

## MEDICAL RECORD

## IONIZING RADIATION MEDICAL EXAMINATION

1. Type of Examination:  <input type="checkbox"/> PE <input type="checkbox"/> RE <input type="checkbox"/> SE <input type="checkbox"/> TE				2. Examining Facility:																												
Medical History (to be completed by patient)				Y	N	Special Studies																										
3. Personal history of cancer?						11. Laboratory Finding Evaluation Date:																										
4. History of accidental or occupational exposure to ionizing radiation above Chapter 4, Table I Radiation Exposure Limits? (Whole Body: 3 rem/qtr, 5 rem/yr; Extremities: 50 rem/yr; Skin: 50 rem/yr; Eyes: 15 rem/yr; Organ: 50 rem/yr)					Results	Facility Lab Range																										
				HCT																												
				WBC																												
5. History of anemia or hematuria?				Differential (if required)	N: E:	L: B:	M:																									
6. History of cancer therapy?				12a. Urine Dipstick Blood (if performed): Date: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive																												
7. History of radiation therapy?				12b. Urine Microscopic (if performed): Date: _____ RBC Count _____																												
8. History of work involving the handling of unsealed sources?				13. Additional Studies:																												
9. History of radiopharmaceutical received for therapeutic purposes?																																
10. Have you had any significant illnesses or changes in your medical history since your last radiation medical examination that may be related to cancer?																																
14. Summary of Abnormal Findings: (Note: Medical Examiner must explain all abnormal medical history, physical exam findings and other clinical testing required as might be related to the presence of cancer. For each finding, note whether the condition is considered disqualifying (CD) or not considered disqualifying (NCD) and the basis for such determination.) Continue on back if necessary.																																
Physical Examination				<table border="1"> <tr> <th></th> <th>NML</th> <th>ABN</th> <th>NE</th> </tr> <tr> <td>15. Thyroid</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16. Breast (F ≥ 40)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17. Testes</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18. DRE (M ≥ 40)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>19. Skin</td> <td></td> <td></td> <td></td> </tr> </table>						NML	ABN	NE	15. Thyroid				16. Breast (F ≥ 40)				17. Testes				18. DRE (M ≥ 40)				19. Skin			
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20a. Assessment: <input type="checkbox"/> PQ / <input type="checkbox"/> NPQ for Ionizing Radiation Work   If NPQ, REAB Submitted on: _____																																
20b. BUMED Letter _____ received, member found <input type="checkbox"/> PQ / <input type="checkbox"/> NPQ for Ionizing Radiation Work by REAB.																																
21. The medical history above is correct and the results of this examination have been explained to me.			Patient's Signature:			Date:																										
22. Printed Name or Stamp of Examiner:			Examiner's Signature:			Date:																										
23. Printed Name or Stamp of Reviewing Physician:			Reviewing Physician's Signature:			Date:																										
24. Patient Identification		Name (Last, First, MI): _____																														
Command:				Rank/Grade:			Dept/Service:																									
Social Security Number:					Date of Birth:																											

Additional Notes

## INSTRUCTIONS FOR PREPARATION OF NAVMED 6470/13

Block	<b>Instructions</b> (For date formatting, if the day of the month is less than 10, a leading zero is not required. For blocks 11 through 14, if a test was not performed, no entry is required. Similarly, if no submittal to REAB is required, no entries pertaining to a REAB submittal are required in Blocks 21 and 21a.)
1	Check the appropriate block for the Type of Examination as specified in Article 2-2 of NAVMED P-5055
2	Enter the examining facility's name, mailing address, and telephone number.
3-10	Medical history questions to be completed by the patient (may be completed electronically)
11	Enter the date (DD MMM YYYY) of the laboratory findings, and results of the WBC and HCT, in the appropriate blocks. Record the facility laboratory ranges next to the WBC and HCT results. If the WBC falls outside normal laboratory values, a differential WBC is required; document these results in the differential block.
12a.	Enter the date (DD MMM YYYY) of the Urine Dipstick (if performed) and mark the appropriate block as "Negative" or "Positive" for blood. If findings are positive for blood, a Urine Microscopic is required.
12b.	Enter the date (DD MMM YYYY) of the Urine Microscopic (if performed) and document the results next to "RBC Count". If no RBCs are noted or seen, enter "0," "negative," "none , " or value from laboratory chit (e.g., < 2).
13	Document additional studies as needed.
14	The examiner must comment on any positive answers in the medical history and on any abnormal findings from the physical examination. The examiner must note whether the findings are considered disqualifying (CD) or not considered disqualifying (NCD) for ionizing radiation work. Continue on the back of the form if necessary.
15-19	Physical Examination: Check in the corresponding block whether each of the listed anatomical areas examined is normal (NML), abnormal (ABN), or not examined (NE). A digital rectal examination for males and a breast examination for females is required at age 40 and older.
20a.	Based on the medical examination, assess whether the patient is physically qualified (PQ) or not physically qualified (NPQ) for ionizing radiation work. If NPQ, forward a submittal to REAB per NAVMED P-5055 and enter the date of submission.
20b.	Document REAB results by entering BUMED Letter Serial number in blank space provided and whether found PQ or NPQ for Ionizing Radiation Work by REAB (no changes should be made to block 20).
21	The patient will sign and date acknowledging that the medical history provided in blocks 3-10 is correct and that the results of the examination have been explained.
22	Enter the name and signature of the examiner and the date of the examination.
23	Enter the name and signature of the physician who is responsible for reviewing the complete medical examination including laboratory and other information to determine whether the worker is or is not physically qualified. The dates of all clinical and laboratory results should precede the final review date. If the reviewing physician is the same as the examiner, the physician must complete both blocks 22 and 23 separately. <b>For purposes of examination periodicity, the date the examination is reviewed is the date the examination is officially complete and valid.</b>
24	Patient identification information. Self explanatory.