

(3) The date of the next required RME will be based on the date of the original uncorrected physical examination.

2. Administrative corrections for ionizing RMEs will be made by drawing a single line through the erroneous entry, initialing and dating the change, then adding the correct entry. Corrected entries may also be made in the Summary of Abnormal Findings block of NAVMED 6470/13.

3. Medical examination and health record entries will conform to the standards existing at the time of the examination. Clinically upgrading or administratively correcting an examination to meet current requirements in this manual that were implemented after conduct of the examination is not required.

4. A medical examination previously conducted for another purpose may not be upgraded to an ionizing RME. Laboratory studies from previous examinations may be transcribed onto the NAVMED 6470/13 subject to the time limits stated in article 2-3.

2-7. Radiation Effects Advisory Board (REAB). The REAB determines the effects of ionizing radiation on personnel as an authority established by Chief, BUMED. The Board may be consulted in an official capacity for reference opinions germane to the Department of the Navy (see BUMEDINST 6470.21 series).

2-8. Reporting Requirements for the REAB

1. The following medical examinations and supporting medical documents (see article 2-9) must be submitted to the BUMED, Director of Undersea Medicine and Radiation Health for review by the REAB.

- a. Any finding of cancer.
- b. Findings on a medical history or medical examination of:

(1) History of ionizing radiation exposure in excess of that allowed by article 4-3, paragraph 1a.

(2) History of, or ongoing cancer therapy.

(3) An intake in excess of 50 percent of an ALI of radioactive material not intentionally administered for medical diagnosis or treatment. A description of the analysis technique must be included with the submission.

c. Any medical examination or condition which the responsible physician, commander, commanding officer, or officer in charge recommends for Chief, BUMED review. Such request for review will not be denied by any member of the chain of command.

d. All SEs.

e. Allegations or claim by a Service member or employee that his or her physical condition was caused by exposure to ionizing radiation.

2. The board will perform a review and determine the individual's fitness for radiation work. The REAB letter must include the reason for submittal, total lifetime exposure of the individual, summary of the individual's duties, and if appropriate the current or disqualifying diagnosis. The REAB package should include a completed RME (if the individual is classified as a radiation worker or if a medical examination is required by a section of this manual), any applicable medical consultation results, and any supporting medical documents related to the individual's medical condition.

2-9. Documentation Requirements for the REAB

1. All cases submitted to the BUMED REAB for review must include a summary letter from the referring physician to the REAB outlining the key elements of the medical findings as well as a recommendation for a finding of PQ or NPQ and the basis for the finding. In addition, the package must include the individual's most recent RME and any supporting medical documentation directly related to the medical condition, including pathology reports and special studies results, consultation reports, and evaluations performed by the individual's private physician. Individual workers with medically disqualifying conditions who are not required to complete a RME need not complete a RME for the purpose of the REAB.

2. Cases submitted to the BUMED REAB for re-evaluation of an individual previously found NPQ by the BUMED REAB due to a diagnosis of cancer must include a current RME performed subsequent to the individual completing all prescribed treatment. Supporting medical documentation must include conclusions by the treating physician that the individual shows no evidence of residual cancer. A discussion of the medical procedures and pathology reports that support this conclusion should be provided. The treating physician's plan to ensure the worker remains cancer-free should also be provided. Finally, the submitting facility should address how the patient will be tracked to ensure the prescribed plan is followed.

3. The REAB letter from BUMED is to be filed on top of the RME which discovered the potentially disqualifying condition. The conclusion of the REAB letter is to be entered into Block 20a on the NAVMED 6470/13, with the notation of whether REAB found the member PQ or NPQ.

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