



2013

# Navy Safety and Supervisor's Guide to Medical Surveillance



A product of the

**Navy Medical Surveillance  
Working Group**

7/18/2013

# FOREWORD

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18 July 2013

This first edition of the Navy Safety and Supervisor's Guide to Medical Surveillance is the result of collaborative efforts by a group of Occupational Medicine Physicians, Occupational Health (OH) Nurses, Industrial Hygiene Officers, and Safety Officers/Managers from across the Navy.

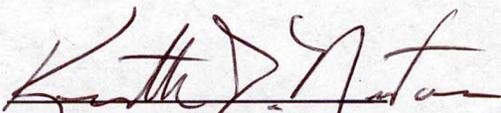
The U.S. Navy is concerned about the well-being of its military and civilian personnel and effective medical surveillance is a key component to ensuring their health. The Navy Medical Surveillance Working Group developed this Guide so that Commanders and their Supervisors, Safety Officers/Managers, and afloat Medical Department Representatives (MDR) can learn about the purpose of medical surveillance, policy requirements, stakeholder roles and responsibilities, and best management practices. This information is critical in ensuring that each command's program performs at maximum effectiveness.

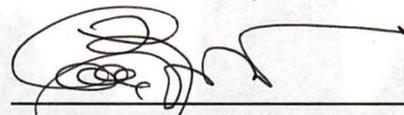
This Guide will be periodically updated. The most current version may be found on the Naval Safety Center's Medical Surveillance Toolbox web page at the following URL:

<http://www.public.navy.mil/navsafecen/pages/osh/medsurv.aspx>

All medical surveillance stakeholders must work in concert to maximize the effectiveness of the Navy's program. I encourage you to review the Guide to refresh your medical surveillance knowledge, skills, and competencies and to use the information contained in the Guide to train others.

Your feedback is valued. Please use this [feedback form](#) to communicate how we can continue to improve this document and pass on the skills needed for each command to manage an outstanding program and to best protect the health of their military and civilian personnel.

  
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**SECTION 1. PROGRAM MANAGEMENT "BOTTOM LINE UP FRONT"**

1. **Purpose:** Navy policy outlined in [OPNAVINST 5100.23G](#) and [OPNAVINST 5100.19E](#) directs Commanders to implement the programs and policies necessary to protect the health of their personnel. The Navy Safety and Occupational Health (SOH) program includes medical surveillance among its tools to prevent occupational disease and to ensure that military and civilian personnel can perform specific jobs without undue hazard to themselves, other personnel, or equipment.
  
2. **Implementation:** Both Ashore and Afloat, implementation and tracking of SOH programs are the responsibility of Commanders with authority generally delegated to the Safety Officer/Manager. However, paragraph A0310 of [OPNAVINST 5100.19E](#) also places specific medical surveillance roles and functions on the ship's Medical Department Representative (MDR) to assist the Safety Officer. Engagement of personnel who manage specific programs, such as the command Laser System Safety Officer (LSSO), Explosive Safety Officer (ESO), Radiation Safety Officer (RSO), and Respiratory Protection Program Manager (RPPM) may also be necessary for a fully functional program.
  
3. **Resources:** This guide offers basic information on medical surveillance and certification exams; however, Supervisors, Safety Officer/Managers, and MDRs must also review other documents such as the command Industrial Hygiene (IH) survey report and certification program regulations to achieve a better understanding of medical surveillance and certification requirements applicable to their personnel. They should also engage the command LSSO, ESO, RSO, and RPPM when applicable, as well as supporting IH and OH clinics. Medical surveillance is a team effort and requires engagement by all stakeholders to maximize a program's effectiveness.

**This document does not establish requirements or regulations. It only summarizes existing requirements in a convenient format. Refer to source documents for specified requirements.**

## SECTION 2. BACKGROUND INFORMATION

### 1. What is Medical Surveillance?

a. Occupational Medical Surveillance (as distinct from "health surveillance", which refers to monitoring populations for disease outbreaks) is the systematic checking of military and civilian workers for the harmful effects of hazardous substances or conditions. Examples of such hazards include:

- (1) Asbestos
- (2) Noise
- (3) Lead
- (4) Chromium
- (5) Isocyanates

b. Certification exams are used to ensure that personnel are often included with medical surveillance and ensure that personnel are medically qualified to perform certain assigned jobs. Examples include:

- (1) Forklift Operator
- (2) Food Service Personnel
- (3) Explosive Handler
- (4) Explosive Vehicle Operator
- (5) Healthcare Worker

### 2. Why is Medical Surveillance Important?

a. The Navy is required to comply with Federal Occupational Safety and Health Administration (OSHA) regulations. However, the main driver for SOH programs is always to ensure the health and well-being of Navy personnel and to identify, *as early as possible*, potential health issues.

b. Effective medical surveillance can identify current or past exposures to health hazards, such as lead, benzene, chromium, noise, radiation, and lasers.

c. Certain hazardous substances have long "latency" periods (the time between initial exposure and disease); examples include asbestos and cadmium.

d. Medical surveillance also helps determine whether controls used in the workplace to reduce exposures to personnel (such as Local Exhaust Ventilation designed to remove hazardous fumes or vapors) or Personal Protective Equipment (PPE), such as respirators, are working effectively.

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*It is DoD policy to:*

*Implement programs and processes that promote and sustain a healthy and fit force, prevent injury and illness, protect the force from health hazards, and deliver the best possible medical and rehabilitative care to the sick and injured anywhere in the world.*

*DoD Directive 6200.04*

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*It is DoD policy to:*

*Protect DoD personnel from accidental death, injury, and illness caused by hazardous occupational and environmental exposures.*

*DoD Instruction 6055.05*

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### 3. Types of Occupational Medical Surveillance Examinations:

a. **Baseline Examination (Pre-placement or Pre-Assignment):** A Baseline examination is performed before the employee starts work in a position to ensure that they are medically qualified to perform the job's required duties or to establish a baseline (reference point) where IH personnel have identified work-related exposures.

b. **Periodic Examination:** A Periodic examination is performed at regular, specified intervals (often annually) while the worker performs jobs or tasks requiring medical surveillance or certification. The periodic exam results are commonly compared to the baseline to identify potential health effects caused by an exposure (e.g. comparing a baseline audiogram with a periodic audiogram to identify hearing loss).

c. **Termination Examination:** Termination exams are important because they document the worker's state of health at the end of employment or exposure. A Termination exam is required when the worker leaves certain medical surveillance programs due to a change in jobs, a change in exposure, or upon discharge from the Navy.

d. **Occupational Medical Surveillance Examination Management:** It's common for military and civilian members to have exposures to multiple hazards requiring medical surveillance. Table 1 below illustrates how the various examinations may apply to a worker. The number of required exams in this example is not typical but serves to illustrate how some workers may require enrollment in more than one program.

**Table 1. Example of Multiple Medical Surveillance Exam Requirements**

Program Name	Type	Baseline (Pre-Placement) Required?	Periodicity	Termination Exam Required?
Lead	Hazard-based	Yes	Annual	Yes
Chromic Acid/Chromium VI	Hazard-based	Yes	Annual	Yes
Noise (audiogram)	Hazard-based	Yes	Annual	Yes
Respirator User	Certification	Civilian: Yes Military: No (See Note Below)	Civilian: -Age 15 to 34: every 5 years -Age 35 to 44: every 2 years >Age 45: annual -SCBA user: annual -Military: (see note below)	No
Laser	Hazard-based	Yes	If eye exposure to Class 3b or 4 laser occurs	Yes

*Note: 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 Periodic Health Assessment (SECNAVINST 6120.3)) are considered medically qualified to wear any type of respiratory protection and don't require respirator-specific baseline or periodic exams. "Fit for Full Duty" includes a completed, current PHA and no deployment-limiting conditions.*

### SECTION 3. PERTINENT INSTRUCTIONS AND GUIDANCE

1. Department of Defense (DoD) and Navy policies are based on requirements found in Part 29 of the Code of Federal Regulations (CFR), also known as the Federal OSHA regulations.

2. Some medical surveillance exams are tied to programs specified in the individual [OPNAVINST 5100.23G](#) and [OPNAVINST 5100.19E](#) chapters devoted to those programs. Examples include the audiogram requirements for the Hearing Conservation Program, chest X-ray requirements in the Asbestos program, and blood lead tests in the Lead program.

a. Other Instructions and Regulations: Not all certification exam requirements are included [OPNAVINST 5100.23G](#) or [OPNAVINST 5100.19E](#). For example, exams for Navy Divers are governed by [OPNAVINST 3150.27B](#) (Navy Diving Program), and exams for crane operators (Weight Handling Equipment) are governed by [Naval Facilities P-307](#). Some certification exams are required by regulations outside the Navy, such as Motor Vehicle Operator requirements governed by Department of Transportation regulations (49 CFR 383 and 391).

b. Additional Navy Guidance

(1) Navy and Marine Corps Public Health Center (NMCPHC) Technical Manual, [NMCPHC- TM OM 6260 Medical Surveillance Procedures Manual and Medical Matrix](#), also known as the "Medical Matrix", is the Navy's authoritative reference that establishes the minimum medical exam requirements for hazard-based and certification examinations and describes which exams fall into each category. Medical surveillance performed in accordance with the Matrix will fulfill all pertinent Federal, DoD, and Navy requirements. A computer program called "PC Matrix" is used to help identify and integrate the elements of all required exams so that they can be streamlined into as few clinic visits as possible.

(2) The Naval Safety Center has developed the [Medical Surveillance Toolbox](#) which contains the following to help medical surveillance stakeholders manage an effective program. Items include:

- (a) Medical Surveillance Frequently Asked Questions (FAQs)
- (b) Medical Surveillance Exam Completion Report spreadsheet and guidance
- (c) Supervisor's Medical Surveillance and Certification Exam Referral form
- (d) Medical Surveillance Process "Map"
- (e) Example Afloat Medical Surveillance Program Management Flowchart
- (f) Navy Certification Examination Guidance
- (g) NAVADMIN 213/12

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*If an individual does not meet one or more established medical fitness standards, he or she is considered not medically qualified. The individual may, if he or she can perform the essential job functions, originate a request for waiver with the agency granting the certification such as FAA or DOT.*

*Temporary medical conditions such as elevated systolic blood pressure are ordinarily only temporarily disqualifying. The individual would not need to request a waiver from the agency granting the certification.*

*DoD Instruction 6055.05M*

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## SECTION 4. ELEMENTS OF THE MEDICAL SURVEILLANCE PROGRAM

1. There are 7 basic elements to the medical surveillance and certification process:

- a. Identification
- b. Training
- c. Enrollment and Tracking
- d. Completing Exams
- e. Communication
- f. Reporting
- g. Oversight

2. Each process element is detailed below.

a. Identification

(1) Accurately identifying personnel who require medical surveillance or certification is essential. Unnecessarily or incorrectly enrolling personnel into programs leads to increased costs and unnecessarily burdens both the supporting medical clinic and the command. Enrollment in medical surveillance should always be based upon established exposure or certification program requirements.

(2) Hazard (Exposure)-Based Exams: The command IH survey report is the primary reference for identifying medical surveillance requirements based on actual, or potential, overexposures to various health stressors (such as lead, chromium, noise, etc.).

(3) Certification (Specialty) Programs: Commands should refer to, and Safety Officers/Managers and MDRs should be familiar with, the guiding references for certification programs applicable to their commands. The [Navy Certification Examination Guidance matrix](#) is designed to help identify which exams may be applicable. [The Medical Matrix](#) lists many of the guiding references for certification programs that require medical exams (the applicable references are located at the end of each exam section).

(4) Commands should contact their supporting IH or OH clinic if they have questions regarding which personnel should be enrolled in a specific program(s).

b. Training: A command will not have an effective program unless the key personnel have a good understanding of medical surveillance and certification roles, responsibilities, requirements and elements. This Guide may be used to train Safety Officers/Managers, MDRs, and supervisors, as well as workers who require medical surveillance and certification.

c. Enrollment and Tracking: Enrollment means that the member has been identified as needing medical surveillance; tracking means that the member's name has been entered in the command's tracker and that they are proactively followed to make sure that they complete the applicable exams in a timely manner.

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(3) Tracking methods include computer spreadsheets or electronic databases such as the Enterprise Safety Applications Management System (ESAMS), SNAP Automated Medical System (SAMS), etc. Commands may use whatever tracking system they choose, however, an electronic database can streamline the process and make enrollment and tracking more efficient and effective.

(4) Supervisors are the backbone of the medical surveillance program (as they are for all SOH programs). ***A command cannot have an effective program without strong supervisor involvement.***

(5) The Department of the Navy (DON) [Supervisor's Medical Surveillance and Certification Exam Referral](#) form was developed to capture and document essential medical surveillance information and to streamline communication between key stakeholders who are internal or external to the command. Commands and clinics should use this form to maximize accuracy in enrollment and tracking.

e. Completing Exams: The supporting OH clinic performs most medical surveillance and certification exams, though certain exams can be performed by the afloat MDR.

f. Communication: Essential information such as which exams workers require, exam completion dates and dispositions (i.e. medically qualified, not medically qualified, qualified with limitations, etc.), next exam due dates, and abnormal findings that may indicate inadequate workplace exposure controls must be communicated between supervisors and safety officers/managers, afloat MDRs, and clinics. As stated above, the [Supervisor's Medical Surveillance and Certification Exam Referral](#) form captures and documents the essential program enrollment information and streamlines communication between all key stakeholders.

g. Annual Reporting:

(1) [NAVADMIN 213/12](#) requires commands to review medical surveillance and certification exam completion annually as part of each command's safety self-assessment and to report their compliance status through their administrative chain of command using the standardized [Medical Surveillance Exam Completion Report](#). The standardized completion report automatically calculates the DoD-required compliance metric described in the information box below (see the Completion Report's "Instructions" tab for more information).

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*Evaluate the degree to which medical surveillance is occurring by measuring the percentage of personnel who receive required OEM exams for occupational exposures using the following formula:*

*Occupational Medical Exam =  $\frac{\# \text{ of personnel receiving required exam(s)} \times 100}{\# \text{ of personnel requiring exams}}$   
Completion Rate%*

*DoD Instruction 6055.05*

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(2) Specific roll-up procedures are released in the Fall of each year by the Naval Safety Center and are posted on the Naval Safety Center's [Navy Self Assessment Reporting page](#).

h. Oversight: Commanding Officers ensure the proper functioning of medical surveillance pertinent to their commands. Immediate Superiors In Command (ISICs) ensure that subordinate commands implement all required SOH programs, including medical surveillance. Headquarters commands (Echelon 2) conduct assessments of the effectiveness of the command's overall SOH program by performing subordinate command SOH management evaluations and reviewing self-assessments.

## SECTION 5. MEDICAL SURVEILLANCE STAKEHOLDER ROLES AND RESPONSIBILITIES

All medical surveillance stakeholders must work in concert to maximize the effectiveness of the Navy's program. Below is a comprehensive list of medical surveillance stakeholders along with a description of their general roles and responsibilities.

1. Headquarters commands: Ensure that subordinate commands implement all required SOH programs, including medical surveillance. Each level in the administrative chain of command (ISICs) should review their subordinates' annual medical surveillance and certification exam completion reports and enforce actions necessary to increase and maintain compliance.
2. Commanders: Commanders have overall responsibility to implement an effective OH program, to include medical surveillance and certification. Authority to implement and maintain this program is generally delegated to the Command Safety Officer/Manager or afloat MDR.
3. Workers (Military and DON Civilians): Workers should be knowledgeable of their exposures and/or need for certification and must complete applicable exams in a timely manner.
4. Supervisors: Must ensure that workers they manage comply with safety and health requirements, including completion of medical surveillance and certification exams/screenings. Supervisors, supported by the command Safety Officer/Manager and afloat MDR, when applicable, must ensure that workers requiring medical surveillance and/or certification are properly identified, enrolled, and tracked.
  - a. Supervisors must ensure that workers are adequately trained and knowledgeable of their hazardous exposures and certification requirements.
  - b. Supervisors should document essential information for each worker requiring medical surveillance and/or certification and review it with the worker and command Safety Officer/Manager or afloat MDR. The [Supervisor's Medical Surveillance and Certification Exam Referral](#) form can streamline documentation and communication.
  - c. Supervisors should communicate with the Command Safety Officer/Manager or MDR and consult with supporting industrial hygiene and/or occupational health to identify causal factors and corrective actions when necessary.
    - (1) Occasionally, the medical provider will recommend limitations on a worker's duties, removal from a certain work environment, or indicate that the worker did not meet a certification program's medical criteria (i.e. they were deemed "Not Medically Qualified"). Examples include:
      - (a) Workers experiencing hearing loss may have recommended time limitations in a noise hazardous space or may even be recommended for a different rate or job.
      - (b) Forklift operators who no longer meet minimum visual acuity needed to safely drive the vehicle may require placement in a different job.
      - (c) Shipyard workers engaged in paint removal may be recommended for temporary placement in a different job due to high blood lead results.

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(d) Recommendation to limit a worker from wearing a respirator due to claustrophobia, folliculitis barbae (which may keep a worker from shaving regularly), or other factors.

(e) Follow up to ensure that personnel who are classified as "Other/Pending" complete whatever follow-up exams are required.

### 5. Command Safety Officer/Managers:

- a. Review the command IH survey report to identify medical surveillance requirements.
- b. Be familiar with regulations pertaining to jobs that require certification (e.g. Forklift Operator, Health Care Worker, Sewage/Wastewater Worker, Police/Security, Firefighter, etc.).
- c. Communicate with supervisors and supporting stakeholders to ensure that personnel are enrolled in the appropriate program(s).
- d. Train supervisors so they fully understand applicable hazard-based and certification medical surveillance requirements. Recommended training topics include interpreting the command's IH survey report, and use of the DON [Supervisor's Medical Surveillance and Certification Referral](#) form and on the operation of the command tracker.
- e. Provide oversight to ensure that necessary exams are completed in the proper timeframe and required follow-ups are tracked.
- f. Report medical exam completion status as part of the annual Safety Self-Assessment process as required by [NAVADMIN 213/12](#). Follow guidance for roll-up through the chain of command as described in [OPNAVINST 5100.23G](#), paragraph 0505 and in guidance provided by Naval Safety Center annually.
- g. Report occupational illnesses and injuries through the [Web Enabled Safety System \(WESS\)](#) as required by [OPNAVINST 5102.1D](#), paragraph 3004.
- h. Review medical surveillance exam completion status in preparation for oversight inspections (ISIC, Type Commanders (TYCOM), Board of Inspection and Survey (INSURV), Naval Inspector General (NAVIG), etc.). Work with supervisors and supporting stakeholders to address gaps.
- i. Consult Occupational Audiologists for hazardous noise issues or for questions about hearing loss and Fitness for Duty. Refer personnel who have Significant Threshold Shifts (hearing loss) indicated on their audiogram.
- j. Communicate with the ISIC and/or Echelon III and II safety offices for technical advice, direction, and guidance on medical surveillance and certification matters.
- k. Consult with industrial hygiene and/or OH to identify causal factors and corrective actions if a medical provider recommends limitations on a worker's duties, removal from a certain work

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environment, or indicates that the worker did not meet a certification program's medical criteria (i.e. they were "Not Medically Qualified"). Examples include:

(1) Workers experiencing hearing loss may have recommended time limitations in a noise hazardous space or may even be recommended for a different rate or job.

(2) Forklift operators who no longer meet minimum visual acuity needed to safely drive the vehicle may require placement in a different job.

(3) Shipyard workers engaged in paint removal may be recommended for temporary placement in a different job due to high blood lead results.

(4) Recommendation to limit a worker from wearing a respirator due to claustrophobia, folliculitis barbae (which may keep a worker from shaving regularly), or other factors.

(5) Follow up to ensure that personnel who are classified as "Other/Pending" complete whatever follow-up exams are required.

6. Afloat MDR: [OPNAVINST 5100.19E](#) (paragraph A03010) describes specific responsibilities of the afloat MDR which are listed below.

a. Assist the safety officer, division officer, division safety petty officer and workplace supervisor to identify medical surveillance requirements from the industrial hygiene survey.

b. Make all arrangements for required medical examinations.

c. Provide all available information regarding each individual's exposure to the cognizant shore-based medical treatment facility (MTF).

d. Monitor all medical surveillance results for any trends apparently due to hazard exposure.

e. Ensure that the results of all hazard exposure medical examinations and personal exposure records are entered in the individual's medical record.

f. Inform each individual, verbally or in writing, as to the significance of all findings and provide access to such records upon request.

g. For submarines, exceedance [*going above*] of the Continuous Exposure Limit (CEL) shall be recorded in affected crew members' medical records. Include time, date, contaminants, concentration, duration of CEL exceedance, and pertinent information as to cause.

h. See program chapters (Asbestos, Lead, Respiratory Protection, etc.) as applicable within [OPNAVINST 5100.19E](#) for specific requirements.

7. Supporting Installation Safety Office: Installation Safety Offices provide to commands receiving Base Operating Support (BOS) the services detailed in Table 1 of [CNICINST 5100.3 series](#).

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### 8. Supporting OH Clinic:

a. Occupational Health (OH) clinic personnel conduct medical surveillance and certification exams .

b. Upon completion of the required exam(s), clinic or MDR providers should fill out the appropriate section of the DON [Supervisor's Medical Surveillance and Certification Exam Referral](#) form and return it to the member's supervisor and Safety Officer/Manager or afloat MDR using encrypted email, via ESAMS or other electronic system, or by other methods that reliably communicate the required information back to the command and adequately protect Personally Identifiable Information (PII).

### 9. Supporting Occupational Audiologist:

a. Occupational Audiologists conduct worksite visits, perform Hearing Conservation Program reviews, and provide training to commands with hazardous noise exposures.

b. Serve as subject matter experts and provide training and fitting of hearing protective devices to noise exposed personnel.

c. Determine whether Significant Threshold Shifts (hearing loss) are temporary or permanent.

10. Command Laser System Safety Officer (LSSO) manages the command laser safety program, including laser-related medical surveillance oversight. The LSSO determines which personnel should be enrolled in the laser medical surveillance program (paragraph 2211 of [OPNAVINST 5100.23G](#) and paragraph B0905(c) of [OPNAVINST 5100.19E](#)).

11. Explosive Safety Officer (ESO) manages the command explosive safety program.

12. Radiation Health Officer (RHO) or Radiation Safety Officer (RSO) manages the command Radiation Safety Program.

13. Respiratory Protection Program Manager (RPPM) manages the command Respiratory Protection Program.

14. Supporting Industrial Hygiene: Civilian IHs and military Industrial Hygiene Officers (IHOs) perform IH surveys and recommend hazard-based medical surveillance uniquely applicable to each worker. They serve as a resource to help investigate and address overexposures identified through the medical surveillance exams.

### 15. Immediate Superior in Command (ISIC):

a. Administrative ISICs (higher Echelon command) provide oversight and ensure that subordinate commands implement the applicable Safety and Occupational Health (SOH) program requirements.

b. ISICs must roll up annual safety self-assessment data, including medical surveillance and certification exam completion results, from subordinate commands to the Echelon 2 commander as described in paragraph 0505 of [OPNAVINST 5100.23G](#) and in [NAVADMIN 213/12](#). Each level in the

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administrative chain of command should review their subordinates' annual medical surveillance and certification exam completion reports and enforce actions necessary to maintain compliance.

### 16. Navy and Marine Corps Public Health Center (NMCPHC):

a. The [NMCPHC Occupational and Environmental Medicine Department](#) develops guidance for Naval medical surveillance and certification exams and publishes this guidance in the [Medical Matrix](#).

b. The [NMCPHC Industrial Hygiene Department](#) develops exposure assessment guidance for BUMED Industrial Hygienists and IHOs.

17. Headquarters (Echelon 2) Commands: As described in [OPNAVINST 5100.23G](#), paragraph 0204, Echelon 2 (Headquarters) commands provide technical advice, direction, and guidance on SOH matters to subordinate field activities. They also conduct assessments of the effectiveness of the overall SOH program by performing subordinate command SOH management evaluations and reviewing self-assessments.

### 18. Naval Safety Center (NSC):

a. NSC provides medical surveillance information on the [Medical Surveillance Toolbox](#) web page.

b. NSC acts as the clearinghouse for annual safety self-assessment roll-ups and annual reports of significant findings and actions to the Safety Quality Council and Navy Executive Safety Board (NESB).

c. NSC collects the annual medical surveillance compliance reports in the safety self-assessment roll-up as detailed in [NAVADMIN 213/12](#).

d. Board of Inspection and Survey (INSURV): INSURV NAVOSH and Environmental Program (NEP) inspectors review and evaluate medical surveillance and certification as part of their overall safety, medical, and environmental assessments. Specific inspection items pertaining to medical surveillance and certification are detailed in the most current [NAVOSH/EP inspection check-sheets](#).

e. Naval Inspector General (NAVIG): The Naval Inspector General performs inspections on Echelon 2 commands and includes SOH items in assessments.

## SECTION 6: SUMMARY OF LINKS

### [Naval Safety Center Medical Surveillance Toolbox webpage](#)

- **Federal OSHA Regulations**
  - o [29 CFR 1960 \(OSHA Program Elements for Federal Employees\)](#)
  - o [29 CFR 1910 \(OSHA Medical Screening and Surveillance Regulations \(General Industry\)\)](#)
  - o [29 CFR 1926 \(OSHA Regulations for Construction Industry\)](#)
  - o [29 CFR 1915 \(OSHA Regulations for Shipyard Industry\)](#)
  
- **DoD Instructions**
  - o [DODI 6055.05 \(DoD Occupational and Environmental Health Program\)](#)
  - o [DODI 6055.05M \(DoD Occupational Medical Examinations and Surveillance Manual\)](#)
  - o [DODI 6055.12 \(DoD Hearing Conservation Program\)](#)
  
- **Navy Instructions**
  - o [OPNAVINST 5100.23G \(Navy Safety and Occupational Health Program Manual\)](#)
  - o [OPNAVINST 5100.19E, Part I \(Navy Safety and Occupational Health Program Manual for Forces Afloat\)](#)
  - o [OPNAVINST 5102.1D \(Navy and Marine Corps Mishap and Safety Investigation, Reporting, and Record Keeping Manual\)](#)
  - o [NAVADMIN 213/12 \(Baseline Medical Surveillance Program Tracking and Reporting\)](#)
  - o [CNICINST 5100.3 series \(Base Operating Support \(BOS\) Services\)](#)
  
- **Other Navy Guidance and Resources**
  - o [NMCPHC- TM OM 6260 \(Medical Surveillance Procedures Manual and Medical Matrix\)](#)
  - o [DON Medical Surveillance and Certification Exam Referral form \(SECNAV 5100/1T\)](#)
  - o [Medical Surveillance Program Management Improvement Request form](#)
  - o [Navy Self Assessment Reporting page](#)
  - o [Navy Medical Surveillance Exam Completion Report spreadsheet](#)
  - o [INSURV NAVOSH/EP inspection check-sheets](#)
  - o [ESAMS Home Page](#)
  - o [Department of the Navy Naval Forms Online website](#)
  - o [NMCPHC Occupational and Environmental Medicine Department](#)
  - o [NMCPHC Industrial Hygiene Department](#)

**Posting:** This Guide will be posted on the [Naval Safety Center Medical Surveillance Toolbox](#).

**Prepared By:** Navy Medical Surveillance Working Group.

**Comments:** If you have a question regarding the content of this Program Guide please fill out the [Medical Surveillance Program Guide Improvement Request](#) and email back to us.

Be sure to include as much detail as possible including the date the Guide was last update, the applicable section number, page number, item in question, recommended change, and the reasoning for the change request so that we can take the appropriate action.