	Yes	Yes	No
Diarrhea	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Psychological disorders, Depression	Yes	Yes	No
Personality or behavior change	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Incontinence	Yes	Yes	No
RBC	Yes	Yes	No
WBC	Yes	Yes	No

EXAM ELEMENT	BASE	PERI	TERM
HGB	Yes	Yes	No
MCV	Yes	Yes	No
MCH	Yes	Yes	No
MCHC	Yes	Yes	No
Neutrophils	Yes	Yes	No
Lymphocytes	Yes	Yes	No
Monocytes	Yes	Yes	No
Eosinophils	Yes	Yes	No
Basophils	Yes	Yes	No
AST	Yes	Yes	No
Bilirubin, Total	Yes	Yes	No
Alkaline phosphatase	Yes	Yes	No
Urine Ph	Yes	Yes	No
Urine specific gravity	Yes	Yes	No
Urine urobilinogen	Yes	Yes	No
Urine protein	Yes	Yes	No
Urine glucose	Yes	Yes	No
Urine ketones	Yes	Yes	No
Urine blood	Yes	Yes	No
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	No
Vision screen (visual acuity)	Yes	Yes	No
Eyes	Yes	Yes	No
Respiratory system	Yes	Yes	No
Liver	Yes	Yes	No
Kidneys	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

1. Visual changes and disturbances associated with exposure to airborne organotin compounds are manifested as irritation and/or blurring of vision.
2. NIOSH and the EPA consider the kidney (urinary tract) and blood, in addition to the CNS, liver, skin/eyes as target organs. Recommend urinalysis and CBC on all exams as both tests reveal hemolysis.
3. It is recommended that the CNS-directed examination should include assessment of psychological (behavioral) aspects during the examination.
4. One clinical case report revealed hepatomegaly and tenderness without elevation in liver enzymes following exposure to an organotin compound. It is recommended that a complete laboratory assessment of liver function be made using a liver panel.

5. The EPA has based their exposure standards and minimal risk levels (MRLs) on immunological criteria from animal studies. The inclusion of a CBC with differential can screen and assess this aspect.

6. Chronic inhalation of inorganic tin dusts or fumes during molten metal refining can lead to chest X-ray findings of pneumoconiosis (thought to be benign). As Navy occupational exposures are not expected to be of that nature, chest radiographs are not included in routine surveillance. However, if a worker presents with such an exposure history, a chest X-ray may be considered.

**REFERENCE:**

1. [NIOSH Criteria Documents: Criteria for a Recommended Standard: Occupational Exposure to Organotin Compounds, DHHS Pub. No. 77-115.](#)
2. [Agency for Toxic Substances and Disease Registry](#)
3. [HAZ-MAP](#)

**REVIEWED:** January 2015

**ORTHO-TOLIDINE**

**214**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 o-tolidine    DD1225000                      119-93-7

**Program Frequency:**                      Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Exposure to chemotherapeutic or antineoplastic agents	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
Problems with urination or blood in urine	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REVIEWED:** April 2011

**ORTHO-TOLUIDINE**

**194**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
o-toluidine	XU2975000	95-53-4

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Do you currently have 2 pairs of glasses and/or contacts	Yes	Yes	Yes
Exposure to chemotherapeutic or antineoplastic agents	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Confusion	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
Problems with urination or blood in urine	Yes	Yes	Yes
Prior respirator use	Yes	Yes	Yes
BUN	Yes	Yes	Yes
Creatinine	Yes	Yes	Yes
AST	Yes	Yes	Yes
Bilirubin, Total	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Mentation, alertness, balance and orientation	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

If a Respirator is worn by the employee, then a Respirator User Certification Exam (Program 716) must be completed.

**REFERENCE:**

1. FEDERAL REGISTER FR54:12 29 CFR PART 1910 Air Contaminates, Final Rule 2689-90, 19 Jan 89;
2. [NIOSH Pocket Guide to Chemical Hazards Toluidine, September 2005](#)
3. [OSHA Safety and Health Guideline for Toluidine](#)
4. [NIOSH Criteria Documents, Criteria for a Recommended Standard: Occupational Exposure to o-Toluidine](#)
5. [EPA Air Toxics Hazard Summary: o-Toluidine, January 2000](#)

**REVIEWED:** October 2014

**OTTO FUEL II AND OTHER ALKYL NITRATE PROPELLANTS AND EXPLOSIVES**

**186**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
propylene glycol dinitrate	TY6300000	6423-43-4
ethylene glycol dinitrate	KW5600000	628-96-6
ethylhexyl nitrate		27247-96-7

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Use of nitrate medication (nitroglycerine)	Yes	Yes	No
Use of medication to treat erectile dysfunction	Yes	Yes	No
Do you currently have 2 pairs of glasses and/or contacts	Yes	Yes	No
Change or loss of vision in either eye	Yes	Yes	No
Nasal congestion	Yes	Yes	No
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No
Nausea or vomiting	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Migraine headache	Yes	Yes	No
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
RBC	Yes	Yes	No
WBC	Yes	Yes	No
HGB	Yes	Yes	No
MCV	Yes	Yes	No
MCH	Yes	Yes	No
MCHC	Yes	Yes	No
BUN	Yes	Yes	No
Creatinine	Yes	Yes	No

EXAM ELEMENT	BASE	PERI	TERM
Urine Ph	Yes	Yes	No
Urine specific gravity	Yes	Yes	No
Urine urobilinogen	Yes	Yes	No
Urine protein	Yes	Yes	No
Urine glucose	Yes	Yes	No
Urine ketones	Yes	Yes	No
Urine blood	Yes	Yes	No
Electrocardiogram	Yes	Yes	No
Vision screen (visual acuity)	Yes	Yes	No
Eyes	Yes	Yes	No
Cardiovascular system	Yes	Yes	No
Respiratory system	Yes	Yes	No
Liver	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

1. The NIOSH criteria document of 1978 combines nitroglycerine (NG) and ethylene glycol dinitrate (EGDN) and uses the same criteria for exposure to either or both. The medical surveillance criteria are generally the same.
2. This program category includes OFII (a mixture containing PGDN), as well as other organic nitrate propellants. The medical surveillance is therefore based upon the “pooled toxic effects” of the general class of these chemicals. The current assessment guidance may not be totally applicable to all chemicals in the class, but this is still a good approach and the best available with current data.
3. Headaches typically associated with organic nitrates classically begin as mild frontal headaches and become progressively worse and throbbing in nature, and frequently disappear with further exposure as tolerance develops.
4. Emphasis of eye/vision to include sclera/mucosa and evaluation of extraocular eye movements. Although not adopted, the OSHA revised 1988 rulemaking for the adoption of “new PELs” specifically lists PGDN as a neurotoxicant. Include evaluation of extraocular eye movements in assessment of eye and vision testing, or visual evoked response (VER) as screening tests. In addition to seeing/detecting conjunctival irritation, these tests may detect CNS effects noted in the literature.
5. Animal data indicate that renal pathology can also occur from exposure to various organic nitrates. In light of the combined group approach for this program stressor, urinalysis and renal testing can address this aspect.

**REFERENCE:**

1. NAVMEDCOMINST 6270.1, 19 MAR 85, HEALTH HAZARDS OF OTTO FUEL II; OTTO FUEL II AND OTHER ALKYL NITRATE PROPELLANTS AND EXPLOSIVES (186)

2. CHIEF BUMED ltr 5100, Ser 242/4U763715 of 2 Feb 94;
3. Jones RA., Strickland, JA., Siegel J. Toxicity of propylene 1,2-dinitrate in experimental animals, Toxicology and Applied Pharmacology, 1972;22:128-137;
4. NAVENVIRHLTHCEN ltr 6260 Ser 3213mt/04449 of 27 Apr 90.
5. [Agency for Toxic Substances and Disease Registry: Otto Fuel](#)
6. [Naval Surface Warfare Center: Otto Fuel](#)
7. [HAZMAP: Otto Fuel](#)

**REVIEWED:** January 2015

**POLYCHLORINATED BIPHENYLS (PCB)**

**184**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
chlorodiphenyl (42% chlorine)	TQ1356000	53469-21-9
chlorodiphenyl (54% chlorine)	DV2063000	27323-8-8
aroclor 1260	TQ1362000	11096-82-5
aroclor 1254	TQ1360000	11097-69-1
kanechlor 500	DY8100000	25429-29-2

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Liver disease	Yes	Yes	No
Hepatitis or jaundice	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
AST	Yes	Yes	No
Bilirubin, Total	Yes	Yes	No
Alkaline phosphatase	Yes	Yes	No
GGT	Yes	Yes	No
Liver	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No

**PROGRAM DESCRIPTION:**

Placement on medical surveillance program is for personnel exposed to PCB’s above the medical surveillance action level. These levels are based on airborne concentrations of PCB’s. There is no current required medical surveillance based on skin contact alone but those workers with reasonable possibility of regular skin contact should also be considered for medical surveillance.

**PROVIDER COMMENTS:**

1. Recommend directing examination more specifically to visible manifestations of the relatively rare chloracne: comedones and straw-colored cysts around the eyes, behind the ears, and on the genitalia, back, and shoulders; as well as, hypertrichosis; hyperpigmentation; brown discoloration of the nails; and conjunctivitis and eye discharge.
2. IAW with early NIOSH recommendations, in conjunction with the reproductive health concerns question in the exam, discuss child-bearing and nursing for the purpose of counseling.
3. Although correlations between serum triglycerides or cholesterol levels and serum PCBs in PCB-exposed workers have been reported, these appear to be a high dose phenomenon.
4. Do a complete liver function panel (AST, ALT, GGT, DB, TB, and PT) for baseline and annual assessments. A comparison of the AST level and the ALT level is often made in the assessment of etiology. PCBs are known inducers of microsomal enzymes; the GGT is a sensitive, non-specific indicator of this effect. Studies suggest a threshold of 100 ppb in serum for a phenobarbital-type induction in humans (Brown JF, 1994).
5. Post-exposure blood PCB level should be considered. A baseline may not be necessary for all personnel as it is anticipated that there are relatively few current workers (HAZMAT personnel; mishap exposure) who remain occupationally exposed to PCBs above the action level. The majority of medical assessment and surveillance requests will be post-exposure following an incident. Acute and follow-up blood PCB levels can be used to evaluate the exposure in retrospect as the exact congener would not necessarily be known for pre-exposure (baseline) screening.

**REFERENCE:**

1. [NIOSH criteria for a recommended standard...Occupational Exposure to Polychlorinated Biphenyls, DHHS Pub. No. 77-225.](#)
2. [NIOSH Current Intelligence Bulletin 45, Feb 24, 1986](#)
3. [HAZ-MAP](#)
4. [TOXNET](#)
5. NAVENVIRHLTHCEN letter 6263.1 Ser 09nd/11643m 30 Nov 89, Advisory on Polychlorinated Biphenyls (PCBs).
6. [ATSDR: Polychlorinated Biphenyls](#)

**REVIEWED:** January 2015

**SILICA (CRYSTALLINE)**

**187**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
silica crystalline cristobalite	VV7325000	14464-46-1
silica crystalline quartz	VV7330000	14808-60-7
silica crystalline tridymite	VV7335000	15468-32-3
silica crystalline tripoli	VV7336000	1317-95-9

**Program Frequency:** 3 years

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Connective tissue disease	Yes	Yes	No
Autoimmune disease or condition	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Wheezing	Yes	Yes	No
Shortness of breath	Yes	Yes	No
Cough, other than with colds, flu or allergies	Yes	Yes	No
Exposure to dusts (coal, blast grit, sand, nuisance)	Yes	Yes	No
Exposure to asbestos	Yes	Yes	No
Exposure to silica or sand	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Past or present or anticipated exposure (both duties and exposure levels) to respirable crystalline silica, other dust, or other agents affecting the respiratory system	Yes	Yes	No
Kidney disease	Yes	Yes	No
A description of any personal protective equipment used or to be used by the employee, including when and for how long the employee has used or will use that equipment	Yes	Yes	No
Urine Ph	Yes	Yes	No
Urine specific gravity	Yes	Yes	No
Urine urobilinogen	Yes	Yes	No
Urine protein	Yes	Yes	No
Urine glucose	Yes	Yes	No
Urine ketones	Yes	Yes	No

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Urine blood	Yes	Yes	No
Urine RBCs	Yes	Yes	No
Urine WBCs	Yes	Yes	No
Chest X-ray (B-reader) - using NAVMED 6260/7 (only if required per Provider Comments)	Yes	Yes	No
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	No
Cardiovascular system	Yes	Yes	No
Respiratory system	Yes	Yes	No
Extremity examination for clubbing, cyanosis, or edema	Yes	Yes	No
Interphalangeal joints	Yes	Yes	No
Tuberculosis screening questionnaire	Yes	Yes	No
Tuberculosis skin/blood test	Yes	No	No
Counseling regarding combined effects of smoking and respirable crystalline silica (RCS) exposure	Yes	Yes	No
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	No

**PROGRAM DESCRIPTION:**

Participation in occupational medical surveillance for crystalline silica is for employees occupationally exposed to respirable crystalline silica at or above the action level for 30 or more days per year.

All medical examinations and procedures must be performed by a physician or other licensed health care professional.

Chest X-rays for B-reading are to follow the procedures in reference (1), the Navy Asbestos Medical Surveillance Program (AMSP), except they are to be done only at baseline and every 3 years.

Spirometry must be done by a spirometry technician with a current certificate from a NIOSH-approved spirometry course.

Testing for latent tuberculosis (TB) infection is to be done at baseline and subsequently in accordance with CDC guidelines. Frequency may be increased if deemed necessary by the physician or other licensed health care professional. If the worker has had 25 years silica exposure, TB testing should become annual if it has not done so already.

**PROVIDER COMMENTS:**

Respirable crystalline silica is designated a carcinogen. In view of current concern for carcinogenicity, patients should be counseled regarding this carcinogenic effect.

TWO (2) separate physician opinion letters are required in this program.

**LETTER TO THE EMPLOYER** A licensed provider's written medical opinion must be provided to the employer within 30 days of the medical examination. It must contain ONLY:

1. The date of the examination,

2. A statement that the examination has met the requirements of the OSHA silica standard, and
3. Any recommended limitations on the employee's use of respirators.

IF THE EMPLOYEE PROVIDES WRITTEN AUTHORIZATION, the written opinion must also contain any recommended limitations on the employee's exposure to respirable crystalline silica AND a statement that the employee should be examined by an Occupational Medicine or Pulmonary specialist if the B-reading is classified as 1/0 or higher or if referral is otherwise deemed appropriate by the provider.

The worker is to receive a copy of the Letter to the Employer IN ADDITION TO the Provider's Letter to the Worker.

**LETTER TO THE WORKER** A licensed provider's written medical report must be provided to the worker within 30 days of the examination. The written medical report must contain:

1. A statement indicating the results of the medical examination, including any medical condition(s) that would place the employee at increased risk from further exposure to respirable crystalline silica and any medical conditions that require further evaluation or treatment,
2. Any recommendations on the employee's use of respirators,
3. Any recommendations on the employee's exposure to respirable crystalline silica, and
4. A statement that the employee should be examined by a Occupational Medicine or Pulmonary specialist if the B-reading is classified as 1/0 or higher or if referral is otherwise deemed appropriate by the provider.

In addition to the written medical report, the provider must explain the results of the medical examination to the worker.

If the written opinion indicates that an employee should be examined by a specialist, an appointment with the specialist is to be made available within 30 days of the written opinion. The specialist is to be provided with all the information required by reference (2).

The provider should discuss the implication of signing or not signing the authorization with the employee (in a manner and language that he or she understands) so that the employee can make an informed decision regarding the written authorization and its consequences. The discussion should include the risk of ongoing silica exposure, personal risk factors, risk of disease progression, and possible health and economic consequences. For instance, written authorization is required for a provider to advise an employer that an employee should be referred to a Board Certified Specialist in Pulmonary Disease or Occupational Medicine for evaluation of an abnormal chest X-ray (B-reading 1/0 or greater). If an employee does not sign an authorization, then the employer will not know and cannot facilitate the referral to a Specialist and is not required to pay for the Specialist's examination. In the rare case where an employee is diagnosed with acute or accelerated silicosis, co-workers are likely to be at significant risk of developing those diseases as a result of inadequate controls in the workplace. In this case, the provider and/or Specialist should explain this concern to the affected employee and make a

determined effort to obtain written authorization from the employee so that the provider and/or Specialist can contact the employer.

The following information must be provided to the Board Certified Specialist in Pulmonary Disease or Occupational Medicine:

- A description of the employee's former, current, and anticipated duties as they relate to the employee's occupational exposure to respirable crystalline silica,
- The employee's former, current, and anticipated levels of occupational exposure to respirable crystalline silica,
- A description of any personal protective equipment used or to be used by the employee, including when and for how long the employee has used or will use that equipment, and
- Information from records of employment-related medical examinations previously provided to the employee and currently within the control of the employer, and
- Any other pertinent medical and occupational information necessary for the specialist's evaluation of the employee's condition. Once the Board Certified Specialist in Pulmonary Disease or Occupational Medicine has evaluated the employee, the employer must ensure that the Specialist explains to the employee the results of the medical examination and provides the employee with a written medical report within 30 days of the examination. The Specialist's written medical opinion is generally beyond the scope of the Matrix. (No Specialist's sample letter is included.) Reference (2) requires the following (listed here for completeness) to be contained in the Specialist's report:
  - A statement indicating the results of the medical examination, including any medical condition(s) that would place the employee at increased risk of material impairment to health from exposure to respirable crystalline silica and any medical conditions that require further evaluation or treatment . Any recommended limitations upon the employee's use of a respirator
  - Any recommended limitations on the employee's exposure to respirable crystalline silica
  - The date of the examination
  - Any recommended limitations on the employee's use of respirators
- If the employee gives written authorization: Any recommended limitations on the employee's exposure to respirable crystalline silica, and a statement that the specialist has explained the results of the medical examination to the employee.

Reference (2) states, "After evaluating the employee, the Board Certified Specialist in Pulmonary Disease or Occupational Medicine should provide feedback to the PLHCP as appropriate, depending on the reason for the referral. OSHA believes that because the PLHCP has the primary relationship with the employer and employee, the Specialist may want to communicate his or her findings to the PLHCP and have the PLHCP simply update the original medical report for the employee and medical opinion for the employer. This is permitted under the standard, so long as all requirements and time deadlines are met."

**REFERENCE:**

1. [Asbestos Medical Surveillance Program \(AMSP\) \(page last accessed 1-27-2017\)](#)
2. [29 CFR 1910.1053 Respirable crystalline silica. \(page last accessed 1-27-2017\)](#)

**REVIEWED:** October 2020

**STYRENE**

**189**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 styrene    WL3675000                      100-42-5

**Program Frequency:**                      Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Change or loss in hearing	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Personality or behavior change	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	No
Eyes	Yes	Yes	No
Mucous membranes	Yes	Yes	No
Respiratory system	Yes	Yes	No
Liver	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [EPA Air Toxics Hazard Summary: Styrene, January 2000](#)
2. [NIOSH Criteria Documents, Criteria for a Recommended Standard: Occupational Exposure to Styrene 1983](#)
3. The Styrene Information and Research Center (SIRC), 1987
4. [ATSDR ToxFAQs—Styrene, September 2007](#)
5. [OSHA Sampling and Analytical Methods, Styrene](#)
6. [NIOSH Pocket Guide to Chemical Hazards Styrene, September 2005](#)

**REVIEWED:** May 2014

**SULFUR DIOXIDE**

**190**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 sulfur dioxide    WS4550000                      7446-09-5

**Program Frequency:**                      Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Tooth or gum disease	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Allergies (asthma, hay fever, eczema)	Yes	Yes	No
Chest X-ray (PA)	Yes	No	No
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	No
Eyes	Yes	Yes	No
Mucous membranes	Yes	Yes	No
Teeth (acid erosion)	Yes	Yes	No
Respiratory system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Criteria for a Recommended Standard. Occupational Exposure to Sulfur Dioxide, 1974](#)

2. [NIOSH Publication No. 2005-151, NIOSH Pocket Guide to Chemical Hazards, updated Sept 2005](#)
3. [NIOSH Safety and Health Topic Sulfur Dioxide](#)
4. [ATSDR ToxFAQs—Sulfur Dioxide, 1999](#)

**REVIEWED:** January 2015

**1,1,2,2 TETRACHLOROETHANE**

**191**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
1,1,2,2 tetrachloroethane	KI8575000	79-34-5

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Liver disease	Yes	Yes	No
Nausea or vomiting	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Tremor (shakiness), numbness or loss of sensation/feeling	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Weight loss	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
AST	Yes	Yes	No
Bilirubin, Total	Yes	No	No
Alkaline phosphatase	Yes	No	No
Liver	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards 1,1,2,2-Tetrachloroethane, September 2005](#)
2. [ATSDR ToxFAQs—1,1,2,2-Tetrachloroethane, September 2008](#)
3. [NIOSH Criteria Documents, Criteria for a Recommended Standard: Occupational Exposure to 1,1,2,2-Tetrachloroethane, 1976](#)
4. [EPA Air Toxics Hazard Summary: 1,1,2,2-Tetrachloroethane January 2000](#)
5. [Haz-Map: Occupational Exposure to Hazardous Agents](#)

**REVIEWED:** February 2011

**TETRACHLOROETHYLENE (PERCHLOROETHYLENE)**

**192**

**STRESSOR(S) IN THIS PROGRAM:** perchloroethylene  
**NIOSH#** KX3850000  
**CAS#** 127-18-4

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Liver disease	Yes	Yes	No
Hepatitis or jaundice	Yes	Yes	No
Change or loss of vision in either eye	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Nausea or vomiting	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Tremor (shakiness), numbness or loss of sensation/feeling	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Infertility or miscarriage (self or spouse)	Yes	Yes	No
BUN	Yes	Yes	No
Creatinine	Yes	Yes	No
AST	Yes	Yes	No
Bilirubin, Total	Yes	No	No
Alkaline phosphatase	Yes	No	No
Eyes	Yes	Yes	No
Mucous membranes	Yes	Yes	No
Lungs	Yes	Yes	No
Liver	Yes	Yes	No
Kidneys	Yes	Yes	No

EXAM ELEMENT	BASE	PERI	TERM
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [ATSDR Medical Management Guidelines Tetrachloroethylene](#)
2. [OSHA Safety and Health Guideline for Chloroform, 1992](#)
3. [National Institute of Environmental Health \(NIEH\), Chloroform](#)
4. [ATSDR ToxFAQs— Tetrachloroethylene, September 1997](#)
5. [NIOSH Criteria Documents, Criteria for a Recommended Standard: Occupational Exposure to Tetrachloroethylene 1976](#)
6. [EPA Air Toxics Hazard Summary: Tetrachloroethylene, January 2000](#)
7. Brown DP, Kaplan SD, Retrospective Cohort Mortality Study of Dry Cleaner Workers Using Perchloroethylene, Journal of Occupational Medicine 29:53551, 1987;
8. Federal Register FR54:2686-91 29 CFR Part 1910 Air Contaminants, Final rule 19 JAN 89.
9. Key MM et al. (ed.) Occupational Diseases, A Guide to their Recognition, NIOSH 1977, 213-4,448.

**REVIEWED:** January 2015

**TETRYL**

**209**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 tetryl    BY6300000                      479-45-8

**Program Frequency:**                      Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Eye irritation or blurred vision	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to respiratory irritants	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
RBC	Yes	Yes	Yes
WBC	Yes	Yes	Yes
HGB	Yes	Yes	Yes
MCV	Yes	Yes	Yes
MCH	Yes	Yes	Yes
MCHC	Yes	Yes	Yes
AST	Yes	Yes	Yes
Bilirubin, Total	Yes	No	Yes
Alkaline phosphatase	Yes	No	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	Yes
Eyes	Yes	Yes	Yes
Mucous membranes	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes

	<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Liver		Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)		Yes	Yes	Yes

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards Tetryl, September 2005](#)
2. [OSHA Safety and Health Guideline for Tetryl](#)
3. [ATSDR ToxFAQs—Tetryl, September 1996](#)

**REVIEWED:** May 2014

**TOLUENE**

**195**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
toluene	XS5250000	108-88-3

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Change or loss in hearing	Yes	Yes	No
Nausea or vomiting	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Migraine headache	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Tremor (shakiness), numbness or loss of sensation/feeling	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Personality or behavior change	Yes	Yes	No
Allergies (asthma, hay fever, eczema)	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Eyes	Yes	Yes	No
Mucous membranes	Yes	Yes	No
Respiratory system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards Toluene September 2005](#)
2. [OSHA Safety and Health Guideline for Toluene](#)
3. [ATSDR ToxFAQs-Toluene, September 2015](#)
4. [NIOSH Criteria Documents, Criteria for a Recommended Standard: Occupational Exposure to Toluene, 1973](#)
5. [EPA Air Toxics Hazard Summary: Toluene, January 2000](#)

**REVIEWED:** September 2015

**1,1,1 TRICHLOROETHANE (METHYL CHLOROFORM)**

**197**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
methylchloroform	KJ2975000	71-55-6

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Liver disease	Yes	Yes	No
Hepatitis or jaundice	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	No
Problems with balance or coordination	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
AST	Yes	Yes	No
Bilirubin, Total	Yes	No	No
Alkaline phosphatase	Yes	No	No
Urine Ph	Yes	No	No
Urine specific gravity	Yes	No	No
Urine urobilinogen	Yes	No	No
Urine protein	Yes	No	No
Urine glucose	Yes	No	No
Urine ketones	Yes	No	No

EXAM ELEMENT	BASE	PERI	TERM
Urine blood	Yes	No	No
Urine RBCs	Yes	No	No
Urine WBCs	Yes	No	No
Electrocardiogram	Yes	No	No
Eyes	Yes	Yes	No
Cardiovascular system	Yes	Yes	No
Respiratory system	Yes	Yes	No
Liver	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Central nervous system	Yes	Yes	No
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards 1,1,1-Trichloroethane, Methyl chloroform, September 2005](#)
2. [1910.1000 TABLE Z-1 Limits for Air Contaminants.](#)
3. [ATSDR ToxFAQs—1,1,1-Trichloroethane, Methyl chloroform, July 2006](#)
4. [NIOSH Criteria Documents, Criteria for a Recommended Standard: Occupational Exposure to 1,1,1-Trichloroethane, Methyl chloroform,](#)
5. [EPA Air Toxics Hazard Summary: 1,1,1-Trichloroethane, Methyl chloroform., January 2000](#)
6. [Haz-Map: Occupational Exposure to Hazardous Agents](#)

**REVIEWED:** February 2011

**TRICHLOROETHYLENE**

**198**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
trichloroethylene	KX4550000	79-01-6

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	Yes
Nausea or vomiting	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to respiratory irritants	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	Yes
Numbness, tingling, or weakness in hands or feet	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
AST	Yes	Yes	Yes
Bilirubin, Total	Yes	No	Yes
Alkaline phosphatase	Yes	No	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Electrocardiogram	Yes	No	Yes
Cardiovascular system	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	Yes

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards, Trichloroethylene, September 2005](#)
2. [OSHA Safety and Health Guideline for Trichloroethylene](#)
3. [ATSDR ToxFAQs— Trichloroethylene, July 2003](#)
4. [NIOSH Criteria Documents, Criteria for a Recommended Standard: Occupational Exposure to Trichloroethylene 1973](#)
5. [EPA Air Toxics Hazard Summary: Trichloroethylene January 2000](#)

**REVIEWED:** August 2010

**VINYL CHLORIDE ANY EXPOSURE (CHLOROETHENE)**

**204**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
vinyl chloride	KU9625000	75-01-4

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Transfusions (blood or blood products)	Yes	Yes	Yes
Peripheral vascular disease, or do your fingers or toes turn color or become painful in cold weather	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Chronic abdominal pain, vomiting, other GI symptoms	Yes	Yes	Yes
10 or more years since first exposure to vinyl chloride	Yes	Yes	Yes
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Weight loss	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
BUN	Yes	Yes	Yes
Creatinine	Yes	Yes	Yes
AST	Yes	Yes	Yes
Bilirubin, Total	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
GGT	Yes	Yes	Yes
Chest X-ray (PA)	Yes	No	Yes

EXAM ELEMENT	BASE	PERI	TERM
Respiratory system	Yes	Yes	Yes
Abdomen	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Spleen	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Peripheral vascular system, including acral (distal) micro-circulation and evidence of Reynaud's	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

This program is for anyone employed in vinyl chloride or polyvinyl chloride manufacturing. Abnormal laboratory test results should be repeated as soon as practicable, preferably within 3-4 weeks. If tests remain abnormal, consideration should be given to removal of the employee from contact with vinyl chloride, while a more comprehensive examination is made.

Review of the medical literature since date of last revision, March 2000, does not reveal any new information with respect to recommendations and procedures for medical surveillance in those exposed to vinyl chloride as part of their occupational duties. There has been some work looking at acute exposure monitoring using urinary thiodiglycolic acid levels but this has not been incorporated into routine monitoring protocols.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [29 CFR 1910.1017.](#)
2. [29 CFR 1926.1117 \(OSHA construction standard for vinyl chloride exposure\).](#)
3. [29 CFR 1915.1017 \(OSHA shipyard standard for vinyl chloride exposure\).](#)
4. [NIOSH pocket guide to Chemical Hazards.](#)
5. Vinyl Chloride Toxicity, in: Case Studies in Environmental Medicine, Agency for Toxic Substances and Disease Registry, Scandinavian Journal Work Environmental Health 1988;14:61-78. 13.
6. Cheng, TJ, Huang, YF, Ma, YC, Urinary thiodiglycolic acid levels for vinyl chloride workers, J. Occup Environ Med, 2001 Nov; 43 (11): 934-8.

**REVIEWED:** November 2007

**VINYL CHLORIDE 10+ YEARS EXPOSURE (CHLOROETHENE)**

**203**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
vinyl chloride	KU9625000	75-01-4

**Program Frequency:** 6 months

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Transfusions (blood or blood products)	Yes	Yes	Yes
Peripheral vascular disease, or do your fingers or toes turn color or become painful in cold weather	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Chronic abdominal pain, vomiting, other GI symptoms	Yes	Yes	Yes
10 or more years since first exposure to vinyl chloride	Yes	Yes	Yes
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Weight loss	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
BUN	Yes	Yes	Yes
Creatinine	Yes	Yes	Yes
AST	Yes	Yes	Yes
Bilirubin, Total	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
GGT	Yes	Yes	Yes
Chest X-ray (PA)	Yes	No	Yes

EXAM ELEMENT	BASE	PERI	TERM
Respiratory system	Yes	Yes	Yes
Abdomen	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Spleen	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Peripheral vascular system, including acral (distal) micro-circulation and evidence of Reynaud's	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

This program is for anyone employed in vinyl chloride or polyvinyl chloride manufacturing.

Abnormal laboratory test results should be repeated as soon as practicable, preferably within 3-4 weeks. If tests remain abnormal, consideration should be given to removal of the employee from contact with vinyl chloride, while a more comprehensive examination is made.

Review of the medical literature since date of last revision, March 2000, does not reveal any new information with respect to recommendations and procedures for medical surveillance in those exposed to vinyl chloride as part of their occupational duties. There has been some work looking at acute exposure monitoring using urinary thiodiglycolic acid levels but this has not been incorporated into routine monitoring protocols.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [29 CFR 1910.1017.](#)
2. [29 CFR 1926.1117 \(OSHA construction standard for vinyl chloride exposure\).](#)
3. [29 CFR 1915.1017 \(OSHA shipyard standard for vinyl chloride exposure\).](#)
4. [NIOSH pocket guide to Chemical Hazards.](#)
5. Cheng, TJ, Huang, YF, Ma, YC, Urinary thiodiglycolic acid levels for monomer-exposed polyvinyl chloride workers, J. Occup Environ Med, 2001 Nov; 43 (11): 934-8.

**REVIEWED:** August 2010

**XYLENE**

**205**

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 xylene (o-,m- and p- isomers)                      ZE2100000                      1330-20-7

**Program Frequency:**                      Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Change or loss of vision in either eye	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Nausea or vomiting	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to respiratory irritants	Yes	Yes	Yes
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Migraine headache	Yes	Yes	Yes
Numbness, tingling, or weakness in hands or feet	Yes	Yes	Yes
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
AST	Yes	Yes	Yes
Bilirubin, Total	Yes	No	Yes
Alkaline phosphatase	Yes	No	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Eyes	Yes	Yes	Yes
Mucous membranes	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes
Central nervous system	Yes	Yes	Yes
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Eye exam is conducted for signs of irritation or corneal opacity or edema.

Spirometry may be required if respirator used for PPE.

**REFERENCE:**

1. [Criteria for a Recommended Standard: Occupational Exposure to Xylene 1973 DHHS \(NIOSH\) Publication No. 75-168.](#)
2. Key MM et al., (ed.) Occupational Diseases, A guide to Their Recognition, NIOSH, 1977, 243
3. Federal Register FR 54:2477 29CFR 1910 Air Contaminants, Final Rule 19 JAN 89.
4. [Occupational Safety and Health Guideline for Xylene](#)
5. [NIOSH: Xylene](#)

**REVIEWED:** October 2014

Chapter 12:C12. Physical StressorsC12.1. Introduction and Changes

Programs in this section which are based on Navy instructions have those references listed in the program description section. Instructions were current at the time this manual was prepared. However, it is incumbent on the individual user to ensure that current instructions are verified and used. Individuals are placed on these programs based on recommendations from Industrial Hygiene and Safety or requirements by management. Where there are stringent requirements for documentation using standard forms, those exams are not duplicated in this document. The requirement for routine, periodic examinations for the sight conservation was removed from OPNAVINST 5100.23E and the program is removed from the Medical Matrix.

C12.2. Physical Stressors

Cold Radiation - Ionizing Heat Radiation - Laser (Class III and IV) Noise Hand Arm Vibration  
Noise Follow-up Whole Body Vibration

C12.3. Significant Changes

None

C12.4. Programs

**COLD**

**501**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>		
cold				
<b>Program Frequency:</b>		2 years		
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>	
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No	
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No	
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No	
Have any medications changed since your last occupational health examination	Yes	Yes	No	
Current medication use (prescription or over the counter)	Yes	Yes	No	
Have you ever had cancer	Yes	Yes	No	
Do you drink six or more alcoholic drinks per week	Yes	Yes	No	
Have you ever smoked	Yes	Yes	No	
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No	
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No	
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	No	
Peripheral vascular disease, or do your fingers or toes turn color or become painful in cold weather	Yes	Yes	No	
Cold injury (frostbite, chill, trench foot, hypothermia)	Yes	Yes	No	
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No	
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No	
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	No	
Mental or emotional illness	Yes	Yes	No	
Diabetes (sugar disease) or other endocrine disorder (thyroid, parathyroid, pituitary, adrenal gland)	Yes	Yes	No	
Thyroid disease (including heat or cold intolerance)	Yes	Yes	No	
Allergies (asthma, hay fever, eczema)	Yes	Yes	No	
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No	
Electrocardiogram	*	*	No	
Thyroid	Yes	Yes	No	
Cardiovascular system	Yes	Yes	No	
Respiratory system	Yes	Yes	No	
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No	
Peripheral vascular system, including acral (distal) micro-circulation and evidence of Reynaud's	Yes	Yes	No	

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

A worker should be entered on this program if exposed to temperatures below minus one (-1) degree Centigrade for ten or more days in a quarter or for more than 30 days a year.

The general nutrition status of the individual should be evaluated.

Use of the following medications should be included in the screening; nitrate medications, barbiturates, tranquilizers, vasoactive drugs, and diuretics.

The ACGIH handbook of Threshold Limit Values states: Employees should be excluded from work in cold at (-)1°C (30.2°F) or below if they are suffering from diseases or taking medication which interferes with normal body temperature regulation or reduces tolerance to work in cold environments. Workers who are routinely exposed to temperatures below (-)24°C (-11.2°F) with wind speeds less than five miles per hour, or air temperatures below (-)18°C (0°F) with wind speeds above five miles per hour, should be medically certified as suitable for such exposures.

Trauma sustained in freezing or subzero conditions requires special attention because an injured worker is predisposed to secondary cold injury. Special provision must be made to prevent hypothermia and secondary freezing of damaged tissues in addition to providing for first aid treatment.

\*An EKG may be indicated in workers when there are cardiovascular risk factors or other indications present.

**REFERENCE:**

1. [OSHA Fact Sheet No. 98-55 Protecting Workers in Cold Environments, December 1998](#)
2. [OSHA Emergency Preparedness and Response Guide—Cold Stress, February 2008](#)
3. [OSHA Cold Stress Equation, 1998](#)
4. [NIOSH Safety and Health Topic: Cold Stress, October 2008](#)
5. NEHC-TM-OEM 6260.6A Prevention & Treatment of Heat & Cold Stress Injuries, June 2007
6. Threshold Limit Values and Biological Exposure Limits, Cincinnati, OH: ACGIH; 2003.
7. [Cold Induced Injuries, Walter Reed Army Medical Center](#)

**REVIEWED:** December 2010

**HEAT**

**502**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>		
heat				
	<b>Program Frequency:</b>	Annual		
	<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No	
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No	
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No	
Have any medications changed since your last occupational health examination	Yes	Yes	No	
Current medication use (prescription or over the counter)	Yes	Yes	No	
Have you ever had cancer	Yes	Yes	No	
Do you drink six or more alcoholic drinks per week	Yes	Yes	No	
Have you ever smoked	Yes	Yes	No	
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No	
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No	
Heat injury (heat cramps, exhaustion, stroke)	Yes	Yes	No	
Exposure (acclimatization) to heat	Yes	Yes	No	
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No	
Exposure to skin irritants	Yes	Yes	No	
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	No	
Mental or emotional illness	Yes	Yes	No	
Diabetes (sugar disease) or other endocrine disorder (thyroid, parathyroid, pituitary, adrenal gland)	Yes	Yes	No	
Thyroid disease (including heat or cold intolerance)	Yes	Yes	No	
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No	
Kidney disease	Yes	Yes	No	
Current pregnancy (females only)	Yes	Yes	No	
Infertility or miscarriage (self or spouse)	Yes	Yes	No	
Urine Ph	Yes	Yes	No	
Urine specific gravity	Yes	Yes	No	
Urine urobilinogen	Yes	Yes	No	
Urine protein	Yes	Yes	No	
Urine glucose	Yes	Yes	No	
Urine ketones	Yes	Yes	No	
Urine blood	Yes	Yes	No	
Electrocardiogram	*	*	No	
BMI	Yes	Yes	No	

EXAM ELEMENT	BASE	PERI	TERM
Overall physical fitness	Yes	Yes	No
Thyroid	Yes	Yes	No
Cardiovascular system	Yes	Yes	No
Respiratory system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No
Skin (malignant & pre malignant conditions)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

OSHA’s Standards Advisory Committee on Heat Stress recommended that a series of work practices, including medical surveillance, be initiated whenever a worker was exposed to WBGT temperatures in the workplace (120 minute TWA) that exceeded:

Light work (<200 kcal/h) 30oC (86oF)

Moderate work (200-300 kcal/h) 27.8oC (82oF)

Heavy work (>300 kcal/h) 26.1oC (79oF)

**PROVIDER COMMENTS:**

In addition to use of anticholinergic drugs, individuals should be screened for use of other medications including; nitrate medications, tricyclic antidepressants, MAO inhibitors, amphetamines, diuretics and antihistamines.

\*EKG may be indicated in workers when there are cardiovascular risk factors

**REFERENCE:**

1. [NIOSH \[2016\]. NIOSH criteria for a recommended standard: occupational](#)
2. [OSHA Technical Manual 1-0.15A, Chapter 4, Heat Stress January 1999.](#)
3. OPNAV 5100.23,CHAPTER 26.04. Heat Stress
4. [NIOSH: Working in Hot Environments](#)
5. [OSHA Protecting Workers in Hot Environments 1995](#)
6. [OSHA Heat Stress Card, 2002](#)
7. NEHC-TM-OEM 6260.6A Prevention & Treatment of Heat & Cold Stress Injuries, June 2007
8. [Army Heat Injury Prevention Policy, 2007-2009](#)

**REVIEWED:** January 2021

**NOISE**

**503**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>		
noise				
	<b>Program Frequency:</b>	Annual		
	<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes	Yes
Change or loss in hearing	Yes	Yes	Yes	Yes
Any injury to your ears (including ruptured ear drum)	Yes	Yes	Yes	Yes
Difficulty hearing conversations, people	Yes	Yes	Yes	Yes
Ringing in the ear (tinnitus)	Yes	Yes	Yes	Yes
Recreational or non-occupational exposure to loud noise	Yes	Yes	Yes	Yes
Exposure to excessive noise	Yes	Yes	Yes	Yes
Audiogram (DD 2215/2216)	Yes	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

Workers enrolled in Noise 503 generally do not need to be seen at the Occupational Health clinic. This program is included in the Matrix only for locations where audiology is located in the OH clinic.

**PROVIDER COMMENTS:**

Conductive hearing loss must be ruled out if a significant threshold shift (STS) has been noted. A tympanogram may be useful in identifying individuals with conductive rather than sensorineural hearing loss. It is strongly recommended that tympanometry be utilized in ruling out conductive hearing loss.

Individuals with a high-frequency average loss greater than 45 dB bilaterally may have problems with speech discrimination.

Individuals are entered on this program based on the results of industrial hygiene surveys. In the absence of IH data, individuals routinely exposed to sound levels greater than 84 dB(A) or 140 dB peak sound pressure level for impact or impulse noise shall be considered at risk and included in the hearing conservation program. Hearing tests are recorded on DD Form 2215 and DD Form 2216.

**REFERENCE:**

1. 29 CFR 1910.95, Occupational noise exposure
2. OPNAV 5100.23, CHAPTER 18. HEARING CONSERVATION AND NOISE ABATEMENT

3. [OPNAV 5100.19 \(series\), Chapter B4](#)
4. [DOD INST 6055.12, DoD Hearing Conservation Program, March 5, 2004.](#)
5. DODI 6055.12, DoD Hearing Conservation Program
6. DODI 6055.05, Table C2.T15, Noise

**REVIEWED:** October 2018

**NOISE - FOLLOW UP OF STS (#1 AND/OR #2)**

**512**

**STRESSOR(S) IN THIS PROGRAM:**

**NIOSH#**

**CAS#**

noise

**Program Frequency:**

\*

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	*	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	*	No
Has anything about your health status changed since your last occupational health examination	No	*	No
Have any medications changed since your last occupational health examination	No	*	No
Change or loss in hearing	No	*	No
Any injury to your ears (including ruptured ear drum)	No	*	No
Difficulty hearing conversations, people	No	*	No
Ringing in the ear (tinnitus)	No	*	No
Audiogram (DD 2215/2216)	No	*	No
Ears (tympanic membranes)	No	*	No
Written notification of permanent threshold shift required	No	*	No

**PROGRAM DESCRIPTION:**

This program is designed for follow up when a significant threshold shift (STS), occurs at the monitoring audiogram.

**PROVIDER COMMENTS:**

Hearing test results are documented on DD Form 2215 and DD Form 2216.

Screening tympanometry can be used to determine if the STS has resulted from middle ear pathology.

Individuals with a high-frequency average loss greater than 45 dB bilaterally may have problems with speech discrimination.

Guidelines for follow-up and referral are contained in the NAVOSH Program Manuals listed in the program description.

A sample format for written notification of permanent threshold shift is in Chapter 10.

\*Based on results of annual monitoring

**REFERENCE:**

1. [OPNAV 5100.23 \(series\), Chapter 18](#)
2. [OPNAV 5100.19 \(series\), Chapter B4](#)
3. [29 CFR 1910.95;](#)

4. [DOD INST 6055.12, DoD Hearing Conservation Program, March 5, 2004;](#)
5. [NEHC Tech Manual 6260.51.99-2 \(Sep 04\)](#)
6. DODI 6055.05, Table C2.T15, Noise

**REVIEWED:** March 2006

**RADIATION - IONIZING**

**505**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
Ionizing radiation		

<b>Program Frequency:</b>	<b>By Age</b>
Up to 49	Every 5 years
50 - 59	Every 2 years
60+	Annually

**PROGRAM DESCRIPTION:**

This program is included in the Matrix solely to provide guidance on scheduling frequency and references. The program is described in NAVMED P-5055 Radiation Health Protection Manual. This exam is only necessary for Active Duty service members and may only be performed by a physician who has received BUMED-approved radiation health training, or, if performed by physician assistant, nurse practitioner, or a physician not specially trained, must be counter-signed by such a physician.

The medical examination primarily is to identify the existence of cancer.

Medical examinations for this program are to be completed using NAVMED form 6470/13, Medical Record - Ionizing Radiation Medical. When performing multi-purpose examinations (i.e., Submarine, nuclear field, and ionizing radiation work) the NAVMED 6470/13 is used only for Radiation Medical Examinations (RMEs) and is independent of other examination forms (i.e., DD Form 2807-1, Report of Medical History and DD form 2080, Report of Medical Exam).

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NAVMED P-5055](#)
2. [NAVMED P-117, Chapter 15-104.](#)
3. [NAVMED form 6470/13](#)

**REVIEWED:** January 2023

**RADIATION - LASER (CLASS 3B & 4)**

**506**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>		
laser				
	<b>Program Frequency:</b>	<b>Baseline and termination only</b>		
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>	
Do you currently have any limitations/restrictions to your job duties?	Yes	No	Yes	
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	No	Yes	
Has anything about your health status changed since your last occupational health examination	Yes	No	Yes	
Have any medications changed since your last occupational health examination	Yes	No	Yes	
Current medication use (prescription or over the counter)	Yes	No	Yes	
Have you ever had cancer	Yes	No	Yes	
Do you drink six or more alcoholic drinks per week	Yes	No	Yes	
Have you ever smoked	Yes	No	Yes	
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	No	Yes	
Heart disease, high blood pressure, stroke or circulation problems	Yes	No	Yes	
Change or loss of vision in either eye	Yes	No	Yes	
Contact lens use	Yes	No	Yes	
Lens surgery	Yes	No	Yes	
Photosensitizing medications	Yes	No	Yes	
Unusual sensitivity to sunlight	Yes	No	Yes	
Cataracts	Yes	No	Yes	
Eye irritation or blurred vision	Yes	No	Yes	
Eye injury	Yes	No	Yes	
Glaucoma	Yes	No	Yes	
Exposure to non-ionizing radiation (laser, infra-red, microwave (except ovens), ultraviolet)	Yes	No	Yes	
Eye injury (occupational)	Yes	No	Yes	
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	No	Yes	
Vision screen (visual acuity)	Yes	No	Yes	
Color vision	Yes	No	Yes	
Amsler grid	Yes	No	Yes	
Eyes	Yes	No	Yes	
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	No	Yes	

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Enrollment in this program is limited to those personnel who are clearly at risk from exposure to laser radiations.

The preplacement examination must be performed before assignment involving risk of exposure to class 3b or 4 lasers and establishes a baseline for comparison and measurement following an accidental exposure or ocular damage. Examinations for other purposes that include the required information satisfy the requirements of reference 1. When constrained by ship operations or deployment, perform the examination at the earliest opportunity. Complete the termination examination as soon as practical subsequent to termination of duties involving lasers.

Medications of interest include photosensitizers, such as phenothiazines and psoralens.

The purpose of the eye exam is to identify scarring that may have occurred from a past laser injury. Examination of the eyes for laser medical surveillance must include bilateral near and far visual acuity, exam of the external eyes, Amsler Grid, and funduscopic exam. Direct ophthalmoscopy without dilation is adequate for this purpose. Reference (6) links to a sample Amsler Grid that should be printed on letter size (8.5 x 11 inch) paper for use. If a worker reports any abnormality while viewing the Amsler Grid, it is strongly recommended that he or she be examined by an ophthalmologist.

Asymptomatic scarring without the worker's knowledge of an acute injury would be very rare and such a retinal scar would likely not be detected using direct undilated ophthalmoscopy.

Referral for other macular test, dilated direct ophthalmoscopy of the retina, and slit lamp exam of the cornea and anterior chamber may be part of the laser medical surveillance if deemed necessary by the medical examiner.

Examination of exposed skin may be included in laser medical surveillance if the worker has a history of photosensitivity or works with UV lasers.

Reference (2) requires funduscopic exam, but does not require pupil dilation.

Reference (3) only requires a funduscopic exam if ocular history, visual acuity, color vision, or Amsler grid are abnormal. However, it requires that the funduscopic exam, if performed, be done with pupil dilation.

To avoid undue referrals for dilated exams of workers whose visual acuity is not 20/20 or better simply because their refraction is out of date, visual acuity with a pinhole vision tester may be performed. (If visual acuity does not improve to 20/20 with a pinhole tester, incorrect refraction may not be the issue and the worker should be referred.)

**REFERENCE:**

1. [BUMEDINST 6470.23 Medical Management of Non-ionizing Radiation Casualties.](#)
2. ANSI Z136.1 of 2007, Appendix E;
3. OPNAVINST 5100.23 (current series).
4. DoDI 6055.15 (current series) DoD Laser Protection Program
5. DoDI 6055.05-M Occupational Medical Examinations and Surveillance Manual

6. [Amsler Grid PDF, which should be printed on letter size \(8.5 x 11 inch\)](#)

**REVIEWED:** January 2016

**RADIOFREQUENCY**

**510**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>		
Radio frequency radiation (non-laser)				
	<b>Program Frequency:</b>	<b>Baseline and termination only</b>		
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>	
Do you currently have any limitations/restrictions to your job duties?	Yes	No	Yes	
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	No	Yes	
Has anything about your health status changed since your last occupational health examination	Yes	No	Yes	
What medicines are you currently taking	Yes	No	Yes	
Heat injury (heat cramps, exhaustion, stroke)	Yes	No	Yes	
Do you currently have an implanted device anywhere in your body (including an artificial lens from cataract surgery)	Yes	No	Yes	
Have you ever had eye surgery (including cataract surgery)	Yes	No	Yes	
Do you have a foreign body permanently in your eye (for example, something that was left in your eye after an eye injury or eye surgery)	Yes	No	Yes	
Have you ever had an eye injury that required medical care	Yes	No	Yes	
Do you have a prescription for glasses or contact lenses	Yes	No	Yes	
Date of your most recent vision check	Yes	No	Yes	
Audiogram (non-HCP)	Yes	No	Yes	
Eye exam including funduscopy (undilated)	Yes	No	Yes	
Visual acuity (far)	Yes	No	Yes	
Visual acuity (near)	Yes	No	Yes	
Skin exam if history of skin sensitivity or disease	Yes	No	Yes	

**PROGRAM DESCRIPTION:**

IAW reference (1), “commands must maintain a Radiofrequency Surveillance Program when activities or operations involving recurrent overexposures to radio frequency radiation are more than five times the MPE or exposure reference level... Personnel who are clearly identified as at risk from duties concerning activities or operations involving required, intentional, and recurrent overexposures to radiofrequency radiation (RFR) more than five times the maximum permissible exposure (MPE) or exposure reference level (ERL) will be enrolled in the Radiofrequency Surveillance Program (RFSP), per reference (j) [ANSI/IEEE C95.1-2345-2014]. The command radiofrequency safety officer or medical officer or senior medical provider will determine personnel enrollment in the RFSP.”

Personnel who have had a Termination exam and subsequently return to work with potential RF exposure require a new Baseline exam.

**PROVIDER COMMENTS:**

Situational exams. IAW reference (1), “In the event of any suspected or known overexposure, an investigation into the causes and circumstances of the overexposure must be performed following the guidelines in enclosure (6)” [of reference (1)].

Although not part of occupational medical surveillance, situational exams are required for workers over-exposed to RF energy. Per reference (1), “Situational examinations are required when an actual or suspected radiofrequency induced injury occurs. The injury should be evaluated by a medical professional as soon as possible. Referral for medical examinations will be consistent with the medical symptoms and the anticipated biological effect(s). For radio frequency-induced injury to the eye, the initial medical evaluation must be performed by a qualified medical provider with follow-up by an ophthalmologist or optometrist, as indicated. Auditory and skin injuries should initially be evaluated by a medical provider with applicable follow-up by an audiologist or dermatologist, as needed.”

Although over-exposures to RF energy primarily are a heat stress hazard, effects can be complex, depending on radio frequencies and intensities. Situational exposure evaluations should include more questions and examination items than comprise routine occupational medical surveillance. Providers performing situational exams are directed to reference (4) and are strongly encouraged to contact the DoD EMF Injury Hotline, reference (5).

**REFERENCE:**

1. [BUMEDINST 6470.23A Operational Non-Ionizing Radiation Health Protection, 10 Jan 2023.](#)
2. [DoDI 6055.11 Protecting Personnel from Electromagnetic Fields, May 12, 2021.](#)
3. Radiological hazards environmental characterization group of the Electromagnetic Measurements and Engineering Branch (Code B55) at Naval Surface Warfare Center Dahlgren, DSN 249-1419 (commercial 540-653-1419).
4. [RF Directed Energy Health Effects \(access requires registration\).](#)
5. DoD EMF Injury Hotline at DSN 798-3764 (commercial (937) 938-3764), (888) 232-ESOH (3764).

**REVIEWED:** May 2023

**VIBRATION, HAND-ARM**

**508**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>		
hand arm (segmental) vibration				
	<b>Program Frequency:</b>	Annual		
	<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No	
Have you had any limitations/restrictions or been placed on "light duty" since your last Occupational Health Exam?	Yes	Yes	No	
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No	
Have any medications changed since your last occupational health examination	Yes	Yes	No	
Current medication use (prescription or over the counter)	Yes	Yes	No	
Have you ever had cancer	Yes	Yes	No	
Do you drink six or more alcoholic drinks per week	Yes	Yes	No	
Have you ever smoked	Yes	Yes	No	
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No	
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No	
Peripheral vascular disease, or do your fingers or toes turn color or become painful in cold weather	Yes	Yes	No	
Cold injury (frostbite, chill, trench foot, hypothermia)	Yes	Yes	No	
Exposure to vibration (segmental or whole body)	Yes	Yes	No	
How many hours a day do you usually work with vibrating tools or equipment? (0) 0 to 1/2, (1) 1/2 to 2, (2) Over 2 hours	Yes	Yes	No	
For how long do you notice numbness or tingling in your fingers after using vibrating tools or equipment? (0) 0 to 15 minutes, (1) Longer than 15 minutes	Yes	Yes	No	
Do any of your fingers turn white after working with vibrating tools or equipment or after exposure to the cold?	Yes	Yes	No	
Does exposure to the cold cause excessive pain in your fingers? ("Excessive" meaning more than it used to or more than the cold seems to bother your friends.)	Yes	Yes	No	
Has your ability to feel with your fingers gotten worse?	Yes	Yes	No	
Neurological disorder, gait change, paresthesia, loss of coordination	Yes	Yes	No	
Diabetes (sugar disease) or other endocrine disorder (thyroid, parathyroid, pituitary, adrenal gland)	Yes	Yes	No	
Vibration white finger	Yes	Yes	No	
Back & musculoskeletal system	Yes	Yes	No	
Peripheral vascular system, including acral (distal) micro-circulation and evidence of Reynaud's	Yes	Yes	No	
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No	

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Smoking plays a significant role in the development of hand-arm vibration syndrome (HAVS). Individuals who smoke should be counseled in smoking cessation.

Symptoms of peripheral vascular and neurological disease can be documented using a standard staging system so as to provide a quantitative description of the involvement of the vascular/neurological system. Workers in stage 2 HAVS or above on the Stockholm Workshop classification scale should be considered for removal from exposure until signs and symptoms no longer meet the criteria for stage 1. If HAVS is permitted to progress beyond Stage 2 by the continued use of vibrating tools, the effects can become irreversible (NIOSH p. 85).

The Stockholm Workshop classification scale for cold-induced peripheral vascular symptoms in the hand-arm vibration syndrome.\*,+

**Stage Description**

0 No attacks

1 - Mild Occasional attacks that affect only the tips of one or more fingers

2 - Moderate Occasional attacks that affect the distal and middle (rarely also proximal) phalanges of one or more fingers

3 - Severe Frequent attacks affecting all phalanges of most fingers

4 - V. Severe As in stage 3, with trophic skin changes in the finger tips

The Stockholm Workshop classification scale for sensorineural stages of the hand-arm vibration syndrome.\*,+

**Stage Description**

OSN - Exposed to vibration but no symptoms

1SN -Intermittent numbness with or without tingling

2SN - Intermittent or persistent numbness, reduced sensory perception

3SN - Intermittent or persistent numbness, reduced tactile discrimination and/or manipulative dexterity

\*Adapted from Brammer et al. (1987)

+The stage is determined separately for each hand.

Source: Reference(1)

**REFERENCE:**

1. [Criteria for a recommended standard: Occupational Exposure to Hand-Arm Vibration, NIOSH Sept 1989.](#)
2. Threshold Limit Values for Chemical Substances and Physical Agents and Biological Exposure Indices. ACGIH, current edition.
3. [Mansfield, Neil J. Human Response to Vibration. ACGIH: 2004; ISBN: 0-415-28238-X.](#)
4. Wasserman, Donald E & Pelmeur, P.L. Hand-Arm Vibration: A comprehensive guide for occupational health professionals. 2nd edition: OEM Press: 1998.
5. ISO 5349. Mechanical vibration—Measurement and evaluation of human exposure to hand-transmitted vibration.

**REVIEWED:** November 2016

**WHOLE BODY VIBRATION**

**511**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>		
whole body vibration				
	<b>Program Frequency:</b>	Annual		
	<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No	
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No	
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No	
Have any medications changed since your last occupational health examination	Yes	Yes	No	
Current medication use (prescription or over the counter)	Yes	Yes	No	
Have you ever had cancer	Yes	Yes	No	
Do you drink six or more alcoholic drinks per week	Yes	Yes	No	
Have you ever smoked	Yes	Yes	No	
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No	
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No	
Peripheral vascular disease, or do your fingers or toes turn color or become painful in cold weather	Yes	Yes	No	
Change or loss of vision in either eye	Yes	Yes	No	
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No	
Nausea or vomiting	Yes	Yes	No	
Chronic abdominal pain, vomiting, other GI symptoms	Yes	Yes	No	
Exposure to vibration (segmental or whole body)	Yes	Yes	No	
Headache, dizziness, light headedness, weakness	Yes	Yes	No	
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	No	
Vibration white finger	Yes	Yes	No	
Kidney disease	Yes	Yes	No	
Problems with urination or blood in urine	Yes	Yes	No	
Current pregnancy (females only)	Yes	Yes	No	
Infertility or miscarriage (self or spouse)	Yes	Yes	No	
Urine Ph	Yes	Yes	No	
Urine specific gravity	Yes	Yes	No	
Urine urobilinogen	Yes	Yes	No	
Urine protein	Yes	Yes	No	
Urine glucose	Yes	Yes	No	
Urine ketones	Yes	Yes	No	
Urine blood	Yes	Yes	No	
Urine RBCs	Yes	Yes	No	
Urine WBCs	Yes	Yes	No	

EXAM ELEMENT	BASE	PERI	TERM
Eyes	Yes	Yes	No
Cardiovascular system	Yes	Yes	No
Abdomen	Yes	Yes	No
Hemorrhoids	Yes	Yes	No
Back & musculoskeletal system	Yes	Yes	No
Peripheral vascular system, including acral (distal) micro-circulation and evidence of Reynaud's	Yes	Yes	No
Varicose veins of lower extremities	Yes	Yes	No
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. Seidel H., Heide R., Long-term effects of whole-body vibration; a critical survey of the literature, International Archives of Occupational Environmental Health, 1986:58:1-12.
2. [Mansfield, Neil J. Human Response to Vibration. ACGIH: 2004; ISBN: 0-415-28238-X.](#)
3. [Documentation of the threshold limit values for physical agents, 7th Ed. ACGIH: 2001; Publication -0100DocP/A; ISBN: 978-1-882417-43-8.](#)
4. ANSI S3.18-1979 (R 1993) American National Standard Guide for the Evaluation of Human Exposure to Whole-Body Vibration.
5. [Navy Safety Center: Acquisition safety vibration website.](#)

**REVIEWED:** December 2014

Chapter 13:C13. Mixed ExposuresC13.1. Introduction and Changes

Mixed exposures were included in a separate section to give guidance for screening individuals who may be exposed to a category of chemicals or whose specific exposure may not be known. For a mixed chemical exposure such as mixed solvents, the worker is generally placed into this program when quantitative data on specific exposures are unknown. In some cases, it may be appropriate to use this program if there are quantitative data showing overexposure to a specific solvent and there is no corresponding matrix program for that solvent. For example, a spray painter may be exposed to multiple solvents. IH data could demonstrate overexposure to one solvent out of the mixture for which there is no corresponding matrix program. In this case, the toxicity of the specific solvent should be reviewed by an occupational medicine specialist to see if the mixed solvent program needs to be modified. When IH data are available and there is a corresponding matrix program available for that chemical, then workers should be entered in the appropriate program for the specific stressor. Occupational health staff should forward a request for review of a new program to the Matrix Committee (see Chapter C10.1, Suggested or Requested Changes in the Medical Matrix) for any stressor where IH data has indicated an overexposure requiring medical surveillance and no matrix program exists for that stressor.

C13.2. Mixed Exposures

- Acid/Alkali (pH <4.0 or >11.0)
- Metal Fumes
- Anesthetic Gases
- Metalworking Fluids
- Animal Associated Diseases
- Mixed Solvents (Volatile Organic Compounds)
- Hazardous Drugs
- Organophosphate/Carbamate Compounds
- Herbicides
- Wood Dust
- Manmade Mineral Fibers

C13.3. Significant Changes

Program 110- Hazardous Drugs

C13.4. Programs

**ACID/ALKALI (PH<4.0/PH>11.0)**

**601**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>		
Strong acid and base				
	<b>Program Frequency:</b>	Annual		
	<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes	
Have you had any limitations/restrictions or been placed on "light duty" since your last Occupational Health Exam?	Yes	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	Yes	No
Have you ever had cancer	Yes	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes	No
Have you ever smoked	Yes	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes	No
Peripheral vascular disease, or do your fingers or toes turn color or become painful in cold weather	Yes	Yes	Yes	Yes
Contact lens use	Yes	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes	No
Cough, other than with colds, flu or allergies	Yes	Yes	Yes	No
Tooth or gum disease	Yes	Yes	Yes	No
Exposure to hydrogen fluoride or inorganic fluorides	Yes	Yes	Yes	No
Eye injury (occupational)	Yes	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	Yes	No
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	Yes	No
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes	No
Eyes	Yes	Yes	Yes	No
Mucous membranes	Yes	Yes	Yes	No
Gums (e.g., lead lines)	Yes	Yes	Yes	No
Teeth (acid erosion)	Yes	Yes	Yes	No
Respiratory system	Yes	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes	No
Peripheral vascular system, including acral (distal) micro-circulation and evidence of Reynaud's	Yes	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

PELs exist for numerous acids and alkalis. Chronic or repeated exposure to acid has been associated with fluorosis, mottling of the teeth, weight loss, malaise, anemia, leukopenia, discoloration of teeth, osteosclerosis, skeletal changes such as increased bone density of the spine and pelvis, calcification of ligaments, hyperostosis, and liver or kidney damage

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards](#)
2. [29 CFR 1910.1025 App C Medical surveillance guidelines](#)
3. [ATSDR ToxFAQs—Sulfuric Acid, June 1999](#)
4. [NIOSH Criteria Documents, Criteria Documents Index](#)

**REVIEWED:** October 2009

**ANESTHETIC GASES**

**108**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
halothane	KH6550000	151-67-7
nitrous oxide	QX1350000	10024-97-2
isoflurane		26675-46-7
enflurane		13838-16-9
sevoflurane		28523-86-6

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Hepatitis or jaundice	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Exposure to chemotherapeutic or antineoplastic agents	Yes	Yes	Yes
Exposure to anesthetic gases	Yes	Yes	Yes
Exposure to ethylene oxide	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Migraine headache	Yes	Yes	Yes
Epilepsy or seizures	Yes	Yes	Yes
Numbness, tingling, or weakness in hands or feet	Yes	Yes	Yes
Mental or emotional illness	Yes	Yes	Yes
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	Yes
Personality or behavior change	Yes	Yes	Yes
Kidney disease	Yes	Yes	Yes
Impotence or sexual dysfunction	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
Mucous membranes	Yes	*	Yes

	<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Liver		Yes	*	Yes
Central nervous system		Yes	*	Yes
Peripheral nervous system (strength, sensation, DTRs)		Yes	*	Yes

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

\*Physical exam elements are given when positive answers on history questions are obtained.

**REFERENCE:**

1. [NIOSH Criteria For a Recommended Standard Occupational Exposure to Waste Anesthetic Gases and Vapors.](#)
2. Williams, Louise A., Reproductive Health Hazards in the Workplace, J.B. Lippincott Company, Philadelphia, 1988;
3. Greenberg MI, Hamilton RW, Phillips, SD; Occupational, Industrial and Environmental Toxicology, Mosby St. Louis, 1997;
4. Suruda, A, Health Effects of Anesthetic Gases, Occupational Medicine State of the Art Reviews, Vol. 12/No. 4, Oct-Dec 1997, Hanley & Belfus, Inc., Philadelphia.
5. [Halothane Hepatotoxicity, 2004](#)
6. [Haz-Map Halothane, National Library of Medicine](#)
7. [Waste anesthetic gases, National Library of Medicine](#)
8. [OSHA Anesthetic Gases: Guidelines for Workplace Exposures](#)

**REVIEWED:** October 2020

**ANIMAL ASSOCIATED DISEASE**

**207**

**STRESSOR(S) IN THIS PROGRAM:**

**NIOSH#**

**CAS#**

animal associated disease

**Program Frequency:**

\*

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	*	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	*	No
Has anything about your health status changed since your last occupational health examination	Yes	*	No
Have any medications changed since your last occupational health examination	Yes	*	No
Current medication use (prescription or over the counter)	Yes	*	No
History of asplenia	Yes	*	No
Have you ever had cancer	Yes	*	No
Do you drink six or more alcoholic drinks per week	Yes	*	No
Have you ever smoked	Yes	*	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	*	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	*	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	*	No
Allergies (asthma, hay fever, eczema)	Yes	*	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	*	No
Current pregnancy (females only)	Yes	*	No
Animal-specific titers as indicated (see Provider Comments)	Yes	*	No
Td (Tdap once)	Yes	*	No
Tuberculosis screening questionnaire	Yes	*	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

This surveillance category includes workers in a wide variety of settings with potential exposure to animals which may cause disease. Exposure may involve the direct care of or contact with animals (live or sacrificed) or their living quarters, viable tissues, body fluids or wastes. Exposures include laboratory animals, animal pests, and livestock.

Illnesses fall largely into one of two groups: sensitization and infectious. Infectious agents of concern can include anthrax, brucellosis, leptospirosis, ornithosis, Q-fever, toxoplasmosis, rabies, and Hantavirus.

Because of the variety of potential exposures and the specific nature of their effects, pre-placement and annual medical surveillance elements must be individualized. Placement in this surveillance program should not be driven by job title but by identified exposures, or potential exposures, to specific animal associated disease.

Capnocytophaga canimorsus, part of the normal flora of many dogs and cats, can be transmitted by bites and scratches. Capnocytophaga infections pose a high risk of fatal septicemia to immunocompromised persons, and especially those individuals without a spleen, and, to a lesser extent, alcoholics. For this reason, the Army disqualifies asplenic from significant occupational exposure to dogs or cats (10). Commands at which animal handlers work with dogs, particularly at sites remote from definitive medical care, should consider (i.e., do a risk analysis) whether to disqualify asplenic individuals.

General Guidelines:

A. In addition to exposure-appropriate history, physical examination, and laboratory testing, the worker should be evaluated regarding his/her understanding of the exposures, their potential health effects, and symptoms which should prompt medical attention.

B. The issue of obtaining and freezing serum from each worker at the time of preplacement examination and periodically thereafter is controversial. The decision to maintain stored serum should be individualized based on exposure, clinical necessity, and published guidance. The recommended protocol for workers exposed to Hantavirus, for instance, includes a stored frozen sample.

Examples of individual requirements follow. Local considerations may warrant more comprehensive measures. See diagram.

Test	RISK CATEGORY		
	1 rodents, rabbits and aquatics	2 cats, dogs, livestock and ferrets	3 nonhuman primates
Tb Screening	B	B	B, q 6mo
Tetanus	B,P	B,P	B, P
Toxoplasmosis Titer (1)		B	
Rabies Prophylaxis (2)		B,P	
Q Fever Titer (3)		B	
Rubeola (4)			B

B=baseline examination; P=periodic examination

(For pathology personnel, the highest category of animal examined applies.)

(1) Women of child-bearing age who are occupationally exposed to cats and/or their waste should be screened for toxoplasmosis and receive appropriate health education regarding the risk of this disease during pregnancy. Effort should be made to arrange temporary job reassignment while a susceptible employee is pregnant.

(2) Individuals who should receive pre-exposure prophylaxis with human diploid cell rabies vaccine (HDCV) include those who:

- a. work directly with rabies virus,
- b. have direct contact with animals in quarantine,
- c. have exposure to potentially infected animal body organs or perform post-mortem examinations on animals with a history of poorly defined neurological disorders,
- d. have responsibility for capturing or destroying wild animals, or
- e. have large animal (category 2) contact where a potential for exposure exists.

(3) Employees at risk of exposure to Q fever include those with direct contact with *Coxiella burnetii* and those who handle or use products of parturition (placenta, amniotic fluid, blood or soiled bedding) from infected sheep, goats, or cattle. At the time of the preplacement exam, individual should be assessed for the likelihood of developing chronic sequela of Q fever should they acquire it, (immunosuppressed individuals and those with valvular or congenital heart valve problems).

(4) Rubella immunization or documented evidence of immunity or vaccination.

For guidelines on preplacement requirements and periodic medical surveillance for specific animal exposures, contact the Navy and Marine Corps Public Health Center or the nearest Navy Environmental and Preventive Medicine Unit.

Tuberculosis (TB) screen, consistent with current CDC guidelines, means identifying risk factors (generally by questionnaire) for TB exposure or for latent TB to develop into disease and performing skin or blood testing on only those workers at increased risk.

<b>ANIMAL-ASSOCIATED DISEASE:</b>	<b>CONSIDER:</b>	
Respiratory hazards from inhaled dusts	Asthma specific screening questionnaire	
Dermatologic hazards	Screen for history of contact dermatitis (irritant, allergic) Screen for dermatophyte infections	
Zoonotic infections (consider screening if known exposure, high risk, or symptomatic)	<a href="#">Anthrax</a> Atypical mycobacterium infections <a href="#">Brucellosis</a> Capnocytophaga Cat-scratch fever Crimea-Congo hemorrhagic fever Erysipeloid	Glanders Leptospirosis <a href="#">Newcastle disease</a> Orf (Contagious ecthyma) Pasteurellosis Plague Psittacosis Rift Valley fever Tularemia

\*See diagram for periodicity

**REFERENCE:**

1. Garibaldi R, Janis B, Occupational Infections in Rom, William N, Environmental and Occupational Medicine, 2nd ed, Little Brown, 1992.
2. Rival JC, Bayer RA, Johnson DK, The NIH animal handlers medical surveillance program. J Occup Med 26(2):115-117, 1984 (Manual revised 1/96).
3. [CDC Human Rabies Prevention – United States, 2008](#)
4. [NASD, Animal Handling Safety Considerations](#)
5. [NIOSH Interim Guidance on Health and Safety Hazards When Working with Displaced Domestic Animals](#)
6. Ladou, 3rd Ed. Pp 287-306.
7. [HAZMAP Rabies](#)
8. [HAZMAP Anthrax](#)
9. [HAZMAP Brucellosis](#)
10. [Army Regulation 40-501 Medical Services Standards of Medical Fitness, Rapid Action Revision \(RAR\), 4 August 2011 \(page last accessed 11-4-2016\)](#)

**REVIEWED:** October 2020

**HAZARDOUS DRUGS**

**110**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>	
antineoplastic drugs (vincristine, dacarbazine, mitomycin, cytosine arabinoside, fluorouracil – list is not all inclusive)			
			<b>Program Frequency:</b> Annual
	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
<b>EXAM ELEMENT</b>			
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	Yes
Liver disease	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Radiation therapy or radioactive pharmaceuticals	Yes	Yes	Yes
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	Yes
Exposure to chemotherapeutic or antineoplastic agents	Yes	Yes	Yes
Exposure to ionizing radiation	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Hair loss	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
Infertility or miscarriage (self or spouse)	Yes	Yes	Yes
Are you breastfeeding?	Yes	Yes	Yes
RBC	Yes	Yes	Yes
WBC	Yes	Yes	Yes
HGB	Yes	Yes	Yes
MCV	Yes	Yes	Yes
MCH	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
MCHC	Yes	Yes	Yes
Neutrophils	Yes	Yes	Yes
Lymphocytes	Yes	Yes	Yes
Monocytes	Yes	Yes	Yes
Eosinophils	Yes	Yes	Yes
Basophils	Yes	Yes	Yes
Retic count	Yes	Yes	Yes
BUN	Yes	Yes	Yes
Creatinine	Yes	Yes	Yes
AST	Yes	Yes	Yes
ALT	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
GGT	Yes	Yes	Yes
LDH	Yes	Yes	Yes
Albumin	Yes	Yes	Yes
Prothrombin time	Yes	Yes	Yes
TSH	Yes	Yes	Yes
Free T3	Yes	Yes	Yes
Free T4	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Eyes	Yes	Yes	Yes
Mucous membranes	Yes	Yes	Yes
Immunocompetence (lymphatic system, spleen)	Yes	Yes	Yes
Cardiopulmonary system	Yes	Yes	Yes
Liver	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes

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**PROGRAM DESCRIPTION:**

None provided

**PROVIDER COMMENTS:**

Employers should ensure that health care workers who are exposed to hazardous drugs are routinely monitored as part of a medical surveillance program. This includes workers who directly handle hazardous drugs such as nurses, pharmacists, and pharmacy technicians. In addition, other workers (e.g., nurses' aides, laundry workers, shipping and receiving personnel, custodial workers) who may come directly into contact with patient's wastes within 48 hours after a patient has received a hazardous drug or with hazardous agents should be included in a medical surveillance program.

Virtually all workers potentially exposed to hazardous drugs will also be enrolled in the respiratory protection program, which includes the Respirator User Certification Exam.

Pregnant or breastfeeding workers should be managed per reference 1.

Post-exposure Examinations: Post-exposure evaluation is tailored to the type of exposure (e.g., spills or needle sticks from syringes containing HD's). An assessment of the extent of exposure is made and included in the confidential database (discussed below) and in an incident report. The physical examination focuses on the involved area as well as other organ systems commonly affected (i.e. for CD's the skin and mucous membranes; for aerosolized HD's the pulmonary system). Treatment and laboratory studies follow as indicated and should be guided by emergency protocols.

Unless the unique characteristics of a facility make it feasible to do so, identifying only those drugs each individual actually handles is not done. Thus, medical surveillance for hazardous drug handlers is uniform, i.e., all handlers (not all Health Care Workers, but only those identified as handlers of hazardous drugs) undergo the same lab tests, as it is assumed that any handler may be called upon to handle any hazardous drug.

Prothrombin time is done to assess anticoagulant effects of antineoplastics (as well as anticoagulants). Thyroid function tests are to assess for hypothyroid and hyperthyroid effects of nivolumab.

Thyroid studies are required surveillance of all hazardous drug handlers, as certain drugs (e.g., nivolumab) may cause both hypothyroidism and hyperthyroidism.

**REFERENCE:**

1. [BUMEDINST 6570.3, Hazardous Drugs Safety and Health Plan, 2008](#)
2. [OSHA Technical Manual TED 1-0.15A, Chapter 2 CONTROLLING OCCUPATIONAL EXPOSURE TO HAZARDOUS DRUGS](#)
3. [NIOSH Safety and Health Topic: Occupational Exposure to Antineoplastic Agents, 2008](#)
4. [Connor TH, McDiarmid MA. Preventing occupational exposures to antineoplastic drugs in health care settings. CA Cancer J Clin. 2006; 56:354-365.](#)
5. [NIOSH Publication No. 2004-165: Preventing Occupational Exposure to Antineoplastic and Other Hazardous Drugs in Health Care Settings, 2004](#)
6. [OSHA Chemical Sampling Information: Antineoplastic Drugs](#)
7. [DHHS \(NIOSH\) Publication No. 2007-117 Medical Surveillance for Health Care Workers Exposed to Hazardous Drugs](#)
8. [NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare](#)

**REVIEWED:** January 2016

**HERBICIDES**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
Paraquat	DW1960000	4685-14-7
Diquat	JM5690000	85-00-7

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	No
Eyes	Yes	Yes	No
Respiratory system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Chronic effects of diquat dibromide are similar to those of paraquat and hence recommendations for paraquat exposure are identical to those for diquat. Chronic exposure to either herbicide causes cataracts in animals; hence visual acuity screening should be evaluated carefully.

**REFERENCE:**

1. [NIOSH Document: Pocket Guide to Chemical Hazards: Paraquat \(Paraquat dichloride\) | CDC/NIOSH](#)
2. Morgan DP. Recognition and Management of Pesticide Poisonings, Fourth Edition. United States Environmental Protection Agency. 1989:76-82;

3. Klaassen CD, Amdur MO, Doull J. Cassarett And Doull's Toxicology, Third Edition. New York, NY: Macmillan Publishing Co. 1986:556-557;
4. Keifer, MC, Human Health Effects of Pesticides, Occupational Medicine State of the Art Reviews, Volume 12/Number 2, Apr-Jun 1997, Hanley & Belfus, Inc. 5. Stevens, J. T. and Sumner, D. D. Herbicides. In Handbook of Pesticide Toxicology. Hayes, W. J., Jr

**REVIEWED:** October 2017

**MANMADE MINERAL FIBERS**

**212**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
glass wool		
glass filament		
rock wool	PY8070000	
slag wool		
ceramic fiber: Fiberfrax; Fibermax; Fireline Ceramic; Fybex; Man; Nextel; Pkt; Saffil	BD1450000	1302-76-7

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Shortness of breath	Yes	Yes	No
Cough, other than with colds, flu or allergies	Yes	Yes	No
Exposure to dusts (coal, blast grit, sand, nuisance)	Yes	Yes	No
Exposure to asbestos	Yes	Yes	No
Exposure to silica or sand	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Exposure to respiratory irritants	Yes	Yes	No
Allergies (asthma, hay fever, eczema)	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Chest X-ray (PA)	Yes	Every 5 years	No
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	No
Mucous membranes	Yes	Yes	No
Respiratory system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards Mineral Wool fiber, September 2005](#)
2. [OSHA Synthetic Mineral Fibers Health Hazards](#)
3. [NIOSH Update: NIOSH Document on Refractory Ceramic Fibers Provides Thorough Review of Data, Exposure Recommendations, June 2006](#)
4. [ATSDR ToxFAQs—Synthetic Vitreous Fibers, September 2004](#)
5. [ATSDR Toxicological Profile for Synthetic Vitreous Fibers September 2004](#)
6. [EPA: Integrated Risk Information System Refractory ceramic fibers, 1992](#)
7. [NIOSH Criteria Documents, Criteria for a Recommended Standard: Occupational Exposure to Fibrous Glass, 1977](#)
8. [Marsh, et al. Mortality among a cohort of US manmade mineral fiber workers: 1985 Follow-up. J Occ Med, Jul 90. Vol.32, 594-604.](#)

**REVIEWED:** August 2008

**METAL FUMES**

**602**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>		
metal fumes				
	<b>Program Frequency:</b>		Annual	
	<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No	
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No	
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No	
Have any medications changed since your last occupational health examination	Yes	Yes	No	
Current medication use (prescription or over the counter)	Yes	Yes	No	
Have you ever had cancer	Yes	Yes	No	
Do you drink six or more alcoholic drinks per week	Yes	Yes	No	
Have you ever smoked	Yes	Yes	No	
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No	
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No	
Change or loss of vision in either eye	Yes	Yes	No	
Cataracts	Yes	Yes	No	
Eye irritation or blurred vision	Yes	Yes	No	
Eye injury	Yes	Yes	No	
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No	
Shortness of breath	Yes	Yes	No	
Cough, other than with colds, flu or allergies	Yes	Yes	No	
Perforation of nasal septum	Yes	Yes	No	
Exposure to lead	Yes	Yes	No	
Exposure to chromium or chromic acid	Yes	Yes	No	
Eye injury (occupational)	Yes	Yes	No	
Exposure to skin irritants	Yes	Yes	No	
Exposure to respiratory irritants	Yes	Yes	No	
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	No	
Headache, dizziness, light headedness, weakness	Yes	Yes	No	
Allergies (asthma, hay fever, eczema)	Yes	Yes	No	
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No	
Kidney disease	Yes	Yes	No	
BUN	Yes	Yes	No	
Creatinine	Yes	Yes	No	
AST	Yes	Yes	No	
Urine Ph	Yes	Yes	No	

EXAM ELEMENT	BASE	PERI	TERM
Urine specific gravity	Yes	Yes	No
Urine urobilinogen	Yes	Yes	No
Urine protein	Yes	Yes	No
Urine glucose	Yes	Yes	No
Urine ketones	Yes	Yes	No
Urine blood	Yes	Yes	No
Chest X-ray (PA)	Yes	No	No
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	No
Eyes	Yes	Yes	No
Mucous membranes	Yes	Yes	No
Respiratory system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

References for specific metals are listed in the appropriate programs.

**PROVIDER COMMENTS:**

This program is focused toward nonspecific dust, fumes and other irritants as well as potential UV effects experienced by welders. Specific programs in addition to this one will depend on individual exposures and may include; lead, cadmium, chromium, nickel, manganese and others.

**REFERENCE:**

1. [NIOSH Toxicologic Review of Selected Chemicals, Welding Fumes](#)
2. [29 CFR 1910 Subpart Q Welding, Cutting, and Brazing](#)
3. [Occupational Safety and Health Guideline for Welding Fumes](#)
4. [NIOSH Criteria for a Recommended Standard: Welding, Brazing, and Thermal Cutting.](#)
5. [Pierce JO. Metal Fume Fever. In: Parmeggiani L, ed. Encyclopedia of Occupational Health and Safety, volume 2. Third Edition, Geneva: International Labor Office, 1983:1339-1340.](#)

**REVIEWED:** March 2011

**METALWORKING FLUIDS**

**162**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>		
metalworking fluids				
	<b>Program Frequency:</b>		Annual	
	<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No	
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No	
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No	
Have any medications changed since your last occupational health examination	Yes	Yes	No	
Current medication use (prescription or over the counter)	Yes	Yes	No	
Have you ever had cancer	Yes	Yes	No	
Do you drink six or more alcoholic drinks per week	Yes	Yes	No	
Have you ever smoked	Yes	Yes	No	
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No	
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No	
Eye irritation or blurred vision	Yes	Yes	No	
Eye injury	Yes	Yes	Yes	
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No	
Shortness of breath	Yes	Yes	No	
Cough, other than with colds, flu or allergies	Yes	Yes	No	
Eye injury (occupational)	Yes	Yes	Yes	
Exposure to skin irritants	Yes	Yes	No	
Exposure to respiratory irritants	Yes	Yes	No	
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	No	
Headache, dizziness, light headedness, weakness	Yes	Yes	No	
Allergies (asthma, hay fever, eczema)	Yes	Yes	No	
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No	
Urine Ph	Yes	Yes	No	
Urine specific gravity	Yes	Yes	No	
Urine urobilinogen	Yes	Yes	No	
Urine protein	Yes	Yes	No	
Urine glucose	Yes	Yes	No	
Urine ketones	Yes	Yes	No	
Urine blood	Yes	Yes	No	
Urine RBCs	Yes	Yes	No	
Urine WBCs	Yes	Yes	No	
Chest X-ray (PA)	Yes	No	No	

EXAM ELEMENT	BASE	PERI	TERM
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	No
Eyes	Yes	Yes	No
Mucous membranes	Yes	Yes	No
Respiratory system	Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

Due to the modest association with prostate cancer, workers exposed to metalworking fluids should be counseled on this risk. However, as the effect requires a latency of greater than 25 years, screening for prostate cancer beyond the recommendations for the general population may not be warranted (Reference 7.)

**PROVIDER COMMENTS:**

None provided.

**REFERENCE:**

1. [NIOSH Safety and Health Topic: Metalworking Fluids, November 2008](#)
2. NIOSH METALWORKING FLUIDS (MWF) ALL CATEGORIES, 2003
3. [NIOSH: What You Need to Know About Occupational Exposure to Metalworking Fluids, 1998](#)
4. [NIOSH Criteria for a Recommend Standard Occupational Exposure to Metalworking Fluids.](#)
5. [OSHA Metalworking Fluids: Safety and Health Best Practices Manual, 1999](#)
6. [Federal Registers 61:45459-45460 Occupational Exposure to Metalworking Fluids 1996](#)
7. [Agalliu I, Kriebel D, Quinn MM, Wegman DH, Eisen, EA. Prostate cancer incidence in relation to time windows of exposure to metalworking fluids in the auto industry. Epidemiology. 2005 Sep;16\(5\): 664-71.](#)

**REVIEWED:** February 2011

**MIXED SOLVENTS (VOLATILE ORGANIC COMPOUNDS)**

**603**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
1-bromopropane		106-94-5
cyclohexanone	GW1050000	108-94-1
glycol ethers (other than ethoxy and methoxy)		
hexone (methyl isobutyl ketone)	SA9275000	108-10-1
methyl n-amyl ketone	MJ5075000	110-43-0
2-pentanone (methyl propyl ketone)	SA7875000	107-87-9
cumene		98-82-8

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Liver disease	Yes	Yes	No
Hepatitis or jaundice	Yes	Yes	No
Contact lens use	Yes	Yes	No
Eye irritation or blurred vision	Yes	Yes	No
Eye injury	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Eye injury (occupational)	Yes	Yes	No
Exposure to skin irritants	Yes	Yes	No
Exposure to solvents (MEK, PERC, TCE, toluene, etc.)	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Personality or behavior change	Yes	Yes	No
Allergies (asthma, hay fever, eczema)	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Kidney disease	Yes	Yes	No

	<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
BUN		Yes	Yes	No
Creatinine		Yes	Yes	No
AST		Yes	Yes	No
Bilirubin, Total		Yes	No	No
Alkaline phosphatase		Yes	No	No
Eyes		Yes	Yes	No
Respiratory system		Yes	Yes	No
Liver		Yes	Yes	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)		Yes	Yes	No
Central nervous system		Yes	Yes	No
Peripheral nervous system (strength, sensation, DTRs)		Yes	Yes	No

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**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

If IH data show exposure to a specific solvent that does not have a corresponding matrix program, placement into program 603 may be done after a review of the toxicity of the solvent. (See Introduction, Mixed Exposures section.)

NOTE: References for specific solvents are listed in the appropriate programs.

**REFERENCE:**

1. [NIOSH Current Intelligence Bulletin 48: Organic Solvent Neurotoxicity. U.S. Department of Health and Human Services; 1987. DHHS \(NIOSH\) Publication No. 87-104.](#)
2. NOTE: References for specific solvents are listed in the appropriate programs.
3. [OSHA/NIOSH Hazard Alert for 1-Bromopropane](#)
4. [Report on Carcinogens, Thirteenth Edition. Cumene](#)

**REVIEWED:** November 2008

**ORGANOPHOSPHATE/CARBAMATE COMPOUNDS (ACETYLCHOLINESTERASE INHIBITORS)** **179**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
carbaryl	FC5950000	63-25-2
malathion	WM8400000	121-75-5
methyl parathion	TG0175000	298-00-0
parathion	TF4550000	56-38-2
propoxur	FC3150000	114-26-1

**Program Frequency:** \*See Provider Comments

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	No	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	No	No
Has anything about your health status changed since your last occupational health examination	Yes	*	No
Have any medications changed since your last occupational health examination	Yes	*	No
Current medication use (prescription or over the counter)	Yes	*	No
Have you ever had cancer	Yes	*	No
Do you drink six or more alcoholic drinks per week	Yes	*	No
Have you ever smoked	Yes	*	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	*	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	*	No
Use of anticholinergic drugs (e.g., Donnatal)	Yes	*	No
Eye irritation or blurred vision	Yes	*	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	*	Yes
Nausea or vomiting	Yes	*	No
Do you handle organophosphate or carbamate pesticides	Yes	*	No
Headache, dizziness, light headedness, weakness	Yes	*	No
Migraine headache	Yes	*	No
Numbness, tingling, or weakness in hands or feet	Yes	*	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	*	No
RBC cholinesterase	Yes	**	No
Cholinesterase, plasma	Yes	**	No
Eyes	Yes	*	Yes
Cardiovascular system	Yes	*	Yes
Respiratory system	Yes	*	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	*	No
Central nervous system	Yes	*	No
Peripheral nervous system (strength, sensation, DTRs)	Yes	*	No

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**PROGRAM DESCRIPTION:**

Personnel should be entered into medical surveillance if they are: exposed to airborne concentrations above the action level for 30 or more days per year; at significant risk of absorption from dermal exposure or ingestion; or performing an operation in an area where a worker has experienced toxicity related to pesticide exposure and exposure controls have not been in place long enough to assess their effectiveness.

**PROVIDER COMMENTS:**

If respirator is used, then a Respirator User Certification Exam must be completed.

Local Industrial Hygiene support, supplemented by Entomology support, if available, is encouraged for information on specific products.

Serum (or plasma) and red blood cell (RBC) cholinesterase baseline levels should be done at preplacement or, if already working, before exposure (i.e., before starting pesticide work or spraying). This baseline value should be the average of two or more tests (all done prior to pesticide work) taken at least 72 hours, but not more than 14 days, apart, and analyzed at the same laboratory. If two tests are done and the difference between them exceeds 15%, a third baseline test should be performed. The average of the two closest values should be considered the true baseline value. All baseline tests should be taken when the worker has had no exposure to cholinesterase inhibitors for at least 30 days. A first, in-season, follow-up test should be done at 45-60 days, and quarterly thereafter as long as spraying continues (See Reference 3).

Guidance on interpretation is contained in references (1) and (4). NIOSH recommendations (Reference 4) are that cholinesterase levels should be tested in those exposed to organophosphates or carbamate every 4 weeks, except if the exposure is judged to be intense or of long duration. Those employees that are subject to intense exposure should have weekly testing. Those employees exposed to these chemicals for 12 hours a day or more should be tested every 3 weeks. Minimum testing must comply with Reference 3, as it is an instruction, whereas Reference 4 is a guideline.

**REFERENCE:**

1. [National Defense Research Institute: A Review of the Scientific Literature as it Pertains to Gulf War Illnesses, Volume 8--Chapter 7 Organophosphates and Carbamates, 2005](#)
2. [OPNAVINST 6250.4C, Navy Pest Management Programs, 11 Apr 2012](#)
3. [DODI 6055.05-M, C4.6. CHOLINESTERASE](#)
4. [NIOSH Occupational Health Guideline for Parathion September 1978](#)
5. [Sidell, F.R. and A. Kaminskis. "Temporal Intrapersonal Physiological Variability of Cholinesterase in Human Plasma and Erythrocytes," Clin. Chem. 21 \(1975\), pp. 1961-1963.](#)

**REVIEWED:** December 2015

**WOOD DUST**

**604**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>		
softwood dusts hardwood dusts				
	<b>Program Frequency:</b>	Annual		
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>	
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No	
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No	
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No	
Have any medications changed since your last occupational health examination	Yes	Yes	No	
Current medication use (prescription or over the counter)	Yes	Yes	No	
Have you ever had cancer	Yes	Yes	No	
Do you drink six or more alcoholic drinks per week	Yes	Yes	No	
Have you ever smoked	Yes	Yes	No	
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No	
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No	
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No	
Shortness of breath	Yes	Yes	No	
Cough, other than with colds, flu or allergies	Yes	Yes	No	
Rhinitis	Yes	Yes	No	
Nose bleeds	Yes	Yes	No	
Exposure to dusts (coal, blast grit, sand, nuisance)	Yes	Yes	No	
Exposure to skin irritants	Yes	Yes	No	
Exposure to respiratory irritants	Yes	Yes	No	
Allergies (asthma, hay fever, eczema)	Yes	Yes	No	
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No	
Prior respirator use	Yes	Yes	No	
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	No	
Nasal mucosa (septal perforation)	Yes	Yes	No	
Respiratory system	Yes	Yes	No	
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	No	

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

Wood dust has been associated with sinonasal cancer in cohorts of hardwood dust workers. Several wood dusts have been associated with asthma and allergic skin responses.

**REFERENCE:**

1. [NIOSH Pocket Guide to Chemical Hazards Wood Dust, September 2005](#)
2. [OSHA Safety and Health Guideline for Wood Dust, All Soft & Hardwoods except Western Red Cedar](#)
3. [OSHA Wood Products: Woodworking eTool - Health Hazards - Wood Dust - Carcinogens](#)
4. [OSHA A Guide for Protecting Workers from Woodworking Hazards, 1999](#)
5. Blot WJ, Chow WH, McLaughlin JK: Wood dust and nasal cancer risk: A review of the evidence from North America. J Occup Environ Med 1997 Feb;39(2):148-56;
6. Demers PA, Teschke K, Kennedy SM: What to do about softwood? A review of respiratory effects and recommendations regarding exposure limits. Am J Ind Med 1997 Apr;31(4):385-398.

**REVIEWED:** April 2008

Chapter 14:C14. Specialty ExaminationsC14.1 Introduction and Changes

Requirements for performing specialty examinations are included in instructions, Federal law, and state laws. Instructions, technical manuals and publications used for this edition were current at the time of revision. Users of this manual must ensure that they have most current issue of the appropriate reference. Every effort was made in preparing this section of the manual to include the minimum examination requirements. Medical personnel will then be able to add tests needed to meet the requirements of local and state law or activity imposed requirements. References or written protocols should be used when adding tests routinely to examinations. Where strict instructions mandate program documentation, programs are maintained in this manual only for guidance on scheduling and to provide appropriate references. These programs are Aviation, Diver/Hyperbaric Worker, and Submarine Duty.

C14.2 Specialty Examinations

Aviation Health Care Workers (HCWs) Barber and Beauty Shop Employees Motor Vehicle Operator (Other than DOT) Blood and/or Body Fluids Childcare Worker Motor Vehicle Operator (DOT) Diver/Hyperbaric Worker Naval Criminal Investigative Service Explosives Handlers Overseas Civilian Deployment Explosive Vehicle Driver Police/Guard Security Firefighter (Comprehensive) Respiratory User Certification Exam Forklift Operator Wastewater/Sewage Worker Hazardous Waste Workers and Emergency Responders Welders/Brazers/Non-destructive Inspection Techs

C14.3. Programs

**AVIATION**

**701**

**Program Frequency:**

By Age, see  
program description

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
No tests for this program	Yes	By Age	Yes
See MANMED Chapter 15-62 for more information	Yes	By Age	Yes

**PROGRAM DESCRIPTION:**

This exam may be performed only by flight surgeons and BUMED-23 approved medical officers via special credentialing. This program is included in the Matrix only for completeness.

**PROVIDER COMMENTS:**

Physical exams and standards for aviation physicals are updated annually and available on the Internet at the NOMI Library home page. This document contains guidance for Class I, Class II, and Class III and enlisted aviation personnel. It also contains height and weight policies and clearance for non-military personnel to fly in USN/USMC Aircraft.

**REFERENCE:**

1. [Manual of the Medical Department, NAVMED P-117, Chapter 15, Article 15-65.](#)

**REVIEWED:** July 2015

**BARBER AND BEAUTY SHOP EMPLOYEES**

**723**

<b>EXAM ELEMENT</b>	<b>Program Frequency:</b>		
	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	No	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	No	No
Has anything about your health status changed since your last occupational health examination	Yes	No	No
Have any medications changed since your last occupational health examination	Yes	No	No
Current medication use (prescription or over the counter)	Yes	No	No
Have you ever had cancer	Yes	No	No
Do you drink six or more alcoholic drinks per week	Yes	No	No
Have you ever smoked	Yes	No	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	No	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	No	No
Hepatitis or jaundice	Yes	No	No
Tuberculosis or PPD Converter	Yes	No	No
Infectious disease	Yes	No	No
Chronic abdominal pain, vomiting, other GI symptoms	Yes	No	No
Exposure to formaldehyde	Yes	No	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	No	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	No	No

**PROGRAM DESCRIPTION:**

Certifications performed IAS: NAVMED P-5010, Chapter 2, Section II.

**PROVIDER COMMENTS:**

All barber shop and beauty shop employees, including contract personnel, must be medically screened and determined to be free of communicable disease including communicable skin diseases prior to their initial assignment.

IH sampling of the Beauty/Barber Shop should be completed to determine if there is an exposure to Formaldehyde. If it is determined that Formaldehyde is a stressor, then employee must be included in the Formaldehyde Program 151.

Unless necessary for local reasons, there is no requirement for periodic examinations. This screening examination may be performed by non-physician personnel.

**REFERENCE:**

1. [Manual of Naval Preventive Medicine NAVMED P-5010, Chapter 2](#)
2. [COMNAVSURFORINST 6000.1, Section 4 Habitability](#)
3. [OSHA: Hair Smoothing Products](#)

**REVIEWED:** October 2014

**BLOOD AND/OR BODY FLUIDS**

178

**STRESSOR(S) IN THIS PROGRAM:**                      **NIOSH#**                      **CAS#**  
 blood and/or body fluids

**Program Frequency:**                      Baseline Only

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	No	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	No	No
Has anything about your health status changed since your last occupational health examination	Yes	No	No
Have any medications changed since your last occupational health examination	Yes	No	No
Have you ever had cancer	Yes	No	No
Do you drink six or more alcoholic drinks per week	Yes	No	No
Have you ever had an occupational exposure to potentially infectious body fluid(s)	Yes	No	No
Recent tattoos	Yes	No	No
Hepatitis B vaccine #1	Yes	No	No
Hepatitis B vaccine #2	Yes	No	No
Hepatitis B vaccine #3 (unless Heplisav-B for both doses 1&2)	Yes	No	No
Hepatitis B titer	Yes	No	No
Assess the examinee's knowledge of universal blood and body fluid precautions	Yes	No	No
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	No	No

**PROGRAM DESCRIPTION:**

This program does not have a periodic frequency. All tests are given at baseline physical exams and for any incident of exposure to potentially infectious materials. Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact.

**PROVIDER COMMENTS:**

Individuals entered in this program are those who have the potential for exposure to blood and/or body fluids.

Current national guidelines regarding the post-exposure management and reporting requirements for exposure incidents involving Hepatitis B or HIV are detailed in References 2 and 3. Guidelines regarding the use of anti-retroviral medication post HIV exposure are in Reference 5. Occupational Health staff managing exposure incidents involving HIV should have references on hand as well as current recommendations issued by NMCPHC, the nearest NEPMU or the Infectious Disease Department at Navy MTFs.

Reference 3 details the chemoprophylaxis recommended to workers after occupational exposures associated with the highest risk for HIV transmission. PEP Line is available at: National HIV/AIDS Clinicians' Consultation Center (<http://www.nccc.ucsf.edu>), telephone 888-448-4911.

Current CDC guidance regarding hepatitis B immunization and immune status verification is consistent with the following, which should minimize confusion and inconsistency about post-vaccination testing.

Documentation of a complete hepatitis B immunization series with a positive anti-HBs titer can be considered immune, per reference (9). For individuals who think they have been immunized (or are from a demographic thought to be immunized) but cannot provide a vaccination record, an initial hepatitis B antibody titer should be done. Workers with positive titers are to be informed that they are considered immune to hepatitis B, but they may receive an additional series of shots if they chose. Workers with negative titers (i.e., <10 IU/microliter) are required to receive a complete a series of hepatitis B immunizations (those who can document 1 or 2 shots need only receive the additional shots needed to complete the series) followed by a titer check.

Those who have had no, or a partial set (i.e., only 1 or 2 doses) of vaccinations should receive additional vaccinations until they have received a complete series. Dose 2 should be given no sooner than one month after dose 1; dose 3 (if part of a 3 dose series) should be given no sooner than two months after dose 2 and at least 4 months after dose 1. The second and third doses may be given any time (even years) after they were supposed to have been given; there is no need to start over. Hepatitis B antibody titers should be drawn at least one month after a completed Hepatitis B vaccine series. (It is not appropriate to test antibodies during the first series.) If that titer does not show an adequate response to immunizations, another complete series should be administered, followed by a final hepatitis B antibody titer at least 1 month later. (An antibody titer may be checked after each additional vaccine dose, but most DoD providers choose to check an antibody titer only after the second series is completed.) If there is inadequate antibody response after 2 complete series, the person should be listed as a non-responder susceptible to hepatitis B, should receive no further hepatitis B vaccinations, and should be tested for HBsAg. Chronic carriers should be directed to their primary care provider for follow-up. A non-responder who is not a chronic carrier should be considered as a candidate for post-exposure Hepatitis B Immune Globulin (HBIG) in the future.

A worker cannot be forced to receive a vaccination. However, if receiving a specific vaccination is listed as a condition of employment in the worker's position description, the vaccination is considered "mandatory" and the worker who refuses a mandatory vaccination can be terminated from employment. Vaccinations considered "required" (not mandatory) may be refused. In accordance with reference (8), workers who refuse required vaccinations (e.g., hepatitis B vaccination) should be asked to sign a declination form.

Per reference (10), the Physician's Written Opinion is required following the baseline blood and/or body fluids exam as well as following any post-exposure evaluation (reference (11)).

**REFERENCE:**

1. [29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens](#)

2. [Centers for Disease Control and Prevention, National Center for Infectious Diseases, Division of Healthcare Quality Promotion and Division of Viral Hepatitis. Exposure to Blood What Health-Care Personnel Need to Know.](#)
3. [CDC Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis](#)
4. [OPNAV 5100.23, CHAPTER 28. BLOODBORNE PATHOGENS](#)
5. [DODI 6055.05-M, Table C2.T14, Bloodborne Pathogens](#)
6. [Needle-stick Guideline: eMedicine Emergency Medicine](#)
7. [NIOSH HomeWorkplace Safety & Health Topics Bloodborne Infectious Diseases HIV/AIDS, Hepatitis B Virus, and Hepatitis C Needle-stick Guideline: eMedicine Emergency Medicine](#)
8. Bloodborne Pathogen Exposure Control NMCPHC-TM-OEM 6260.7
9. [OSHA Letter of Interpretation dated February 7, 2007 regarding Standard 1910.1030\(f\)\(2\)\(i\); 1910.1030\(f\)\(2\)\(ii\); 1910.1030\(h\)\(1\)\(ii\)\(B\); 1910.1030\(h\)\(1\)\(iv\)](#)
10. [OSHA Fact Sheet Hepatitis B Vaccination Protection](#)
11. [OSHA Fact Sheet Bloodborne Pathogen Exposure Incidents](#)

**REVIEWED:** January 2023

**CHILDCARE WORKER**

**703**

	Annual		
Program Frequency:			
EXAM ELEMENT	BASE	PERI	TERM
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Hepatitis or jaundice	Yes	Yes	No
Tuberculosis or PPD Converter	Yes	Yes	No
Infectious disease	Yes	Yes	No
History of chicken pox	Yes	Yes	No
Chronic abdominal pain, vomiting, other GI symptoms	Yes	Yes	No
Mental or emotional illness	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Treatment for drug or alcohol use	Yes	Yes	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	No
Hair (head lice or nits)	Yes	Yes	No
Lungs	Yes	Yes	No
Exposed skin (head, neck, upper extremities)	Yes	Yes	No
MMR #1	Yes	Yes	No
MMR #2	Yes	Yes	No
Measles titer	Yes	Yes	No
Mumps titer	Yes	Yes	No
Rubella titer	Yes	Yes	No
Varicella vaccine #1	Yes	Yes	No
Varicella vaccine #2	Yes	Yes	No
Varicella titer	Yes	Yes	No
Hepatitis B vaccine #1	Yes	Yes	No
Hepatitis B vaccine #2	Yes	Yes	No
Hepatitis B vaccine #3 (unless Heplisav-B for both doses 1&2)	Yes	Yes	No
Hepatitis B titer	Yes	Yes	No
Hepatitis A vaccine #1 (based on local risk)	*	*	No
Hepatitis A vaccine #2 (based on local risk)	*	*	No

EXAM ELEMENT	BASE	PERI	TERM
Hepatitis A Titer (based on local risk, only if 2 Hep A vaccines not documented)	*	*	No
Td (Tdap once)	Yes	Yes	No
Seasonal Influenza Vaccination or exemption	Yes	Yes	No
Polio (3 documented doses or positive titer or US Public schools attendance)	Yes	Yes	No
Tuberculosis screening questionnaire	Yes	Yes	No
Tuberculosis skin/blood test	Yes	By Risk	No

**PROGRAM DESCRIPTION:**

Reference (1), paragraph 13.1.a., requires that childcare workers “be in good physical and mental health and free from communicable disease.” The purpose of the exam is to identify potentially communicable conditions and to verify that the worker is capable of safely performing job functions. The scope of the exam depends on the worker’s history, local public health requirements, and communicable disease risk specific to the area.

**PROVIDER COMMENTS:**

Reference (2) requires childcare workers to be current for influenza (annually) and for all ACIP recommended immunizations. The immunization requirements promulgated by the various references can be summarized as follows:

\* By local risk. Reference (17) states CCWs are at low risk of hepatitis A. Thus, vaccination for hepatitis A is not required. However, given the inconsistent hepatitis A vaccination practices OCONUS, variable prevalence of hepatitis A in local populations, asymptomatic and frequently unrecognized hepatitis A among young children, and the influx of refugees from endemic areas, hepatitis A immunity or immunization may be required of childcare workers at a local level.

A. Immunizations against polio, tetanus, diphtheria and pertussis must be current. On October 26, 2005 the Advisory Committee on Immunization Practices (ACIP) voted to recommend routine use of a single dose of Tetanus, Diphtheria and Pertussis (Tdap) Vaccine for adults 19-64 years of age to replace the next booster dose of tetanus and diphtheria toxoids vaccine (Td). The ACIP also recommended Tdap for adults who have close contact with infants <12 months of age.

B. Immunity is required to chickenpox (varicella), measles, mumps, and rubella. This requirement can be met by documentation of physician-diagnosed illness (except rubella), serologic evidence of immunity, or documented immunization (for measles, two doses at least one month apart after one year of age on individuals born on or after 1957 is required).

C. Specific requirements are outlined in the instructions listed in the program description. For those child care worker applicants without a written record of polio immunization status, attendance at public school in the U.S. is adequate for presumption of prior oral polio vaccine administration.

D. As childcare workers may be required to render first aid as part of their job duties, hepatitis B immunity or immunization and enrollment in the Blood and/or Body Fluids Program (Matrix Program 178) is required, per references (12), (13), and (14). Documentation of a complete

hepatitis B immunization series with a positive anti-HBs titer can be considered immune, per reference (18).

E. Initial hires (i.e., baseline) should be given a 2-step tuberculin skin test (unless there is documentation of a skin or blood test within the past 12 months) or a single blood tuberculosis test. (“2-step” testing refers to administering TB skin testing twice; a questionnaire does not serve as one of the “steps.”) Thereafter, screening is to be done by questionnaire (reference (6)), with skin or blood testing reserved for those identified as high risk for TB exposure or for latent TB to develop into disease, according to reference (3) (military and civilian mariners) and references (4) and (5) (civilians). Individuals who test positive for TB must be medically evaluated, by their private physician, to rule out active TB. This will also ensure appropriate treatment or prophylaxis (if medically indicated), and to receive medical clearance to work as a CYP professional. A Risk Assessment of the MTF and the surrounding civilian communities must be completed on an annual basis, according to CDC guidelines.

Annual screening shall also include any other tests deemed necessary by appropriate medical personnel.

Hearing. There is no required minimum level of hearing. However, if the worker will be among or overseeing children, the worker must have sufficient hearing to detect that a child is communicating verbally.

Speech. The worker must be capable of effective verbal communication to the degree required by the position. For example, directing toddlers and young children requires greater verbal communication abilities than changing infants’ diapers.

Back and musculoskeletal system. Those working directly with children must be able to bend, lift, and carry the children and accessories. For infants, this means lifting a minimum of 15 lbs., and toddlers can weigh considerably more.

**REFERENCE:**

1. [OPNAVINST 1700.9 \(current edition\), Child and Youth Programs.](#)
2. [BUMEDINST 6230.15, Immunizations and Chemoprophylaxis.](#)
3. [BUMEDINST 6224.8 Tuberculosis Control Program.](#)
4. [DODI 6060.04 Youth Services \(YS\) Policy.](#)
5. [DODI 6060.02-05Aug2014-Child Development Programs \(CDPs\).](#)
6. [Air Force Instruction 34-144 Child and Youth Programs.](#)
7. [CDC. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. ATS/CDC Statement Committee on Latent Tuberculosis Infection Membership List, June 2000. MMWR June 09, 2000, 49\(RR06\);1-54 \(accessed 3/3/2022\).](#)
8. [CDC. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. ATS/CDC Statement Committee on Latent Tuberculosis Infection Membership List, June 2000. MMWR June 09, 2000, 49\(RR06\);1-54 \(accessed 3/3/2022\).](#)
9. [NAVMED 6224/7 \(08-2008\) Initial TB Exposure Risk Assessment form \(accessed 3/3/2022\).](#)
10. [CDC Advisory Committee for Immunization Practices \(ACIP\). ACIP Vaccine Recommendations \(accessed 3/3/2022\).](#)
11. [CDC. Parasites - Lice - Head Lice Epidemiology & Risk Factors \(accessed 3/3/2022\).](#)

12. [CDC. State TB Control Offices \(accessed 3/3/2022\).](#)
13. [CDC. Prevention of Hepatitis A Through Active or Passive Immunization. MMWR. May 19, 2006 / 55\(RR07\);1-23 \(accessed 3/3/2022\).](#)
14. [OSHA. Standard Interpretations, Standard Number 1910.1030, October 21, 1999 \(accessed 3/3/2022\).](#)
15. [OSHA. Standard Interpretations, Standard Number 1910.1030, September 1, 1995 \(accessed 3/3/2022\).](#)
16. [OSHA. Standard Interpretations, Standard Number 1910.1030, July 21, 1992 \(accessed 3/3/2022\).](#)
17. [CDC. AAP. AAP. Diseases and the vaccines that prevent them. Hepatitis A \(accessed 3/3/2022\).](#)
18. [CDC. MMWR. Prevention of Hepatitis A After Exposure to Hepatitis A Virus and in International Travelers. Updated Recommendations of the Advisory Committee on Immunization Practices \(ACIP\). October 19, 2007 / 56\(41\);1080-1084 \(accessed 3/3/2022\).](#)
19. [CDC. MMWR. Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020. Recommendations and Reports / July 3, 2020 / 69\(5\);1–38 \(accessed 3/3/2022\).](#)
20. [OSHA. Standard Interpretations, Standard Number 1910.1030\(f\) \(2\)\(i\); 1910.1030\(f\)\(2\)\(ii\); 1910.1030\(h\)\(1\)\(ii\)\(B\); 1910.1030\(h\)\(1\)\(iv\), February 7, 2007 \(accessed 3/3/2022\).](#)

**REVIEWED:** January 2023

**DIVER/HYPERBARIC WORKER**

**705**

<b>Program Frequency:</b>	<b>By Age</b>
Up to 49	Every 5 years
50+	Annually

**PROGRAM DESCRIPTION:**

This program is designated solely to provide guidance on scheduling frequency. Disqualifying conditions, tests, and forms required are promulgated in Manual of the Medical Department, NAVMED P-117, Chapter 15, Article 15-102, Change 126. SPECWAR and Special Operations personnel are covered by NAVMED P-117, Chapter 15, Article 15-105, Change 136.

**PROVIDER COMMENTS:**

The DME will ideally be conducted by an Undersea Medical Officer (UMO) or Diving Medical Officer (DMO). It may be done by any Navy credentialed independent practitioner or physician assistant physician as long as it is reviewed and countersigned by an UMO. In cases where no UMO or DMO is available to review the examination, guidance should be sought from Head Undersea Medicine, BUMED.

Per OPNAVINST 3150.27B, DON civil service employee divers or diver candidates are subject to the same Diving Duty standards: NAVMED P-117, Chapter 15, Article 15-102, Change 126 DME Standards, or latest revision.

Diver candidates (or candidates for advanced diver training) must complete MILPERS 1220 Exhibit 8, U.S. Military Diving Medical Screening Questionnaire.

A full neurologic exam must be documented in block 44 of DOD 2808.

Tympanic membrane mobility must be documented in block 72b of DOD 2808.

Annual PHA must document skin cancer screening.

An audiogram is required every 5 years, and if a permanent significant threshold shift (PSTS) occurs, audiology surveillance is required every 2 years.

Divers require Hepatitis A and Hepatitis B immunizations.

Post-injury evaluations:

A. Diver requires Cardiology evaluation for a patent foramen ovale after a decompression sickness event

B. MRI scanning is required after acute CNS decompression sickness or acute gas embolism event

C. Laser corneal refractive surgery is not disqualifying

**REFERENCE:**

1. [OPNAVINST 3150.27B](#)

2. [Manual of the Medical Department, NAVMED P-117, Chapter 15](#)

**REVIEWED:** October 2017

**EXPLOSIVES HANDLER AND EXPLOSIVES MATERIAL HANDLING EQUIPMENT OPERATOR 721**

**Program Frequency:** 5 years

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Use of seat belts (circle: always, mostly, some, none)	Yes	Yes	No
Permanent defect from illness, disease or injury	Yes	Yes	No
Peripheral vascular disease, or do your fingers or toes turn color or become painful in cold weather	Yes	Yes	No
Change or loss of vision in either eye	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No
Change or loss in hearing	Yes	Yes	No
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No
Nervous stomach or ulcer	Yes	Yes	No
Head injury	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Migraine headache	Yes	Yes	No
Epilepsy or seizures	Yes	Yes	No
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	No
Problems with balance or coordination	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Narcolepsy	Yes	Yes	No
Mental or emotional illness	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Personality or behavior change	Yes	Yes	No
Are you seeing or being treated by a psychiatrist, psychologist or counselor	Yes	Yes	No
Do you take any prescribed or unprescribed stimulants besides caffeine	Yes	Yes	No

EXAM ELEMENT	BASE	PERI	TERM
Treatment for drug or alcohol use	Yes	Yes	No
Do you take any prescribed or unprescribed habit-forming drug	Yes	Yes	No
Have you ever been diagnosed with alcoholism	Yes	Yes	No
Diabetes (sugar disease) or other endocrine disorder (thyroid, parathyroid, pituitary, adrenal gland)	Yes	Yes	No
Muscle or joint problems, rheumatism, or arthritis	Yes	Yes	No
Kidney disease	Yes	Yes	No
Urine Ph	Yes	Yes	No
Urine specific gravity	Yes	Yes	No
Urine urobilinogen	Yes	Yes	No
Urine protein	Yes	Yes	No
Urine glucose	Yes	Yes	No
Urine ketones	Yes	Yes	No
Urine blood	Yes	Yes	No
Audiogram (non-HCP)	Yes	Yes	No
Vision screen (visual acuity)	Yes	Yes	No
Color vision	Yes	Yes	No
Peripheral vision	Yes	Yes	No
Eyes	Yes	Yes	No
Ears (tympanic membranes)	Yes	Yes	No
Throat	Yes	Yes	No
Cardiovascular system	Yes	Yes	No
Respiratory system	Yes	Yes	No
Abdomen	Yes	Yes	No
Check for inguinal or femoral hernia	Yes	Yes	No
Back & musculoskeletal system	Yes	Yes	No
Extremities	Yes	Yes	No
Peripheral vascular system, including acral (distal) micro-circulation and evidence of Reynaud's	Yes	Yes	No
Central nervous system	Yes	Yes	No
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No
Completion of OPNAV 8020/6	Yes	Yes	No

**PROGRAM DESCRIPTION:**

It is important to note the separation of the two qualifications as Explosive Motor Vehicle Operator and Explosive Handler. Those qualified under the Explosive Motor Vehicle Operator are automatically also qualified as Explosive Handlers. Explosive Handler qualification does not imply qualification for Explosive Motor Vehicle Operator. Explosive Motor Vehicle Operators and Explosive Handlers receive the same examination. However, Handlers not meeting the standards can be "waived" and certified as Explosive Handlers.

Independent Duty Corpsmen operating within the scope of their privileging authority are authorized to certify personnel under this program.

Navy Explosive Ordnance Disposal personnel must also meet the requirements of article 15-105.

**PROVIDER COMMENTS:**

\* Hematocrit and fasting blood glucose currently are not required as part of this exam. Medical research support for this type of screening on the exam is not strong; however, anemia and hypo/hyperglycemia are easily correctable causes of sudden altered consciousness that some on the Medical Matrix Committee feel should be a required test for entry into the program and for periodic review. As always, inclusion of these lab tests is at the local provider's discretion.

Explosives handlers and operators of Material Handling Equipment (e.g., forklifts) that are used to move (handle) explosives are now in the same category ("D") on the updated OPNAV 8020/6, unless higher eligible medical rating applies. (Operators of forklifts not used to move explosives are category E, unless higher eligible medical rating applies.)

Although operators of Material Handling Equipment will be driving vehicles carrying explosives, there are certain important differences from driving vehicles carrying explosives on the highway (i.e., Program 720).

1) NRCME listing is not required for examiners.

2) Short of actual narcolepsy, daytime drowsiness is unlikely to be a significant issue for explosives handling and forklift operation: Pushing a cart or driving a forklift for short distances is very different from driving a big rig for miles on a straight highway. If findings indicate possible obstructive sleep apnea (OSA), providers are encouraged to advise workers to see their personal health care provider for evaluation, but should refrain from requiring 721 participants to undergo sleep studies or OSA treatment unless symptoms are so severe that the provider is concerned that the worker will fall asleep on the job. In such cases (i.e., concern the worker really will fall asleep on the job), the worker should be disqualified. If the worker provides documentation that diagnosis and treatment for severe daytime drowsiness has been successful, the examiner must review the documentation and may, at the provider's discretion, find the worker qualified.

3) Since each 721 worker is in a controlled and limited environment, vision, hearing, strength, and dexterity requirements do not have to be uniformly applied (i.e., they can be different for each job, position, and work site), in contrast to truckers who are expected to function in every situation encountered on public roads.

**REFERENCE:**

1. [Manual of the Medical Department, U.S. Navy, NAVMED P-117, Chapter 15-107](#)
2. [NAVSEA OP 5 VOLUME 1, Ammunition and Explosives Safety Ashore](#)
3. [OPNAV 8020/6](#)

**REVIEWED:** January 2023

**EXPLOSIVES VEHICLE OPERATORS**

**720**

**Program Frequency:** 2 years

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Complete OPNAV 8020/6 (mil only)	Yes	Yes	No
Complete Medical Examination Report (MER), Form MCSA-5875 (both mil & civ)	Yes	Yes	No
Complete Medical Examiner’s Certificate (MEC), Form MCSA-5876 (civ only)	Yes	Yes	No
Complete CMV Driver Medical Examination Results Form, MCSA-5850 (civ only)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

The elements of this program are described in reference (3) for both Civilian and Military drivers.

Motor Vehicle Operators (DOT) medical exams are just one of the requirements for a Commercial Driver License (CDL). A CDL is usually issued to drivers of vehicles that have a gross combination weight rating of 26,001 pounds or more, or transport 16 or more passengers including the driver, or transport hazardous material.

This program is to fulfill requirements of NAVMED P-117 Chapter 15-107 (1).

Both military and civilian drivers of vehicles carrying explosives (hazardous material) must now be certified every two years, or more frequently (i.e., certifications may be for durations shorter than two years).

Physical qualifications are contained in Federal Motor Carrier Safety Regulations (FMCSRs), 49 CFR 391.41-49 (3).

**PROVIDER COMMENTS:**

49 CFR 383.3 (4) lists military exemption, however, per DoDM 4500.36 (5), “DoD Components will prescribe licensing requirements for its military and civilian drivers that meet or exceed the minimum national requirements issued by the Secretary of Transportation in compliance with the requirements on part 383.” Therefore, 49 CFR 391 physical qualifications apply to all civilian and military CMV operators.

BUMEDINST 1500.30 (6) requires providers performing CMV exam for civilian drivers to be listed on the National Registry for Certified Medical Examiners (NRCME). Providers performing CMV exams for military drivers are not required to be listed on the National Registry; however, providers should have the same level of training and be familiar with the physical qualifications of 49 CFR 391.41-49 (3).

For civilians, FMCSRs mandate the use of the unamendable forms: the MER (7) and the MEC (8). Electronic reporting on the NRCME website using MCSA-5850 (9) must be done by the end of each calendar month.

OPNAV 8020/6 is to be used to certify all qualified MILITARY operators only (category "B"). Civilians may not (and cannot, if done electronically) be certified using the OPNAV 8020/6.

Additional information is available in references (11) through (16).

**REFERENCE:**

1. [NAVMED P-117, Section 15-107, Explosives Motor Vehicle Operator and Explosives Handler Examinations and Standards, \(page last accessed 7-22-2016\).](#)
2. [49 CFR 383.5 Definitions, \(page last accessed 7-22-2016\).](#)
3. 49 CFR 391.41-49
4. [49 CFR 383.3 Applicability, \(page last accessed 7-22-2016\).](#)
5. DoDM 4500.36, Acquisition, Management, and Use of DoD Non-Tactical Vehicles, 7 July 2015
6. BUMEDINST 1500.30, Training and Certification Requirements for Healthcare Practitioners Performing Commercial Driver Examinations, 14 May 2014
7. [FMCSA Medical Examination Report Form \(MER\), MCSA-5875 \(page last accessed 7-22-2016\).](#)
8. [FMCSA Medical Examiner's Certificate \(MEC\), MCSA-5876 \(page last accessed 7-22-2016\).](#)
9. FMCSA Medical Examination Results Form (MCSA-5850).
10. BUMEDMEMO 6260 Ser M3B7/16UM30031, New Regulations Regarding Medical Examinations for Commercial Motor Vehicle Drivers, 11 Apr 2016
11. Hartenbaum, N. The DOT Medical Examination, OEM Press, Boston, MA 2010.
12. MCO 11240.66 (series), Standard Licensing Procedures for Operators of Military Motor Vehicles
13. TM 11240-15/3 Motor Vehicle Licensing Official's Handbook
14. NAVSEA OP 5 VOLUME 1, Ammunition and Explosives Safety Ashore
15. [Federal Motor Carrier Safety Administration FAQs](#)
16. [FMCSA website](#)

**REVIEWED:** January 2023

**FIREFIGHTER (COMPREHENSIVE)**

**707**

	<b>Program Frequency:</b>		
	<b>Annual</b>		
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes*
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes*
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes*
Have any medications changed since your last occupational health examination	Yes	Yes	Yes*
Current medication use (prescription or over the counter)	Yes	Yes	Yes*
Have you ever had cancer	Yes	Yes	Yes*
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes*
Have you ever smoked	Yes	Yes	Yes*
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes*
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes*
Have you ever been evaluated for latex allergy	Yes	Yes	Yes*
Do you have any symptoms which you think may be related to hazards you are exposed to at work	Yes	Yes	Yes*
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	Yes	Yes*
Heat injury (heat cramps, exhaustion, stroke)	Yes	Yes	Yes*
Peripheral vascular disease, or do your fingers or toes turn color or become painful in cold weather	Yes	Yes	Yes*
Cold injury (frostbite, chill, trench foot, hypothermia)	Yes	Yes	Yes*
Hepatitis or jaundice	Yes	Yes	Yes*
Tuberculosis or PPD Converter	Yes	Yes	Yes*
Use of eye glasses	Yes	Yes	Yes*
Change or loss of vision in either eye	Yes	Yes	Yes*
Difficulty with distinguishing colors	Yes	Yes	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes*
Wheezing	Yes	Yes	Yes*
Shortness of breath	Yes	Yes	Yes*
Cough, other than with colds, flu or allergies	Yes	Yes	Yes*
Inability or reduced ability to smell	Yes	Yes	Yes*
Change or loss in hearing	Yes	Yes	Yes*
Any injury to your ears (including ruptured ear drum)	Yes	Yes	Yes*
Difficulty hearing conversations, people	Yes	Yes	Yes*
A need to wear a hearing aid	Yes	Yes	Yes*
Ringing in the ear (tinnitus)	Yes	Yes	Yes*
Recreational or non-occupational exposure to loud noise	Yes	Yes	Yes*
Any other hearing or ear problem	Yes	Yes	Yes*

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	Yes*
Swelling in legs or feet (not caused by walking)	Yes	Yes	Yes*
Chronic abdominal pain, vomiting, other GI symptoms	Yes	Yes	Yes*
Have you ever had an occupational exposure to potentially infectious body fluid(s)	Yes	Yes	Yes*
Head injury	Yes	Yes	Yes*
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes*
Epilepsy or seizures	Yes	Yes	Yes*
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	Yes*
Problems with balance or coordination	Yes	Yes	Yes*
Numbness, tingling, or weakness in hands or feet	Yes	Yes	Yes*
Mental or emotional illness	Yes	Yes	Yes*
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	Yes*
Claustrophobia	Yes	Yes	Yes*
Diabetes (sugar disease) or other endocrine disorder (thyroid, parathyroid, pituitary, adrenal gland)	Yes	Yes	Yes*
Muscle or joint problems, rheumatism, or arthritis	Yes	Yes	Yes*
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes*
Latex allergy or sensitivity	Yes	Yes	Yes*
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes*
Kidney disease	Yes	Yes	Yes*
Current pregnancy (females only)	Yes	Yes	Yes*
Prior respirator use	Yes	Yes	Yes*
Any problems with prior respirator use	Yes	Yes	Yes*
Any other muscle or skeletal problem that may interfere with using a respirator	Yes	Yes	Yes*
RBC	Yes	Yes	Yes*
WBC	Yes	Yes	Yes*
HGB	Yes	Yes	Yes*
MCV	Yes	Yes	Yes*
MCH	Yes	Yes	Yes*
MCHC	Yes	Yes	Yes*
HCT	Yes	Yes	Yes*
Neutrophils	Yes	Yes	Yes*
Lymphocytes	Yes	Yes	Yes*
Monocytes	Yes	Yes	Yes*
Eosinophils	Yes	Yes	Yes*
Basophils	Yes	Yes	Yes*
Platelets	Yes	Yes	Yes*
Fasting blood glucose	Yes	No	No
BUN	Yes	Yes	Yes*
Creatinine	Yes	Yes	Yes*
HgbA1C (if Diabetic)	Yes	Yes	No
Urinary microalbumin (diabetics only)	Yes	Yes	No

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Cholesterol, total	Yes	Q5Y+	No
LDL	Yes	Q5Y+	No
Percent LDL	Yes	Q5Y+	No
HDL	Yes	Q5Y+	No
Triglycerides	Yes	Q5Y+	No
AST	Yes	Yes	Yes*
ALT	Yes	Yes	Yes*
Bilirubin, Total	Yes	Yes	Yes*
Alkaline phosphatase	Yes	Yes	Yes*
Total protein	Yes	Yes	Yes*
GGT	Yes	Yes	Yes*
Albumin	Yes	Yes	Yes*
Urine Ph	Yes	Yes	Yes*
Urine specific gravity	Yes	Yes	Yes*
Urine urobilinogen	Yes	Yes	Yes*
Urine protein	Yes	Yes	Yes*
Urine glucose	Yes	Yes	Yes*
Urine ketones	Yes	Yes	Yes*
Urine blood	Yes	Yes	Yes*
Chest X-ray (PA & LAT)	Yes	No	Yes*
Electrocardiogram	Yes	40+	No
Audiogram (DD 2215/2216)	Yes	Yes	Yes*
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	Yes*
Vision screen (visual acuity)	Yes	Yes	No
Color vision	Yes	Yes	Yes*
Peripheral vision	Yes	Yes	No
Eyes	Yes	Yes	Yes*
Ears (tympanic membranes)	Yes	Yes	Yes*
Thyroid	Yes	Yes	Yes*
Cardiovascular system	Yes	Yes	Yes*
Respiratory system	Yes	Yes	Yes*
Liver	Yes	Yes	Yes*
Check for inguinal or femoral hernia	Yes	Yes	Yes*
Back & musculoskeletal system	Yes	Yes	Yes*
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes*
Central nervous system	Yes	Yes	Yes*
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	Yes*
Psychiatric (especially emotional stability)	Yes	Yes	Yes*
Hepatitis A vaccine or titer unless immunity or 2 doses vaccine documented	Yes	Yes	No
Hepatitis B vaccine or titer unless immunity documented	Yes	Yes	No
Td every 10 years or Tdap once	Yes	Yes	No
Seasonal Influenza Vaccination (offer to worker)	Yes	Yes	No
TB evaluation by risk as per local TB control plan	Yes	By Risk	No
Assess the examinee's knowledge of universal blood and body fluid precautions	Yes	Yes	No

EXAM ELEMENT	BASE	PERI	TERM
Physician's or provider's written opinion	Yes	Yes	No
Completion of OPNAV 8020/6	Yes	Yes	Yes*

**PROGRAM DESCRIPTION:**

This new annual “comprehensive” exam fulfills the requirements of the following medical surveillance/certification programs: Firefighter, HAZMAT/Emergency Responder, Respirator User, Motor Vehicle Operator (Other than DOT), Blood and Body Fluid, Heat, and Noise. The references that govern each of the component programs within this comprehensive firefighter program have been consolidated as well. Should the provider wish a more extensive list of references for any one of these programs, please refer to that individual program elsewhere in the Medical Matrix.

This exam (program 707) provides guidelines for both preplacement and periodic medical examinations.

**PROVIDER COMMENTS:**

Reference (1) mentions risk factors. However, the presence of risk factors alone without evidence of actual disease cannot be used to disqualify someone, unless the risk factor represents a direct and actual risk of sudden incapacitation. In other words, a risk factor for a risk factor (i.e., an indirect risk factor) is not disqualifying in the absence of the direct risk factor.

To help determine whether an abnormality is disqualifying, consider whether the finding constitutes a real risk or a hypothetical risk (conjecture). For example, severe hypertension is a risk factor for sudden incapacitation; hypertension may, but not always does, lead to sudden incapacitation. Thus, severe hypertension may be considered disqualifying. Hyperlipidemia may (but not always does) lead to atherosclerotic cardiovascular disease, which may, but not always does, lead to sudden incapacitation. If the examiner cannot establish that hyperlipidemia has already led to cardiovascular disease, there is no reason to think hyperlipidemia will lead to sudden incapacitation. The question before the provider is, "Is there evidence that this person is at unacceptably increased risk of sudden incapacitation?" With no hypertension, abnormal funduscopic exam, diminished pulses, bruits, edema, claudication or other symptoms or findings, there is no reason to think that lipids have caused atherosclerotic cardiovascular disease. The possibility that lipids have unacceptably increased the examinee's risk is mostly conjecture; thus, his or her hyperlipidemia would not be disqualifying.

The physical examination required is comprehensive. The examiner should become familiar with NFPA 1582, reference (2), especially with the description of firefighting responsibilities. Providers should be aware that reference (2) makes a distinction between medical qualification of candidates and of workers (i.e., those applying to be firefighters are considered differently from those already hired as firefighters).

The NFPA 1582 is not the DoD or Navy firefighter (FF) standard. NFPA 1582 is authoritative when it describes the job tasks of FFs (and even how various medical conditions affect the performance of those tasks), but its category A or B descriptions do not constitute the DoD FF standard. The actual standards for government FFs are described in reference (6). DoDI 6055.05-M CH 2, Occupational Medical Examinations and Surveillance Manual, April 17, 2017 has

requirements for medical certification of DoD FFs. Thus, a provider can find a DoD worker not qualified because he or she has medical condition X such that he or she cannot perform job task 1 ("While wearing personal protective ensembles and self-contained breathing apparatus (SCBA), performing firefighting tasks...") and task 8 ("While wearing personal protective ensembles and SCBA, climbing ladders..."), for example, as described by the NFPA. That is not the same as, "This FF has condition X. According to the NFPA, condition X is disqualifying, so I find him not qualified." The provider cannot disqualify the worker because the NFPA says condition X is disqualifying.

Per reference (3), the firefighter certification exam should not include the preventive medicine and health promotion guidance in reference (2). Firefighters have their own health insurance and benefits for that purpose.

The guidance in chapter 7 and in reference (4) must be consulted on all civilian employees in whom there is a question of worker fitness. Firefighters may have a variety of jobs, and not all firefighter jobs will be actually fighting fires. The examiner should take into account the individual job requirements of each examinee. The presence of a medically disqualifying condition does not automatically preclude continued work. This decision should be made by management with input from Occupational Medicine, Human Resources Office and, possibly, the worker's personal physician.

See the Matrix section "Disqualification of Workers and Candidates" for guidance when examinees are not clearly qualified.

Physician's/provider's Written Opinion letters are required by OSHA for both Hazardous Waste Workers/Emergency Responders and Blood/Body Fluid exposure. Sample letters can be found in Chapter 10.

Not all immunizations and TB testing listed among the above elements are required; however, each should be reviewed at the prescribed periodicity. According to reference (1) and consistent with reference (2), the following immunizations are required: hepatitis A, hepatitis B, tetanus, and diphtheria.

If the worker has not had Tdap, Tdap should be administered once (i.e., even before re-immunization with Td is required), and then Td immunization should be done every 10 years.

Immunization for Hepatitis A and immunization and titers for Hepatitis B are not required annually; only review of immunizations and titers to verify immune status is required.

Influenza vaccine is to be offered to firefighters, but it is not mandatory unless the firefighter works in a medical treatment facility.

Chest x-ray should be done at baseline and termination, but may be done any other time at the discretion of the provider.

\*Workers who have had an examination within the previous 12 months do not require a termination examination.

Q5Y+ indicates testing every 5 years until age 40, then annual testing.

40+ indicates EKG annually beginning at age 40.

Vision: Corrected distant visual acuity must be at least 20/30 in one eye and 20/70 in the other eye. Uncorrected distant vision is required only if it is likely that corrective lenses may be lost or broken. If so, uncorrected distant vision must be at least 20/100 binocular. Ability to distinguish basic colors is required. Applicants must be free from acute or chronic eye disease.

Diabetics should demonstrate effective disease management (i.e., well-controlled disease and absence of advanced disease). HgbA1C should be less than 8% and urine protein < 300 mg albumin/g creatinine. Workers who meet those criteria should be evaluated on a case-by-case basis.

"By Risk": Consistent with reference (2), annual TB screening is to be done according to CDC guidelines. Currently, this means initial (baseline) TB skin test ("2-step" for those who have not been tested for more than 1 year) or blood test, followed by annual risk assessment using a questionnaire (reference (15)). Skin or blood testing is required only for those at increased risk (and who have not had a positive skin test previously).

#### REFERENCE:

1. [DODI 5525.15 CH-3, Law Enforcement \(LE\) Standards and Training in the DoD, September 30, 2020](#)
2. [NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments, 2018 Edition. For purchase: NFPA 1582 2018, Comprehensive Occupational Medical Program for Fire Departments.](#)
3. [DoD 6055.05-M CH-3, Occupational Medicine Surveillance Exams for Police Officers and Security Guards, August 31, 2018.](#)
4. [5 CFR Part 339, Medical Qualification Determinations](#)
5. [DODINST 6055.06; DoD Fire and Emergency Services \(F&ES\) Program](#)
6. [Qualification Standards, Fire Protection and Prevention Series, GS-081](#)
7. [OSHA Standard 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens.](#)
8. [29 CFR 1910.120, Hazardous Waste Operations and Emergency Response](#)
9. [29 CFR 1910.95, Occupational Noise Exposure](#)
10. [29 CFR 1910.134, Respiratory Protection](#)
11. [OPNAVINST 5100.23 \(series\), Navy Safety and Occupational Health \(SOH\) Program Manual. Chapter 15, Respiratory Protection; Chapter 18, Hearing Conservation and Noise Abatement; Chapter 26.04, Heat Stress; Chapter 28, Bloodborne Pathogens](#)
12. [NIOSH 85-115-a, Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities, Chapter 5](#)
13. [American National Standard for Respiratory Protection-Respirator Use, Physical Qualifications for Personnel; ANSI/AIHA Z88.6-2006 \(Link to purchase\)](#)
14. BUMEDINST 6230.15B, Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases, 7 October 2013.
15. [NAVMED 6224/8 \(Rev. 3-2011\), Tuberculosis Exposure Risk Assessment.](#)
16. [OPNAV 8020/6](#)

**REVIEWED:** May 2023

FIREFIGHTER (COMPREHENSIVE) (707)

**FORKLIFT OPERATOR / MATERIAL HANDLING EQUIPMENT**

**710**

**Program Frequency:** By Age  
 Up to 59 Every 5 years  
 60+ Annually

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	By Age	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	By Age	No
Has anything about your health status changed since your last occupational health examination	Yes	By Age	No
Have any medications changed since your last occupational health examination	Yes	By Age	No
Current medication use (prescription or over the counter)	Yes	By Age	No
Have you ever had cancer	Yes	By Age	No
Do you drink six or more alcoholic drinks per week	Yes	By Age	No
Have you ever smoked	Yes	By Age	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	By Age	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	By Age	No
Change or loss of vision in either eye	Yes	By Age	No
Change or loss in hearing	Yes	By Age	No
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	By Age	No
Head injury	Yes	By Age	No
Headache, dizziness, light headedness, weakness	Yes	By Age	No
Epilepsy or seizures	Yes	By Age	No
Repeated episodes of loss of or near loss of consciousness	Yes	By Age	No
Problems with balance or coordination	Yes	By Age	No
Numbness, tingling, or weakness in hands or feet	Yes	By Age	No
Mental or emotional illness	Yes	By Age	No
Depression, difficulty concentrating, excessive anxiety	Yes	By Age	No
Personality or behavior change	Yes	By Age	No
Diabetes (sugar disease) or other endocrine disorder (thyroid, parathyroid, pituitary, adrenal gland)	Yes	By Age	No
Audiogram (non-HCP)	Yes	By Age	No
Vision screen (visual acuity)	Yes	By Age	No
Color vision	Yes	By Age	No
Depth perception	Yes	By Age	No
Peripheral vision	Yes	By Age	No
Eyes	Yes	By Age	No
Ears (tympanic membranes)	Yes	By Age	No
Cardiovascular system	Yes	By Age	No
Back & musculoskeletal system	Yes	By Age	No
Central nervous system	Yes	By Age	No

EXAM ELEMENT	BASE	PERI	TERM
Peripheral nervous system (strength, sensation, DTRs)	Yes	By Age	No
Completion of OPNAV 8020/6	Yes	By Age	No

**PROGRAM DESCRIPTION:**

Occupations in this program:

All self-propelled MHE and Shipboard Mobile Support Equipment (SMSE), including:

Forklifts

Platform trucks

Pallet trucks

Straddle carrying trucks

Warehouse tractors

463L aircraft loaders

Automated materials handling systems

Non-powered shipboard pallet trucks

Aerial work platforms, including boom-lift and scissor-lift platforms

Civilian workers who operate MHE for handling ammunition and explosives must be examined under program 721, Explosive Handler.

**PROVIDER COMMENTS:**

Civilian workers who operate MHE for handling ammunition and explosives must be examined under Program #721, Explosive Handler.

Except where specifically noted, the following standards for MHE operation are based on reference (1).

Distant visual acuity must be 20/30 or better in each eye, with or without correction. An individual whose visual acuity is 20/40 or poorer will require the “installation medical examiner” to decide whether or not the individual’s vision is sufficient for operation of MHE. (When making that decision it might also be noted that this standard for visual acuity is more stringent than the one used for CDL drivers.) While there is no depth perception minimum standard (reference (1)), depth perception is extremely important to safe forklift operation (more important than to commercial truck driving).

“Persons with sight in only one eye can operate industrial tractors in open areas, but not in warehouses. Sight in both eyes is required for handling ammunition and explosives.”

There is no minimum standard for depth perception. However, an authority reports that depth perception is more important for forklift operators than for drivers of highway vehicles. Providers are encouraged to consider restricting or disqualifying operators who have significant deficiency - see reference (2).

Lateral gaze of 75 degrees on each side is required unless the "installation medical examiner" determines "lateral vision is sufficient for safe operation of MHE."

If there is concern about sleep apnea, see the last two paragraphs of the  
Provider Comments of Program 721.

"If there is any indication of colorblindness, the examinee will be given information on traffic lights, observation of other traffic, etc., which will enable the individual to operate MHE safely."

A reaction time test (eye to foot) of 0.60 second or less is required; however, that test is obsolete and no longer performed in OEM MTFs.

Hearing acuity "in the better ear of 15/20 with or without a hearing aid" is required. This is an obsolete measurement. The approximate equivalent is 60 dB hearing loss at 500, 1000, and 2000 Hz in the better ear. (Note that this is "moderate" or "moderately severe" hearing loss.) If "measuring equipment is not available, the potential operator may be tested by determining if he or she can hear conversation spoken clearly and in moderate tone from a distance of 20 feet."

"Amputees in good physical condition are acceptable as operators, when in the opinion of the installation medical examiner, they can perform in accordance with the physical requirements as established by the installation. The examination report will include a justification statement as to why the missing limb will not present a safety hazard."

Reference (1) also refers to 5 CFR 930, which contains text pertaining to non-DOT motor vehicle operators. Providers are advised to consider that an MHE operator, in addition to the above requirements, at least should be able to safely operate a car on public roads.

Per reference (2), "These examinations shall be performed by an independent medical provider [i.e., Navy Independent Duty

Corpsmen (IDC), Physicians (MD or DO), Physician Assistants (PA), or Nurse Practitioners (NP)]." (IDCs may only examine military service members.)

OPNAV 8020/6 should be used to certify qualified operators (mark "E").

**REFERENCE:**

1. [NAVSUP P-572 Joint Service Manual \(JSM\) for Storage and Materials Handling, April 1994, pages 4-77 to 4-79 \(this and DoD 4140.1-R replace DOD 4145.19-R-1, a reference document previously used for forklift operators\).](#)
2. [OSHA letter regarding Standard Number: 1910.178, October 20, 1976](#)
3. NAVSUP Pub 538, Management of Materials Handling Equipment (MHE) and Shipboard Mobile Support Equipment (SMSE)

4. [NAVFAC P-300, Management of Civil Engineering Support Equipment, Sept 2003 \(MHE is not generally covered by this publication, but it “may be included in this program at the discretion of the activity”\)](#)
5. [OPNAV 8020/6](#)

**REVIEWED:** January 2023

**HAZARDOUS WASTE WORKERS AND EMERGENCY RESPONDERS**

**711**

<b>Program Frequency:</b>	<b>Annual</b>		
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Do you have any symptoms which you think may be related to hazards you are exposed to at work	Yes	Yes	Yes
Heat injury (heat cramps, exhaustion, stroke)	Yes	Yes	Yes
Cold injury (frostbite, chill, trench foot, hypothermia)	Yes	Yes	Yes
Change or loss of vision in either eye	Yes	Yes	Yes
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Change or loss in hearing	Yes	Yes	Yes
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Exposure to respiratory irritants	Yes	Yes	Yes
Exposure to carcinogens	Yes	Yes	Yes
Headache, dizziness, light headedness, weakness	Yes	Yes	Yes
Epilepsy or seizures	Yes	Yes	Yes
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	Yes
Problems with balance or coordination	Yes	Yes	Yes
Numbness, tingling, or weakness in hands or feet	Yes	Yes	Yes
Mental or emotional illness	Yes	Yes	Yes
Thyroid disease (including heat or cold intolerance)	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
Current pregnancy (females only)	Yes	Yes	Yes
RBC	Yes	Yes	Yes
WBC	Yes	Yes	Yes

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
HGB	Yes	Yes	Yes
MCV	Yes	Yes	Yes
MCH	Yes	Yes	Yes
MCHC	Yes	Yes	Yes
Neutrophils	Yes	Yes	Yes
Lymphocytes	Yes	Yes	Yes
Monocytes	Yes	Yes	Yes
Eosinophils	Yes	Yes	Yes
Basophils	Yes	Yes	Yes
BUN	Yes	Yes	Yes
Creatinine	Yes	Yes	Yes
Cholesterol, total	Yes	*	Yes
LDL	Yes	*	Yes
HDL	Yes	*	Yes
Triglycerides	Yes	*	Yes
AST	Yes	Yes	Yes
ALT	Yes	Yes	Yes
Bilirubin, Total	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
Total protein	Yes	Yes	Yes
GGT	Yes	Yes	Yes
Albumin	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Urine RBCs	Yes	Yes	Yes
Urine WBCs	Yes	Yes	Yes
Electrocardiogram	Yes	*	No
Audiogram (DD 2215/2216)	Yes	Yes	Yes
Chest X-ray (PA)	Yes	No	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	Yes
Vision screen (visual acuity)	Yes	Yes	Yes
Color vision	Yes	Yes	Yes
Obesity	Yes	Yes	Yes
Overall physical fitness	Yes	Yes	Yes
Metabolic disturbance (fever, tachycardia)	Yes	Yes	Yes
Eyes	Yes	Yes	Yes
Thyroid	Yes	Yes	Yes
Cardiovascular system	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Back & musculoskeletal system	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes

HAZARDOUS WASTE WORKERS AND EMERGENCY RESPONDERS (711)

EXAM ELEMENT	BASE	PERI	TERM
Central nervous system	Yes	Yes	Yes
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	Yes
Healthcare professional's written opinion letter completed, copy provided to employee	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

29 CFR 1910.120 establishes minimal medical surveillance for personnel who are or may be exposed to hazardous substances at or above the PEL for 30 days per year, wear a respirator 30 days per year, or sustain an overexposure incident involving hazardous substances. CFR requires an annual exam unless the attending physician feels longer intervals are appropriate. Under no circumstances should the frequency be less than every two years. A sample Physician's/provider's Written Opinion, required by OSHA, can be found in Physician's/Provider's Written Opinion Samples.

The content of medical examinations, lab testing, and consultations are determined by the examining physician's knowledge of the potential hazardous materials, using the guidelines in Reference (2). The medical program should be developed for each site based on the specific needs, location, and potential exposures of employees at the site. The program should be designed and reviewed periodically by an experienced occupational health physician or other qualified occupational health consultant in conjunction with the site Safety Officer.

The physician's written opinion is required as follows:

1. whether the employee has any detected medical conditions which would place the employee at increased risk of material impairment of the employee's health from work in hazardous waste operations or emergency response, or from respirator use,
2. the physician's recommended limitations upon the employee's assigned work,
3. the results of the medical examination and tests if requested by the employee,
4. a statement that the employee has been informed by the physician of the results of the medical examination and any medical conditions which require further examination or treatment, and
5. the written opinion obtained by the employer shall not reveal specific findings or diagnoses unrelated to occupational exposures.

**PROVIDER COMMENTS:**

As a baseline set of screening labs, NIOSH recommends annual screening, including labs for liver, kidney, and blood forming function. The specific tests for specific hazard groups are listed in tables in Reference (2).

\* An additional EKG and lipid profile should be performed one time for workers turning 40.

**REFERENCE:**

1. [29 CFR 1910.120](#)
2. [NIOSH Pub No. 85-115, Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities](#)
3. [DoD 6055.05M, May 2, 2007, Table C2.T16, HAZWOPER](#)

**REVIEWED:** February 2011

**HEALTH CARE WORKERS (HCWS)**

**719**

<b>EXAM ELEMENT</b>	<b>Program Frequency:</b>	<b>Baseline Only</b>		
		<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	No	No	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	No	No	No
Current medication use (prescription or over the counter)	Yes	No	No	No
Have you ever had cancer	Yes	No	No	No
Do you drink six or more alcoholic drinks per week	Yes	No	No	No
Have you ever smoked	Yes	No	No	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	No	No	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	No	No	No
Hepatitis or jaundice	Yes	No	No	No
Tuberculosis or PPD Converter	Yes	No	No	No
History of chicken pox	Yes	No	No	No
Exposure to chemotherapeutic or antineoplastic agents	Yes	No	No	No
Exposure to aerosolized antibiotics or antivirals	Yes	No	No	No
Exposure to anesthetic gases	Yes	No	No	No
Exposure to ethylene oxide	Yes	No	No	No
Exposure to ionizing radiation	Yes	No	No	No
Exposure to non-ionizing radiation (laser, infra-red, microwave (except ovens), ultraviolet)	Yes	No	No	No
Have you ever had an occupational exposure to potentially infectious body fluid(s)	Yes	No	No	No
Exposure to formaldehyde	Yes	No	No	No
Regular contact with latex gloves or other rubber products	Yes	No	No	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	No	No	No
Td (Tdap once)	Yes	No	No	No
Meningococcal	Yes*	No	No	No
Tuberculosis skin/blood test	Yes	No	No	No
MMR #1 (administer or confirm received)	Yes	No	No	No
MMR #2 (administer or confirm received)	Yes	No	No	No
Measles titer (only if 2 MMRs not documented)	Yes	No	No	No
Mumps titer (only if 2 MMRs not documented)	Yes	No	No	No
Rubella titer (only if 2 MMRs not documented)	Yes	No	No	No
Varicella vaccine #1 (administer or confirm received)	Yes	No	No	No
Varicella vaccine #2 (administer or confirm received)	Yes	No	No	No
Varicella titer (only if 2 varicella doses not documented)	Yes	No	No	No
Assess the examinee's knowledge of universal blood and body fluid precautions	Yes	No	No	No

**PROGRAM DESCRIPTION:**

DoD Medical Treatment Facilities (MTFs) CONUS follow CDC guidelines for TB control. In 2019, the CDC guidance changed from TB testing at baseline, followed by testing based on MTF TB risk (the 2005 guidance) to TB testing at baseline, treatment of LTBI, and annual worker education. Certain OCONUS locations may consider additional screening and testing.

Unless there is a known exposure or ongoing transmission of TB at the MTF, testing for TB beyond Baseline testing should not be done. If there has been previous TB transmission at the worker's department or if the worker is a pulmonologist or respiratory therapist, a TB screening questionnaire may be considered.

This program provides for a baseline review of immunization status and history.

The immunization requirements promulgated by the various references can be summarized as follows:

- A. Hepatitis B vaccine series is no longer included in this program. Health care workers with potential exposure to blood or body fluids should also be enrolled in Program 178.
- B. HCWs who have no history of varicella or serologic evidence of immunity should be counseled to report varicella exposure to the clinic since patient care restrictions may be appropriate 8 - 21 days after exposure. Those HCWs who work in patient care and have not had varicella should have varicella antibody measured.
- C. Immunizations against tetanus, diphtheria and pertussis (Tdap) should be current.
- D. Immunity to varicella, measles, mumps and rubella is required. Per reference (8), this requirement can be met by serologic evidence of immunity or two documented doses of MMR vaccine.
- E. It is reasonable to obtain rubella antibody titer for females of child-bearing age as part of the pre-employment exam.
- F. Specific requirements are contained in the instructions listed in the program description.
- G. Guidance on periodic screening and the booster phenomenon is covered in reference (3).
- H. Annual influenza immunization for HCWs is mandatory.
- I. Those who are routinely exposed to isolates of *N. meningitidis* should get one dose of meningococcal vaccine.

There is no specific exam required. The content of the exam and assignment to specific stressors are determined by review of responses to history questions and further interview of the worker as deemed appropriate. Health care workers are potentially exposed to a wide variety of chemical, physical and biologic agents. These exposures may change over time. Annual update of work exposures allows for adjustment of exposure programs as appropriate.

**PROVIDER COMMENTS:**

The 2019 CDC guidance for TB screening in Health Care Workers discourages routine testing for TB after the initial (baseline) 2-step skin or single blood test. Unless there has been TB transmission in the worker's department or the worker is at particularly increased risk (e.g., pulmonologist or respiratory therapist), annual screening (by questionnaire) is not recommended. Instead, annual training on recognizing symptoms of TB is recommended.

\* If routinely exposed to isolates of *N. meningitidis*.

**REFERENCE:**

1. OSHA Standard 1910.1030
2. NIOSH, Guidelines for prevention of transmission of human immunodeficiency virus and hepatitis B virus to health-care and public-safety workers, 1989, DHHS (NIOSH) Pub. No. 89-107, US Government Printing Office, Washington, D.C.;
3. [Center for Disease Control and Prevention Morbidity and Mortality Weekly Report "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities, 30 Dec 2005, Volume 54, No. RR-17;](#)
4. Center for Disease Control and Prevention Morbidity and Mortality Weekly Report. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. 68(19);439-443. May 17, 2019.
5. [BUMEDINST 6224.8 \(series\), Tuberculosis Control Program](#)
6. [NIOSH alert, Preventing Allergic Reactions to Natural Rubber Latex in the Workplace, June 1997, DHHS \(NIOSH\) Publication No. 97-135](#)
7. [Preventing Tetanus, Diphtheria, and Pertussis Among Adults: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Recommendations of the Advisory Committee on Immunization Practices \(ACIP\) and Recommendation of ACIP, support](#)
8. BUMEDINST 6230.15 (series), Immunizations and Chemoprophylaxis
9. DODI 6055.05-M, Table C2.T14, Bloodborne Pathogens
10. [Field Operations Manual.](#)
11. [NAVMED 6224/8 \(Rev. 3-2011\), Tuberculosis Exposure Risk Assessment.](#)

**REVIEWED:** October 2020

**MOTOR VEHICLE OPERATOR (OTHER THAN DOT)**

**712**

<b>Program Frequency:</b>		4 years		
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>	
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No	
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No	
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No	
Have any medications changed since your last occupational health examination	Yes	Yes	No	
Current medication use (prescription or over the counter)	Yes	Yes	No	
Have you ever had cancer	Yes	Yes	No	
Do you drink six or more alcoholic drinks per week	Yes	Yes	No	
Have you ever smoked	Yes	Yes	No	
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No	
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No	
Use of seat belts (circle: always, mostly, some, none)	Yes	Yes	No	
Change or loss of vision in either eye	Yes	Yes	No	
Change or loss in hearing	Yes	Yes	No	
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No	
Head injury	Yes	Yes	No	
Headache, dizziness, light headedness, weakness	Yes	Yes	No	
Epilepsy or seizures	Yes	Yes	No	
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	No	
Problems with balance or coordination	Yes	Yes	No	
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No	
Mental or emotional illness	Yes	Yes	No	
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No	
Personality or behavior change	Yes	Yes	No	
Diabetes (sugar disease) or other endocrine disorder (thyroid, parathyroid, pituitary, adrenal gland)	Yes	Yes	No	
Audiogram (non-HCP)	Yes	Yes	No	
Vision screen (visual acuity)	Yes	Yes	No	
Color vision	*	*	No	
Peripheral vision	*	*	No	
Eyes	Yes	Yes	No	
Ears (tympanic membranes)	Yes	Yes	No	
Cardiovascular system	Yes	Yes	No	
Back & musculoskeletal system	Yes	Yes	No	
Central nervous system	Yes	Yes	No	
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No	
Psychiatric (especially emotional stability)	**	**	No	

EXAM ELEMENT	BASE	PERI	TERM
Completion of OPNAV 8020/6	Yes	Yes	No

**PROGRAM DESCRIPTION:**

Form OF 345, Physical Fitness Inquiry for Motor Vehicle Operators, is used by licensing examiners to screen health status.

This program, #712, can be used to meet local requirements for performing periodic medical examinations when requested.

Reference (3) provides procedures that should be used in conjunction with locally developed transportation instructions by all personnel concerned with..operation..of automotive vehicles, construction, and railway equipment; collectively referred to as Civil Engineering Support Equipment (CESE)

Railroad engineers operating for the Navy must also adhere to the medical requirements listed in Reference (6). These standards for hearing and vision are different than those outlined in Reference (3). The more stringent standard using both references should apply for railroad engineers.

Operators of Marine Corps vehicles must adhere to the physical requirements listed in Ref (7). The vision requirements in this document differ from the requirements in Reference (5). Marine Corps vehicle operators must have at least 20/40 visual acuity with or without correction. They must have a visual field of 60 degrees right and left when gazing straight ahead, and they do not have to have color vision. Those not qualified under this reference must have no less than 20/30 in one eye and 20/50 in the other eye, with or without correction. They must have color vision that distinguishes red and green, and they do not have to have visual field testing.

**PROVIDER COMMENTS:**

Guidelines for examinations for interstate driving and any driver covered by Federal Motor Carrier Safety regulations, 49 CFR 391.41-49, Subpart E, are contained in Program #706.

Federal Railroad Administration regulations delineate minimum requirements for hearing and vision: Distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or distant visual acuity separately corrected to at least 20/40 (Snellen) with corrective lenses and distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses; A field of vision of at least 70 degrees in the horizontal meridian in each eye; and the ability to recognize and distinguish between the colors as demonstrated by successfully completing one of the tests in appendix F; hearing acuity of not less than 40 decibels at 500Hz, 1,000 Hz, and 2,000 Hz with or without use of a hearing aid.

OPNAV 8020/6 should be used to certify qualified operators (mark "G").

Among the various “non-DOT motor vehicles” operated by workers in this program are cars, pickup trucks, and whatever “regular” vehicle is covered by a normal state driver’s license. Drivers of such vehicles do NOT need regular physical exams other than what is required by each state. We assume that whatever state has issued the driver’s license has physical exam requirements that they consider adequate. The pertinent CFR text is a little confusing, but it

basically says that an exam is only necessary if the supervisor has reason to believe one is necessary. If that is the case, the situation really calls for a Fitness for Duty (FFD) exam, not a routine physical exam. Barring concern based on something that has been witnessed, if a person has a valid state driver's license, he or she may be considered "good to go," unless a FFD exam is called for.

If the vehicle operated is anything other than a "regular" vehicle, then the requirements for that vehicle or service (e.g., Marine Corps) apply.

In general, unless monocular vision is specifically listed as disqualifying, what is important is depth perception (not stereopsis, which is impossible for a person with monocular vision). Testing depth perception requires equipment that most OH clinics don't have. (Most electric or electronic vision test equipment readily tests stereopsis. Checking depth perception usually involves trying to line up objects and requires space.)

\*Standards differ for testing in pertinent references. See Program Description notes.

\*\*Is there any evidence of a poor attitude, emotional instability, or insufficient responsibility to safely drive a motor vehicle on public roads?

**REFERENCE:**

1. [5 CFR Part 930.108, Subpart A-Motor Vehicle Operators.](#)
2. [5 CFR Part 930.110.](#)
3. [5 CFR Part 339.](#)
4. [DoD 4500.36-R, Management, Acquisition and Use of Motor Vehicles.](#)
5. [NAVFAC P-300, Management of Civil Engineering Support Equipment, current edition](#)
6. [49 CFR 240.121, Federal Railroad Administration Medical Standards](#)
7. Marine Corps TM 11240-14/3B, Standard Licensing Procedures for Operators of Military Motor Vehicles
8. [Form OF 345, Physical Fitness Inquiry for Motor Vehicle Operators](#)
9. [OPNAV 8020/6](#)

**REVIEWED:** May 2023

**MOTOR VEHICLE OPERATORS (DOT)**

**706**

**Program Frequency:** 2 years

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Complete OPNAV 8020/6 (mil only)	Yes	Yes	No
Complete Medical Examination Report (MER), Form MCSA-5875 (both mil & civ)	Yes	Yes	No
Complete Medical Examiner’s Certificate (MEC), Form MCSA-5876 (civ only)	Yes	Yes	No
Complete CMV Driver Medical Examination Results Form, MCSA-5850 (civ only)	Yes	Yes	No

**PROGRAM DESCRIPTION:**

The elements of this program are described in reference (3) for both Civilian and Military drivers.

Motor Vehicle Operators (DOT) medical exams are just one of the requirements for a Commercial Driver License (CDL). A CDL is usually issued to drivers of vehicles that have a gross combination weight rating of 26,001 pounds or more, or transport 16 or more passengers including the driver, or transport hazardous material.

Operators of vehicles carrying explosives are examined with these same physical qualification standards, but are to be examined under Medical Matrix Program 720 (1).

Both military and civilian drivers of CMVs must be certified every two years, or more frequently (i.e., certifications may be for durations shorter than two years).

Physical qualifications are contained in Federal Motor Carrier Safety Regulations (FMCSRs), 49 CFR 391.41-49 (3).

**PROVIDER COMMENTS:**

49 CFR 383.3 (4) lists military exemption, however, per DoDM 4500.36 (5), “DoD Components will prescribe licensing requirements for its military and civilian drivers that meet or exceed the minimum national requirements issued by the Secretary of Transportation in compliance with the requirements on part 383.” Therefore, 49 CFR 391 physical qualifications apply to all civilian and military CMV operators.

BUMEDINST 1500.30 (6) requires providers performing CMV exam for civilian drivers to be listed on the National Registry for Certified Medical Examiners (NRCME). Providers performing CMV exams for military drivers are not required to be listed on the National Registry; however, providers should have the same level of training and be familiar with the physical qualifications of 49 CFR 391.41-49 (3).

For civilians, FMCSRs mandate the use of the unamendable forms: the MER (7) and the MEC (8). Electronic reporting on the NRCME website using MCSA-5850 (9) must be done by the end of each calendar month.

OPNAV 8020/6 is to be used to certify all qualified MILITARY operators only (category "B"). Civilians may not (and cannot, if done electronically) be certified using the OPNAV 8020/6.

Additional information is available in references (11) through (15).

**REFERENCE:**

1. [NAVMED P-117, Section 15-107, Explosives Motor Vehicle Operator and Explosives Handler Examinations and Standards, \(page last accessed 7-22-2016\).](#)
2. [49 CFR 383.5 Definitions, \(page last accessed 7-22-2016\).](#)
3. 49 CFR 391.41-49
4. [49 CFR 383.3 Applicability, \(page last accessed 7-22-2016\).](#)
5. DoDM 4500.36, Acquisition, Management, and Use of DoD Non-Tactical Vehicles, 7 July 2015
6. BUMEDINST 1500.30, Training and Certification Requirements for Healthcare Practitioners Performing Commercial Driver Examinations, 14 May 2014
7. [FMCSA Medical Examination Report Form \(MER\), MCSA-5875, \(page last accessed 7-22-2016\).](#)
8. [FMCSA Medical Examiner's Certificate \(MEC\), MCSA-5876, \(page last accessed 7-22-2016\).](#)
9. FMCSA Medical Examination Results Form (MCSA-5850).
10. BUMEDMEMO 6260 Ser M3B7/16UM30031, New Regulations Regarding Medical Examinations for Commercial Motor Vehicle Drivers, 11 Apr 2016
11. Hartenbaum, N. The DOT Medical Examination, OEM Press, Boston, MA 2010.
12. MCO 11240.66 (series), Standard Licensing Procedures for Operators of Military Motor Vehicles
13. TM 11240-15/3 Motor Vehicle Licensing Official's Handbook
14. [Federal Motor Carrier Safety Administration FAQs](#)
15. [FMCSA website](#)

**REVIEWED:** October 2018

NAVAL CRIMINAL INVESTIGATIVE SERVICE

713

<b>Program Frequency:</b>	<b>By Age</b>
Up to 37	Every 3 years
38 to 40	Every 2 years
41+	Annually

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	By Age	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	By Age	No
Has anything about your health status changed since your last occupational health examination	Yes	By Age	No
Have any medications changed since your last occupational health examination	Yes	By Age	No
Current medication use (prescription or over the counter)	Yes	By Age	No
Have you ever had cancer	Yes	By Age	No
Do you drink six or more alcoholic drinks per week	Yes	By Age	No
Have you ever smoked	Yes	By Age	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	By Age	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	By Age	No
Permanent defect from illness, disease or injury	Yes	No	No
Tuberculosis or PPD Converter	Yes	By Age	No
Communicable disease	Yes	By Age	No
Change or loss of vision in either eye	Yes	By Age	No
Color blindness	Yes	By Age	No
Change or loss in hearing	Yes	By Age	No
Difficulty hearing conversations, people	Yes	By Age	No
A need to wear a hearing aid	Yes	By Age	No
Nervous stomach or ulcer	Yes	By Age	No
Any difficulty with heavy to moderate lifting/carrying	Yes	By Age	No
Epilepsy or seizures	Yes	By Age	No
Mental or emotional illness	Yes	By Age	No
RBC	Yes	By Age	No
WBC	Yes	By Age	No
HGB	Yes	By Age	No
MCV	Yes	By Age	No
MCH	Yes	By Age	No
MCHC	Yes	By Age	No
BUN	Yes	By Age	No
Creatinine	Yes	By Age	No
Uric acid	Yes	By Age	No
Calcium	Yes	By Age	No
Cholesterol, total	Yes	By Age	No
LDL	Yes	By Age	No

EXAM ELEMENT	BASE	PERI	TERM
HDL	Yes	By Age	No
Triglycerides	Yes	By Age	No
AST	Yes	By Age	No
Bilirubin, Total	Yes	By Age	No
Alkaline phosphatase	Yes	By Age	No
Urine Ph	Yes	By Age	No
Urine specific gravity	Yes	By Age	No
Urine urobilinogen	Yes	By Age	No
Urine protein	Yes	By Age	No
Urine glucose	Yes	By Age	No
Urine ketones	Yes	By Age	No
Urine blood	Yes	By Age	No
Urine RBCs	Yes	By Age	No
Urine WBCs	Yes	By Age	No
Electrocardiogram	Yes	*	No
Audiogram (DD 2215/2216)	Yes	By Age	No
Chest X-ray (PA)	Yes	No	No
Vision screen (visual acuity)	Yes	By Age	No
Color vision	Yes	By Age	No
Back & musculoskeletal system	Yes	By Age	No
Complete SECNAV 5100/1	Yes	By Age	No

**PROGRAM DESCRIPTION:**

None Provided.

**PROVIDER COMMENTS:**

Agent must also be cleared for Motor Vehicle Operator (Other than DOT) Matrix Program 712.

According to reference (1), there has been a change in reporting requirements for the Agent’s physical exam process. The results of the Agent’s physical exam will be recorded on the PC Matrix SF600. The Physicians Written Opinion (PWO) is no longer necessary. SECNAV 5100/1 is sufficient and is to be completed and given to the worker.

The physical exam must be performed by a Navy Medical Officer or Federal Medical Officer (reference (1)).

The physical exam will be maintained by the Navy Medical Facility. It is no longer required to mail a copy of the entire periodic physical to the NCIS headquarters. The physical evaluation documentation shall be filed in a medical record folder and shall remain in the Medical Records Department of the MTF or Occupational Medicine Clinic according to the protocol of the facility.

Certifications performed IAW NCIS Manual for Administration.

Reference (2) considers public safety workers, including both policemen and firefighters at risk for exposure to blood borne pathogens. This risk is not universal since duties of public safety

workers vary greatly between departments and locations. Those who are felt to be at significant risk should be placed in Program 178, Blood and/or Body Fluids.

Certificate of Medical Examination, OF178, is used for preplacement examinations.

The following is provided from reference (1), as that document may not be readily accessible.

Per reference (1), the worker must be able to operate motor vehicles, use firearms and react appropriately to unexpected emergency situations, including temporary or sustained assignment to overseas areas where medical facilities meeting normal U.S. standards may not be available, use both hands and fingers/legs, walk, stand, reach above shoulders, lift and carry.

Vision in both eyes is required, near vision correctable at 13 to 16 inches to Jaeger 1 to 4. Must be able to pass a red/green color vision test and distinguish basic colors and shades of colors.

The following conditions are disqualifying: active tuberculosis (previous cases must be proven to be arrested for at least five years), uncontrolled diabetes (control must be achieved by diet, oral medication, or 25 units or less of insulin per day, with no insulin reaction, diabetic coma, or serious side effects within the past 2 years, and no significant change in the amount of insulin required during the past 2 years), peptic ulcer (unless it has been healed), systolic pressure above 150, diastolic above 90, use of hearing aids are permitted, however hearing loss exceeding a 25 decibel average in either ear at 500, 1000, and 2000 hertz, corrected vision worse than 20/20 in one eye and 20/30 in the other eye (an applicant who has undergone radial keratotomy, photo-refractive radial keratotomy or laser surgery must wait 1 year after surgery and submit a letter from the ophthalmologist concerning the prognosis of the procedure).

The following conditions require referral to a Federal Medical Officer for an employability opinion: communicable diseases such as syphilis, Acquired Immune Deficiency Syndrome (AIDS), gonorrhea, Chlamydia or herpes, mental disease, epilepsy, organic heart disease, or any severe crippling condition.

SF-600 from Medical Matrix Online is an acceptable form for this examination. Original forms are submitted for headquarters review. A copy of the examination should be kept in a health record. Certificate of Medical Examination, SF 78, is used for replacement examinations.

\*The EKG is given every 5 years beginning at age 35.

**REFERENCE:**

1. NCIS Administrative Manual, NCIS-1, Chapter 13.
2. OSHA Standard 1910.1030.
3. [5 CFR 339](#)
4. [5 CFR 842](#)

**REVIEWED:** October 2020

**OCONUS DEPLOYMENT GREATER THAN 30 DAYS**

**798**

<b>EXAM ELEMENT</b>	<b>Program Frequency: Per Deployment</b>		
	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	No	No
Have you had any limitations/restrictions or been placed on "light duty" since your last Occupational Health Exam?	Yes	No	No
Immunizations current?	Yes	No	No
Adequate malaria prophylaxis prescribed, if required?	Yes	No	No
Review pertinent COCOM requirements.	Yes	No	No
Worker aware form DD2900 completion required upon return.	Yes	No	No

**PROGRAM DESCRIPTION:**

Each worker in this program should be evaluated according to the pertinent COCOM requirements. Workers with jobs having medical qualifications should also be examined for each of those programs.

The DD Form 2796 must be completed electronically or in web-enabled format following service-specific directives and using one of the following service-specific data systems: Army MEDPROS (Medical Protection System), Air Force PIMR (Preventive Health Assessment and Individual Medical Readiness) or AFCITA (Air Force Complete Immunization Tracking System) for AFRC, or Navy EDHA (Electronic Deployment Health Assessment). The data will be sent electronically through the service-specific data system to the Armed Forces Health Surveillance Center (AFHSC). DD Form 2796 should be printed and placed in the individual's permanent medical record. In accordance with DoDI 6490.03, Deployment Health, 11 Aug 06, DD Form 2796 should be completed "as close to the redeployment date as possible, but not earlier than 30 days before the expected redeployment date and NLT 30 days after redeployment, and for Reserve Component members, before they are released from active duty."

**PROVIDER COMMENTS:**

Unless specified otherwise in COCOM guidance, tuberculosis (TB) screen is to follow current CDC guidance: Identify risk factors (generally by questionnaire) for TB exposure or for latent TB to develop into disease; perform skin or blood testing on only those workers at increased risk.

Advise obtaining Medical Warning tag if applicable.

Advise to deploy with 90-day supply of medication.

Advise to deploy with 2 pairs of glasses.

Advise to take a copy of medical and dental records during deployment.

Malaria prophylaxis, if prescribed, can be provided free of charge by a DoD pharmacy, as that is considered necessary worker protection. The worker is responsible for his or her routine medications.

**REFERENCE:**

1. DoDI 6490.03, Deployment Health
2. DoDI 6490.07, Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees
3. [Department of the Army Personnel Policy Guidance for Overseas Contingency Operations.](#)
4. [MOD Ten to USCENTCOM Individual Protection and Individual/Unit Deployment Policy](#)
5. [DOD Deployment Health Clinical Center](#)
6. [DODD 1404.10, DOD Civilian Expeditionary Workforce](#)
7. [DOD Civilian Expeditionary Workforce](#)
8. [DODI 1400.24, Civilian Mobility Program](#)
9. [DODI 6025.19, Individual Medical Readiness \(IMR\)](#)
10. [DOD 4500.54-M, DoD Foreign Clearance Manual](#)
11. [DoDI 3020.41, Contractor Personnel Authorized to Accompany the U.S. Armed Forces](#)
12. NATECINST 12339.1A, Navy Civilian Technical Specialist (NCTS) Qualification Standards and Examination Procedures
13. [NAVMED 1300/4 Expeditionary Medical and Dental Screening](#)

**REVIEWED:** August 2018

**POLICE/SECURITY WORKER**

**714**

	<b>Program Frequency: Annual</b>		
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No
Have any medications changed since your last occupational health examination	Yes	Yes	No
Current medication use (prescription or over the counter)	Yes	Yes	No
Have you ever had cancer	Yes	Yes	No
Do you drink six or more alcoholic drinks per week	Yes	Yes	No
Have you ever smoked	Yes	Yes	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No
Change or loss of vision in either eye	Yes	Yes	No
Problems with night vision	Yes	Yes	No
Shortness of breath	Yes	Yes	No
Change or loss in hearing	Yes	Yes	No
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No
Have you ever had an occupational exposure to potentially infectious body fluid(s)	Yes	Yes	No
Headache, dizziness, light headedness, weakness	Yes	Yes	No
Epilepsy or seizures	Yes	Yes	No
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	No
Problems with balance or coordination	Yes	Yes	No
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No
Sleep disorder, breathing pauses while sleeping, sleep apnea, loud snoring, insomnia, daytime sleepiness	Yes	Yes	No
Mental or emotional illness	Yes	Yes	No
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No
Personality or behavior change	Yes	Yes	No
Diabetes (sugar disease) or other endocrine disorder (thyroid, parathyroid, pituitary, adrenal gland)	Yes	Yes	No
Thyroid disease (including heat or cold intolerance)	Yes	Yes	No
Cholesterol, total	Yes	No	No
LDL	Yes	No	No
HDL	Yes	No	No
Triglycerides	Yes	No	No
Urine Ph	Yes	Yes	No
Urine specific gravity	Yes	Yes	No

EXAM ELEMENT	BASE	PERI	TERM
Urine urobilinogen	Yes	Yes	No
Urine protein	Yes	Yes	No
Urine glucose	Yes	Yes	No
Urine ketones	Yes	Yes	No
Urine blood	Yes	Yes	No
Urine RBCs	Yes	Yes	No
Urine WBCs	Yes	Yes	No
Electrocardiogram	Yes	No	No
Audiogram (DD 2215/2216)	Yes	Yes	No
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	No	No
Vision screen (visual acuity)	Yes	Yes	No
Color vision	Yes	Yes	No
Peripheral vision	Yes	Yes	No
Overall physical fitness	Yes	Yes	No
Metabolic disturbance (fever, tachycardia)	Yes	Yes	No
Eyes	Yes	Yes	No
Gaze (muscle balance, nystagmus)	Yes	Yes	No
Ears (tympanic membranes)	Yes	Yes	No
Nose	Yes	Yes	No
Throat	Yes	Yes	No
Thyroid	Yes	Yes	No
Cardiovascular system	Yes	Yes	No
Respiratory system	Yes	Yes	No
Back & musculoskeletal system	Yes	Yes	No
Skin (malignant & pre malignant conditions)	***	Yes	No
Central nervous system	Yes	Yes	No
Peripheral nervous system (strength, sensation, DTRs)	Yes	Yes	No
Psychiatric (especially emotional stability)	Yes	Yes	No
Hepatitis B vaccine or titer unless immunity documented	Yes	Yes	No
Td (Tdap once)	Yes	Yes	No
Assess the examinee's knowledge of universal blood and body fluid precautions	Yes	Yes	No

**PROGRAM DESCRIPTION:**

Reference (1) is the primary DoD guidance on general requirements for military and civilian police and security workers (PSWs). Active Duty Military (e.g., Master-of-Arms) are required to participate in this program.

Reference (2), while an Army document, provides guidance on periodicity of medical examinations and physical fitness testing requirements for Navy civilians functioning as PSWs. Eye and vision requirements are listed as follows:

\* Distance vision must be 20/30 or better in one eye and 20/100 or better in the other, or 20/40 in one eye and 20/70 or better in the other, with or without correction.

\* Near vision must be 20/40 or better in both eyes together, with or without correction.

- \* Uncorrected distance vision must be 20/100 or better in both eyes together.
- \* Able to discriminate between vivid red and green colors
- \* Normal muscle balance, defined as the lack of strabismus (greater than 15 diopters), nystagmus, and diplopia
- \* At least a total horizontal visual field of 120 degrees and at least a total vertical visual field of 40 degrees (20 above the horizontal meridian and 20 below the horizontal meridian) in each eye
- \* No history of abnormal night vision.

Reference (3), paragraph C3.4., provides additional DoD-wide qualification guidance for surveillance exams on this class of worker.

Reference (4) provides basic medical requirements for USMC civilian police officers, security guards and physical security specialists.

No specific psychological or psychiatric testing is necessary. Reference (5) no longer requires disqualification or a waiver for psychiatric diagnoses requiring medication. However, referral to a psychiatrist or psychologist for evaluation before qualification may be appropriate on a case by case basis as determined by the examiner. Psychiatric disorders which could affect job performance may be disqualifying or may require additional evaluation to determine whether the individual is able to safely and effectively perform the essential job functions. See Reference (2) and (3) for further guidance.

Previous guidance has included risk factors, including family history, as a basis for disqualification from PSW jobs. The Genetic Information Non-disclosure Act and Americans with Disabilities Act have changed that practice. Providers must consider presence of disease, not risk of disease, when qualifying or disqualifying a candidate or worker from police or security work.

Reference (6) notes that security personnel who have animal control duties should have the rabies vaccination.

Physical agility testing (PAT) is a very strenuous physical fitness test that all PSWs are expected to undergo. Therefore, the provider must consider PAT as part of the essential job functions of a PSW, regardless of the usual duties of the specific police or security candidate or worker. Requests not to include “fitness to participate in PAT” as part of this exam should be directed back to Human Resources in order for the worker to be considered for positions other than PSW.

Physical fitness testing, including the PAT, is not the responsibility of occupational health.

Reference (7) notes that the activity level of police and security duties may require oxygen consumption of 12 METS (40-41 mL/kg/minute) or greater, and that those in Class II are unable to perform activities that require a maximum oxygen consumption of more than 6 METS. Thus individuals with function classifications in Class II to Class IV or therapeutic classifications in Class B to Class E would necessarily be unable to safely perform such duties. Individuals in Class I or Class A may (but not necessarily will) be able to safely perform such duties.

See the Matrix "Disqualification of Workers and Candidates" section for guidance in cases where findings leave the provider with uncertainty about an examinee's medical qualification.

References (6) and (7) contain considerable guidance regarding diabetes in police and security workers.

Reference (6) states "Any color-testing method must be able to: 1) test for red-green deficits; 2) test for blue-yellow deficits; and 3) distinguish between mild, moderate and severe deficiencies if present."

If specific job conditions would cause relapse or exacerbation of a skin condition, or would, because of a skin condition, render the worker unable to perform essential job functions safely and effectively, including the use of respirators or other personal protective equipment, then the individual is unsuitable for such work.

OSHA regulation considers public safety workers, including both policemen and firefighters, at risk for exposure to blood borne pathogens. This risk is not universal since duties of public safety workers vary greatly between departments and locations. The purpose of the requirement for assessment of hepatitis B immune status is to determine for the individual the extent of potential exposure. Those who are felt to be at significant risk may be placed in Program 178, Blood and / or Body Fluids.

Providers should be alert to medications that may cause impairment (e.g. drowsiness) or treat conditions that may be associated with impairment (e.g., diabetes, epilepsy, arrhythmias, depression or other psychiatric condition, pain, migraines, etc.).

From reference (13), "the duties of these positions require moderate to arduous physical exertion and/or duties of a hazardous nature. The following medical requirements apply to all applicants: good near and distant vision, ability to distinguish basic colors, and ability to hear the conversational voice. Applicants and employees must possess emotional and mental stability."

Local activities may have more stringent examination and frequency requirements. If local requirements are more stringent, the medical clinic should keep a copy of written requirements for additional tests.

**PROVIDER COMMENTS:**

If adequate funduscopic exam is not possible without pupil dilation, use mydriatics or refer to optometry or ophthalmology.

Documentation of a complete hepatitis B immunization series with a positive anti-HBs titer can be considered immune, per reference (14). Currently, a positive titer is considered evidence of immunity, and a complete hepatitis B immunization series is 3 doses of vaccine (2 doses if Heplisav-B is used for both doses). The series should be followed by a titer to confirm immunity. If a positive titer is not found, another 3 doses (2 doses if Heplisav-B is used for both doses) should be given, followed by another titer. A negative titer at that point indicates a non-responder.

\*\*\*Significant skin findings include gang-related tattoos, evidence of drug abuse, or conditions restricting the ability to wear gloves, handle weapons, apply restraints, etc., or to work in the cold (e.g., Raynaud's) or sun (e.g., photodermatitis, heat intolerance).

**REFERENCE:**

1. [DODI 5525.15 CH-1, Law Enforcement \(LE\) Standards and Training in the DoD, June 29, 2018.](#)
2. [AR 190-56, The Army Civilian Police and Security Guard Program](#)
3. [DoDI 6055.05-M Occupational Medicine Surveillance Exams for Police Officers and Security Guards](#)
4. [MCO 5580.2 \(series\), Enclosure \(1\): The Marine Corps Law Enforcement Manual](#)
5. [OPNAV INST 3591, Small Arms Training and Qualifications](#)
6. [BUMEDINST 6230.15 \(series\), Immunizations and Chemoprophylaxis](#)
7. Goldberg RL, Spilberg SW, Weyers SG. Medical Screening Manual for California Law Enforcement. California Commission on Peace Officer Standards and Training (POST). Copyright 2004.
8. ACOEM Guidance for the Medical Evaluation of Law Enforcement Officers
9. [29 CFR 1910.1030](#)
10. [5 CFR 930](#)
11. [X-118 Series GS-083.](#)
12. [U.S. Office of Personnel Management Policies and Instructions Medical Requirements](#)
13. [US Office of Personnel Management. Classification & Qualifications General Schedule Qualification Standards. Police Series, 0083 Individual Occupational Requirements.](#)
14. [OSHA Letter of Interpretation dated February 7, 2007 regarding Standard 1910.1030\(f\)\(2\)\(i\); 1910.1030\(f\)\(2\)\(ii\); 1910.1030\(h\)\(1\)\(ii\)\(B\); 1910.1030\(h\)\(1\)\(iv\)](#)

**REVIEWED:** January 2023

**PRE-EMPLOYMENT HISTORY QUESTIONNAIRE**

	<b>Program Frequency:</b>	<b>Baseline Only</b>		
<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>	
Do you currently have any limitations/restrictions to your job duties?	Yes	No	No	
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	No	No	
Have you ever had cancer	Yes	No	No	
Back pain/injury/abnormality	Yes	No	No	
Heart disease, high blood pressure, stroke or circulation problems	Yes	No	No	
Blood diseases (anemia, abnormal bleeding or clotting, etc)	Yes	No	No	
Hepatitis or jaundice	Yes	No	No	
Tuberculosis or PPD Converter	Yes	No	No	
HIV/AIDS/immune-compromised condition	Yes	No	No	
Color blindness	Yes	No	No	
Cataracts	Yes	No	No	
Glaucoma	Yes	No	No	
Any other eye or vision problem	Yes	No	No	
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	No	No	
Wheezing	Yes	No	No	
Shortness of breath	Yes	No	No	
Cough, other than with colds, flu or allergies	Yes	No	No	
Frequent colds	Yes	No	No	
Chronic sinusitis	Yes	No	No	
Change or loss in hearing	Yes	No	No	
Any injury to your ears (including ruptured ear drum)	Yes	No	No	
A need to wear a hearing aid	Yes	No	No	
Ringing in the ear (tinnitus)	Yes	No	No	
Any other hearing or ear problem	Yes	No	No	
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	No	No	
Varicose veins or ankle swelling	Yes	No	No	
Recurrent fever/night sweats	Yes	No	No	
Frequent diarrhea/constipation	Yes	No	No	
Hemorrhoids/rectal problems	Yes	No	No	
Blood in stool	Yes	No	No	
Change in frequency or appearance of bowel movements	Yes	No	No	
Hernia	Yes	No	No	
Other illness/medical condition not listed	Yes	No	No	
Frequent, unusual or severe headaches	Yes	No	No	
Epilepsy or seizures	Yes	No	No	
Fainting or dizziness	Yes	No	No	
Problems with balance or coordination	Yes	No	No	
Tremor (shakiness), numbness or loss of sensation/feeling	Yes	No	No	

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Paralysis/weakness	Yes	No	No
Neurological disorder, gait change, paresthesia, loss of coordination	Yes	No	No
Sleep disorder, breathing pauses while sleeping, sleep apnea, loud snoring, insomnia, daytime sleepiness	Yes	No	No
Memory loss	Yes	No	No
Mental or emotional illness	Yes	No	No
Depression, difficulty concentrating, excessive anxiety	Yes	No	No
Treatment for drug or alcohol use	Yes	No	No
Diabetes/pre-diabetes/elevated blood sugar	Yes	No	No
Fibromyalgia or chronic fatigue	Yes	No	No
Unexplained weight gain or loss	Yes	No	No
Thyroid disease (including heat or cold intolerance)	Yes	No	No
High cholesterol	Yes	No	No
Muscle or joint problems, rheumatism, or arthritis	Yes	No	No
Rheumatic fever	Yes	No	No
Gout	Yes	No	No
Bone problems (including broken bones)	Yes	No	No
Leg/arm problems	Yes	No	No
Neck stiffness/cervical strain/whiplash	Yes	No	No
Carpal tunnel syndrome	Yes	No	No
Epicondylitis (tennis elbow)	Yes	No	No
Amputation	Yes	No	No
Scoliosis or curve of spine	Yes	No	No
Foot problems/flat feet/leg cramps	Yes	No	No
Allergies (food/medicine/mold/dust)	Yes	No	No
Multiple chemical sensitivity	Yes	No	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	No	No
Kidney or bladder problems	Yes	No	No
Problems with urination or blood in urine	Yes	No	No
Do you have any concerns about your health as it relates to the job?	Yes	No	No
Do you now receive, or have you ever received, compensation from a government agency for a service-related disability?	Yes	No	No
Have you ever received Workers' Compensation for an injury or illness?	Yes	No	No
Do you have a claim pending concerning Workers' Compensation?	Yes	No	No
Have you ever lost time from work because of a job injury or illness?	Yes	No	No
Do you have a permanent impairment or any activity restrictions?	Yes	No	No
Have you ever had to leave a job due to a medical problem or due to a permanent limitation or restriction?	Yes	No	No
Are you unable to perform any particular motion or activity?	Yes	No	No

EXAM ELEMENT	BASE	PERI	TERM
Do you require a job modification to accommodate an impairment?	Yes	No	No
Is there any function or part of the job that you cannot perform?	Yes	No	No
Do you currently have any health problem which poses a potential risk to co-workers or which might interfere with the performance of the job?	Yes	No	No
Do you currently have any pain?	Yes	No	No
Are you currently receiving medical treatment for any condition?	Yes	No	No
Do you use any prostheses or medical devices? Such as artificial limbs, colostomy devices, braces, etc.	Yes	No	No
Cardiovascular system	Yes	No	No
Respiratory system	Yes	No	No
Musculoskeletal system	Yes	No	No
Neurological exam	Yes	No	No
Any other exam indicated by the position description or essential functions of the job (specify)	Yes	No	No

**PROGRAM DESCRIPTION:**

None provided.

**PROVIDER COMMENTS:**

This history questionnaire is to be filled out at the time of a pre-employment physical only. This questionnaire may be used in conjunction with baseline examinations only when the baseline examination is done in conjunction with a pre-employment physical. This questionnaire is not appropriate for periodic surveillance or certification examination.

The physical examination should be directed to the essential functions of the job.

Any disqualification decisions need to be tied directly to the eligible employee’s inability to perform an essential function of the job. Essential functions of the job are provided by HR in conjunction with the hiring supervisor.

The history should be filled out by the eligible employee and should be signed by the employee. The signature acknowledges that this is a truthful accounting of the eligible employee’s medical conditions.

This questionnaire is a supplement to documentation provided by HR. HR should be providing an updated position description, the physical and environmental requirements of the job, and a copy of VA disability rating, and the duty disposition worksheet.

The history questionnaire and physical is property of the Occupational Health Clinic and is not to be returned to HR. The only document returned to HR after this exam is the duty disposition worksheet. This history should be kept in the eligible employee’s occupational health record.

**REFERENCE:**

1. [5 CFR § 339.301 - Authority to require an examination](#)

2. [Enforcement Guidance on Disability-Related Inquiries and Medical Examinations of Employees under the ADA](#)
3. [DoDM 6055.05, July 27, 2022](#)

**REVIEWED:** August 2023

**RESPIRATOR USER CERTIFICATION**

**716**

<b>Program Frequency:</b>	<b>By Age*</b>
Up to 34	Every 5 years
35 to 44	Every 2 years
45+	Annually

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	By Age*	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	By Age*	No
Has anything about your health status changed since your last occupational health examination	Yes	By Age*	No
Have any medications changed since your last occupational health examination	Yes	By Age*	No
Current medication use (prescription or over the counter)	Yes	By Age*	No
Have you ever had cancer	Yes	By Age*	No
Chest surgery or injury (including broken ribs)	Yes	By Age*	No
Do you drink six or more alcoholic drinks per week	Yes	By Age*	No
Have you ever smoked	Yes	By Age*	No
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	By Age*	No
Heart disease, high blood pressure, stroke or circulation problems	Yes	By Age*	No
Tuberculosis or PPD Converter	Yes	By Age*	No
Use of eye glasses	Yes	By Age*	No
Change or loss of vision in either eye	Yes	By Age*	No
Contact lens use	Yes	By Age*	No
Color blindness	Yes	By Age*	No
Eye irritation or blurred vision	Yes	By Age*	No
Any other eye or vision problem	Yes	By Age*	No
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	By Age*	No
Wheezing	Yes	By Age*	No
Shortness of breath	Yes	By Age*	No
Cough, other than with colds, flu or allergies	Yes	By Age*	No
Inability or reduced ability to smell	Yes	By Age*	No
Change or loss in hearing	Yes	By Age*	No
Any injury to your ears (including ruptured ear drum)	Yes	By Age*	No
A need to wear a hearing aid	Yes	By Age*	No
Any other hearing or ear problem	Yes	By Age*	No
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	By Age*	No
Frequent pain or tightness in your chest	Yes	By Age*	No
Swelling in legs or feet (not caused by walking)	Yes	By Age*	No
Epilepsy or seizures	Yes	By Age*	No
Repeated episodes of loss of or near loss of consciousness	Yes	By Age*	No

EXAM ELEMENT	BASE	PERI	TERM
Problems with balance or coordination	Yes	By Age*	No
Numbness, tingling, or weakness in hands or feet	Yes	By Age*	No
Mental or emotional illness	Yes	By Age*	No
Claustrophobia	Yes	By Age*	No
Diabetes (sugar disease) or other endocrine disorder (thyroid, parathyroid, pituitary, adrenal gland)	Yes	By Age*	No
Muscle or joint problems, rheumatism, or arthritis	Yes	By Age*	No
Allergies (asthma, hay fever, eczema)	Yes	By Age*	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	By Age*	No
Current pregnancy (females only)	Yes	By Age*	No
Prior respirator use	Yes	By Age*	No
Any problems with prior respirator use	Yes	By Age*	No
Any other muscle or skeletal problem that may interfere with using a respirator	Yes	By Age*	No
Eyes	Yes	By Age*	No
Ears (tympanic membranes)	Yes	By Age*	No
Cardiovascular system	Yes	By Age*	No
Respiratory system	Yes	By Age*	No
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	By Age*	No

**PROGRAM DESCRIPTION:**

Military personnel, who have been confirmed by their region or activity as “Fit for Full Duty” based on their current periodic military physicals (Manual of the Medical Department (P-117), and their annual Preventive Health Assessment (OPNAVINST 6120.3)) are considered qualified to wear any type of respiratory protection. Shipboard personnel undergoing shore firefighting training are not required to obtain medical qualification or respirator fit testing for SCBAs, including the OBA, prior to reporting for training. See Reference 8 for further information.

**PROVIDER COMMENTS:**

Spirometry and chest x-rays are not routinely required. They are not recommended solely as data to determine if a respirator should be worn, but may be medically indicated in some cases when additional information is needed to determine fitness (Reference 2). Workers who wear respirators may receive spirometry and chest x-rays as part of surveillance requirements for specific hazards.

Reference (2) provides good guidance on qualification criteria and follow-up testing of candidates that the provider has concerns about respirator use.

According to references (1) and (9), an actual exam is not required unless questions are answered with "Yes." Nurses may administer the questions in this program.

\*Program Frequency for SCBA users is 12 months regardless of age

**REFERENCE:**

1. [OSHA Standard 29 CFR 1910.134;](#)

2. [American National Standard for Respiratory Protection-Respirator Use, Physical Qualifications for Personnel; ANSI/AIHA Z88.6-2006](#)
3. [NIOSH Respirator Decision Logic, U.S. Department of Health and Human Services, DHHS \(NIOSH\) Pub. No. 2005-100;](#)
4. [OPNAVINST 5100.23 \(series\), Chapter 15;](#)
5. [OPNAVINST 5100.19 \(series\), Chapter B6;](#)
6. [OPNAVINST 6120.3 Preventive Health Assessment](#)
7. [American Thoracic Society, Respiratory Protection Guidelines, American Journal of Respiratory Critical Care Medicine, Vol. 154. pp 1153-1165, 1996;](#)
8. [Navy Message: Clarification of Respirator Examination for Active Duty Service Members](#)
9. [DoDI 6055.05-M Change 2, Occupational Medical Examinations and Surveillance Manual, April 17, 2017.](#)

**REVIEWED:** May 2020

**RESPIRATORY SENSITIZERS (COAST GUARD)**

**911**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>
Any compound that is known to cause occupational asthma or hypersensitivity pneumonitis, inclusive of the following:		
Vegetable dusts		
Wood dust		
Airborne molds and spores		
Animal danders		
Airborne Platinum	TP2160000	7440-06-4
Airborne Chromium, including chromic acids and chromates	Various	Various
Airborne Nickel	QR5950000	7440-02-0
Airborne Cobalt	GF8750000	7440-48-4
Airborne Vanadium	YW2460000	1314-62-1
Formaldehyde	LP8925000	50-00-0
Toluene	XS5250000	108-88-3
Trimellitic anhydride	DC20500	552-30-7
Isocyanates, including isocyanic esters and triazine	Various	Various

**Program Frequency:** Annual

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	Yes
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	Yes
Is your work exposure history current, and is surveillance/Personal Protective Equipment (PPE) consistent with exposures/occupations surveillance/PPE consistent with exposures/occupations	Yes	Yes	Yes
Has anything about your health status changed since your last occupational health examination	Yes	Yes	Yes
Have any medications changed since your last occupational health examination	Yes	Yes	Yes
Current medication use (prescription or over the counter)	Yes	Yes	Yes
Have you ever had cancer	Yes	Yes	Yes
Do you drink six or more alcoholic drinks per week	Yes	Yes	Yes
Have you ever smoked	Yes	Yes	Yes
Do you currently smoke or use smokeless tobacco, vape or electronic cigarettes ( ___ packs/day)	Yes	Yes	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	Yes
Treatment with steroids, immunosuppressive or cancer (cytotoxic) drugs	Yes	Yes	Yes
Eye, nose, and throat irritation	Yes	Yes	Yes

EXAM ELEMENT	BASE	PERI	TERM
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	Yes
Shortness of breath	Yes	Yes	Yes
Cough, other than with colds, flu or allergies	Yes	Yes	Yes
Coughing up blood (hemoptysis)	Yes	Yes	Yes
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	Yes
Exposure to skin irritants	Yes	Yes	Yes
Past and current exposure to respiratory sensitizers (occupational and non-occupational)	Yes	Yes	Yes
Allergies (asthma, hay fever, eczema)	Yes	Yes	Yes
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	Yes	Yes
RBC	Yes	Yes	Yes
WBC	Yes	Yes	Yes
HGB	Yes	Yes	Yes
MCV	Yes	Yes	Yes
MCH	Yes	Yes	Yes
MCHC	Yes	Yes	Yes
Neutrophils	Yes	Yes	Yes
Lymphocytes	Yes	Yes	Yes
Monocytes	Yes	Yes	Yes
Eosinophils	Yes	Yes	Yes
Basophils	Yes	Yes	Yes
BUN	Yes	Yes	Yes
Creatinine	Yes	Yes	Yes
AST	Yes	Yes	Yes
ALT	Yes	Yes	Yes
Bilirubin, Total	Yes	Yes	Yes
Alkaline phosphatase	Yes	Yes	Yes
Total protein	Yes	Yes	Yes
LDH	Yes	Yes	Yes
Urine Ph	Yes	Yes	Yes
Urine specific gravity	Yes	Yes	Yes
Urine urobilinogen	Yes	Yes	Yes
Urine protein	Yes	Yes	Yes
Urine glucose	Yes	Yes	Yes
Urine ketones	Yes	Yes	Yes
Urine blood	Yes	Yes	Yes
Spirometry (FVC, FEV1, FEV1/FVC)	Yes	Yes	Yes
Respiratory system	Yes	Yes	Yes
Skin (rash, erosion, ulcer, pigment, eczema, etc.)	Yes	Yes	Yes

**PROGRAM DESCRIPTION:**

The medical surveillance action level (MSAL) is the level of worker exposure, determined by workplace sampling, at or above which occupational medical surveillance examinations

RESPIRATORY SENSITIZERS (COAST GUARD) (911)

will be performed. The Coast Guard (CG) MSAL will be 50% of the most stringent of the current OSHA permissible exposure limit (PEL), or the most current American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Value (TLV). The CG MSALs for formaldehyde, toluene diisocyanate, and vanadium, are based on the ACGIH threshold limit values. See reference (1).

Enrollment in this program is required for all personnel who are or may be exposed to any identified respiratory sensitizer at or above the MSAL, as defined in Chapter 12-A-2 of reference(1), for 30 or more days per year. In the CG, exposure to respiratory sensitizers is primarily associated with industrial operations, although some marine inspection activities may also lead to exposures.

The examination portion of this program is to be performed by a licensed medical officer.

**PROVIDER COMMENTS:**

The Occupational Medicine Surveillance and Evaluation Program coordinator must provide the examining Medical Officer with:

- (1) A description of the employee's duties as they relate to the employee's exposure.
- (2) The employee's exposure level or anticipated exposure level to any respiratory sensitizers.
- (3) A description of any personal protective equipment used or to be used, including any respirators.

In the event that the employee is not required to wear a respirator and the history and routine laboratory tests are unremarkable, the Medical Officer may determine that a complete physical examination is not required. Otherwise, at a minimum, a system specific physical examination with attention to the respiratory system must be completed. Pulmonary status must be evaluated if respiratory protection is used. (see Chapter 12-C-9).

If the worker uses a respirator, he or she should also participate in the Respirator User Certification Exam (Matrix Program 716).

**REFERENCE:**

1. COMDTINST M6000.1F

**REVIEWED:** January 2017

**SUBMARINE DUTY**

717

**Program Frequency:** \*

<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
*See Medical Matrix for more information	Yes	*	Yes

**PROGRAM DESCRIPTION:**

This program is designated solely to provide guidance on scheduling frequency. Disqualifying conditions, tests, and forms required are promulgated in Manual of the Medical Department, NAVMED P-117, Chapter 15, Article 15-106, Change 126 for Submarine Qualified Military, and in OPNAVINST 6420.1, 22 Dec 2005 for Non-submarine Qualified Military, all civilians, governmental and contractor employees, and military dependents. (Reference (b) of OPNAVINST 6420.1 is no longer current). Women aboard submarines, if pregnant, may have specific health issues that are discussed in NMCPHC Technical Manual NMCPHC-TM-OEM 6260.01C, Reproductive and Developmental Hazards: A Guide for Occupational Health Professionals.

**PROVIDER COMMENTS:**

Active Duty Submarine Duty Candidates and Submarine Qualified—the exam is given in accordance with MANMED article 15-106 and must be reviewed and signed by a UMO.

Cruises of Short Duration (such as builder’s trials and tests of submarine equipment) have the following requirements for on-submarine Qualified Military, all civilians, governmental and contractor employees, and military dependents.

1. Enclosure (1) of OPNAVINST 6420.1 must be completed.
2. The completed OPNAVINST 6420.1 enclosure (1) and the medical record must be reviewed by a submarine duty Independent Duty Corpsman (IDC) or Undersea Medical Officer (UMO) to determine suitability to embark on a submarine. Enclosure 2 of OPNAVINST 6420.1 provides guidance to determine qualification to embark on a submarine.
3. A UMO must make the final determination of qualification to embark utilizing the guidelines in enclosure (2) of OPNAVINST 6420.1.
4. If the UMO determines additional medical evaluation is required to clear the individual for embarkation, the civilian or his/her employer will be responsible for obtaining the required medical consultation and forwarding it to the screening UMO in a timely manner.

Cruises of Long Duration or Forward Deployed have the following requirements.

1. A physical exam must be completed within 12 months of the anticipated embarkation date certifying that the individual meets the requirements of enclosure (2) of OPNAVINST 6420.1.
2. An interview and review of the individual’s health record must be documented using enclosure (3) of OPNAVINST 6420.1.

3. A UMO shall make the final recommendation concerning the individual's fitness for embarkation. Completion of enclosure (1) of OPNAVINST 6420.1 is required within 1 month of scheduled embarkation.

4. A health record review by the Submarine Independent Duty Corpsman must be performed upon embarkation.

NOTE: The responsibility for ensuring that each individual to be embarked on submarines for extended periods has received an appropriate physical examination rests with the command issuing the travel orders. Military non-submarine and civilian employees of the government should be examined by the command to which the individual is attached prior to commencement of travel to embarkation location. If medical examinations are ordered or offered to civilian employees of the government, the activity must follow procedures established by reference (4). Other civilian or non-governmental personnel should be examined by their company-designated physician or, if that is not appropriate, by their personal physician prior to reporting for embarkation. The examination shall utilize enclosure (2) of OPNAVINST 6420.1, and phone consultation with the local ISIC UMO as applicable.

Program Frequency:

For Active Duty accessions to submarine duty or submarine qualified: upon initial application and subsequently every 5 years.

For Non-submarine Qualified Military, all civilians, governmental and contractor employees, and military dependents:

prior to embarkation on a submarine.

**REFERENCE:**

1. [Manual of the Medical Department, US Navy, NAVMED P -117 Chapter 15](#)
2. [OPNAVINST 6420.1 Physical Requirements for Non-Submarine Personnel Embarked in Submarines Please note that Reference \(b\) CPI 339 is not longer current. However the OPNAVINST 6420.1 is still current.](#)
3. [NMCPHC Technical Manual NMCPHC-TM-OEM 6260.01C, Reproductive and Developmental Hazards: A Guide for Occupational Health Professionals](#)
4. [5 CFR 339.202.](#)
5. [NAVMED P-117, Chapter 15](#)
6. [OPNAVINST 6420.1](#)
7. [Reproductive and Developmental Hazards: A Guide for Occupational Health Professionals](#)

**REVIEWED:** April 2011

**WASTEWATER/SEWAGE WORKER**

**702**

<b>EXAM ELEMENT</b>	<b>Program Frequency:</b>		
	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	No	No
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	No	No
Current medication use (prescription or over the counter)	Yes	No	No
Skin disease, rash, erosion, ulcer, eczema, pigmentation abnormality or other skin abnormality	Yes	No	No
Td (Tdap once)	Yes	No	No
Hep A, typhoid, polio vaccinations OCONUS only per local recommendations	Yes	No	No

**PROGRAM DESCRIPTION:**

Wastewater/sewage workers should be immunized for tetanus and diphtheria, and immunization for seasonal influenza is encouraged. Current CDC recommendations do not support hepatitis A vaccination for sewage workers.

Workers should be advised to get a booster Td at least every 10 years.

**PROVIDER COMMENTS:**

As polio has been eradicated from the Americas, Europe, South East Asia, and the Western Pacific, and (as of April 2018) only exists in Afghanistan, Pakistan, and Nigeria, it is no longer considered an occupational hazard CONUS and in most places OCONUS.

**REFERENCE:**

1. [NAVMED P-5010-7, Manual of Naval Preventive Medicine; Wastewater Treatment and Disposal, Ashore and Afloat](#)
2. [BUMEDINST 6230.15A, Immunizations and Chemoprophylaxis](#)
3. DHHS (NIOSH) Publication Number 2002-149, Guidance For Controlling Potential Risks To Workers Exposed to Class B Biosolids.
4. [OSHA. Guidelines for Safely Entering and Cleaning Vessel Sewage Tanks. OSHA Fact Sheet. DSG FS-3587. March 2013.](#)
5. [CDC. Guidance for Controlling Potential Risks to Workers Exposed to Class B Biosolids. July 2002.](#)
6. [CDC. Guidance for Reducing Health Risks to Workers Handling Human Waste or Sewage. Global Water, Sanitation, & Hygiene \(WASH\). December 17, 2015.](#)

**REVIEWED:** May 2020

**WEIGHT HANDLING EQUIPMENT (MANAGEMENT OF)**

**704**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>		
Crane operators				
	<b>Program Frequency:</b>	2 years		
	<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No	
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No	
Has anything about your health status changed since your last occupational health examination	Yes	Yes	No	
Have any medications changed since your last occupational health examination	Yes	Yes	No	
Current medication use (prescription or over the counter)	Yes	Yes	No	
Heart disease, high blood pressure, stroke or circulation problems	Yes	Yes	No	
Change or loss of vision in either eye	Yes	Yes	No	
Lung or respiratory disease (ex: asthma, COPD, bronchitis, pneumonia, asbestosis, silicosis, pneumothorax / collapsed lung)	Yes	Yes	No	
Chest pain, angina, heart attack, irregular heart beat (arrhythmia), palpitation, or other heart problem	Yes	Yes	No	
Head injury	Yes	Yes	No	
Headache, dizziness, light headedness, weakness	Yes	Yes	No	
Migraine headache	Yes	Yes	No	
Epilepsy or seizures	Yes	Yes	No	
Repeated episodes of loss of or near loss of consciousness	Yes	Yes	No	
Problems with balance or coordination	Yes	Yes	No	
Numbness, tingling, or weakness in hands or feet	Yes	Yes	No	
Sleep disorder, breathing pauses while sleeping, sleep apnea, loud snoring, insomnia, daytime sleepiness	Yes	Yes	No	
Mental or emotional illness	Yes	Yes	No	
Depression, difficulty concentrating, excessive anxiety	Yes	Yes	No	
Personality or behavior change	Yes	Yes	No	
Do you take any prescribed or unprescribed stimulants besides caffeine	Yes	Yes	No	
Do you take any prescribed or unprescribed habit-forming drug	Yes	Yes	No	
Diabetes (sugar disease) or other endocrine disorder (thyroid, parathyroid, pituitary, adrenal gland)	Yes	Yes	No	
Muscle or joint problems, rheumatism, or arthritis	Yes	Yes	No	
Urine Ph	Yes	Yes	No	
Urine specific gravity	Yes	Yes	No	
Urine protein	Yes	Yes	No	
Urine glucose	Yes	Yes	No	
Urine blood	Yes	Yes	No	
Audiogram (non-HCP)	Yes	Yes	No	

EXAM ELEMENT	BASE	PERI	TERM
Vision screen (visual acuity)	Yes	Yes	No
Color vision (RGY)	Yes	Yes	No
Color vision	Yes	Yes	No
Peripheral vision	Yes	Yes	No
Eyes (EOM)	Yes	Yes	No
Ears (tympanic membranes)	Yes	Yes	No
Cardiovascular system	Yes	Yes	No
Respiratory system	Yes	Yes	No
Abdomen	Yes	Yes	No
Check for inguinal or femoral hernia	Yes	Yes	No
Back & musculoskeletal system	Yes	Yes	No
Extremities	Yes	Yes	No
Neurological exam	Yes	Yes	No
Completion of OPNAV 8020/6	Yes	Yes	No

**PROGRAM DESCRIPTION:**

For many years, this program was noted to be aimed at crane operators, railroad engineers, brakemen, riggers, and climbers. The provisions of Reference (1) were never to have included anyone but crane operators. Railroad workers are covered under the provisions of NAVSUP P-300 and the portions of the Code of Federal Regulations dealing with the Federal Rail Administration. These are provisions addressed in the Motor Vehicle Operator, Other Than DOT physical exam (#712). Riggers and climbers have no specific regulatory requirement for fitness for duty physical examination.

A physical examination by a licensed health care professional is required. The examination shall be in accordance with the criteria established in U.S. Department of Transportation, Federal Highway Administration, Motor Carrier Safety Regulation, 49 CFR 391, Sections 41-43. (Where the term “motor vehicle” is referenced in 49 CFR 391, it shall mean “crane.”)

Waivers for previously qualified operators are authorized by activity Commanding Officers after appropriate medical and management review. Normally, waivers are not granted for applicants that have never been previously qualified.

Contractors must be qualified under these same medical standards if they are operating cranes owned by the Navy (medical surveillance will not be completed by the Navy unless so stated in the Crane Operator’s contract).

Physical qualifications are contained in Federal Motor Carrier Safety Regulations, U. S. Department of Transportation, Federal Highway Administration, 49 CFR 391.41-49.

**PROVIDER COMMENTS:**

Any limitations imposed by reason of physical defects shall be noted on the operator’s license and license record in the “Restrictions” portion of the license, and the narrative explanation and special tests may be recorded on the SF-600.

OPNAV 8020/6 should be used to certify qualified operators (mark "C").

**REFERENCE:**

1. [NAVFAC P-307, Management of Weight Handling Equipment](#)
2. [U.S. Department of Transportation; 49 CFR 391.41-49.](#)
3. [Federal Motor Carrier Safety Administration FAQs.](#)
4. [Hartenbaum, N. The DOT Medical Examination, OEM Press, Boston, MA 2010.](#)
5. [OPNAV 8020/6](#)

**REVIEWED:** January 2023

**WELDERS/BRAZIERS/NON-DESTRUCTIVE INSPECTION TECHS**

**708**

<b>STRESSOR(S) IN THIS PROGRAM:</b>	<b>NIOSH#</b>	<b>CAS#</b>		
UV light				
	<b>Program Frequency:</b>	Annual		
	<b>EXAM ELEMENT</b>	<b>BASE</b>	<b>PERI</b>	<b>TERM</b>
Do you currently have any limitations/restrictions to your job duties?	Yes	Yes	No	
Have you had any limitations/restrictions or been placed on “light duty” since your last Occupational Health Exam?	Yes	Yes	No	
Has anything about your health status changed since your last occupational health examination	No	Yes	No	
Have any medications changed since your last occupational health examination	Yes	Yes	No	
Current medication use (prescription or over the counter)	Yes	Yes	No	
Change or loss of vision in either eye	Yes	Yes	No	
Cataracts	Yes	Yes	No	
Eye irritation or blurred vision	Yes	Yes	No	
Eye injury	Yes	Yes	No	
Vision screen (near or intermediate visual acuity)	Yes	Yes	No	
Color vision	Yes	Yes	No	
Eyes	Yes	Yes	No	

**PROGRAM DESCRIPTION:**

The NAVSEA vision requirements for welders were combined with the exposure recommendations from OSHA and NIOSH on metal fumes to create this exam.

This program is focused toward medical certification of welders, brazers, and non-destructive inspection techs. The physical looks for the potential UV effects experienced by welders, as well as documenting that they have adequate visual acuity and color perception to adequately evaluate welds.

Reference (2) pertains to Non-destructive Inspection Technicians working in NAVAIR facilities. That group of workers only has the visual acuity and color testing requirements of the exam to qualify for the work. They may also be enrolled in the ionizing radiation stressor program, as a result of working with radioactive sources for non-destructive radiographic inspection of welds.

**PROVIDER COMMENTS:**

Near visual acuity must be 20/25 or better in one eye, with or without correction. Also, color perception criteria notes the welder must be able to distinguish silver, straw, light blue, dark blue, purple, and gray.

If the candidate or worker does not pass the color vision screening exam, then a functional exam by the supervisor should be done.

**REFERENCE:**

1. NAVSEA TM-S9074-AQ-GIB-010/248, Requirements for Welding and Brazing Procedures and Performance Qualification
2. [COMNAVAIRFORINST 4790.2 \(current\), Naval Aviation Maintenance Program.](#)

**REVIEWED:** May 2020

Chapter 15:

C15. Provider Opinion Letters

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From: \_\_\_\_\_

To: Supervisor, \_\_\_\_\_ (dept/code)

Subj: PHYSICIAN'S/PROVIDER'S WRITTEN OPINION in the case of

(Name)	(Last 4 ID #)	(Dept/Code)

1. The above noted individual was monitored and/or examined according to 29 CFR 1910.1018 regarding **inorganic arsenic** on \_\_\_\_\_ (date). On the basis of this examination the following comments are submitted.
  - a. A medical condition WAS / WAS NOT detected that would place the employee at increased risk of material impairment of the employee's health from exposure to inorganic arsenic.
  - b. Limitations on this employee's exposure to inorganic arsenic or use of personal protective equipment such as clothing or respirators ARE / ARE NOT recommended, as noted below.

--

2. The employee has been informed by the physician of the results of the medical examination and any medical conditions which require further explanation or treatment.

--	--

(examiner's signature and stamp)

(date)

Original: Employer  
Copies: Employee  
Medical record  
Cognizant Industrial Hygienist (if indicated)

FOR OFFICIAL USE ONLY - Privacy Sensitive  
Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

From: \_\_\_\_\_

To: Supervisor, \_\_\_\_\_ (dept/code)

Subj: PHYSICIAN'S/PROVIDER'S WRITTEN OPINION in the case of

(Name)	(Last 4 ID #)	(Dept/Code)

1. The above noted individual was monitored and/or examined according to 29 CFR 1910.1001 regarding **asbestos** on \_\_\_\_\_ (date). On the basis of this examination the following comments are submitted.
  - a. A medical condition WAS / WAS NOT detected that would place the employee at an increased risk of material health impairment of the employee's health from exposure to asbestos, tremolite, anthophyllite, or actinolite.
  - b. Limitations on this employee's use of personal protective equipment such as clothing or respirators ARE / ARE NOT recommended, as noted below.

--

- c. The following results from the medical examination and tests may be related to occupational exposures.

--

2. The employee has been informed of the results of this medical evaluation and of any medical conditions resulting from asbestos exposure that require further evaluation or treatment.
3. The employee has been informed by the physician of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

--	--

(examiner's signature and stamp)

(date)

Original: Employer  
Copies: Employee  
Medical record  
Cognizant Industrial Hygienist (if indicated)

FOR OFFICIAL USE ONLY - Privacy Sensitive  
Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

From: \_\_\_\_\_

To: Supervisor, \_\_\_\_\_ (dept/code)

Subj: PHYSICIAN'S/PROVIDER'S WRITTEN OPINION in the case of

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(Name)

(Last 4 ID #)

(Dept/Code)

1. The above noted individual was monitored and/or examined according to 29 CFR 1910.1028 regarding occupational exposure to **benzene** on \_\_\_\_\_ (date). On the basis of this examination the following comments are submitted.
  - a. A medical condition WAS / WAS NOT detected that would place the employee at an increased risk of material impairment of the employee's health from exposure to benzene.
  - b. Special protective measures recommended to be provided to the employee, or limitations to be placed upon the employee's exposure to benzene, are the following, if any (NONE).

--

- c. Limitations ARE / ARE NOT recommended on this individual's exposure or use of respirators, protective clothing or equipment.
2. The employee has been counseled regarding the results of this medical evaluation and of any medical conditions resulting from benzene exposure that require further evaluation or treatment.

--	--

(examiner's signature and stamp)

(date)

Original: Employer  
Copies: Employee  
Medical record  
Cognizant Industrial Hygienist (if indicated)

FOR OFFICIAL USE ONLY - Privacy Sensitive  
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Subj: PHYSICIAN'S/PROVIDER'S WRITTEN OPINION TO THE EMPLOYEE in the case of

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(Name)

(Last 4 ID #)

(Dept/Code)

1. You were monitored and examined according to 29 CFR 1910.1024 for **beryllium occupational medical surveillance** on \_\_\_\_\_ (date).
2. The following medical conditions that may place you at increased risk from further airborne exposure to beryllium were detected, as marked.
  - a. Beryllium sensitization as determined by a confirmed positive beryllium lymphocyte proliferation test (BeLPT)
  - b. Chronic beryllium disease (CBD)
  - c. Other condition: \_\_\_\_\_
  - d. None of the above
3. The following medical conditions related to airborne exposure to beryllium that require further evaluation or treatment were detected, as marked.
  - a. Beryllium sensitization (confirmed positive BeLPT)
  - b. CBD
  - c. Other condition: \_\_\_\_\_
  - d. None of the above
4. Because of the above findings, the Occupational Safety & Health Administration (OSHA) requires the following marked recommendations and referrals. (OSHA requires them to be made; you are free to follow any or all of them, and you will not be responsible for payment.)
  - a. Continued periodic medical surveillance
  - b. Medical removal from airborne exposure to beryllium
  - c. Referral for an evaluation at the following CBD diagnostic center.<sup>1</sup>

--

- d. Although you were neither found to have a confirmed positive BeLPT nor diagnosed with CBD, on the basis of my recommendation, you are being referred for an evaluation at the above CBD diagnostic center. (You will not be responsible for payment.)
    - e. None of the above.
5. The following limitations on your use of respirators, protective clothing, or equipment, or limitations on airborne exposure to beryllium are recommended, as noted.
  - a. Limitations:

--

- b. No limitations

--	--

(physician's signature and stamp)

(date)

Original: Employee  
Copy: Medical record

<sup>1</sup> After you have received the initial clinical evaluation at a CBD diagnostic center, you may choose to have any subsequent medical examinations for which you are eligible under the beryllium standard performed at a CBD diagnostic center mutually agreed upon by you and the Navy, and the Navy must provide such examinations at no cost to you.

From: \_\_\_\_\_

To: Supervisor, \_\_\_\_\_ (dept/code)

Subj: PHYSICIAN'S WRITTEN OPINION in the case of

(Name)	(Last 4 ID #)	(Dept/Code)

1. The above noted individual was monitored and examined according to 29 CFR 1910.1024 regarding **beryllium** on \_\_\_\_\_ (date). On the basis of this examination the following comments are submitted.
  - a. The diagnosis is beryllium occupational medical surveillance examination.
  - b. Any removal from, or limitations on the activities or duties of the employee or on this employee's use of respirators, protective clothing, or equipment **ARE / AREN'T** recommended, as noted below.

--

2. The following recommendations are included only as authorized by the employee, as indicated by the employee's initials.

Employee authorization (initials)	Recommendation	Marked only if authorized by employee
	Limitations on airborne exposure to beryllium as follows:	YES / NO
	Continued periodic medical surveillance	YES / NO
	Medical removal from airborne exposure to beryllium	YES / NO
	Referral to CDB diagnostic center	YES / NO

3. I have clearly and carefully explained to the employee the results of the medical examination, including any tests conducted, any medical conditions related to airborne beryllium exposure that require further evaluation or treatment, and any special provisions for use of personal protective clothing or equipment.

--	--

(examiner's signature and stamp)

(date)

Original: Employer  
Copies: Employee  
Medical record  
Cognizant Industrial Hygienist (if indicated)

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Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

From: \_\_\_\_\_

To: Supervisor, \_\_\_\_\_ (dept/code)

Subj: HEALTH CARE PROFESSIONAL'S WRITTEN OPINION in the case of

(Name)	(Last 4 ID #)	(Dept/Code)

1. The above noted individual was evaluated according to 29 CFR 1910.1030 regarding **blood and/or body fluids** on \_\_\_\_\_ (date). On the basis of this screening, the following comments are submitted.
  - a. Hepatitis B vaccination IS / IS NOT recommended for this employee (not considering current immune status but considering contraindications and occupational exposures).
  - b. This employee HAS / HAS NOT received hepatitis B vaccination.
2. The employee has been informed of the results of this evaluation and about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(screener's signature)	(date)

Original: Employer  
 Copies: Employee  
 Medical record  
 Cognizant Industrial Hygienist (if indicated)

Controlled by: Department of the Navy  
 Controlled by: Navy and Marine Corps Public Health Center  
 CUI Category: HLTH  
 Distribution/Dissemination Control: FEDCON  
 POC: usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-pcmatrixhelp@health.mil

From: \_\_\_\_\_

To: Supervisor, \_\_\_\_\_ (dept/code)

Subj: PHYSICIAN'S/PROVIDER'S WRITTEN OPINION in the case of

(Name)	(Last 4 ID #)	(Dept/Code)

1. The above noted individual was monitored and/or examined according to 29 CFR 1910.1051 regarding **butadiene** on \_\_\_\_\_ (date). On the basis of this examination the following comments are submitted.
  - a. A medical condition WAS / WAS NOT detected that would place the employee at an increased risk of material health impairment of the employee's health from exposure to butadiene.
  - b. Limitations on this employee's exposure to butadiene or use of personal protective equipment such as clothing or respirators ARE / ARE NOT recommended, as noted below.

--

- c. The following results from the medical examination and tests may be related to occupational exposures.

--

2. The employee has been informed of the results of this medical evaluation and of any medical conditions resulting from butadiene exposure that require further explanation or treatment.

--	--

(examiner's signature and stamp)

(date)

Original: Employer  
Copies: Employee  
Medical record  
Cognizant Industrial Hygienist (if indicated)

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Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

From: \_\_\_\_\_

To: Supervisor, \_\_\_\_\_ (dept/code)

Subj: PHYSICIAN'S/PROVIDER'S WRITTEN OPINION in the case of

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(Name)

(Last 4 ID #)

(Dept/Code)

1. The above noted individual was monitored and/or examined according to 29 CFR 1910.1027 regarding **cadmium** on \_\_\_\_\_ (date). On the basis of this examination the following comments are submitted.
  - a. The diagnosis is cadmium occupational medical surveillance examination.
  - b. A medical condition WAS / WAS NOT detected that would place the employee at an increased risk of material health impairment of the employee's health from further exposure to cadmium, including any indications of potential cadmium toxicity.
  - c. Any removal from, or limitations on the activities or duties of the employee or on this employee's use of personal protective equipment such as clothing or respirators recommended, as noted below.

--

- d. The following are the results from the medical examination and any biological or other testing or related evaluations that directly assess the employee's absorption of cadmium.

--

2. I have clearly and carefully explained to the employee the results of the medical examination, including all biological monitoring results and any medical conditions related to cadmium exposure that require further evaluation or treatment, and any limitation on the employee's diet or use of medications..

--	--

(examiner's signature and stamp)

(date)

Original: Employer  
Copies: Employee  
Medical record  
Cognizant Industrial Hygienist (if indicated)

FOR OFFICIAL USE ONLY - Privacy Sensitive  
Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

From: \_\_\_\_\_

To: Supervisor, \_\_\_\_\_ (dept/code)

Subj: PHYSICIAN'S/PROVIDER'S WRITTEN OPINION in the case of

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(Name)

(Last 4 ID #)

(Dept/Code)

1. The above noted individual was monitored and/or examined according to 29 CFR 1910.1026 regarding **chromium** on \_\_\_\_\_ (date). On the basis of this examination the following comments are submitted.
  - a. The diagnosis is chromium occupational medical surveillance examination.
  - b. A medical condition WAS / WAS NOT detected that would place the employee at increased risk of material impairment to health from further exposure to chromium (VI).
  - c. Any removal from, or limitations on the activities or duties of the employee or on this employee's use of personal protective equipment such as respirators ARE / ARE NOT recommended, as noted below.

--

2. I have clearly and carefully explained to the employee the results of the medical examination, including all biological monitoring results and any medical conditions related to chromium exposure that require further evaluation or treatment, and any special provisions for use of protective clothing or equipment.

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(examiner's signature and stamp)

(date)

Original: Employer  
Copies: Employee  
Medical record  
Cognizant Industrial Hygienist (if indicated)

FOR OFFICIAL USE ONLY - Privacy Sensitive  
Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

From: \_\_\_\_\_

To: Supervisor, \_\_\_\_\_ (dept/code)

Subj: PHYSICIAN'S/PROVIDER'S WRITTEN OPINION in the case of

(Name)	(Last 4 ID #)	(Dept/Code)

1. The above noted individual was monitored and/or examined according to 29 CFR 1910.1001 regarding **ethylene oxide (EtO)** on \_\_\_\_\_ (date). On the basis of this examination the following comments are submitted.
  - a. A medical condition WAS / WAS NOT detected that would place the employee at an increased risk of material health impairment of the employee's health from exposure to ethylene oxide.
  - b. Limitations on this employee's use of personal protective equipment such as clothing or respirators ARE / ARE NOT recommended, as noted below.

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- c. The following results from the medical examination and tests may be related to occupational exposures.

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2. The employee has been informed of the results of this medical evaluation and of any medical conditions resulting from ethylene oxide exposure that require further explanation or treatment.

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(examiner's signature and stamp)

(date)

Original: Employer  
Copies: Employee  
Medical record  
Cognizant Industrial Hygienist (if indicated)

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From: \_\_\_\_\_

To: Supervisor, \_\_\_\_\_ (dept/code)

Subj: PHYSICIAN'S/PROVIDER'S WRITTEN OPINION in the case of

(Name)	(Last 4 ID #)	(Dept/Code)

1. The above noted individual was monitored and/or examined according to 29 CFR 1910.1001 regarding **formaldehyde** on \_\_\_\_\_ (date). On the basis of this examination the following comments are submitted.
  - a. A medical condition WAS / WAS NOT detected that would place the employee at an increased risk of material health impairment of the employee's health from exposure to formaldehyde.
  - b. Limitations on this employee's use of personal protective equipment such as clothing or respirators ARE / ARE NOT recommended, as noted below.

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- c. The following results from the medical examination and tests may be related to occupational exposures.

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2. The employee has been informed of the results of this medical evaluation and of any medical conditions which would be aggravated by exposure to formaldehyde, whether these conditions may have resulted from past formaldehyde exposure or from exposure in an emergency, and whether there is a need for further examination or treatment.

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(examiner's signature and stamp)

(date)

Original: Employer  
Copies: Employee  
Medical record  
Cognizant Industrial Hygienist (if indicated)

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From: \_\_\_\_\_

To: Supervisor, \_\_\_\_\_ (dept/code)

Subj: PHYSICIAN'S/PROVIDER'S WRITTEN OPINION in the case of

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(Name)

(Last 4 ID #)

(Dept/Code)

1. The above noted individual was monitored and/or examined according to 29 CFR 1910.120 regarding **hazardous waste operations or emergency response** on \_\_\_\_\_ (date). On the basis of this examination the following comments are submitted.
  - a. The diagnosis is hazardous waste operations or emergency response occupational medical surveillance examination.
  - b. A medical condition WAS / WAS NOT detected that would place the employee at increased risk of material impairment of the employee's health from work in hazardous waste operations or emergency response, or from respirator use. Comments (if applicable):
  - c. Any limitations upon the employee's assigned work ARE / ARE NOT recommended, as noted below.

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- d. If requested by the employee, the results of the medical examination and tests are noted below.

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2. I have clearly and carefully explained to the employee the results of the medical examination, and any medical conditions that require further examination or treatment.

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(examiner's signature and stamp)

(date)

Original: Employer  
Copies: Employee  
Medical record  
Cognizant Industrial Hygienist (if indicated)

FOR OFFICIAL USE ONLY - Privacy Sensitive  
Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

From: \_\_\_\_\_

To: Supervisor, \_\_\_\_\_ (dept/code)

Subj: PHYSICIAN'S/PROVIDER'S WRITTEN OPINION in the case of

(Name)	(Last 4 ID #)	(Dept/Code)

1. The above noted individual was monitored and/or examined according to 29 CFR 1910.1025 regarding occupational exposure to **lead** on \_\_\_\_\_ (date). On the basis of this examination the following comments are submitted.
  - a. A medical condition WAS / WAS NOT detected that would place the employee at an increased risk of material impairment of the employee's health from exposure to lead.
  - b. Special protective measures recommended to be provided to the employee, or limitations to be placed upon the employee's exposure to lead, are the following, if any (NONE).

- c. Limitations ARE / ARE NOT recommended on this individual's exposure or use of respirators, including the following.
    - i. The employee CAN / CANNOT wear a negative pressure respirator.
    - ii. The employee CAN / CANNOT wear a powered air purifying respirator (PAPR).
2. The blood lead level was determined to be \_\_\_\_\_.
3. The employee has been counseled regarding the results of this medical evaluation and of any medical conditions resulting from lead exposure that require further evaluation or treatment.

(examiner's signature and stamp)	(date)

Original: Employer  
Copies: Employee  
Medical record  
Cognizant Industrial Hygienist (if indicated)

FOR OFFICIAL USE ONLY - Privacy Sensitive  
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From: \_\_\_\_\_

To: Supervisor, \_\_\_\_\_ (dept/code)

Subj: PHYSICIAN'S/PROVIDER'S WRITTEN OPINION in the case of

(Name)	(Last 4 ID #)	(Dept/Code)

1. The above noted individual was monitored and/or examined according to 29 CFR 1910.1052 regarding **methylene chloride (MC)** on \_\_\_\_\_ (date). On the basis of this examination the following comments are submitted.
  - a. Exposure to MC MAY / IS UNLIKELY TO contribute to or aggravate the employee's existing cardiac, hepatic, neurological (including stroke) or dermal disease
  - b. A medical condition WAS / WAS NOT detected that would place the employee at an increased risk of material health impairment of the employee's health from exposure to MC.
  - c. Limitations on this employee's exposure to MC or on the employee's use of personal protective equipment such as clothing or respirators ARE / ARE NOT recommended, as noted below.

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- d. The following results from the medical examination and tests may be related to occupational exposures.

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2. The employee has been informed that MC is a potential occupational carcinogen, of risk factors for heart disease and the potential for exacerbation of underlying heart disease by exposure to MC through its metabolism to carbon monoxide, and of the results of this medical evaluation and of any medical conditions resulting from MC exposure that require further explanation or treatment.

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(examiner's signature and stamp)

(date)

Original: Employer  
Copies: Employee  
Medical record  
Cognizant Industrial Hygienist (if indicated)

From: \_\_\_\_\_

To: Supervisor, \_\_\_\_\_ (dept/code)

Subj: PHYSICIAN'S/PROVIDER'S WRITTEN OPINION in the case of

(Name)	(Last 4 ID #)	(Dept/Code)

1. The above noted individual was monitored and/or examined according to 29 CFR 1910.1001 regarding **methylenedianiline (MDA)** on \_\_\_\_\_ (date). On the basis of this examination the following comments are submitted.
  - a. A medical condition WAS / WAS NOT detected that would place the employee at an increased risk of material health impairment of the employee's health from exposure to methylenedianiline.
  - b. Limitations on this employee's use of personal protective equipment such as clothing or respirators ARE / ARE NOT recommended, as noted below.

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- c. The following results from the medical examination and tests may be related to occupational exposures.

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2. The employee has been informed of the results of this medical evaluation and of any medical conditions resulting from methylenedianiline exposure that require further explanation or treatment.

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(examiner's signature and stamp)

(date)

Original: Employer  
Copies: Employee  
Medical record  
Cognizant Industrial Hygienist (if indicated)

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NOTICE OF SIGNIFICANT THRESHOLD SHIFT

Name	(Last 4 ID #)	Dept/Code

Ref: (a) 29 CFR 1910.95

1. The results of the hearing test provided to you as part of the Navy Hearing Conservation Program indicate that you may have suffered deterioration in your hearing sensitivity. This condition is referred to as a Significant Threshold Shift (STS). Because of the test results, you have been or will be scheduled for one or more hearing tests to confirm the findings. Also, you may be given a medical examination to determine the probable cause of the STS. This written notification is presented under the requirements of reference (a).
2. Audiometric technicians have provided you with properly fitted hearing protection devices and given you a reindoctrination of the Hearing Conservation Program requirements. In addition, the following steps have been taken in response to your change in hearing:

\_\_\_\_\_ Follow-up Audiogram(s)

\_\_\_\_\_ Medical Consultation

\_\_\_\_\_ Referral to Audiologist

\_\_\_\_\_ Other:

3. In order to preserve your hearing, it is very important that you wear your hearing protection at all times when in areas identified as noise hazardous or in the vicinity of noise hazardous tools, weapons or operations.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION:

(patient's signature)	(date)

(Audiometric Technician's Signature and Stamp)	(date)

Original: Employer  
Copies: Employee  
Medical record  
Cognizant Industrial Hygienist (IH) (if indicated)

FOR OFFICIAL USE ONLY - Privacy Sensitive  
Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

From: \_\_\_\_\_

To: Supervisor, \_\_\_\_\_ (Dept. / Code)

Subj: PHYSICIAN'S WRITTEN OPINION in the case of

(Name)	(Last 4 ID #)	(Dept. / Code)

1. The above noted individual was monitored and examined according to 29 CFR 1910.1053 regarding **crystalline silica** on \_\_\_\_\_ (Date). On the basis of this examination the following comments are submitted.
  - a. The diagnosis is crystalline silica occupational medical surveillance examination.
  - b. Limitations on this employee's use of respirators \_\_\_\_\_ recommended, as noted below.

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2. The following recommendations are included only as authorized by the employee, as indicated by the employee's initials.

Employee authorization (initials)	Recommendation	Circled only if authorized by employee
	Limitations on exposure to respirable crystalline silica as follows:	
	Referral to an Occupational Medicine or Pulmonary specialist (because the B-reading is classified as 1/0 or higher or for other reason)	

3. I have clearly and carefully explained to the employee the results of the medical examination.

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(Examiner's signature and stamp)

(Date)

Original: Employer  
Copies: Employee  
Medical record  
Cognizant Industrial Hygienist (if indicated)

FOR OFFICIAL USE ONLY - Privacy Sensitive

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Subj: PHYSICIAN'S WRITTEN OPINION TO THE EMPLOYEE in the case of

(Name)	(Last 4 ID #)	(Dept. / Code)

1. You were monitored and examined according to 29 CFR 1910.1053 for **to crystalline silica medical surveillance** on \_\_\_\_\_ (Date).
2. The following medical conditions may place you at increased risk from further airborne exposure to respirable crystalline silica, as checked.
  - a. Condition: \_\_\_\_\_
  - b. None
3. The following medical conditions require further evaluation or treatment were detected, as checked.
  - a. Condition: \_\_\_\_\_
  - b. None
4. The following limitations on your use of respirators are recommended, as checked and noted.
  - a. Limitations:
  - b. No limitations
5. Because the chest X-ray (called a "B-reading") is classified as 1/0 or higher or for other reason, you should be examined by an Occupational Medicine or Pulmonary specialist.
  - a. Your appointment has been scheduled as follows. If this is not convenient, please contact them to reschedule.
  - b. No specialist referral is recommended.

(Physician's signature and stamp)	(Date)

Original: Employee  
Copy: Medical record