



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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Canc: Aug 2019
IN REPLY REFER TO
BUMEDNOTE 6470
BUMED-M9
27 Aug 2018

BUMED NOTICE 6470

From: Chief, Bureau of Medicine and Surgery

Subj: RADIATION MEDICAL EXAMINATIONS FOR CISGENDER AND
TRANSGENDER INDIVIDUALS

Ref: (a) NAVMED P-5055

1. Purpose. To provide amplifying guidance for proper execution of radiation medical examinations (RME) required for radiation workers and other individuals at Department of the Navy facilities per reference (a), Radiation Health Protection Manual.
2. Scope and Applicability. This notice applies to all Navy personnel, General Schedule, or contractor licensed independent practitioners performing RMEs per reference (a). As required by the memorandum of agreement between Naval Reactors and Chief, Bureau of Medicine and Surgery (BUMED) of 3 October 2017, this notice is issued in coordination with Naval Reactors.
3. Background. Radiation workers and selected other individuals receive focused medical examinations to establish whether or not cancer or bone marrow suppression is present which would medically disqualify a person from receiving occupational exposure to ionizing radiation. These RMEs are documented on NAVMED 6470/13 Medical Record – Ionizing Radiation Medical Examination. The elements of the RME include: pertinent medical history, special studies, a physical examination, and subsequent discussion between the provider and the patient (i.e., radiation worker) regarding the results. Due to ongoing changes in Department of Defense policy regarding the ability of transgender individuals to openly serve, this notice outlines how to execute all elements of RME. Additionally, there are no restrictions regarding transgender civilians working at Department of the Navy public shipyards. Key points include:
 - a. NAVMED 6470/13 only addresses the individual's gender in as much as the instructions for blocks 15 through 19 (on page 3 of the form) stipulate "A digital rectal examination for males and a breast examination for females is required at age 40 and older." A transgender person's preferred gender may or may not correspond to definitions as understood by the provider or align with those delineated by Department of Defense policy.
 - b. Some elements of the current RME are only applicable based on the individual's gender. Certain bimodal assumptions are inherent on the NAVMED 6470/13 associating specific organs or organ systems with the gender of the individual. As a result, performing a physical examination solely on the basis of the individual's preferred gender may result in failure to examine organs or organ systems which are physically present for the individual and are pertinent to the RME.

c. The RME includes testing for hematocrit, which is a laboratory test that has population-based, cisgender-specific normal facility ranges. Hormonal treatments may shift a transgender individual's hematocrit results outside of the normal range for either their natal ('birth') or preferred gender, or otherwise mask conditions for which further investigation is warranted.

d. For a provider examining a transgender individual during a RME, the worker's own statement as to gender identity may be insufficient to ensure that the RME performed is sufficient in scope. Because of the broad range of medical or surgical interventions which a transgender individual may elect to undergo, the provider can only perform a complete (i.e., sufficient in scope) RME by eliciting, in a thoughtful and respectful manner, the pertinent medical history.

4. Policy. Providers performing the RME will do so in such a way as to ensure a holistic evaluation of relevant medical history, laboratory results, and organs or organ systems, regardless of the individual's preferred gender or transition treatment status. The medical history information required to achieve this end will be obtained during the routine provider-patient encounter in the examination room setting. This will require identifying the individual's natal gender and then determining whether any subsequent medical or surgical interventions have altered that status. The provider may then require additional consultation with the individual's primary care manager (PCM) or gender-transition specialist in order to better understand their past and current health status. Performed thusly, documentation of the RME for transgender individuals requires no modification of existing BUMED forms or procedures, subject to the following clarifications pertaining to the specified blocks of NAVMED 6470/13:

a. Block 11. Laboratory Finding Evaluation Date. The appropriate gender-specific facility laboratory range for hematocrit will be selected based on the individual's preferred gender. Results falling outside the associated normal facility laboratory range, or results which are not consistent with expected values provided by the individual's PCM or gender-transition specialist, require additional clinical evaluation per reference (a). In practice, this universally requires communication with the individual's PCM, at least to the extent of determining what the individual's expected range for hematocrit should be.

b. Block 14. Summary of Abnormal Findings.

(1) Documentation of the individual's gender identity or specific treatments or interventions is appropriate if it is pertinent to explaining abnormal laboratory results, physical examination findings, or forms the basis for a determination of "considered disqualifying" or "not considered disqualifying."

(2) For all individuals, regardless of gender, any elements of the physical examination keyed to gender phenotype (blocks 16 through 18) marked as "NE" for not examined, the

examiner must provide a clinical basis for the decision not to examine the element(s) (e.g., “no breast tissue status post double radical mastectomy,” “less than 40 years old,” or “transgender male with prosthetic testes”). Doing so provides unambiguous documentation that relevant portions of RME are either performed or not applicable, regardless of gender.

c. Block 16. Breast Examination. Most breast cancers arise in either the ductal or glandular tissue associated with milk production. A breast examination (i.e., a visual and manual examination of breast tissue for the purposes of screening for breast cancer) must be performed on any individual, 40 years of age or older, who possesses functional breast tissue. In practice, this requirement thus applies to any 40 year old or older cisgender female, a transgender female, or a transgender male, as long as they possess the relevant functional breast tissue. A cisgender male is not expected to have functional breast tissue, and a breast examination, is therefore neither indicated nor required, if solely for the purposes of breast cancer screening. Any individual 40 years of age or older, either cis- or trans- female, and any transgender male, whose transition has included the retention of natal or development of de novo breast tissue, may elect to have their breasts examined either by the RME examiner or by their PCM (at their own expense). Any individual, regardless of preferred gender, who has undergone a bilateral radical mastectomy, is presumed to not possess functional breast tissue, and a screening breast exam is neither indicated nor required.

d. Block 17. Testes. A testicular examination must be performed on any individual who, by virtue of birth gender, retains one or more testes.

e. Block 18. Digital Rectal Examination (DRE). A DRE must be performed on any individual 40 years of age or older who, by virtue of birth gender, retains an intact prostate gland. Regardless of the individual’s preferred gender, they may elect to have the DRE performed either by the RME examiner or by their PCM (at their own expense). For any individual, regardless of preferred gender, who has undergone a total prostatectomy or undergone colorectal surgery which renders the prostate gland inaccessible, a DRE is neither indicated nor required.

f. Block 22. Examiner’s Signature. By signing this block, the examiner avers that a complete examination was performed, after having obtained sufficient medical information to identify all pertinent and extant organs or organ systems.

5. Roles and Responsibilities

a. Deputy Chief, Readiness and Health must:

(1) Revise reference (a) within 1 year to incorporate the information contained within this notice.

(2) Develop and provide medical training guidance on transgender health care as it pertains to occupational exposure to ionizing radiation.

b. Commanders, Navy Medicine East and West. Must ensure Navy Medicine training on transgender health care addresses specific requirements that pertain to occupational exposure to ionizing radiation.

c. Commander, Navy Medicine Education, Training and Logistics Command. Must incorporate the content of this notice into current curricula for courses addressing performance of RMEs.

d. Fleet Surgeons must:

(1) Inform affected echelon 3 operational medical departments of this notice.

(2) Ensure operational medicine healthcare staff receive pertinent professionally appropriate transgender-related medical care training as it relates to this notice.

e. Medical Treatment Facility Commanding Officers. Must ensure all staff adhere to BUMED instructions and notices related to transgender care.

6. Definitions

a. Cisgender. An individual whose sense of personal identity and gender corresponds with their birth sex.

b. Genotype. The genetic constitution of an individual organism.

c. Phenotype. The appearance of an organism resulting from the interaction of the genotype and the environment.

d. Preferred Gender. The gender with which the individual self-identifies.

e. Transgender. An individual whose sense of personal identity and gender does not correspond with their birth sex.

7. Point of Contact. Questions may be directed to Radiation Health Branch (BUMED-M95), usn.ncr.bumedfchva.mbx.bumed-radhlth-help@mail.mil or (703) 681-9285.

8. Records Management

a. Records created as a result of this notice, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000, 2000, and 4000 through 13000 series per the records disposition schedules located on the Department

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of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>. For SSIC 3000 series dispositions, please refer to part III, chapter 3, of Secretary of the Navy Manual 5210.1 of January 2012.

b. For questions concerning the management of records related to this notice or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

9. Form. NAVMED 6470/13 Medical Record – Ionizing Radiation Medical Examination is available at: <https://navalforms.documentservices.dla.mil/web/public/forms>.


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Acting

Releasability and distribution:

This notice is cleared for public release and is available electronically only via the Navy Medicine Web site at, <https://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx>.