

**MEDICAL SURVEILLANCE  
PROCEDURES MANUAL  
AND  
MEDICAL MATRIX  
( EDITION 7 )**

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## FORWARD

This update of the Medical Matrix is the result of work of a group of individuals dedicated to this task.

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## INTRODUCTION

1.1 Medical screening examination as part of a medical surveillance program is one of several tools aimed at protecting workers who are exposed or potentially exposed to hazardous substances in the workplace.

A medical surveillance program includes establishing exam content, performing occupational medical examinations, documenting results of examinations, informing the employee of the results of examination, following up abnormalities, counseling and education, and evaluating grouped data for trends and sub-clinical effects of exposure.

Selection of personnel for medical surveillance programs is based primarily on the results of the industrial hygiene survey and is exposure driven. This is known as "hazard based" medical surveillance. In the absence of industrial hygiene data, medical personnel will make a decision on placement in medical surveillance programs based on knowledge of the workplace processes, job requirements, and occupational history.

Exam content is established in the Medical Matrix for performing hazard based medical examinations and certification examinations. This document establishes the minimum requirements for medical surveillance and certification examinations. (OPNAVINST 5100.23 series.)

Special attention in performing occupational medical examinations is given to those target organs or organ systems potentially subject to the untoward effects of hazardous substances whether by inhalation, absorption or ingestion. Elements of examination include specific history questions (personal and family medical history, and work history), physical examination, x-ray, biological monitoring (testing of body fluids or tissues for the toxic substance itself, a metabolite or a physiologic change), and other laboratory and ancillary tests such as EKG, PFT and audiogram. Conducting occupational medical examinations to detect early organ dysfunction or early disease to benefit individual workers is "screening" or "monitoring" and constitutes secondary prevention.

An integral component of the occupational medical examination is follow-up. Follow-up may include notification, additional tests or evaluation, evaluation or modification of the workplace or removal from exposure. Workers who receive occupational medical examinations should be informed of any specific health risks identified on examination. Certain OSHA programs require written notification in the form of Physician's Written Opinions. Examples are included in Appendix E.

1.2 Types of Occupational Medical Examinations: Most medical surveillance programs consist of examinations for baseline (preplacement), periodic and termination. If there is evidence of overexposure, a situational examination will be required. **Guidelines for situational examinations are not included in the Medical Matrix.**

1.2.1 Baseline Examination - (Preplacement 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.

1.2.2 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. With certain stressors, the frequency of examinations will also depend on other variables, such as the findings from previous examinations, the history of exposure or the age of the worker.

1.2.3 Termination Examination - This examination **may be required** when the worker terminates employment or is permanently removed from a position that has a potential for 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. **Specific program references provide guidelines.**

1.2.4 Situational Examination - This examination is conducted in response to a specific incident for which a possible overexposure to a hazardous substance is suspected. Such an incident should prompt these examinations on all individuals with suspected overexposure, not just those already in a surveillance program. These examinations may vary significantly from routine medical surveillance protocols. **Guidelines for performing situational examinations are not provided in this manual. The purpose of this manual is to provide guidance for performing routine medical surveillance.**

#### References

1. Halperin W, Ratcliffe J, Frazier T, et al. Medical Screening in the workplace: proposed principles, J Occup Med. 1986;28:547-552.
2. Matte T, Fine L, Meinhardt T, et al. Guidelines for medical screening in the workplace, Occup Med.: State of the Art Reviews. 1990;5:439-456.
3. Silverstein M. Medical Screening, Surveillance, and the Prevention of Occupational Disease. J Occup Med. 1990;32:1032-1036.
4. Baker E, Honchar, P, Fine, L, et al. Surveillance in Occupational Illness and Injury: Concepts and Content, Am J. of Public Health. 1989;79:9-11.



### 1.3 Content of Medical Examinations:

A list of history questions, physical examination components, and laboratory tests was developed as a reference file and was used to construct the content of each program in the Medical Matrix. Each item in the reference file is called a "test". The tests are divided into similar categories such as Medical History, Cardiology, Spirometry, etc., and numbered in sequence. All tests used in construction of the Matrix are displayed in Appendix A. Below is an outline of the major categories of tests and the corresponding numbers in the reference file.

	Test Numbers
Medical History	
Personal History of:	1100 - 1999
Work History of:	2000 - 2099
Family History of:	2500 - 2599
Laboratory:	
Hematology	3100 - 3199
Serum Chemistry	3500 - 3699
Urinalysis	4000 - 4299
Cytology	4500 - 4599
Other Laboratory Tests	4800 - 4899
Cardiology	5000 - 5099
Audiology	5200 - 5299
Radiology	5400 - 5499
Spirometry	5600 - 5699
Optometry	5800 - 5899
Physical Exam	6010 - 6999
Qualifications	7100 - 7199
Certifications	7500 - 7799
Hearing Conservation	8000 - 8199
Special Notations	9010 - 9099

#### 1.4 Twelve Standard Questions:

There are twelve (12) standard questions included in each Medical Matrix program designed to help assess public health and safety risk factors for each worker. These questions were written for inclusion in data collection protocol when developed. The standard twelve questions are:

1. Is Your Work Exposure History Current (OPNAV 5100/15)
2. Major Illness or Injury
3. Hospitalization or Surgery
4. Cancer
5. Back Injury
6. Do you drink 6 or more drinks per week? (Beer, wine, liquor)
7. Have you ever smoked?
8. Do you currently smoke? (Packs/day)
9. Heart Disease, High Blood Pressure or Stroke
10. Current Medication Use (Prescription or OTC)
11. Allergies (Include Medications)
12. Any reproductive health concerns?

## PLACEMENT OF WORKERS IN MEDICAL SURVEILLANCE PROGRAMS

2. Workers with potential exposure to hazards are usually placed in medical surveillance programs based on industrial hygiene (IH) and/or safety surveys that quantify exposures in the workplace. This has been called "hazard based" medical surveillance. Workplace hazard assessment takes into account exposure levels (frequency and duration), and routes of exposure (inhalation, skin absorption or ingestion), **and similarly exposed groups.**

The decision to include a worker in a program is normally based on the possibility of exposure at or above the action level set by U.S. Navy standards that must comply with Occupational Safety and Health Administration (OSHA) standards. If insufficient data or no data are available, medical personnel may place workers in medical surveillance based on "presumed" exposures and job title. When this happens, workers medical surveillance needs must be reassessed as IH data are obtained.

Workers whose jobs are associated with exposures to hazards at or above the medical surveillance action level for more than 30 days per year or 15 days per quarter are placed into medical surveillance programs. When there is no legal standard for medical examinations for specific agents, or when there are insufficient data to demonstrate compliance with a high degree of confidence, half of a recommended exposure limit, (i.e., Threshold Limit Value), may be used as the action level. Some programs have specific guidance for placement; asbestos, organophosphate pesticide workers, hearing conservation, sight conservation, and radiation workers.

## HOW TO USE THE MEDICAL MATRIX

### 3.1 History of Development:

The Medical Matrix Validation Committee was formed in March 1988. Its tasking was to review an existing Medical Matrix 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 Environmental Health Center (NAVENVIRHLTHCEN) Technical Manual in January 1989.

The Medical Matrix Committee continues to review existing programs, evaluate the need for, and write new programs for those stressors that have **chronic** health effects. See Appendix B for a list of those stressors reviewed and for which no evidence of chronic health effects could be found. This list will be reviewed periodically and amended as new information indicates.

Situations may arise where industrial hygiene 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 of the stressor. Any appropriate modifications can be hand written on the forms generated. Request for review of a new program should be sent to the Matrix Committee (see Appendix D).

### 3.2 Explanation of Contents:

The Medical Matrix, Edition 6, contains medical surveillance and certification examinations divided into four major sections with each section preceded by a brief introduction.

Each program is organized in the same format:

- First, medical history questions; personal, work and family.
- Second, recommended laboratory or ancillary (EKG, PFT, audiogram) tests.
- Third, areas which should be targeted on physical examination; CNS, respiratory system, liver, for example.
- Last, special requirements such as qualification and certification are listed, followed by special notations such as warnings, assessment of knowledge and requirement for Physician's Written Opinion.

Each section ends with a line prompting for comments on that section, if indicated.



Following each program is a **Program Description** section that includes:

- General references are included as numbers that correspond to the reference list found in Appendix C. These general texts were used in developing each program and are additional resources. Specific references such as Navy instructions, OSHA Standards, Department of Defense, Office of Civilian Personnel Management or Civilian Personnel Instructions are listed in the program description.
- **NOTE:** References listed were current at the time of publication. However, individual users are cautioned of their responsibility to ensure use of the most current edition or version.
- Detailed guidance and interpretation may be included to further explain the program.
- Date of most recent revision.
- **Web sites when available.**

The **Provider Comments** section may contain more detailed information about the program including guidance about the examination, how to interpret test results, and what to do with test results that are outside the range of normal.

### 3.3 Four divisions of the matrix:

- Chemical Stressors
- Physical Stressors
- Mixed Exposures
- Special Examinations

Chemical Stressors  
Introduction and Changes

All new tests are printed in **bold** letters.

**Revisions:**

Program 115 - Asbestos Past Worker 10+ years since first Exposure

Program 116 - Asbestos Past Worker 0 - 10 years since first Exposure

Changes were made to these two programs based on feedback from users. Because the medical examination is documented on required form NAVMED 6260/5, history, physical, and laboratory tests were removed from the Matrix and program descriptions were expanded to describe program elements. This will result in shorter printout if you use PC Matrix for these two programs. When you select this program in PC Matrix, the program name, type of examination, and special notations will print out or will be added to the list of programs you select for a worker.

Construction standard references were added to each OSHA required program.



102 2-ACETYLAMINOFLUORENE

STRESSOR(S) IN THIS PROGRAM:	NIOSH#	CAS#
2-ACETYLAMINOFLUORENE	AB9450000	53-96-3

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1003 and 29 CFR 1926.1103

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
IMPOTENCE OR SEXUAL DYSFUNCTION		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
FAMILY HISTORY OF:				
GENETIC DISEASE (INCLUDE CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON FAMILY HISTORY:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
SUBSTANCE(S) SUSPECTED HUMAN MUTAGENIC/FETOTOXIC EFF.		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW?		YES	ANNUAL	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.

References: (3); (5); (other); 29 CFR 1910.1003 and 1926.1103. (Former standard 19 CFR 1910.1014.) PROGRAM REVISED 3/2000.

103      ACRYLAMIDE

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
ACRYLAMIDE	AS3325000	9-6-

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
WEIGHT LOSS		YES	ANNUAL	YES
NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS		YES	ANNUAL	YES
FAMILY HISTORY OF:				
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	YES
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

---

## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH Criteria for a Written Standard...Occupational Exposure to Acrylamide DHEW Pub No. 77-112.

PROGRAM REVISED 10/97.

104      ACRYLONITRILE (VINYL CYANIDE)

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
ACRYLONITRILE	AT5250000	07-13-1

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1045 and 29 CFR 1926.1145

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	YES
CHEST PAIN, ANGINA, HEART ATTACK		YES	ANNUAL	YES
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	ANNUAL	YES
SHORTNESS OF BREATH		YES	ANNUAL	YES
COUGH (DRY OR PRODUCTIVE)		YES	ANNUAL	YES
PNEUMONIA		YES	ANNUAL	YES
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
PROBLEMS WITH BALANCE AND COORDINATION		YES	ANNUAL	YES
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	YES
THYROID DISEASE (HEAT OR COLD INTOLERANCE)		YES	ANNUAL	YES
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	YES
PERSONALITY CHANGE		YES	ANNUAL	YES
FAMILY HISTORY OF:				
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILIRUBIN, ALK PHOS.		YES	NO	YES
SGOT (AST)		*	ANNUAL	YES
ADDITIONAL LAB TESTS:				
STOOL HEMOCCULT (OVER AGE 40)		YES	ANNUAL	YES
RADIOLOGY-				
CHEST X-RAY (PA)		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	YES
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	YES
CARDIOVASCULAR SYSTEM		YES	ANNUAL	YES
ABDOMEN		YES	ANNUAL	YES
LIVER		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
THYROID		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	YES

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PROGRAM DESCRIPTION:

\* SGOT for baseline is included in baseline liver profile. Only SGOT is required as annual test.

See Appendix G for recommendations from American Cancer Society for performing the Hemocult II. REFERENCES: (1); (2); (3); (4); (OTHER); 29 CFR 1910.1045 and 25 CFR 1926.1145. PROGRAM REVISED 3/2000.

PROVIDER COMMENTS:

105 ALLYL CHLORIDE

STRESSOR(S) IN THIS PROGRAM:  
ALLYL CHLORIDENIOSH # CAS #  
UC7350000 107-05-1

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
HEPATITIS OR JAUNDICE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
CHANGE OR LOSS OF VISION		YES	ANNUAL	NO
EYE IRRITATION		YES	ANNUAL	NO
LIVER DISEASE		YES	ANNUAL	NO
KIDNEY DISEASE		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILIRUBIN, ALK. PHOS.		YES	ANNUAL	NO
BUN AND CREATININE		YES	ANNUAL	NO
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	NO

EXAM ELEMENT	EXAM GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	NO
SPIROMETRY-				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
EYES		YES	ANNUAL	NO
LIVER		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

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PROGRAM DESCRIPTION:

    REFERENCES (3); (4); (OTHER); NIOSH Criteria For a Recommended  
Standard...Occupational Exposure to Allyl Chloride DHEW Pub No. 76-204.  
PROGRAM REVISED 10/97.

106 4-AMINODIPHENYL

STRESSOR(S) IN THIS PROGRAM:  
4-AMINODIPHENYLNIOSH # CAS #  
DU8925000 92-67-1

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1003 and 29 CFR 1926.1103

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
DECREASED IMMUNITY		YES	ANNUAL	YES
PROBLEMS WITH URINATION/BLOOD IN URINE		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
IMPOTENCE OR SEXUAL DYSFUNCTION		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
FAMILY HISTORY OF:				
GENETIC DISEASE (INCLUDE CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY:				
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	REM OVAL
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

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## PROGRAM DESCRIPTION:

REFERENCES: (1); (3); (OTHER); 29 CFR 1910.1003. Former standard 29 CFR 1910.1011 and 1910.1103. PROGRAM REVIEWED 3/2000

109      ANTIMONY

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
ANTIMONY	CC4025000	7440-36-0
ANTIMONY TRIOXIDE (HANDLING & USE)	CC5650000	1309-64-4

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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MEDICAL HISTORY: HAVE YOU EVER HAD?

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY	YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY	YES	ANNUAL	YES
CANCER	YES	ANNUAL	YES
BACK INJURY	YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK? (BEER, WINE, LIQUOR)	YES	ANNUAL	YES
HAVE YOU EVER SMOKED	YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)	YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	ANNUAL	YES
MEDICATION ALLERGIES	YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS	YES	ANNUAL	YES
SKIN DISEASE	YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)	YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS	YES	ANNUAL	YES
EYE IRRITATION	YES	ANNUAL	YES
SHORTNESS OF BREATH	YES	ANNUAL	YES
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS	YES	ANNUAL	YES

WORK HISTORY OF:

EXP TO SKIN IRRITANTS	YES	ANNUAL	YES
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FAMILY HISTORY OF:

CANCERS (LEUKEMIA, TUMORS)	YES	ANNUAL	YES
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COMMENTS ON MEDICAL HISTORY:	YES	ANNUAL	YES
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LABORATORY-

CARDIOLOGY:

ELECTROCARDIOGRAM	YES	NO	YES
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RADIOLOGY:

CHEST X-RAY (PA)	YES	NO	YES
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COMMENTS ON LABORATORY RESULTS:

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CARDIOVASCULAR SYSTEM		YES	ANNUAL	YES
EYES		YES	ANNUAL	YES
MUCOUS MEMBRANES		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	YES

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PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH Criteria for a  
Recommended Standard...Occupational Exposure to Antimony, DHEW Pub No. 78-216.  
PROGRAM REVISED 10/97

111 ARSENIC  
(EMPLOYEES NOT COVERED BY PROGRAM 112)

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
CALCIUM ARSENATE	CG0830000	7778-44-1
ARSENIC ACID, LEAD (2+) SALT (2:3)	CG0990000	3687-31-8
ARSENIC (INORGANIC & SOLUBLE COMPOUNDS)	CG0525000	7440-38-2

PROGRAM FREQUENCIES: SEMI ANNUAL

OSHA STANDARD 29 CFR 1910.1018 and 29 CFR 1926.1118

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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MEDICAL HISTORY: HAVE YOU EVER HAD?

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	SEMI-A	YES
MAJOR ILLNESS OR INJURY	YES	SEMI-A	YES
HOSPITALIZATION OR SURGERY	YES	SEMI-A	YES
CANCER	YES	SEMI-A	YES
BACK INJURY	YES	SEMI-A	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)	YES	SEMI-A	YES
HAVE YOU EVER SMOKED	YES	SEMI-A	YES
DO YOU CURRENTLY SMOKE	YES	SEMI-A	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	SEMI-A	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	SEMI-A	YES
MEDICATION ALLERGIES	YES	SEMI-A	YES
ANY REPRODUCTIVE HEALTH CONCERNS	YES	SEMI-A	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)	YES	SEMI-A	YES
SKIN DISEASE	YES	SEMI-A	YES
LUNG/RESP DISEASE (EX: COPD, BRONCHITIS, PNEUMONITIS)	YES	SEMI-A	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS	YES	SEMI-A	YES
COUGHING UP BLOOD (HEMOPTYSIS)	YES	SEMI-A	YES
SHORTNESS OF BREATH	YES	SEMI-A	YES
COUGH (DRY OR PRODUCTIVE)	YES	SEMI-A	YES
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET	YES	SEMI-A	YES

WORK HISTORY OF:

10 OR MORE YRS SINCE FIRST EXP TO ARSENIC	YES	SEMI-A	YES
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FAMILY HISTORY OF:

CANCERS (LEUKEMIA, TUMORS)	YES	SEMI-A	YES
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COMMENTS ON MEDICAL HISTORY:	YES	SEMI-A	YES
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LABORATORY-

CYTOLOGY:

SPUTUM CYTOLOGY	YES	SEMI-A	YES
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RADIOLOGY-

CHEST X-RAY (PA)	YES	SEMI-A	YES
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COMMENTS ON LABORATORY RESULTS:	YES	SEMI-A	YES
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EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	SEMI-A	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	SEMI-A	YES
CARDIOVASCULAR SYSTEM		YES	SEMI-A	YES
LIVER		YES	SEMI-A	YES
NASAL MUCOSA (SEPTAL PERFORATION)		YES	SEMI-A	YES
RESPIRATORY SYSTEM		YES	SEMI-A	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	SEMI-A	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	SEMI-A	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	SEMI-A	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN		YES	SEMI-A	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	SEMI-A	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	SEMI-A	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	SEMI-A	YES
RECOMMENDATIONS:		YES	SEMI-A	YES

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PROGRAM DESCRIPTION:

When a specified examination has not been provided within six months preceding termination of employment, an examination must be provided upon termination of employment. REFERENCE: (OTHER); 1. 29 CFR 1910.1018 and 1910.1118; 2. 29 CFR 1910.134, Respiratory Protection; 3. NIOSH/OSHA Occupational Health Guidelines for Chemical Hazards, U.S. Department of Health and Human Services, 1988; 4. Morgan DP. Recognition and Management of Pesticide Poisonings, Fourth Edition. United States Environmental Protection Agency. 1989:54-61; (1); 5. Klaassen CD, Amdur MO, Doull J. Cassarett and Doull's Toxicology, Third Edition. New York, NY: Macmillan Publishing Co. 1986:588-591; 6. International Agency For Research On Cancer. IARC Monographs On The Evaluation Of The Carcinogenic Risk Of Chemicals To Humans. Switzerland: World Health Organization. 1980:vol 23, 39-141; 7. OSHA Standard Interpretation Letter of August 19, 1996. PROGRAM REVIEWED 3/2000

PROVIDER COMMENTS:

Reference (1) requires International Labor Office UICC/Cincinnati (ILO U/C) rating of chest x-ray. This should be arranged through local Radiology Department.

Reference (7) provides interim guidance pending completion of rule making on this matter. It states that CSHOs encountering inspection situations where semi-annual chest x-rays and/or sputum cytology tests were not conducted in accordance with the requirements of the standard shall not issue citations for these elements provided:

1. All other elements of the required medical examinations were provided, and
2. At least annual chest x-rays were being provided to affected workers in lieu of semiannual chest x-rays.

112 ARSENIC ANY EXPOSURE  
(UNDER 45 YRS WITH LESS THAN 10 YRS EXPOSURE OVER THE ACTION LEVEL)

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
CALCIUM ARSENATE	CG0830000	7778-44-1
ARSENIC ACID, LEAD (2+) SALT (2:3)	CG0990000	3687-31-8
ARSENIC (INORGANIC & SOLUBLE COMPOUNDS)	CG0525000	7440-38-2

PROGRAM FREQUENCIES: ANNUAL

OSHA STANDARD 29 CFR 1910.1018 and 29 CFR 1926.1118

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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MEDICAL HISTORY: HAVE YOU EVER HAD?

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY	YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY	YES	ANNUAL	YES
CANCER	YES	ANNUAL	YES
BACK INJURY	YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)	YES	ANNUAL	YES
HAVE YOU EVER SMOKED	YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE	YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	ANNUAL	YES
MEDICATION ALLERGIES	YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS	YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)	YES	ANNUAL	YES
SKIN DISEASE	YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)	YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS	YES	ANNUAL	YES
COUGHING UP BLOOD (HEMOPTYSIS)	YES	ANNUAL	YES
SHORTNESS OF BREATH	YES	ANNUAL	YES
COUGH (DRY OR PRODUCTIVE)	YES	ANNUAL	YES
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET	YES	ANNUAL	YES

WORK HISTORY OF:

10 OR MORE YRS SINCE FIRST EXP TO ARSENIC	YES	ANNUAL	YES
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FAMILY HISTORY OF:

CANCERS (LEUKEMIA, TUMORS)	YES	ANNUAL	YES
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COMMENTS ON MEDICAL HISTORY:

YES	ANNUAL	YES
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LABORATORY-

CYTOLOGY:

SPUTUM CYTOLOGY	YES	NO	YES
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EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
RADIOLOGY-				
CHEST X-RAY (PA)		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	YES
CARDIOVASCULAR SYSTEM		YES	ANNUAL	YES
LIVER		YES	ANNUAL	YES
NASAL MUCOSA (SEPTAL PERFORATION)		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
LISTED ON OPNAV 5100/15?				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

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PROGRAM DESCRIPTION:

When a specified examination has not been provided within six months preceding termination of employment, an examination must be provided upon termination of employment. REFERENCE: (OTHER); 1. 29 CFR 1910.1018 and 1910.1118; 2. 29 CFR 1910.134, Respiratory Protection 3. NIOSH/OSHA Occupational Health Guidelines for Chemical Hazards, U.S. Department of Health and Human Services, 1988; 4. Morgan DP. Recognition and Management of Pesticide Poisonings, Fourth Edition. United States Environmental Protection Agency. 1989:54-61; (1); 5. Klaassen CD, Amdur MO, Doull J. Cassarett and Doull's Toxicology, Third Edition. New York, NY: Macmillan Publishing Co. 1986:588-591; 6. International Agency For Research On Cancer. IARC Monographs On The Evaluation Of The Carcinogenic Risk Of Chemicals To Humans. Switzerland: World Health Organization. 1980:vol 23, 39-141. PROGRAM REVIEWED 3/2000

PROVIDER COMMENTS:

Reference (1) requires International Labor Office UICC/Cincinnati (ILO U/C) rating of chest x-ray. This can be arranged through the local Radiology Department.

## 113 ASBESTOS CURRENT WORKER

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
ASBESTOS	CI6475000	1332-21-4
CHRYSTOTILE	CI6478500	12001-29-5
AMOSITE	CI6477000	12172-73-5
ANTHOPHYLLITE	CA8430000	17068-78-9
CROCIDOLITE	CI6479000	12001-28-4

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 1910.1001 and 1926.1101

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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MEDICAL HISTORY: HAVE YOU EVER HAD?

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY	YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY	YES	ANNUAL	YES
CANCER	YES	ANNUAL	YES
BACK INJURY	YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)	YES	ANNUAL	YES
HAVE YOU EVER SMOKED	YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)	YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	ANNUAL	YES
MEDICATION ALLERGIES	YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS	YES	ANNUAL	YES
ANY FINDING RELATED TO ASBESTOS EXPOSURE?	YES	ANNUAL	YES

## LABORATORY:

## RADIOLOGY

CHEST X-RAY (ASBESTOS) USING NAVMED 6260/7	YES	ANNUAL	YES
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## CIRCLE CORRECT FREQUENCY:

YEARS SINCE FIRST EXPOSURE	AGE OF EMPLOYEE		
	15 TO 35	35 TO 45	45+
0 TO 10	5 YEARS	5 YEARS	5 YEARS
10+	5 YEARS	2 YEARS	1 YEAR

## SPIROMETRY:

SPIROMETRY (FVC, FEV1, FEV1/FVC)	YES	ANNUAL	YES
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## QUALIFICATIONS:

RESPIRATORY PROTECTION	YES	ANNUAL	YES
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EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
SPECIAL NOTATIONS:				
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN		YES	ANNUAL	YES
COUNSELING REGARDING THE COMBINED EFFECTS OF SMOKING AND ASBESTOS EXPOSURE		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW LISTED ON OPNAV 5100/15?		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

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PROGRAM DESCRIPTION:

Examination is required within 30 calendar days before or after termination of employment, if not examined within the last year. REFERENCES: (OTHER); 1. 29 CFR 1910.1001; 2. OPNAVINST 5100.23E, Chapter 17; 3. OPNAVINST 5100.19C, Chapter B1. PROGRAM REVISED 3/2000

PROVIDER COMMENTS:

Examination results are recorded on NAVMED 6260/5, REV (5/90), 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 Written Opinion. A sample is included in Appendix E. 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 Written Opinion.

If Hemoccult examinations are provided at your facility, Appendix F contains recommendations from the American Cancer Society for performing the Hemoccult II.

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115 ASBESTOS PAST WORKER 10+ YEARS SINCE FIRST EXP

STRESSOR(S) IN THIS PROGRAM:	NIOSH#	CAS#
ASBESTOS	CI6475000	1332-21-4
CHRYSTILS	CI6478500	12001-29-5
AMOSITE	CI6477000	12172-73-5
ANTHOPHYLLITE	CA8430000	17068-78-9
CROCIDOLITE	CI6479000	12001-28-4

PROGRAM FREQUENCY: AGE DEPENDENT

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC
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MEDICAL HISTORY: HAVE YOU EVER HAD?  
PERSONAL HISTORY OF:  
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15) YES \*\*\*

IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW YES \*\*\*  
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW YES \*\*\*  
RECOMMENDATIONS: YES \*\*\*

PROGRAM DESCRIPTION:

## \*\*\*FREQUENCY OF EXAMINATION

AGE	FREQUENCY
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15 to 34	PENTA-ENNIAL
35 to 44	BI-ENNIAL
45+	ANNUAL

Military and civilian personnel who have a history of asbestos exposure during past federal employment or military service may be included in the Asbestos Medical Surveillance Program (AMSP), upon request, if any of the following criteria are met.

1. History of enrollment in the Navy AMSP.
2. A history of participation in any operation where visible airborne asbestos dust was present, including but not limited to rip-outs, for approximately 30 days or more in the past.
3. The occupational health provider, with occupational medicine physician consultation, concludes that the individual had exposure to asbestos that meets the current OSHA criteria for placement in the medical surveillance program, or its equivalent, for approximately 30 days or more in the past.

An employee who is in the AMSP based on a history of past exposure may be removed from the AMSP upon request. An entry in the medical record on the SF 600 should document the rationale for removing the individual from the AMSP. In Addition, notify NAVENVIRHLTHCEN in writing the name and SSN of any

individual incorrectly placed in the AMSP when that person is removed from the program.

While not required, a termination evaluation may be recommended in certain cases, such as those with a history of heavy exposure or when there has been a long interim since the last evaluation.

REFERENCES: (OTHER); 1. OPNAVINST 5100.23E, Chapter 17; 2. OPNAVINST 5100.19C, Chapter B1; 3. Occupational Medicine Field Operations Manual, current edition. PROGRAM REVISED 3/2000

PROVIDER COMMENTS:

If Hemocult examinations are provided at your facility, Appendix F contains recommendations from the American Cancer Society for performing the Hemocult II.

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 ( $FEV_1$ , FVC,  $FEV_1/FVC\%$ ) and chest x-ray with B Reader interpretation are performed with each examination. The examination is documented on NAVMED 6260/5, Rev (5/90), 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.



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116 ASBESTOS PAST WORKER - 0 TO 10 YEARS SINCE FIRST EXPOSURE

## STRESSOR(S) IN THIS PROGRAM:

ASBESTOS	CI6475000	1332-21-4
CHRYSTILS	CI6478500	12001-29-5
AMOSITE	CI6477000	12172-73-5
ANTHOPHYLLITE	CA8430000	17068-78-9
CROCIDOLITE	CI6479000	12001-28-4

PROGRAM FREQUENCY: PENTA-ENNIAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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## MEDICAL HISTORY: HAVE YOU EVER HAD?

## PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	PENTA-E
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## SPECIAL NOTATIONS:

SUBSTANCE(S) KNOWN HUMAN CARCINOGEN	YES	PENTA-E
COUNSELING REGARDING THE COMBINED EFFECTS OF SMOKING AND ASBESTOS EXPOSURE	YES	PENTA-E

IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW LISTED ON OPNAV 5100/15?	YES	PENTA-E
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ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW	YES	PENTA-E
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RECOMMENDATIONS:	YES	PENTA-E
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## PROGRAM DESCRIPTION:

Military and civilian personnel who have a history of asbestos exposure during past federal employment or military service may be included in the Asbestos Medical Surveillance Program (AMSP), upon request, if any of the following criteria are met.

1. History of enrollment in the Navy AMSP.
2. History of participation in any operation where visible airborne asbestos dust was present, including but not limited to rip-outs, for approximately 30 days or more in the past.
3. The occupational health provider, with occupational medicine physician consultation, concludes that the individual had exposure to asbestos that meets the current OSHA criteria for placement in the medical surveillance program, or its equivalent, for approximately 30 days or more in the past.

An employee who is in the AMSP based on a history of past exposure may be removed from the AMSP upon request. An entry in the medical record on the SF 600 should document the rationale for removing the individual from the AMSP. In Addition, notify NAVENVIRHLTHCEN in writing the name and SSN of any individual incorrectly placed in the AMSP when that person is removed from the program.

While not required, a termination evaluation may be recommended in certain cases, such as those with a history of heavy exposure or when there has been a long interim since the last evaluation.

REFERENCES: (OTHER); 1. OPNAVINST 5100.23E, Chapter 17; 2. OPNAVINST 5100.19C, Chapter B1; 3. Occupational Medicine Field Operations Manual, current edition. PROGRAM REVISED 3/2000

PROVIDER COMMENTS:

If Hemocult examinations are provided at your facility, Appendix F contains recommendations from the American Cancer Society for performing the Hemocult II.

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 ( $FEV_1$ , FVC,  $FEV_1/FVC\%$ ) and chest x-ray with B Reader interpretation are performed with each examination. The examination is documented on NAVMED 6260/5, Rev (5/90), 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.

117 BENZENE

STRESSOR(S) IN THIS PROGRAM:  
BENZENENIOSH # CAS #  
CY1400000 71-43-2

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1028 and 29 CFR 1926.1128

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
BLEEDING ABNORMALITIES		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO BENZENE		YES	ANNUAL	YES
EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS		YES	ANNUAL	YES
EXP TO IONIZING RADIATION		YES	ANNUAL	YES
EXP TO CARCINOGENS		YES	ANNUAL	YES
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	YES
FAMILY HISTORY OF:				
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	YES
GENETIC DISEASE (INCLUDE CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
LABORATORY-				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	ANNUAL	YES
DIFFERENTIAL WHITE BLOOD CELL COUNT		YES	ANNUAL	YES
PLATELET COUNT		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	YES
PERIPHERAL NERVOUS SYSTEM		YES	ANNUAL	YES
ABDOMEN		YES	ANNUAL	YES
LIVER		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

REFERENCE: (OTHER); 1. 29 CFR 1910.1028 and 1926.1128; 2. Goesline, BD, Biological and ambient monitoring of benzene in the workplace, Journal of Medicine, 1986, 28 (10):1051. PROGRAM REVIEWED 3/2000

## PROVIDER COMMENTS:

Guidance on emergency examinations, mandatory referrals to a hematologist or internist by the examining physician, and mandatory removal are contained in 29 CFR 1910.1028. 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.

118 BENZIDINE

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
BENZIDINE	DC9625000	92-87-5

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1003 and 29 CFR 1926.1103

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
DECREASED IMMUNITY		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
PROBLEMS WITH URINATION/BLOOD IN URINE		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
IMPOTENCE OR SEXUAL DYSFUNCTION		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS		YES	ANNUAL	YES
EXP TO CARCINOGENS		YES	ANNUAL	YES
FAMILY HISTORY OF:				
GENETIC DISEASE (INCLUDE CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
CYTOLOGY:				
URINE CYTOLOGY		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
GENITOURINARY TRACT		YES	ANNUAL	YES
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	YES
PROGRAM DESCRIPTION:				
REFERENCE: (1); (2); (OTHER); 29 CFR 1910.1003 and 1926.1103. Former standard 29 CFR 1910.1010. PROGRAM REVIEWED 3/2000				

## 121 BERYLLIUM

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
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: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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MEDICAL HISTORY: HAVE YOU EVER HAD?

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY	YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY	YES	ANNUAL	YES
CANCER	YES	ANNUAL	YES
BACK INJURY	YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)	YES	ANNUAL	YES
HAVE YOU EVER SMOKED	YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)	YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	ANNUAL	YES
MEDICATION ALLERGIES	YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS	YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)	YES	ANNUAL	YES
SKIN DISEASE	YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)	YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS	YES	ANNUAL	YES
COUGHING UP BLOOD (HEMOPTYSIS)	YES	ANNUAL	YES
SHORTNESS OF BREATH	YES	ANNUAL	YES
COUGH (DRY OR PRODUCTIVE)	YES	ANNUAL	YES
PNEUMONIA	YES	ANNUAL	YES

WORK HISTORY OF:

EXP TO SKIN IRRITANTS	YES	ANNUAL	YES
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FAMILY HISTORY OF:

CANCERS (LEUKEMIA, TUMORS)	YES	ANNUAL	YES
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COMMENTS ON MEDICAL HISTORY:

	YES	ANNUAL	YES
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EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
LABORATORY-				
RADIOLOGY:				
CHEST X-RAY (PA)		YES	ANNUAL	YES
SPIROMETRY-				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

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PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4). PROGRAM REVISED 10/97.

PROVIDER COMMENTS:

Beryllium-specific peripheral blood lymphocyte proliferation testing or other available preferred beryllium-specific tests might be considered appropriate by an occupational medicine physician. Anyone performing a beryllium-specific test should notify the Navy Environmental Health Center, Occupational Medicine Directorate.



## 178 BLOOD AND/OR BODY FLUIDS

PROGRAM FREQUENCY: BASELINE ONLY

OSHA STANDARD 29 CFR 1910.1030

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE
MEDICAL HISTORY: HAVE YOU EVER HAD?		
PERSONAL HISTORY OF:		
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES
MAJOR ILLNESS OR INJURY		YES
HOSPITALIZATION OR SURGERY		YES
CANCER		YES
BACK INJURY		YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES
HAVE YOU EVER SMOKED		YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES
MEDICATION ALLERGIES		YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES
<b>HAVE YOU EVER BEEN EVALUATED FOR LATEX ALLERGY</b>		<b>YES</b>
WORK HISTORY OF:		
EXP TO POTENTIALLY INFECTIOUS BODY FLUIDS		YES
COMMENTS ON MEDICAL HISTORY:		YES
PHYSICAL EXAMINATION:		
VITAL SIGNS		YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES
COMMENTS ON PHYSICAL EXAMINATION:		YES
QUALIFICATIONS:		
IS HEPATITIS B VACCINE SERIES COMPLETE OR PRIOR INFECTION DOCUMENTED?		YES
SPECIAL NOTATIONS:		
ASSESS THE EXAMINEE'S KNOWLEDGE OF UNIVERSAL BLOOD/ BODY FLUID PRECAUTIONS		YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES
RECOMMENDATIONS:		YES

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**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.

REFERENCES: (OTHER); 1. 29 CFR 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) Publication Number 89-107; 3. Lewy R. Organization and conduct of a hospital occupational health service, 1987, Occupational Medicine: State of the Art Reviews 2(3): 617-649. 4. MMWR Vol 38/S-6, Guidelines for prevention of transmission of human immunodeficiency virus and hepatitis B virus to health care and public-safety workers US Dept of HHS, Public Health Service, CDC, June 23 1989. 5. MMWR Vol 39/No.RR-1, Public Health Service Statement on Management of Occupational Exposure to Human Immunodeficiency Virus, Including Considerations Regarding Zidovudine Postexposure Use, US Dept of HHS, Public Health Service CDC, January 26, 1990. 6. Update: Provisional Public Health Service Recommendations for Chemoprophylaxis after Occupational Exposure to HIV. MMWR, 7 Jun 96. 7. OASD Policy. Hepatitis B Immunization Policy for Department of Defense Medical and Dental Policy. 23 Oct 96. 8. Hepatitis C Information for Health Care Workers. In: Hepatitis Surveillance, Report No. 56. Centers for Disease Control and Prevention. April 1996.

PROGRAM REVISED 3/2000

**PROVIDER COMMENTS:**

A sample physician's written opinion can be found in Appendix E.

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 4. Guidelines regarding the use of zidovudine post HIV exposure are in Reference 5. Occupational Health staff managing exposure incidents involving HIV should have reference 5 and 2 or 4 on hand as well as current recommendations issued by NEHC, the nearest NEPMU or the Infectious Disease Department at Navy MTF's.

Category II exposure includes persons performing tasks that involve no exposure to blood or body fluids or tissues, but whose employment may require performing unplanned Category I tasks. This category may include firefighters, police officers, ambulance and correctional workers. Hepatitis B vaccine is not generally recommended for these workers (Reference 6). Employees occupationally exposed on an average of one or more times per month to blood or other potentially infectious materials are recommended candidates for HBV series (reference 1).

The MMWR 7 Jun 96 details the chemoprophylaxis recommended to workers after occupational exposures associated with the highest risk for HIV transmission. Health care providers in the United States are encouraged to enroll workers who receive post-exposure prophylaxis (PEP) in the new HIV Postexposure Prophylaxis Registry, telephone (888) 737-4448 (888-737-4HIV). The data gathered will help shape future recommendations for managing occupational HIV exposures.

122 BORON TRIFLUORIDE

STRESSOR(S) IN THIS PROGRAM:  
BORON TRIFLUORIDENIOSH # CAS #  
ED2275000 7637-07-2

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	NO
SPIROMETRY:				
SPIROMETRY (FEV1, FVC, FEV1/FVC)		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	NO	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
EYES		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

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## PROGRAM DESCRIPTION:

REFERENCES: (1); (3); (5). PROGRAM REVISED 10/97

217 1,3-BUTADIENE

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

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1051

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
DECREASED IMMUNITY		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO BENZENE		YES	ANNUAL	YES
EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS		YES	ANNUAL	YES
EXP TO IONIZING RADIATION		YES	ANNUAL	YES
EXP TO CARCINOGENS		YES	ANNUAL	YES
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	YES
FAMILY HISTORY OF:				
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	YES
GENETIC DISEASE (INCLUDE CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
DECREASED IMMUNITY		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
LABORATORY:				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	ANNUAL	YES
DIFFERENTIAL WHITE BLOOD CELL COUNT		YES	ANNUAL	YES
PLATELET COUNT		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	TRI-ENN	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
ABDOMEN		YES	TRI-ENN	YES
LIVER		YES	TRI-ENN	YES
SPLEEN		YES	TRI-ENN	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	TRI-ENN	YES
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	TRI-ENN	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	TRI-ENN	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	TRI-ENN	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

REFERENCE: (OTHER); 1. 29 CFR 1910.1051. PROGRAM reviewed 3/2000

## PROVIDER COMMENTS:

The following are the criteria for placement in this program:

1. Employees with exposure to butadiene at concentrations at or above the action level on 30 or more days;
2. Employees who have or may have exposure to butadiene at or above the PELs on 10 or more days a year;
3. Medical surveillance shall be continued for employees even after transfer to a job without butadiene exposure, whose work histories suggest exposure to butadiene:
  - At or above the PELs on 30 or more days a year for 10 or more years.
  - At or above the action level on 60 or more days a year for 10 or more years.
  - Above 10 ppm on 30 or more days in any past year. **See 29 CFR 1910.1051, Appendix C, for health effect information and questionnaire sample.**

Medical surveillance shall be instituted for employees 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.

See Appendix E for sample Physician's Written Opinion.

## 124 CADMIUM (CURRENT EXPOSURE)

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
CADMIUM (DUST AND SALTS)	EU9800000	7440-43-9
CADMIUM OXIDE	EV1925000	1306-19-0
CADMIUM SULFIDE	EV3150000	1306-23-6
CADMIUM SULFATE (1:)	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

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1027 and 29 CFR 1926.1127

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		***	@@@	###
MAJOR ILLNESS OR INJURY		***	@@@	###
HOSPITALIZATION OR SURGERY		***	@@@	###
CANCER		***	@@@	###
BACK INJURY		***	@@@	###
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		***	@@@	###
HAVE YOU EVER SMOKED		***	@@@	###
DO YOU CURRENTLY SMOKE (PACKS/DAY)		***	@@@	###
HOW MANY YEARS HAVE OR DID YOU SMOKE? NONE_____NUMBER OF YEARS_____				
GREATEST NUMBER OF PACKS PER DAY SMOKED. _____				
FORMER SMOKERS - TIME SINCE QUITTING: _____YEARS				
AVERAGE PACKS PER DAY SMOKED_____				
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		***	@@@	###
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		***	@@@	###
MEDICATION ALLERGIES		***	@@@	###
ANY REPRODUCTIVE HEALTH CONCERNS		***	@@@	###
BLOOD DISEASES (ANEMIA)		***	@@@	###
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		***	@@@	###
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		***	@@@	###
CHEST PAIN, ANGINA, HEART ATTACK				
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		***	@@@	###
COUGHING UP BLOOD (HEMOPTYSIS)		***	@@@	###
SHORTNESS OF BREATH				
COUGH (DRY OR PRODUCTIVE)		***	@@@	###
LIVER DISEASE		***	@@@	###
KIDNEY DISEASE		***	@@@	###
KIDNEY STONES		***	@@@	###



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PROBLEMS WITH URINATION/BLOOD IN URINE		***	@@@	###
PROTEIN IN URINE		***	@@@	###
CURRENT PREGNANCY (SELF OR SPOUSE)		***	@@@	###
IMPOTENCE OR SEXUAL DYSFUNCTION		***	@@@	###
BONE PROBLEMS (BROKEN BONES)		***	@@@	###
WORK HISTORY OF:				
EXPOSURE TO CADMIUM		***	@@@	###
FAMILY HISTORY OF:				
CANCERS (LEUKEMIA, TUMORS)		***	@@@	###
COMMENTS ON MEDICAL HISTORY:		***	@@@	###
LABORATORY:				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		***	@@@	###
SERUM CHEMISTRY:				
BUN AND CREATININE		***	@@@	###
CADMIUM IN BLOOD (CdB)		***	+++	###
URINALYSIS:				
ROUTINE:				
URINALYSIS WITHOUT MICROSCOPIC		***	@@@	###
URINE CHEMISTRY:				
CADMIUM IN URINE (CdU)		***	+++	###
BETA-2-MICROGLOBULIN ( $\beta_2$ -M) IN URINE		***	+++	###
RADIOLOGY-				
CHEST X-RAY (PA)		***	!!!	###
SPIROMETRY-				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		***	@@@	###
OTHER TESTS DEEMED APPROPRIATE BY THE PHYSICIAN		***	@@@	###
COMMENTS ON LABORATORY RESULTS:		***	@@@	###
PHYSICAL EXAMINATION:				
VITAL SIGNS		***	@@@	###
SPECIAL ATTENTION IN EXAMINATION TO:				
KIDNEY				
RESPIRATORY SYSTEM		***	@@@	###
PROSTATE PALPATION OR OTHER AT-LEAST-AS-EFFECTIVE		***	@@@	###
DIAGNOSTIC TEST(S) FOR MALES OVER 40 YEARS OLD				
OTHER APPROPRIATE EXAMINATION (SPECIFY)		***	@@@	###
COMMENTS ON PHYSICAL EXAMINATION:		***	@@@	###
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		***	@@@	###
PHYSICIAN'S WRITTEN OPINION REQUIRED		***	@@@	###

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		***	@@@	###
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		***	@@@	###
LISTED BELOW				
RECOMMENDATIONS:		***	@@@	###

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PROGRAM DESCRIPTION: REFERENCES: (OTHER); 1. 29 CFR 1910.1027; 2. 29 CFR 1926.63; 3. NAVENVIRHLTHCEN letter 6260 Ser 3213/6538 of 4 Jan 1993.

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 on Program #716, Respirator User Certification Exam. PROGRAM REVIEWED 3/2000

29 CFR 1910.1027 describes the medical removal program.

PROVIDER COMMENTS:

The medical surveillance program consists of medical examinations and biological monitoring. The Physician's Written Opinion is required by the OSHA Standard. A sample is included in Appendix E.

\*\*\*Initial (preplacement) examinations shall be provided for all personnel who meet the criteria for inclusion in the cadmium medical surveillance program within 30 days after initial assignment to the job with cadmium exposure.

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.

+++Biological monitoring tests are provided either as part of a periodic medical examination or separately and are required to be performed at least annually.

@@@After the initial exam and the subsequent exam one year later, the frequency of periodic medical examinations is to be at least biannually. It also may be triggered by the results of biological monitoring. Guidance on actions triggered by biological monitoring is detailed in 29 CFR 1910.1027 or NAVENVIRHLTHCEN letter referenced above.

!!!The frequency of chest x-rays is determined by the examining physician.

###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.



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## 206 CADMIUM (PAST EXPOSURE)

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
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

PROGRAM FREQUENCY: SEE PROGRAM DESCRIPTION

OSHA STANDARD 29 CFR 1910.1027 and 29 CFR 1926.1127

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		***	***	***
MAJOR ILLNESS OR INJURY		***	***	***
HOSPITALIZATION OR SURGERY		***	***	***
CANCER		***	***	***
BACK INJURY		***	***	***
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		***	***	***
HAVE YOU EVER SMOKED		***	***	***
DO YOU CURRENTLY SMOKE (PACKS/DAY)		***	***	***
HOW MANY YEARS HAVE OR DID YOU SMOKE?				
NONE _____ NUMBER OF YEARS _____				
GREATEST NUMBER OF PACKS PER DAY SMOKED. _____				
FORMER SMOKERS - TIME SINCE QUITTING: _____ YEARS				
AVERAGE PACKS PER DAY SMOKED _____				
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		***	***	***
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		***	***	***
MEDICATION ALLERGIES		***	***	***
ANY REPRODUCTIVE HEALTH CONCERNS		***	***	***
BLOOD DISEASES (ANEMIA)		***	***	***
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		***	***	***
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		***	***	***
CHEST PAIN, ANGINA, HEART ATTACK		***	***	***
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF COUGHING UP BLOOD (HEMOPTYSIS)		***	***	***
SHORTNESS OF BREATH				
COUGH (DRY OR PRODUCTIVE)		***	***	***
LIVER DISEASE		***	***	***
KIDNEY DISEASE		***	***	***
KIDNEY STONES		***	***	***
PROBLEMS WITH URINATION/BLOOD IN URINE		***	***	***

PROTEIN IN URINE

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EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
CURRENT PREGNANCY (SELF OR SPOUSE)		***	***	***
IMPOTENCE OR SEXUAL DYSFUNCTION		***	***	***
BONE PROBLEMS (BROKEN BONES)		***	***	***
WORK HISTORY OF:				
EXPOSURE TO CADMIUM		***	***	***
FAMILY HISTORY OF:				
CANCERS (LEUKEMIA, TUMORS)		***	***	***
COMMENTS ON MEDICAL HISTORY:		***	***	***
LABORATORY-				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		***	***	***
SERUM CHEMISTRY:				
BUN AND CREATININE		***	***	***
CADMIUM IN BLOOD (CdB)		***	***	***
URINALYSIS:				
ROUTINE:				
URINALYSIS WITHOUT MICROSCOPIC		***	***	***
CADMIUM IN URINE (CdU)		***	***	***
BETA-2-MICROGLOBULIN ( $\beta_2$ -M) IN URINE		***	***	***
RADIOLOGY-				
CHEST X-RAY (PA)		***	***	***
SPIROMETRY-				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		***	***	***
OTHER TESTS DEEMED APPROPRIATE BY THE PHYSICIAN		***	***	***
COMMENTS ON LABORATORY RESULTS:		***	***	***
PHYSICAL EXAMINATION:				
VITAL SIGNS		***	***	***
SPECIAL ATTENTION IN EXAMINATION TO:				
RESPIRATORY SYSTEM		***	***	***
PROSTATE PALPATION OR OTHER AT-LEAST-AS-EFFECTIVE		***	***	***
DIAGNOSTIC TEST(S) FOR MALES OVER 40 YEARS OLD				
OTHER APPROPRIATE EXAMINATION (SPECIFY)		***	***	***
COMMENTS ON PHYSICAL EXAMINATION:		***	***	***
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		***	***	***
PHYSICIAN'S WRITTEN OPINION REQUIRED		***	***	***
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		***	***	***
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		***	***	***
LISTED BELOW				
RECOMMENDATIONS:		***	***	***

## PROGRAM DESCRIPTION:

REFERENCES: (OTHER); 1. 29 CFR 1910.1027; 2. 29 CFR 1926.63;  
3. NAVENVIRHLTHCEN letter 6260 Ser 3213/6538 of 4 Jan 1993.

Previously exposed - includes all personnel who, during active duty or civilian employment in the Department of Defense, might previously have been exposed to cadmium at or above the action level:

(1) Personnel whose worksite taskings meet the definition of construction work in 29 CFR 1926.63 with previous exposure to cadmium at or above the action level for an aggregate total of more than 12 months; or

(2) Personnel whose worksite taskings meet the definition of general industry work in 29 CFR 1910.1027 with previous exposure to cadmium at or above the action level for an aggregate total of more than 60 months.

Reference (3) above, strongly recommends that personnel be considered as meeting the definition of construction work unless there is adequate documentation that the general industry (non-construction work) definition is met.

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. See Program #124.  
PROGRAM REVIEWED 3/2000

## PROVIDER COMMENTS: \*\*\*

1. OSHA requires a Physician's Written Opinion. A sample is included in Appendix E.

2. Initial tests show CdU at or below 3 µg/g Cr, CdB at or below 5 µg/lwb, and  $\beta_2$ -M at or below 300 µg/g Cr:

A. Follow-up biological monitoring must be done within one year after the initial biological monitoring.

B. If the follow-up tests confirm previous results, all periodic medical surveillance may be discontinued.

3. Initial tests show CdU exceeds 3 µg/g Cr, CdB exceeds 5 µg/lwb, or  $\beta_2$ -M exceeds 300 µg/g Cr:

A. Full medical examination within 90 days. The elements of the medical examination are listed in the Medical Matrix.

B. The frequency of chest x-rays is determined by the examining physician.



C. If biological monitoring results done during the medical examination show that the CdU no longer exceeds 3 µg/g Cr, CdB no longer exceed 5 µg/lwb or β<sub>2</sub>-M no longer exceeds 300 µg/g Cr, biological monitoring will be repeated after one year. If repeat tests confirm the previous results, periodic medical surveillance may be discontinued.

D. If any follow-up test shows that CdU exceed 3 µg/g Cr, CdB exceeds 5 µg/lwb, or β<sub>2</sub>-M exceeds 300 µg/g Cr, annual medical examinations are required until:

1) the results of biological monitoring are consistently below these levels; or

2) the examining physician determines that further medical surveillance is not required to protect the employee's health.

4. Termination of employment examination is not required if previous biological monitoring results have returned to normal levels and periodic medical surveillance has been discontinued.

125 CARBON BLACK

STRESSOR(S) IN THIS PROGRAM:  
CARBON BLACKNIOSH # CAS #  
FF5800000 1333-86-4

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
SHORTNESS OF BREATH		YES	ANNUAL	NO
COUGH (DRY OR PRODUCTIVE)		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO DUSTS (COAL, BLAST. GRIT, SAND, NUISANCE)		YES	ANNUAL	NO
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
EXP TO CARCINOGENS		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	NO
SPIROMETRY-				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	NO	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

REFERENCES: (2); (3); (4); (OTHER); NIOSH Criteria For A Recommended Standard...Occupational Exposure to Carbon Black, DHEW (NIOSH) Publication No. 78-204, Sept 1978. PROGRAM REVISED 10/97.

## PROVIDER COMMENTS:

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

126 CARBON DISULFIDE

STRESSOR(S) IN THIS PROGRAM:  
CARBON DISULFIDENIOSH # CAS #  
FF6650000 75-15-0

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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MEDICAL HISTORY: HAVE YOU EVER HAD?

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY	YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY	YES	ANNUAL	NO
CANCER	YES	ANNUAL	NO
BACK INJURY	YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)	YES	ANNUAL	NO
HAVE YOU EVER SMOKED	YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)	YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	ANNUAL	NO
MEDICATION ALLERGIES	YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS	YES	ANNUAL	NO
USE OF NITRATE MEDICATION (NITROGLYCERINE)	YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS	YES	ANNUAL	NO
NAUSEA OR VOMITING	YES	ANNUAL	NO
TREMORS	YES	ANNUAL	NO
CHANGE OR LOSS OF VISION	YES	ANNUAL	NO
EYE IRRITATION	YES	ANNUAL	NO
GLAUCOMA	YES	ANNUAL	NO
CHEST PAIN, ANGINA, HEART ATTACK	YES	ANNUAL	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS	YES	ANNUAL	NO
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)	YES	ANNUAL	NO
EPILEPSY (SEIZURE DISORDER)	YES	ANNUAL	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET	YES	ANNUAL	NO
MENTAL/EMOTIONAL ILLNESS	YES	ANNUAL	NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY	YES	ANNUAL	NO
PERSONALITY CHANGE	YES	ANNUAL	NO

FAMILY HISTORY OF:

HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	NO
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COMMENTS ON MEDICAL HISTORY:

YES	ANNUAL	NO
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LABORATORY-

SERUM CHEMISTRY:

BUN AND CREATININE	YES	ANNUAL	NO
CHOLESTEROL	YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
CARDIOLOGY-				
ELECTROCARDIOGRAM		YES	ANNUAL	NO
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	NO
OPTOMETRY-				
VISION SCREEN (VISUAL ACUITY)		YES	ANNUAL	NO
VISUAL FIELDS		YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:				
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO
CARDIOVASCULAR SYSTEM		YES	ANNUAL	NO
EYES		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4); (5). PROGRAM REVIEWED 10/97

127 CARBON MONOXIDE

STRESSOR(S) IN THIS PROGRAM:  
CARBON MONOXIDENIOSH # CAS #  
FG3500000 630-08-0

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	NO
USE OF NITRATE MEDICATION (NITROGLYCERINE)		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
CHANGE OR LOSS OF VISION		YES	ANNUAL	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	ANNUAL	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	ANNUAL	NO
SHORTNESS OF BREATH		YES	ANNUAL	NO
THYROID DISEASE (HEAT OR COLD INTOLERANCE)		YES	ANNUAL	NO
DEPRESSION, DIFFICULTY CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	NO
FAMILY HISTORY OF:				
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	NO	NO
SERUM CHEMISTRY:				
CHOLESTEROL		YES	NO	NO
CARDIOLOGY-				
ELECTROCARDIOGRAM		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	NO	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

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PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4). PROGRAM REVISED 10/97.

128 CARBON TETRACHLORIDE

STRESSOR(S) IN THIS PROGRAM:  
CARBON TETRACHLORIDENIOSH # CAS #  
FG4900000 56-23-5

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
HEPATITIS OR JAUNDICE		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
USE OF BARBITURATES		YES	ANNUAL	YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	YES
NAUSEA OR VOMITING		YES	ANNUAL	YES
EYE IRRITATION		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	YES
FAMILY HISTORY OF:				
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	ANNUAL	YES
DIFFERENTIAL WHITE BLOOD CELL COUNT		YES	ANNUAL	YES



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	NO	YES
SGOT (AST)		*	ANNUAL	YES
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	YES
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	YES
EYES		YES	ANNUAL	YES
LIVER		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	YES
PROGRAM DESCRIPTION:				
* SGOT for baseline is included in baseline liver profile. Only a SGOT is required on annual test. REFERENCES: (1); (2); (3); (4). PROGRAM REVISED 10/97.				

130 CHLOROFORM

STRESSOR(S) IN THIS PROGRAM:  
CHLOROFORMNIOSH # CAS #  
FS9100000 67-66-3

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
<b>SKIN DISEASE</b>		<b>YES</b>	<b>ANNUAL</b>	<b>YES</b>
HEPATITIS OR JAUNDICE		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CYTOTOXIC (DRUGS)		YES	ANNUAL	YES
USE OF BARBITURATES		YES	ANNUAL	YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	YES
NAUSEA OR VOMITING		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	YES
MIGRAINE HEADACHE		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	YES
FAMILY HISTORY OF:				
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
LABORATORY-				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	ANNUAL	YES
DIFFERENTIAL WHITE BLOOD CELL COUNT		YES	ANNUAL	YES
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	ANNUAL	YES
BUN AND CREATININE		YES	ANNUAL	YES
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
CARDIOLOGY-				
ELECTROCARDIOGRAM		YES	NO	YES
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	YES
CARDIOVASCULAR SYSTEM		YES	ANNUAL	YES
ABDOMEN		YES	ANNUAL	YES
LIVER		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3). PROGRAM REVISED 10/97.

131 BIS-CHLOROMETHYL ETHER

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
BIS-CHLOROMETHYL ETHER	KN1575000	542-88-1

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1003 and 29 CFR 1926.1103

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
COUGHING UP BLOOD (HEMOPTYSIS)		YES	ANNUAL	YES
COUGH (DRY OR PRODUCTIVE)		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
IMPOTENCE OR SEXUAL DYSFUNCTION		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
FAMILY HISTORY OF:				
GENETIC DISEASE (INCL CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
RADIOLOGY-				
CHEST X-RAY (PA)		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM OVAL
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY):		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES
<hr/> PROGRAM DESCRIPTION:				
REFERENCE: (OTHER) 29 CFR 1910.1003. Former standard 29 CFR 1910.1008.				
PROGRAM REVIEWED 3/2000				

132 BETA-CHLOROPRENE

STRESSOR(S) IN THIS PROGRAM:  
BETA-CHLOROPRENENIOSH # CAS #  
EI9625000 126-99-8

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
HEPATITIS OR JAUNDICE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
EYE IRRITATION		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	YES
MIGRAINE HEADACHE		YES	ANNUAL	YES
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	ANNUAL	YES
DIFFERENTIAL WHITE BLOOD CELL COUNT		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	NO	YES
BUN AND CREATININE		*	ANNUAL	YES
SGOT (AST)		YES	ANNUAL	YES
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
CARDIOLOGY:				
ELECTROCARDIOGRAM		YES	<b>NO</b>	YES
RADIOLOGY:				
CHEST X-RAY (PA)		YES	NO	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	YES
CARDIOVASCULAR SYSTEM		YES	ANNUAL	YES
LIVER		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
SUBSTANCE(S) SUSPECTED HUMAN MUTAGENIC/FETOTOXIC EFF.		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (1); (2); (3); (4). PROGRAM REVISED 10/97

## 133 CHROMIC ACID/CHROMIUM (VI)

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
CHROMIC ACID	GB2450000	7738-94-
CHROMIC ACID, ZINC SALT	GB3290000	13530-65-9
DICHROMIC ACID, DISODIUM SALT	HX7700000	10588-01-9
CHROMIUM (VI) WATER SOLUBLE	GB4200000	7440-47-3
CHROMIUM (VI) WATER INSOLUBLE	GB4200000	7440-47-3
CHROMIC ACID, LEAD (+2) SALT (1:1)	GB2975000	7758-97-6
CHROMIC ACID, DI-T-BUTYLESTER	GB2900000	1189-85-1
CHROMIC ACID, DISODIUM SALT	GB2955000	7775-11-3
CHROMIC ACID, DISPOTASSIUM SALT	GB2940000	7789-00-6
CHROMIUM PHOSPHATE	GB6840000	7789-04-
CHROMIUM CARBONYL	GB5075000	13007-92-6
CHROMIC ACID, ZINC HYDROXIDE HYDRATE (1:2, 2:1)	GB3260000	15930-94-6
CHROMIUM (VI) OXIDE (1:3)	GB6650000	1333-82-0
CHROMIC ACID, STRONTIUM SALT (1:1)	GB3240000	7789-06-2
CHROMIC ACID, CALCIUM SALT (1:1)	GB2750000	13765-19-0
BARIUM CHROMATE (VI)	CQ8760000	10294-40-3
CHROMATE (1-) HYDROXYOCTAOXODIZINICATED, POTASSIUM	GA9170000	1103-86-9
C.I. PIGMENT YELLOW	GB3300000	37300-23-5
CHROMIUM CHROMATE	GB2850000	24613-89-6

PROGRAM FREQUENCY: ANNUAL

**OSHA STANDARD 29 CFR 1910.1094(d) (9) (OSHA Ventilation Standard)**

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
PERFORATION OF NASAL SEPTUM		YES	ANNUAL	YES
COUGHING UP BLOOD (HEMOPTYSIS)		YES	ANNUAL	YES
SHORTNESS OF BREATH		YES	ANNUAL	YES



COUGH (DRY OR PRODUCTIVE)  
KIDNEY DISEASE

YES ANNUAL YES  
YES ANNUAL YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
WORK HISTORY OF:				
EXP TO DUSTS (COAL, BLAST. GRIT, SAND, NUISANCE)		YES	ANNUAL	YES
EXP TO CHROMIUM OR CHROMIC ACID		YES	ANNUAL	YES
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
EXP TO CARCINOGENS		YES	ANNUAL	YES
FAMILY HISTORY OF:				
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY:				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	ANNUAL	YES
DIFFERENTIAL WHITE BLOOD CELL COUNT		YES	ANNUAL	YES
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	NO	YES
BUN AND CREATININE		YES	ANNUAL	YES
SGOT (AST)		YES	ANNUAL	YES
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
RADIOLOGY:				
CHEST X-RAY (PA)		YES	NO	YES
SPIROMETRY:				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
MUCOUS MEMBRANES		YES	ANNUAL	YES
NASAL MUCOSA (SEPTAL PERFORATION)		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES
PROGRAM DESCRIPTION:				
REFERENCES: OSHA Standard 29 CFR 1910.1094 (d) (9) (OSHA Ventilation Standard); (1); (2); (3); (4).				
<a href="http://www.osha-slc.gov/OshStd-data/1910_0094.html">http://www.osha-slc.gov/OshStd-data/1910_0094.html</a>				
PROGRAM REVIEWED 3/2000				
PROVIDER COMMENTS:				

Beginning at the tenth year of exposure the chest x-ray may be indicated annually depending on the individual's work exposure, smoking status and work habits.

## 134 COAL TAR PITCH VOL./POLYCYCLIC AROMATIC HYDROCARBONS

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
COAL TAR (COAL TAR)	GF8600000	8007-45-2
COAL TAR EXTRACTS AND HIGH TEMPERATURE TAR	GF8600100	65996-89-6
COAL TAR PITCH VOLATILES	GF8655000	65996-93-2

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1002, 1910.1029 and 29 CFR 1926.1102, 1926.1129

## EXAM ELEMENT

	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER(CYTOTOXIC) DRUGS		YES	ANNUAL	YES
COUGHING UP BLOOD (HEMOPTYSIS)		YES	ANNUAL	YES
SHORTNESS OF BREATH		YES	ANNUAL	YES
COUGH (DRY OR PRODUCTIVE)		YES	ANNUAL	YES
PNEUMONIA		YES	ANNUAL	YES
PROBLEMS WITH URINATION/BLOOD IN URINE		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	YES
EXP TO CARCINOGENS		YES	ANNUAL	YES
FAMILY HISTORY OF:				
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
URINALYSIS:				
ROUTINE				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
RADIOLOGY:				
CHEST X-RAY (PA)		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
<b>WEIGHT</b>		<b>YES</b>	<b>ANNUAL</b>	<b>YES</b>
SPECIAL ATTENTION IN EXAMINATION TO:				
MUCOUS MEMBRANES		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC.)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (OTHER); 1. 29 CFR 1910.1002; 2. 29 CFR 1910.1029; 3. 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. 4. Journal of Occupational Medicine 1990 (32): Entire Issue. PROGRAM REVIEWED 3/2000

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's 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.

208 COBALT

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
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)		

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
SHORTNESS OF BREATH		YES	ANNUAL	NO
COUGH (DRY OR PRODUCTIVE)		YES	ANNUAL	NO
WORK HISTORY OF:				
EXPOSURE TO SKIN IRRITANTS				
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
RADIOLOGY				
CHEST X-RAY (PA)		YES	PENTA-E	NO
SPIROMETRY				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
SPECIAL ATTENTION IN EXAMINATION TO:				
CARDIOVASCULAR SYSTEM		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC.)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY):		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

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PROGRAM DESCRIPTION:

REFERENCES: (1); (2). PROGRAM REVISED 10/97.

135 CRESOL

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
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

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
HEPATITIS OR JAUNDICE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
NAUSEA OR VOMITING		YES	ANNUAL	NO
CHEST PAIN, ANGINA, HEART ATTACK	YES	ANNUAL	NO	
COUGHING UP BLOOD (HEMOPTYSIS)		YES	ANNUAL	NO
SHORTNESS OF BREATH		YES	ANNUAL	NO
COUGH (DRY OR PRODUCTIVE)		YES	ANNUAL	NO
LIVER DISEASE		YES	ANNUAL	NO
KIDNEY DISEASE		YES	ANNUAL	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	NO	NO
BUN AND CREATININE		YES	ANNUAL	NO
SGOT (AST)		*	ANNUAL	NO
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	NO
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO
LIVER		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (1); (2); (3); (4); (5). PROGRAM REVISED 10/97

137 1,2-DIBROMO-3-CHLOROPROPANE (DBCP)

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
1,2-DIBROMO-3-CHLOROPROPANE	TX8750000	96-12-8

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1044 and 29 CFR 1926.1144

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	YES
SKIN DISEASES		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
IMPOTENCE OR SEXUAL DYSFUNCTION		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY				
SERUM CHEMISTRY:				
SERUM TOTAL ESTROGEN (FEMALE)		YES	ANNUAL	YES
SERUM FOLLICLE STIMULATING HORMONE (FSH)		YES	ANNUAL	YES
SERUM LUTEINIZING HORMONE (LH)		YES	ANNUAL	YES
ADDITIONAL LAB TESTS:				
SPERM COUNT (MALE)		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:		YES	ANNUAL	YES
GU (INCLUDING TESTICLE SIZE)		YES	ANNUAL	YES
BODY HABITUS		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

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PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (OTHER); 1. 29 CFR 1910.1044; 2. Journal of Occupational Medicine 32(10) 979-984,1990. PROGRAM REVIEWED 3/2000

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.

138 3,3'-DICHLOROBENZIDINE

STRESSOR(S) IN THIS PROGRAM:  
3,3'-DICHLOROBENZIDINENIOSH # CAS #  
DD0525000 91-94-1

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1003 AND 29 CFR 1926.1103

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
PROBLEMS WITH URINATION/BLOOD IN URINE		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
IMPOTENCE OR SEXUAL DYSFUNCTION		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
FAMILY HISTORY OF:				
GENETIC DISEASE (INCL CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
GENITOURINARY TRACT		YES	ANNUAL	YES
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	YES

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PROGRAM DESCRIPTION:

REFERENCE: (OTHER); 29 CFR 1910.1003. Former standard 29 CFR 1910.1007. PROGRAM REVIEWED 3/2000

139 4-DIMETHYLAMINOAZOBENZENE

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
4-DIMETHYLAMINOAZOBENZENE	BX7350000	60-11-7

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1003 and 29 CFR 1926.1103

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
PROBLEMS WITH URINATION/BLOOD IN URINE		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
IMPOTENCE OR SEXUAL DYSFUNCTION		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
FAMILY HISTORY OF:				
GENETIC DISEASE (INCL CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES
PROGRAM DESCRIPTION:				
REFERENCES: (1)(3); (OTHER); 29 CFR 1910.1003. Former standard 29 CFR 1910.1015. PROGRAM REVIEWED 3/2000.				

140 DINITRO-ORTHO-CRESOL

STRESSOR(S) IN THIS PROGRAM:  
DINITRO-O-CRESOLNIOSH # CAS #  
GO9625000 534-52-1

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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MEDICAL HISTORY: HAVE YOU EVER HAD?

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY	YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY	YES	ANNUAL	NO
CANCER	YES	ANNUAL	NO
BACK INJURY	YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)	YES	ANNUAL	NO
HAVE YOU EVER SMOKED	YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)	YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	ANNUAL	NO
MEDICATION ALLERGIES	YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS	YES	ANNUAL	NO
SKIN DISEASE	YES	ANNUAL	NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS)	YES	ANNUAL	NO
USE OF NITRATE MEDICATION (NITROGLYCERINE)	YES	ANNUAL	NO
WEIGHT LOSS	YES	ANNUAL	NO
GLAUCOMA	YES	ANNUAL	NO
LIVER DISEASE	YES	ANNUAL	NO
KIDNEY DISEASE	YES	ANNUAL	NO
THYROID DISEASE (HEAT OR COLD INTOLERANCE)	YES	ANNUAL	NO
DEPRESSION, DIFFICULTY CONCENTRATING, EXCESSIVE ANXIETY	YES	ANNUAL	NO

WORK HISTORY OF:

EXP TO DUSTS (COAL, BLAST. GRIT, SAND, NUISANCE)	YES	ANNUAL	NO
EXP TO SKIN IRRITANTS	YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS	YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:	YES	ANNUAL	NO

LABORATORY-

URINALYSIS:

ROUTINE:

URINALYSIS WITH MICROSCOPIC	YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:	YES	ANNUAL	NO



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO
CARDIOVASCULAR SYSTEM		YES	ANNUAL	NO
EYES		YES	ANNUAL	NO
ABDOMEN		YES	ANNUAL	NO
LIVER		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
THYROID		YES	ANNUAL	NO
METABOLIC DISTURBANCE (FEVER, TACHYCARDIA)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

REFERENCES: (3); (OTHER); 1. NIOSH criteria for a recommended standard... Occupational Safety and Health Guideline for Dinitro-ortho-cresol, NIOSH Pub. No. 89-104, Supplement II-CHG; 2. Hayes WJ, Pesticides Studied in Man, Baltimore: Williams and Wilkins; 1982:466-470. PROGRAM REVISED 10/97.

141 DIOXANE

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

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)				
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
HEPATITIS OR JAUNDICE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
COUGHING UP BLOOD (HEMOPTYSIS)		YES	ANNUAL	NO
SHORTNESS OF BREATH		YES	ANNUAL	NO
LIVER DISEASE		YES	ANNUAL	NO
KIDNEY DISEASE		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	NO	NO
BUN AND CREATININE		YES	ANNUAL	NO
SGOT (AST)		*	ANNUAL	NO
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
LIVER		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

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PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (3); (4); (OTHER); NIOSH criteria for a recommended standard...occupational exposure to dioxane, DHEW Pub. No. 77-226. PROGRAM REVIEWED 3/2000.

142 EPICHLOROHYDRIN

STRESSOR(S) IN THIS PROGRAM:  
EPICHLOROHYDRINNIOSH # CAS #  
TX4900000 106-89-8

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
HEPATITIS OR JAUNDICE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
IMPOTENCE OR SEXUAL DYSFUNCTION		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	NO	YES
BUN AND CREATININE		YES	ANNUAL	YES
SGOT (AST)		*	ANNUAL	YES
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
SPIROMETRY-				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	NO	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
LIVER		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	YES

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PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH criteria for a recommended standard... occupational exposure to Epichlorohydrin, DHEW Pub. No. 76-206. PROGRAM REVIEWED 10/97.

143 ETHOXY AND METHOXY ETHANOL

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
2-ETHOXYETHANOL	K8050000	110-80-5
2-METHOXYETHANOL	KL5775000	109-86-4

PROGRAM FREQUENCIES: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
KIDNEY DISEASE		YES	ANNUAL	NO
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	NO
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	NO
FAMILY HISTORY OF:				
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	NO
GENETIC DISEASE (INCL CHILDREN)		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY:				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
GENITOURINARY TRACT		YES	ANNUAL	NO
TESTES (MALE)		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
SPECIAL NOTATIONS:				
SUBSTANCE(S) KNOWN MUTAGENIC OR FETOTOXIC EFFECTS		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

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## PROGRAM DESCRIPTION:

REFERENCES: (1); (3); (4); (OTHER); The Glycol Ethers, with Particular Reference to 2-Methoxyethanol and 2-Ethoxyethanol: Evidence of Adverse Reproductive Effects, NIOSH Current Intelligence Bulletin 39, DHEW (NIOSH) Pub. No. 83-112. PROGRAM REVIEWED 10/97.

145 ETHYLENE DIBROMIDE

STRESSOR(S) IN THIS PROGRAM:  
ETHYLENE DIBROMIDENIOSH # CAS #  
KH9275000 106-93-4

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOU WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
HEPATITIS OR JAUNDICE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
EYE IRRITATION		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
IMPOTENCE OR SEXUAL DYSFUNCTION		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	YES
FAMILY HISTORY OF:				
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	NO	YES
BUN AND CREATININE		YES	ANNUAL	YES
SGOT (AST)		*	ANNUAL	YES
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
EYES		YES	ANNUAL	YES
LIVER		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
SUBSTANCE(S) KNOWN MUTAGENIC OR FETOTOXIC EFFECTS		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH Criteria for a recommended standard... occupational exposure to Ethylene Dibromide, NIOSH Pub. No. 77-221. PROGRAM REVIEWED 10/97.

146 ETHYLENE DICHLORIDE

STRESSOR(S) IN THIS PROGRAM:  
ETHYLENE DICHLORIDENIOSH # CAS #  
KI0525000 107-06-2

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
HEPATITIS OR JAUNDICE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
WEIGHT LOSS		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	YES
FAMILY HISTORY OF:				
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	ANNUAL	YES
DIFFERENTIAL WHITE BLOOD CELL COUNT		YES	ANNUAL	YES
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	NO	YES
BUN AND CREATININE		YES	ANNUAL	YES
SGOT (AST)		*	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
EYES		YES	ANNUAL	YES
LIVER		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (2); (3); (4); (OTHER); NIOSH criteria for a recommended standard...occupational exposure to Ethylene Dichloride, NIOSH Pub. No. 76-139. PROGRAM REVISED 10/97.

## 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.(3)

148      ETHYLENE OXIDE

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
ETHYLENE OXIDE	KX2450000	75-21-8

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1047 and 29 CFR 1926.1147

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
HEPATITIS OR JAUNDICE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	YES
EYE IRRITATION		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
PROBLEMS WITH BALANCE, NUMBNESS, AND TINGLING IN HANDS OR FEET		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS		YES	ANNUAL	YES
EXP TO ANESTHETIC GASES		YES	ANNUAL	YES
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
FAMILY HISTORY OF:				
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	YES
GENETIC DISEASE (INCL CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
LABORATORY-				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	ANNUAL	YES
DIFFERENTIAL WHITE BLOOD CELL COUNT		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	YES
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	YES
EYES		YES	ANNUAL	YES
GENITOURINARY TRACT		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
SUBSTANCE(S) SUSPECTED HUMAN MUTAGENIC/FETOTOXIC EFFECTS		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (OTHER); 1. 29 CFR 1919.1047. 2. NIOSH Current Intelligence Bulletin #35, Ethylene Oxide; PROGRAM REVIEWED 3/2000

## PROVIDER COMMENTS:

Refer to 29 CFR 1910.1047 for exams required following acute exposure or for exams with positive findings.

OSHA Standard requires a Physician's Written Opinion (PWO). A sample PWO can be found in Appendix E of the Medical Matrix and 29 CFR 1910.1047, CFR Appendix E. ([http://www.osha-slc.gov/OshStd-data/1910\\_1047.html](http://www.osha-slc.gov/OshStd-data/1910_1047.html))

The examining physician if requested by the employee and deemed appropriate by the physician may order pregnancy tests or laboratory evaluation of fertility. Similar evaluation may be indicated if there are positive responses to medical history questions pertaining to the reproductive system. Refer to 29 CFR 1910.1047, Appendix C ([http://www.osha-slc.gov/OshStd-data/1910\\_1047\\_App\\_C.html](http://www.osha-slc.gov/OshStd-data/1910_1047_App_C.html))

149 ETHYLENIMINE

STRESSOR(S) IN THIS PROGRAM:  
ETHYLENEIMINENIOSH # CAS #  
KX5075000 151-56-4

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1003 and 29 CFR 1926.1103

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
EYE IRRITATION		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
FAMILY HISTORY OF:				
GENETIC DISEASE (INCL CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	NO	YES
SGOT (AST)		*	ANNUAL	YES
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	REM OVAL
SPIROMETRY-				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	NO	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
EYES		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
LISTED ON OPNAV 5100/15?				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

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PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (OTHER); 1. NIOSH OSH Guidelines to Chemical Hazards Supplement #2, U.S. Dept. of HHS, Public Health Service, CDC, NIOSH, division of Standards Development, Cincinnati, OH 1988; 2. OSHA STANDARD 29 CFR 1910.1003. Former standard 29 CFR 1910.1012. PROGRAM REVIEWED 3/2000

## 150 FLUORIDES (INORGANIC)

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
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 FREQUENCIES: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
HEPATITIS OR JAUNDICE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
EYE IRRITATION		YES	ANNUAL	NO
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS		YES	ANNUAL	NO
KIDNEY DISEASE		YES	ANNUAL	NO
MUSCLE OR JOINT PROBLEMS		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO HYDROGEN FLUORIDE OR INORGANIC FLUORIDES		YES	ANNUAL	NO
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
URINALYSIS:				
ROUTINE:				
URINE FLUORIDE - POST SHIFT		YES	***	NO



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
EYES		YES	ANNUAL	NO
TEETH (ACID EROSION)		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Inorganic Fluorides DHEW Pub. No. 76-103. PROGRAM REVISED 10/97.

## PROVIDER COMMENTS:

A preplacement spot urine fluoride is obtained for a baseline as an indicator of body burden. (Reference DHEW Pub. No. 76-103)

\*\*\*At the time of the periodic examination, evaluate the need to perform a urine fluoride test. Postshift 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.

151 FORMALDEHYDE

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
FORMALDEHYDE	LP8925000	50-00-0

PROGRAM FREQUENCY: ANNUAL (SEE PROVIDER COMMENTS)

OSHA STANDARD 29 CFR 1910.1048 and 29 CFR 1226.1148

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
RECURRENT SKIN RASH		YES	ANNUAL	YES
HEPATITIS OR JAUNDICE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
CONTACT LENS USE		YES	ANNUAL	YES
EYE IRRITATION		YES	ANNUAL	YES
COUGHING UP BLOOD (HEMOPTYSIS)		YES	ANNUAL	YES
COUGH (DRY OR PRODUCTIVE)		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
FAMILY HISTORY OF:				
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	YES
SPIROMETRY-				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
EYES		YES	ANNUAL	YES
MUCOUS MEMBRANES		YES	ANNUAL	YES
NASAL MUCOSA (SEPTAL PERFORATION)		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED				
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

REFERENCES: (5); (OTHER); 29 CFR 1910.1048; NIOSH criteria for a recommended standard...Occupational Exposure to Formaldehyde DHEW Pub. No. 77-186. PROGRAM REVIEWED 3/2000

## PROVIDER COMMENTS:

The OSHA standard requires an annual medical examination 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. The OSHA standard requires annual spirometry for all exposed workers who wear respirators.

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. ([http://www.osha-slc.gov/OshStd\\_data/1910\\_1048-App\\_C.html](http://www.osha-slc.gov/OshStd_data/1910_1048-App_C.html)).

A Physician's Written Opinion is required by OSHA Standard. A sample Physician's Written Opinion can be found in Appendix E of the Medical Matrix.

## 152 GLYCIDYL ETHERS

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
RESORCINOL DIGLYCIDYL ETHER	VH1050000	101-90-6
OXIRANE, ((2-PROPENYLOXY)METHYL)	RR0875000	106-92-3
PROPANE, 1,2-EPOXY-3-ISOPROPYL	TZ3500000	4016-14-2
ETHER, BIS (2,3-EPOXY PROPYL)	KN2350000	2238-07-5
PROPANE, 1,2-EPOXY-3-PHENOXY	TZ3675000	122-60-1
PROPANE, 1-BUTOXY-2,3-EPOXY	TX4200000	2426-08-6
1-PROPANOL, 2,3-EPOXY	UB4375000	556-52-5

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
EYE IRRITATION		YES	ANNUAL	NO
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
SPIROMETRY:				
SPIROMETRY (FEV1, FVC, FEV1/FVC)		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	NO	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
EYES		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

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## PROGRAM DESCRIPTION:

REFERENCES: (1); (3); (4); (5). PROGRAM REVISED 10/97.

## 155      HYDRAZINES

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
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

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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## MEDICAL HISTORY: HAVE YOU EVER HAD?

## PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY	YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY	YES	ANNUAL	YES
CANCER	YES	ANNUAL	YES
BACK INJURY	YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)	YES	ANNUAL	YES
HAVE YOU EVER SMOKED	YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)	YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	ANNUAL	YES
MEDICATION ALLERGIES	YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS	YES	ANNUAL	YES
SKIN DISEASE	YES	ANNUAL	YES
HEPATITIS OR JAUNDICE	YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)	YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS	YES	ANNUAL	YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS	YES	ANNUAL	YES
EYE IRRITATION	YES	ANNUAL	YES
KIDNEY DISEASE	YES	ANNUAL	YES
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET	YES	ANNUAL	YES
THYROID DISEASE (HEAT OR COLD INTOLERANCE)	YES	ANNUAL	YES

## WORK HISTORY OF:

EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS	YES	ANNUAL	YES
EXP TO SKIN IRRITANTS	YES	ANNUAL	YES
EXP TO RESPIRATORY IRRITANTS	YES	ANNUAL	YES

## FAMILY HISTORY OF:

CANCERS (LEUKEMIA, TUMORS)	YES	ANNUAL	YES
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## COMMENTS ON MEDICAL HISTORY:

YES	ANNUAL	YES
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## LABORATORY-

## HEMATOLOGY:

COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)	YES	ANNUAL	YES
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EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS		YES	NO	YES
SGOT (AST)		*	ANNUAL	YES
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
RADIOLOGY:				
CHEST X-RAY (PA)		YES	NO	YES
SPIROMETRY:				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	YES
EYES		YES	ANNUAL	YES
LIVER		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
THYROID		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annyal basis. REFERENCES: (1); (3); (5); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Hydrazines, DHEW Pub. No. 78-172. PROGRAM REVISED 10/97.

## 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)

EMERGENCY NOTE: "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 are able to assess and respond rapidly to life-threatening organ failure.





## 156 HYDROGEN CYANIDE/CYANIDE SALTS

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
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
METHYLACRYLONITRILE	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

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD? PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK? (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
NAUSEA OR VOMITING		YES	ANNUAL	NO
TREMORS		YES	ANNUAL	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	ANNUAL	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	ANNUAL	NO
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS		YES	ANNUAL	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN FEET OR HANDS		YES	ANNUAL	NO
THYROID DISEASE (HEAT OR COLD INTOLERANCE)		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	NO	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
CARDIOVASCULAR SYSTEM		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC.)		YES	ANNUAL	NO
THYROID		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
LISTED ON OPNAV 5100/15?		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS				
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4); (5); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Hydrogen Cyanide Salts, DHEW Pub. No. 77-108. PROGRAM REVISED 10/97.

158 HYDROGEN SULFIDE

STRESSOR(S) IN THIS PROGRAM:  
HYDROGEN SULFIDENIOSH # CAS #  
MX1225000 7783-06-4

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
WEIGHT LOSS		YES	ANNUAL	NO
TREMORS		YES	ANNUAL	NO
EYE IRRITATION		YES	ANNUAL	NO
EPILEPSY (SEIZURE DISORDER)		YES	ANNUAL	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	NO
MENTAL/EMOTIONAL ILLNESS		YES	ANNUAL	NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	NO
PERSONALITY CHANGE		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	NO	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
EYES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

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## PROGRAM DESCRIPTION:

REFERENCES: (1); (3); (4); (5); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Hydrogen Sulfide, DHEW Pub. No. 77-158. PROGRAM REVISED 10/97.

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159      HYDROQUINONE (DIHYDROXY BENZENE)

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

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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MEDICAL HISTORY: HAVE YOU EVER HAD?

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY	YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY	YES	ANNUAL	NO
CANCER	YES	ANNUAL	NO
BACK INJURY	YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)	YES	ANNUAL	NO
HAVE YOU EVER SMOKED	YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)	YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	ANNUAL	NO
MEDICATION ALLERGIES	YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS	YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)	YES	ANNUAL	NO
SKIN DISEASE	YES	ANNUAL	NO
EYE IRRITATION	YES	ANNUAL	NO

WORK HISTORY OF:

EXP TO SKIN IRRITANTS	YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS	YES	ANNUAL	NO

COMMENTS ON MEDICAL HISTORY:	YES	ANNUAL	NO
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LABORATORY-

OPTOMETRY-

VISION SCREEN (VISUAL ACUITY)	YES	ANNUAL	NO
SLIT LAMP EXAM	YES	ANNUAL	NO

COMMENTS ON LABORATORY RESULTS:	YES	ANNUAL	NO
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PHYSICAL EXAMINATION:

VITAL SIGNS	YES	ANNUAL	NO
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SPECIAL ATTENTION IN EXAMINATION TO:

EYES (CONJUNCTIVA, SCLERA, LENS, RETINA)	YES	ANNUAL	NO
RESPIRATORY SYSTEM	YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)	YES	ANNUAL	NO

OTHER APPROPRIATE EXAMINATION (SPECIFY)	YES	ANNUAL	NO
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COMMENTS ON PHYSICAL EXAMINATION:	YES	ANNUAL	NO
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EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

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## PROGRAM DESCRIPTION:

REFERENCES: (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Hydroquinone, DHEW Pub. No. 78-155; ACGIH Documentation on TLV's, 1987. PROGRAM REVISED 10/97.

## 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 (3). Slit lamp exam is recommended to evaluate corneal changes and opacities.

## 196 ISOCYANATES

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
BENZENE, 2,4-DIISOCYANATO-1-METHYL	CZ6300000	584-84-9
HEXAME, 1,6-DIISOCYANATE	MO1740000	822-06-0
ISOCYANIC ACID, METHYLENEDL-P-PHENELENE 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

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
SHORTNESS OF BREATH		YES	ANNUAL	NO
COUGH (DRY OR PRODUCTIVE)		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
EXP TO ISOCYANATE FOAM OR PAINT		YES	ANNUAL	NO
SENSITIZATION TO ISOCYANATES (TDI, MDI)		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
RADIOLOGY:				
CHEST X-RAY (PA)		YES	NO	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
SPIROMETRY:				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

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PROGRAM DESCRIPTION:

REFERENCES (2); (3); (4); (5); (OTHER); 1. NIOSH criteria for a recommended standard...Occupational Exposure to Toluene Diisocyanates, DHEW Pub. No. 73-11022; 2. Musk, AW, Peters JM, Wegman DH, Isocyanates and Respiratory Disease: Current Status, American Journal of Industrial Medicine, 1988;13:331-349. PROGRAM REVISED 10/97.

PROVIDER COMMENTS:

Pulmonary function changes 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.



## 161 LEAD (INORGANIC)

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
LEAD (INORGANIC)	OF7525000	7439-92-1
CHROMIC ACID, LEAD (2+) SALT (1:)	GB2975000	7758-97-6
LEAD PHOSPHATE (3:2)	OG3675000	7446-27-7

PROGRAM FREQUENCY: SEMI-ANNUAL FOR BIOLOGIC MONITORING

OSHA STANDARD 29 CFR 1910.1025 and 29 CFR 1926.1125

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	SEMI-A	YES
MAJOR ILLNESS OR INJURY		YES	***	YES
HOSPITALIZATION OR SURGERY		YES	***	YES
CANCER		YES	***	YES
BACK INJURY		YES	***	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	***	YES
HAVE YOU EVER SMOKED		YES	***	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	***	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	***	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	***	YES
MEDICATION ALLERGIES		YES	***	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	***	YES
BLOOD DISEASES (ANEMIA)		YES	***	YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	***	YES
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS		YES	***	YES
KIDNEY DISEASE		YES	***	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	***	YES
IMPOTENCE OR SEXUAL DYSFUNCTION		YES	***	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	***	YES
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	***	YES
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	***	YES
PERSONALITY CHANGE		YES	***	YES
COMMENTS ON MEDICAL HISTORY:		YES	***	YES
LABORATORY-				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	***	YES
RBC MORPHOLOGY		YES	***	YES
SERUM CHEMISTRY:				
BUN AND CREATININE		YES	***	YES
BLOOD LEAD AND ZINC PROTOPORPHYRIN (ZPP)		YES	SEMI-A	YES
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	***	YES
COMMENTS ON LABORATORY RESULTS		YES	SEMI-A	YES



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	***	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	***	YES
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	***	YES
CARDIOVASCULAR SYSTEM		YES	***	YES
GUMS (E.G. LEAD LINES?)		YES	***	YES
ABDOMEN		YES	***	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	***	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	***	YES
SPECIAL NOTATIONS:				
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	***	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	SEMI-A	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	***	YES
RECOMMENDATIONS:		YES	***	YES

## 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 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 30 ug/100gm at any time during the prior year.

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. See 29 CFR 1910.1025, Appendix C, ([http://www.osha-slc.gov/OshStd\\_data/1910\\_1025\\_APPP\\_C.html](http://www.osha-slc.gov/OshStd_data/1910_1025_APPP_C.html)) and NAVOSH manuals for guidance. (<http://www.norva.navy.mil/navosh/instruct.htm>). REFERENCES: (5); (OTHER); 1. 29 CFR 1910.1025; 2. OPNAVINST 5100.23E, Chapter 21; 3. OPNAVINST 5100.19C, Chapter B10. 4. Industrial Hygiene Sampling Guide, consolidated Industrial Hygiene Laboratories, Current Edition. PROGRAM REVIEWED 3/2000

## PROVIDER COMMENTS:

A Physician's Written Opinion is required by OSHA Standard. A sample Physician's Written Opinion can be found in Appendix E, E-7.

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.

210 MANGANESE OXIDE FUMES

STRESSOR(S) IN THIS PROGRAM:  
MANGANESE (AND COMPOUNDS)NIOSH# CAS#  
009275000 7439-96-5

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
TREMORS		YES	ANNUAL	NO
COUGH		YES	ANNUAL	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	NO
MENTAL/EMOTIONAL ILLNESS		YES	ANNUAL	NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	NO
PERSONALITY CHANGE		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO DUSTS (COAL, BLAST. GRIT, SAND, NUISANCE)		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
RADIOLOGY:				
CHEST X-RAY (PA)		YES	NO	NO
SPIROMETRY:				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	NO	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

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## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3). PROGRAM REVISED 10/97.

163      MERCURY

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
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

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY:    HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	YES
WEIGHT LOSS		YES	ANNUAL	YES
TREMORS		YES	ANNUAL	YES
TOOTH OR GUM DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
PROBLEMS WITH BALANCE AND COORDINATION		YES	ANNUAL	YES
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS, IN HANDS OR FEET		YES	ANNUAL	YES
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	YES
PERSONALITY CHANGE		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	ANNUAL	YES
DIFFERENTIAL WHITE BLOOD CELL COUNT		YES	ANNUAL	YES
SERUM CHEMISTRY:				
BUN AND CREATININE		YES	ANNUAL	YES
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
URINE CHEMISTRY:				
URINE MERCURY		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	YES
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4); (5); (OTHER); 1. NIOSH criteria for a recommended standard...Occupational Exposure to Inorganic Mercury, DHEW Pub. No. 73-11024. PROGRAM REVISED 10/97.

## PROVIDER COMMENTS:

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

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.(3) 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.(1) 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>.(3)



215 METHYL BROMIDE

STRESSOR(S) IN THIS PROGRAM:  
METHYL BROMIDENIOSH # CAS #  
PA4900000 74-83-9

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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MEDICAL HISTORY: HAVE YOU EVER HAD?

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY	YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY	YES	ANNUAL	NO
CANCER	YES	ANNUAL	NO
BACK INJURY	YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)	YES	ANNUAL	NO
HAVE YOU EVER SMOKED	YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)	YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	ANNUAL	NO
MEDICATION ALLERGIES	YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS	YES	ANNUAL	NO
SKIN DISEASE	YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS	YES	ANNUAL	NO
TREMORS	YES	ANNUAL	NO
CHANGE OR LOSS OF VISION	YES	ANNUAL	NO
EYE IRRITATION	YES	ANNUAL	NO
EPILEPSY (SEIZURE DISORDER)	YES	ANNUAL	NO
NEUROLOGIC DISORDER, GAIT CHANGE, PARESTHESIA, COORDINATION LOSS	YES	ANNUAL	NO
MENTAL/EMOTIONAL ILLNESS	YES	ANNUAL	NO
PERSONALITY CHANGE	YES	ANNUAL	NO
PROBLEMS WITH BALANCE AND COORDINATION	YES	ANNUAL	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET	YES	ANNUAL	NO

COMMENTS ON MEDICAL HISTORY: YES ANNUAL NO

LABORATORY-

RADIOLOGY:

CHEST X-RAY (PA) YES NO NO

SPIROMETRY:

SPIROMETRY (FVC, FEV1, FEV1/FVC) YES NO NO

OPTOMETRY:

VISION SCREEN (VISUAL ACUITY) YES YES NO

COMMENTS ON LABORATORY RESULTS:

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY):		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

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## PROGRAM DESCRIPTION:

REFERENCES: (1); (5); (OTHER); 1. NIOSH/OSHA Occupational Health Guidelines for Chemical Hazards, U.S. Department Of Health And Human Services, Sept.1978; 2. Gunther FA, Gunther JD. Residue Reviews. New York, NY:Springer-Verlag; 1983: vol.88:102-150; 3. Cralley LJ, Cralley LV. Patty,s Industrial Hygiene And Toxicology 3rd Ed. New York, NY:John Wiley & Sons, Inc. 1981: vol.2B:3442-3444, 3472-3478; 4. Morgan DP. Recognition and Management of Pesticide Poisonings, Fourth Edition. United States Environmental Protection Agency. 1989:132-133. PROGRAM REVISED 10/97.

166 METHYL CHLOROMETHYL ETHER

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
CHLOROMETHYL METHYL ETHER	KN6650000	107-30-2

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1003 and 29 CFR 1926.1103

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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MEDICAL HISTORY: HAVE YOU EVER HAD?

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY	YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY	YES	ANNUAL	YES
CANCER	YES	ANNUAL	YES
BACK INJURY	YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)	YES	ANNUAL	YES
HAVE YOU EVER SMOKED	YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)	YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	ANNUAL	YES
MEDICATION ALLERGIES	YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS	YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)	YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS	YES	ANNUAL	YES
DECREASED IMMUNITY	YES	ANNUAL	YES
SHORTNESS OF BREATH	YES	ANNUAL	YES
COUGH (DRY OR PRODUCTIVE)	YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)	YES	ANNUAL	YES
IMPOTENCE OR SEXUAL DYSFUNCTION	YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)	YES	ANNUAL	YES

FAMILY HISTORY OF:

GENETIC DISEASE (INCLUDING CHILDREN)	YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)	YES	ANNUAL	YES

COMMENTS ON MEDICAL HISTORY:	YES	ANNUAL	YES
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LABORATORY:

SPIROMETRY:

SPIROMETRY (FVC, FEV1, FEV1/FVC)	YES	ANNUAL	YES
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PHYSICAL EXAMINATION:

VITAL SIGNS	YES	ANNUAL	YES
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SPECIAL ATTENTION IN EXAMINATION TO:

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
RESPIRATORY SYSTEM		YES	ANNUAL	YES
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

REFERENCE: (3); (OTHER); 29 CFR 1910.1003. Former standard 29 CFR 1910.1006. PROGRAM REVIEWED 3/2000

## PROVIDER COMMENTS:

Commercial grade CMME is contaminated with bis-Chloromethylether. Commercial grade CMME is a known human carcinogen. REFERENCE: 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.

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

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
4,4'-METHYLENE BIS(2-CHLOROANILINE)	CY1050000	101-14-4

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/150		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK		YES	ANNUAL	YES
(BEER, WINE, LIQUOR)				
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
IMPOTENCE OR SEXUAL DYSFUNCTION		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO CARCINOGENS		YES	ANNUAL	YES
FAMILY HISTORY OF:				
GENETIC DISEASE (INCL CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (ast), TOT. BILI., ALK. PHOS.		YES	NO	YES
SGOT (AST)		*	ANNUAL	YES
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
LIVER		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (1); (2); (3); (4). PROGRAM REVISED 10/97.

## 168 METHYLENE CHLORIDE (DICHLOROMETHANE)

STRESSOR(S) IN THIS PROGRAM:  
METHYLENE CHLORIDE

NIOSH # CAS #  
PA8050000 75-09-2

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1052 and 29 CFR 1926.1152

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
USE OF NITRATE MEDICATION (NITROGLYCERINE)		YES	ANNUAL	YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	YES
EYE IRRITATION		YES	ANNUAL	YES
CHEST PAIN, ANGINA, HEART ATTACK		YES	ANNUAL	YES
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	ANNUAL	YES
SHORTNESS OF BREATH		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	YES
EXP TO CARCINOGENS		YES	ANNUAL	YES
EXP TO METHYLENE CHLORIDE, DICHLOROMETHANE, METHYLENE DICHLORIDE		YES	ANNUAL	YES
FAMILY HISTORY OF:				
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES





EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
LABORATORY-				
HEMATOLOGY:				
HEMATOCRIT (HCT)		YES	NO	NO
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOTAL BILIRUBIN, ALK. PHOS		YES	NO	YES
CHOLESTEROL		YES	NO	NO
CARDIOLOGY-				
ELECTROCARDIOGRAM		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	***	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	***	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	***	YES
CARDIOVASCULAR SYSTEM		YES	***	YES
EYES		YES	***	YES
LIVER		YES	***	YES
RESPIRATORY SYSTEM		YES	***	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	***	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	***	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	***	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	***	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	***	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	***	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	***	YES
RECOMMENDATIONS:		YES	***	YES

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**PROGRAM DESCRIPTION:**

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. Termination examination shall be done when an employee is terminated, or on reassignment to an area where exposure is consistently at or below the action level (AL) and short term exposure limit (STEL), **if six months or more have elapsed since the last medical evaluation.**

See Appendix B of OSHA Standard for guidance on labs. ([http://www.osha-slc.gov/OshStd\\_data/1910\\_1052\\_APP\\_B.html](http://www.osha-slc.gov/OshStd_data/1910_1052_APP_B.html)).

A sample Physician's Written Opinion can be found in Appendix E.

REFERENCES: (1); (2); (3); (4); (5); (OTHER); 1. 29 CFR Parts 1910.1052, 1915 and 1926, Occupational Exposure to Methylene Chloride.  
PROGRAM REVIEWED 3/2000

**PROVIDER COMMENTS:**

Multiple Health Care Professional review Mechanism. If the employer selects the initial physician or licensed health care professional (PLHCP) to conduct any medical examination or consultation to an employee under this paragraph (j)(11), the employer shall notify the employee of the right to seek

a second opinion each time the employer provides the employee with a copy of the written opinion of that PLHCP. ([http://www.osha-slc.gov/OshStd\\_data/1910\\_1052.html](http://www.osha-slc.gov/OshStd_data/1910_1052.html)).

**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.)

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	FREQUENCY
< 45 yrs	Tri-ennial
45 yrs and >	Annual

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213 4,4'-METHYLENEDIANILINE

STRESSOR(S) IN THIS PROGRAM:  
4,4'-DIAMINODIPHENYLMETHANENIOSH # CAS #  
BY5425000 101-77-9

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1050 and 29 CFR 1926.1150

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
HEPATITIS OR JAUNDICE		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
USE OF BARBITURATES		YES	ANNUAL	YES
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
PROBLEMS WITH URINATION/BLOOD IN URINE		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
IMPOTENCE OR SEXUAL DYSFUNCTION		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS		YES	ANNUAL	YES
EXP TO CARCINOGENS		YES	ANNUAL	YES
FAMILY HISTORY OF:				
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
BUN AND CREATININE URINALYSIS:		YES	ANNUAL	YES
ROUTINE:				
URINALYSIS WITHOUT MICROSCOPIC		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
EYES		YES	ANNUAL	YES
ABDOMEN		YES	ANNUAL	YES
GENITOURINARY TRACT		YES	ANNUAL	YES
LIVER		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

REFERENCES: (5); (OTHER); 1. 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. PROGRAM REVIEWED 3/2000

## PROVIDER COMMENTS:

Examinations are required for employees exposed to methylenedianiline in an emergency. Refer to 29 CFR 1910.1050, Appendix C. ([http://www.osha-slc.gov/OshStd\\_data/1910\\_1050\\_APP\\_C.html](http://www.osha-slc.gov/OshStd_data/1910_1050_APP_C.html)).

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. ([http://www.osha-slc.gov/OshStd\\_data/1910\\_1050.html](http://www.osha-slc.gov/OshStd_data/1910_1050.html)).

A Physician's Written Opinion can be found in Appendix E of this manual.  
Program revised 3/2000



170      ALPHA-NAPHTHYLAMINE

STRESSOR(S) IN THIS PROGRAM:  
ALPHA-NAPHTHYLAMINENIOSH #      CAS #  
QM1400000      134-32-7

PROGRAM FREQUENCY:      ANNUAL

OSHA STANDARD 29 CFR 1910.1003 and 29 CFR 1926.1103

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
DECREASED IMMUNITY		YES	ANNUAL	YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	YES
SHORTNESS OF BREATH		YES	ANNUAL	YES
PROBLEMS WITH URINATION/BLOOD IN URINE		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
IMPOTENCE OR SEXUAL DYSFUNCTION		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
FAMILY HISTORY OF:				
GENETIC DISEASE (INCLUDING CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
URINALYSIS-				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (5); (OTHER) 1. 29 CFR 1910.1003; 2. Occupational Safety and Health Guidelines for Chemical Hazards, DHHS (NIOSH) Pub. No. 89-104, Supplement II-OHG 1988; 3. IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Supplement 7, 1987. Former standard 29 CFR 1910.1004. PROGRAM REVIEWED 3/2000

171 BETA-NAPHTHYLAMINE

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
BETA-NAPHTHYLAMINE	QM2100000	91-59-8

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1003 and 29 CFR 1910.1103

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
DECREASED IMMUNITY		YES	ANNUAL	YES
PROBLEMS WITH URINATION/BLOOD IN URINE		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
IMPOTENCE OR SEXUAL DYSFUNCTION		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
FAMILY HISTORY OF:				
GENETIC DISEASE (INCLUDING CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (OTHER) 29 CFR 1910.1003. Former standard  
29 CFR 1910.1009. PROGRAM REVIEWED 3/2000

## 172 NICKEL (INORGANIC)

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
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

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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## MEDICAL HISTORY: HAVE YOU EVER HAD?

## PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY	YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY	YES	ANNUAL	YES
CANCER	YES	ANNUAL	YES
BACK INJURY	YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)	YES	ANNUAL	YES
HAVE YOU EVER SMOKED	YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)	YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	ANNUAL	YES
MEDICATION ALLERGIES	YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS	YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)	YES	ANNUAL	YES
SKIN DISEASE	YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)	YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS)	YES	ANNUAL	YES

## WORK HISTORY OF:

EXP TO SKIN IRRITANTS	YES	ANNUAL	YES
EXP TO RESPIRATORY IRRITANTS	YES	ANNUAL	YES

## FAMILY HISTORY OF:

CANCERS (LEUKEMIA, TUMORS)	YES	ANNUAL	YES
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COMMENTS ON MEDICAL HISTORY:	YES	ANNUAL	YES
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## LABORATORY-

## RADIOLOGY-

CHEST X-RAY (PA)	YES	NO	YES
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COMMENTS ON LABORATORY RESULTS:	YES	NO	YES
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EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
NASAL MUCOSA (SEPTAL PERFORATION)		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	YES

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## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4); (5); (OTHER); 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. PROGRAM REVISED 10/97.

173 NICKEL CARBONYL

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
NICKEL CARBONYL	QR6300000	13463-39-3

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	YES
FAMILY HISTORY OF:				
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	YES
SPIROMETRY-				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
NASAL MUCOSA (SEPTAL PERFORATION)		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

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## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4); (5); (OTHER); 1. NIOSH-OSHA, Occupational Guideline for Nickel Carbonyl, Washington, DC: DHHS/DOL; 1978: 1-5; 2. National Research Council, Nickel: Medical and Biologic Effects of Environmental Pollutants, Washington, DC: National Academy of Sciences: 1975; 97-128. PROGRAM REVISED 10/97.

## 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.

## 174 NITROGEN OXIDES

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
NITROGEN DIOXIDE	QW9800000	10102-44-0
NITRIC OXIDE	QX0525000	10102-43-9
ALSO SEE NITROUS OXIDE PROGRAM #108		

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
EYE IRRITATION		YES	ANNUAL	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	ANNUAL	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	NO
SPIROMETRY-				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CARDIOVASCULAR SYSTEM		YES	ANNUAL	NO
EYES		YES	ANNUAL	NO
TEETH (ACID EROSION)		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

REFERENCES: (1); (3); (4); (5); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Nitric Acid, DHEW Pub. No. 76-141. PROGRAM REVISED 10/97.

175 4-NITROBIPHENYL

STRESSOR(S) IN THIS PROGRAM:  
4-NITROBIPHENYLNIOSH # CAS #  
DV5600000 92-93-3

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1003 and 29 CFR 1929.1103

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
PROBLEMS WITH URINATION/BLOOD IN URINE)		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
FAMILY HISTORY OF:				
GENETIC DISEASE (INCL CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	YES

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PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (OTHER); 29 CFR 1910.1003 and 29 CFR 1910.1103. ([http://www.osha-slc.gov/OshStd\\_data/1910\\_1003.html](http://www.osha-slc.gov/OshStd_data/1910_1003.html))

PROGRAM REVIEWED 3/2000

176 NITROGLYCERINE

STRESSOR(S) IN THIS PROGRAM:  
NITROGLYCERINNIOSH # CAS #  
QX2100000 55-63-0

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
USE OF NITRATE MEDICATION (NITROGLYCERINE)		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	ANNUAL	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	ANNUAL	NO
SHORTNESS OF BREATH		YES	ANNUAL	NO
MIGRAINE HEADACHE		YES	ANNUAL	NO
FAMILY HISTORY OF:				
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
HEMATOLOGY:				
HEMOGLOBIN (HGB)		YES	ANNUAL	NO
HEMATOCRIT (HCT)		YES	ANNUAL	NO
CARDIOLOGY-				
ELECTROCARDIOGRAM		YES	ANNUAL	NO
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
CARDIOVASCULAR SYSTEM		YES	ANNUAL	NO
PERIPHERAL VASCULAR SYSTEM (RAYNAUD'S)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4). PROGRAM REVISED 10/97.

211 2-NITROPROPANE

STRESSOR(S) IN THIS PROGRAM:  
2-NITROPROPANENIOSH # CAS #  
T25250000 79-46-9

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
HEPATITIS OR JAUNDICE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
COUGH (DRY OR PRODUCTIVE)		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	YES
EXP TO CARCINOGENS		YES	ANNUAL	YES
FAMILY HISTORY OF:				
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY:				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	NO	YES
SGOT (AST)		*	ANNUAL	YES
RADIOLOGY:				
CHEST X-RAY (PA)		YES	NO	YES
SPIROMETRY:				
SPIROMETRY (FEV1, FVC, FEV1/FVC)		YES	NO	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
LIVER		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (1); (3). PROGRAM REVISED 10/97.

177 N-NITROSODIMETHYLAMINE

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
N-NITROSODIMETHYLAMINE	IQ0525000	62-75-9

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1003 and 29 CFR 1910.1103

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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## MEDICAL HISTORY: HAVE YOU EVER HAD?

## PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY	YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY	YES	ANNUAL	YES
CANCER	YES	ANNUAL	YES
BACK INJURY	YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)	YES	ANNUAL	YES
HAVE YOU EVER SMOKED	YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)	YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	ANNUAL	YES
MEDICATION ALLERGIES	YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS	YES	ANNUAL	YES
SKIN DISEASE	YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS	YES	ANNUAL	YES
LIVER DISEASE	YES	ANNUAL	YES
PROBLEMS WITH URINATION/BLOOD IN URINE	YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)	YES	ANNUAL	YES

## FAMILY HISTORY OF:

GENETIC DISEASE (INCLUDING CHILDREN)	YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)	YES	ANNUAL	YES

## COMMENTS ON MEDICAL HISTORY:

YES	ANNUAL	YES
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## LABORATORY-

## SERUM CHEMISTRY:

## LIVER PROFILE TO INCLUDE:

SGOT (AST), TOT. BILI., ALK. PHOS.	YES	NO	YES
SGOT (AST)	*	ANNUAL	YES

## URINALYSIS:

## ROUTINE:

URINALYSIS WITH MICROSCOPIC	YES	ANNUAL	YES
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## COMMENTS ON LABORATORY RESULTS:

YES	ANNUAL	YES
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EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
LIVER		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	YES

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PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (1); (2); (3); (OTHER) 29 CFR 1910.1003 and 29 CFR 1910.1103. PROGRAM REVIEWED 3/2000

## 180 ORGANOTIN COMPOUNDS

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
TIN (ORGANIC COMPOUNDS)		
TRIBUTYLTIN OXIDE	JN8750000	56-35-9
METHYL TIN MERCAPTIDE		
TRIBUTYLTIN BENZOATE	WH6710000	4342-36-3
DIBUTYLTIN DILAUATE	WH7000000	77-58-7
TRIBUTYLTIN FLUORIDE	WH8275000	1983-10-4

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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MEDICAL HISTORY: HAVE YOU EVER HAD?

PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY	YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY	YES	ANNUAL	NO
CANCER	YES	ANNUAL	NO
BACK INJURY	YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)	YES	ANNUAL	NO
HAVE YOU EVER SMOKED	YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)	YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	ANNUAL	NO
MEDICATION ALLERGIES	YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS	YES	ANNUAL	NO
SKIN DISEASE	YES	ANNUAL	NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS)	YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS	YES	ANNUAL	NO
NAUSEA OR VOMITING	YES	ANNUAL	NO
CHANGE OR LOSS OF VISION	YES	ANNUAL	NO
EYE IRRITATION	YES	ANNUAL	NO
LIVER DISEASE	YES	ANNUAL	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET	YES	ANNUAL	NO

WORK HISTORY OF:

EXP TO SKIN IRRITANTS	YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS	YES	ANNUAL	NO

COMMENTS ON MEDICAL HISTORY:

	YES	ANNUAL	NO
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## LABORATORY-

## SERUM CHEMISTRY:

## LIVER PROFILE TO INCLUDE:

SGOT (AST), TOT. BILI., ALK. PHOS.	YES	NO	NO
SGOT (AST)	*	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
SPIROMETRY:				
SPIROMETRY (FEV1, FVC, FEV1/FVC)		YES	NO	NO
OPTOMETRY-				
VISION SCREEN (VISUAL ACUITY)		YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
EYES		YES	ANNUAL	NO
LIVER		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (1); (2); (3); (4); (OTHER) NIOSH criteria for a recommended standard...Occupational Exposure to Organotin Compounds, DHEW Pub. No. 77-115. PROGRAM REVISED 10/97.

186 OTTO FUEL II/ OTHER ALKYL NITRATE PROPELLANTS

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
PROPYLENE GLYCOL DINITRATE	TY6300000	6423-43-4
ETHYLENE GLYCOL DINITRATE	KW5600000	628-96-6
ETHYLHEXYL NITRATE		27247-96-7

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
USE OF NITRATE MEDICATION (NITROGLYCERINE)		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
CHANGE OR LOSS OF VISION		YES	ANNUAL	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	ANNUAL	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	ANNUAL	NO
MIGRAINE HEADACHE		YES	ANNUAL	NO
FAMILY HISTORY OF:				
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	ANNUAL	NO
CARDIOLOGY-				
ELECTROCARDIOGRAM		YES	ANNUAL	NO
OPTOMETRY-				
VISION SCREEN (VISUAL ACUITY)		YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
CARDIOVASCULAR SYSTEM		YES	ANNUAL	NO
EYES		YES	ANNUAL	NO
LIVER		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO
PROGRAM DESCRIPTION:				
REFERENCE: (OTHER); 1. NAVMEDCOMINST 6270.1, 19 MAR 85, HEALTH HAZARDS OF OTTO FUEL II; 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. PROGRAM REVISED 10/97.				

## 184 POLYCHLORINATED BIPHENYLS (PCB)

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
CHLORODIPHENYL (42% CHLORINE)	TQ1356000	53469-21-9
CHLORODIPHENYL (54% CHLORINE)	DV2063000	27323-8-8
AROCLOR 1260	TQ1362000	11906-82-5
AROCLOR 1254	TQ1360000	11097-69-1
KANECHLOR 500	DY8100000	25429-29-2

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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## MEDICAL HISTORY: HAVE YOU EVER HAD?

## PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY	YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY	YES	ANNUAL	NO
CANCER	YES	ANNUAL	NO
BACK INJURY	YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)	YES	ANNUAL	NO
HAVE YOU EVER SMOKED	YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)	YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	ANNUAL	NO
MEDICATION ALLERGIES	YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS	YES	ANNUAL	NO
SKIN DISEASE	YES	ANNUAL	NO
HEPATITIS OR JAUNDICE	YES	ANNUAL	NO
LIVER DISEASE	YES	ANNUAL	NO

## WORK HISTORY OF:

EXP TO SKIN IRRITANTS	YES	ANNUAL	NO
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COMMENTS ON MEDICAL HISTORY:	YES	ANNUAL	NO
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## LABORATORY-

## SERUM CHEMISTRY:

## LIVER PROFILE TO INCLUDE:

SGOT (AST), TOT.BILI., ALK. PHOS.	YES	NO	NO
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SGOT (AST)	YES	ANNUAL	NO
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TRIGLYCERIDES	*	ANNUAL	NO
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COMMENTS ON LABORATORY RESULTS:	YES	ANNUAL	NO
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## PHYSICAL EXAMINATION:

VITAL SIGNS	YES	ANNUAL	NO
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## SPECIAL ATTENTION IN EXAMINATION TO:

LIVER	YES	ANNUAL	NO
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SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)	YES	ANNUAL	NO
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EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

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PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. 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. REFERENCES: (1); (2); (3); (4); (OTHER); 1. NIOSH criteria for a recommended standard...Occupational Exposure to Polychlorinated Biphenyls, DHEW Pub. No. 77-225; 2. NIOSH Current Intelligence Bulletin 45, Feb 24, 1986; 3. NAVENVIRHLTHCEN letter 6263.1 Ser 09nd/11643m 30 Nov 89, ADVISORY ON POLYCHLORINATED BIPHENYLS (PCBs). PROGRAM REVISED 10/97.

185 BETA-PROPIOLACTONE

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
BETA-PROPIOLACTONE	RQ7350000	57-57-8

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.1003 and 29 CFR 1926.1103

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO CARCINOGENS		YES	ANNUAL	YES
FAMILY HISTORY OF:				
GENETIC DISEASE (INCLUDE CHILDREN)		YES	ANNUAL	YES
CANCER (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES
PROGRAM DESCRIPTION:				
REFERENCES: (1); (2); (3); (OTHER); 29 CFR 1910.1003. Former standard 29 CFR 1910.1013. PROGRAM REVIEWED 3/2000				

## 187 SILICA (CRYSTALLINE)

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
SILICA CRYSTALLINE CRISTOBALITE	VV7325000	14464-46-1
SILICA CRYSTALLINE QUARTZ	VV7330000	14808-60-7
SILICA CRYSTALLINE TRIDYMIT	VV7335000	15468-32-3
SILICA CRYSTALLINE TRIPOLI	VV7336000	1317-95-9
SILICA AMORPHOUS FUSED	VV7320000	60676-86-0

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
TUBERCULOSIS		YES	ANNUAL	NO
SHORTNESS OF BREATH		YES	ANNUAL	NO
COUGH (DRY OR PRODUCTIVE)		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO DUSTS (COAL, BLAST. GRIT, SAND, NUISANCE)		YES	ANNUAL	NO
EXP TO ASBESTOS		YES	ANNUAL	NO
EXP TO SILICA OR SAND		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
ADDITIONAL LAB TESTS:				
TUBERCULOSIS SCREEN		YES	ANNUAL	NO
RADIOLOGY-				
CHEST X-RAY (PA)		YES	PENTA-E	NO
SPIROMETRY-				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
RESPIRATORY SYSTEM		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

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## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Crystalline Silica, DHEW Pub. No. 75-120. PROGRAM REVISED 10/97.

189 STYRENE

PROGRAM FREQUENCY: ANNUAL

STRESSOR(S) IN THIS PROGRAM:  
STYRENENIOSH# CAS#  
WL3675000 100-42-5

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
EYE IRRITATION		YES	ANNUAL	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	NO
PERSONALITY CHANGE		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
SPIROMETRY-				
SPIROMETRY (FEV1, FVC, FEV1/FVC)		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	NO	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO
EYES		YES	ANNUAL	NO
LIVER		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO
PROGRAM DESCRIPTION:				
REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Styrene, DHEW Pub. No. 83-119.				
PROGRAM REVISED 10/97.				

190 SULFUR DIOXIDE

STRESSOR(S) IN THIS PROGRAM:  
SULFUR DIOXIDENIOSH # CAS #  
WS4550000 7446-09-5

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)				
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
EYE IRRITATION		YES	ANNUAL	NO
TOOTH OR GUM DISEASE		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	NO
SPIROMETRY-				
SPIROMETRY (FEV1, FVC, FEV1/FVC)		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	NO	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
EYES		YES	ANNUAL	NO
TEETH (ACID EROSION)		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

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PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (4); (OTHER) NIOSH, criteria for a recommended standard...Occupational Exposure to Sulfur Dioxide. PROGRAM REVISED 10/97.

191 1,1,2,2-TETRACHLOROETHANE

STRESSOR(S) IN THIS PROGRAM:

1,1,2,2-TETRACHLOROETHANE

NIOSH #

KI8575000

CAS #

79-34-5

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
NAUSEA OR VOMITING		YES	ANNUAL	NO
WEIGHT LOSS		YES	ANNUAL	NO
TREMORS		YES	ANNUAL	NO
LIVER DISEASE		YES	ANNUAL	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	NO
DEPRESSION, DIFFICULTY CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT.BILI., ALK. PHOS.		YES	NO	NO
SGOT (AST)		*	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO
LIVER		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC.)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to 1,1,2,2-Tetrachloroethane, DHEW Pub. No. 77-121. PROGRAM REVISED 10/97.

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192 TETRACHLOROETHYLENE (PERCHLOROETHYLENE)

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

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
HEPATITIS OR JAUNDICE		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
NAUSEA OR VOMITING		YES	ANNUAL	NO
TREMORS		YES	ANNUAL	NO
CHANGE OR LOSS OF VISION		YES	ANNUAL	NO
EYE IRRITATION		YES	ANNUAL	NO
LIVER DISEASE		YES	ANNUAL	NO
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	NO
DEPRESSION, DIFFICULTY CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT.BILI., ALK. PHOS.		YES	NO	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
BUN AND CREATININE		YES	ANNUAL	NO
SGOT (AST)		*	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO
EYES		YES	ANNUAL	NO
LIVER		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (1); (2); (3); (4); (OTHER); NIOSH criteria for a recommended standard...Occupational Exposure to Tetrachloroethylene, DHEW Pub. No. 76-185; Brown DP, Kaplan SD, Retrospective Cohort Mortality Study of Dry Cleaner Workers Using Perchloroethylene, Journal of Occupational Medicine 29:53551, 1987; Federal Register FR54:2686-91 29 CFR Part 1910 Air Contaminants, Final rule 19 JAN 89; Key MM et al. (ed.) Occupational Diseases, A Guide to their Recognition, NIOSH 1977, 213-4,448. PROGRAM REVISED 10/97.

209 TETRYL

STRESSOR(S) IN THIS PROGRAM:  
TETRYLNIOSH # CAS #  
BY6300000 479-45-8

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
EYE IRRITATION		YES	ANNUAL	NO
LIVER DISEASE		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
FAMILY HISTORY OF:				
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY:				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	ANNUAL	NO
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	NO	NO
SGOT (AST)		*	ANNUAL	NO
SPIROMETRY:				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
EYES		YES	ANNUAL	NO
LIVER		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

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PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (3). PROGRAM REVISED 10/97.

214 ORTHO-TOLIDINE

STRESSOR(S) IN THIS PROGRAM:  
O-TOLIDINENIOSH # CAS #  
DD1225000 119-93-7

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
PROBLEMS WITH URINATION/BLOOD IN URINE		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS		YES	ANNUAL	YES
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
EXP TO CARCINOGENS		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

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## PROGRAM DESCRIPTION:

REFERENCES: (1); (OTHER); 1. NIOSH, Criteria for a recommended standard....Occupational exposure to o-Tolidine, DHEW (NIOSH) Pub. No. 78-179;  
 2. ACGIH Documentation of the Threshold Limit Values and Biological Exposure Indices, Fifth Edition, Cincinnati: ACGIH, Inc. 1986. 577. PROGRAM REVISED 10/97.

195      TOLUENE

STRESSOR(S) IN THIS PROGRAM:  
TOLUENENIOSH #      CAS #  
XS5250000      108-88-3

PROGRAM FREQUENCY:    ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY:    HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
NAUSEA OR VOMITING		YES	ANNUAL	NO
EYE IRRITATION		YES	ANNUAL	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	NO
MIGRAINE HEADACHE		YES	ANNUAL	NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO
EYES		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (3); (OTHER); 1. NIOSH criteria for a recommended standard...Occupational Exposure to Toluene, DHEW Pub. No. (HSM) 7311023; 2. Federal Register FR54:2431-32 19 JAN 89. PROGRAM REVISED 10/97.

194 ORTHO-TOLUIDINE

STRESSOR(S) IN THIS PROGRAM:  
O-TOLUIDINENIOSH # CAS #  
XU2975000 95-53-4

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
PROBLEMS WITH URINATION/BLOOD IN URINE		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS		YES	ANNUAL	YES
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
EXP TO CARCINOGENS		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOTAL BILIRUBIN, ALK. PHOS.		YES	ANNUAL	YES
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
LIVER		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	YES

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## PROGRAM DESCRIPTION:

REFERENCES: (1); (3); (OTHER); 1. FEDERAL REGISTER FR54:12 29 CFR PART 1910 Air Contaminates, Final Rule 2689-90, 19 Jan 89; 2. Occupational Health Guidelines for O-toluidine, DHHS (NIOSH) Publication 81-123. PROGRAM REVISED 10/97.

197 1,1,1-TRICHLOROETHANE (METHYL CHLOROFORM)

STRESSOR(S) IN THIS PROGRAM:  
METHYLCHLOROFORM

NIOSH # CAS #  
KJ2975000 71-55-6

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
HEPATITIS OR JAUNDICE		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
EYE IRRITATION		YES	ANNUAL	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	ANNUAL	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	ANNUAL	NO
LIVER DISEASE		YES	ANNUAL	NO
PROBLEMS WITH BALANCE, COORDINATION, NUMBNESS, TINGLING, WEAKNESS		YES	ANNUAL	NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	NO
FAMILY HISTORY OF:				
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT.BILI., ALK. PHOS.		YES	NO	NO
SGOT (AST)		*	ANNUAL	NO



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
URINALYSIS				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	NO	NO
CARDIOLOGY:				
ELECTROCARDIOGRAM		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO
CARDIOVASCULAR SYSTEM		YES	ANNUAL	NO
EYES		YES	ANNUAL	NO
LIVER		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (3); (OTHER); 1. NIOSH criteria for a recommended standard...Occupational Exposure to 1,1,1-Trichloroethane (Methyl Chloroform) DHEW Pub. No. 76-184; 2. Federal Register FR54:2427 29 CFR Part 1910 Air Contaminants, Final Rule 19 JAN 89; 3. Clayton GD and Clayton FE (ed) Patty's Industrial Hygiene and Toxicology, 3rd Revised Ed. New York: John Wiley & Sons, Inc. 1981, 3502-3510; 4. Key MM et al. (ed) Occupational Diseases, A Guide to their Recognition NIOSH, 1977, 215-216. PROGRAM REVISED 10/97.

198 TRICHLOROETHYLENE

STRESSOR(S) IN THIS PROGRAM:  
TRICHLOROETHYLENENIOSH # CAS #  
KX4550000 79-01-6

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
HEPATITIS OR JAUNDICE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	YES
NAUSEA OR VOMITING		YES	ANNUAL	YES
CHEST PAIN, ANGINA, HEART ATTACK		YES	ANNUAL	YES
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	YES
EXP TO CARCINOGENS		YES	ANNUAL	YES
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	YES
FAMILY HISTORY OF:				
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
LABORATORY:				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	NO	YES
SGOT (AST)		*	ANNUAL	YES
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES
CARDIOLOGY:				
ELECTROCARDIOGRAM		YES	NO	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	YES
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	YES
CARDIOVASCULAR SYSTEM		YES	ANNUAL	YES
LIVER		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

## PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (1); (2); (3); (4); (OTHER); 1. NIOSH criteria for a recommended standard...Occupational Exposure to Trichloroethylene DHEW Pub. No. 73-11025; 2. NIOSH Current Intelligence Bulletin 20; 3. Federal Register R54:2432-34 29CFR Part 1910 Air Contaminants, Final Rule 19 JAN 89. PROGRAM REVISED 10/97.



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203 VINYL CHLORIDE 10+ YEARS EXPOSURE (CHLOROETHENE)

STRESSOR(S) IN THIS PROGRAM: NIOSH # CAS #  
VINYL CHLORIDE KU9625000 75-01-4

PROGRAM FREQUENCIES: SEMI-ANNUAL

OSHA STANDARD 29 CFR 1910.1017 and 29 CFR 1910.1117

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	SEMI-A	YES
MAJOR ILLNESS OR INJURY		YES	SEMI-A	YES
HOSPITALIZATION OR SURGERY		YES	SEMI-A	YES
CANCER		YES	SEMI-A	YES
BACK INJURY		YES	SEMI-A	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	SEMI-A	YES
HAVE YOU EVER SMOKED		YES	SEMI-A	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	SEMI-A	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	SEMI-A	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	SEMI-A	YES
MEDICATION ALLERGIES		YES	SEMI-A	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	SEMI-A	YES
BLOOD TRANSFUSIONS		YES	SEMI-A	YES
SKIN DISEASE		YES	SEMI-A	YES
PERIPHERAL VASCULAR DISEASE		YES	SEMI-A	YES
HEPATITIS OR JAUNDICE		YES	SEMI-A	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	SEMI-A	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	SEMI-A	YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	SEMI-A	YES
WEIGHT LOSS		YES	SEMI-A	YES
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS		YES	SEMI-A	YES
LIVER DISEASE		YES	SEMI-A	YES
KIDNEY DISEASE		YES	SEMI-A	YES
WORK HISTORY OF:				
10 OR MORE YEARS SINCE FIRST EXPOSURE TO VINYL CHLORIDE		YES	SEMI-A	YES
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	SEMI-A	YES
COMMENTS ON MEDICAL HISTORY:		YES	SEMI-A	YES
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	SEMI-A	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
BUN AND CREATININE		YES	SEMI-A	YES
GGT		YES	SEMI-A	YES
RADIOLOGY-				
CHEST X-RAY (PA)		YES	<b>NO</b>	YES
COMMENTS ON LABORATORY RESULTS:		YES	SEMI-A	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	SEMI-A	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	SEMI-A	YES
PERIPHERAL VASCULAR SYSTEM (RAYNAUD'S)		YES	SEMI-A	YES
ABDOMEN		YES	SEMI-A	YES
LIVER		YES	SEMI-A	YES
SPLEEN		YES	SEMI-A	YES
RESPIRATORY SYSTEM		YES	SEMI-A	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	SEMI-A	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	SEMI-A	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	SEMI-A	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN		YES	SEMI-A	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	SEMI-A	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	SEMI-A	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	SEMI-A	YES
RECOMMENDATIONS:		YES	SEMI-A	YES

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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.

REFERENCES; (1); (OTHER); 1. 29 CFR 1910.1017 and 29 CFR 1910.1117; 2. 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. PROGRAM REVIEWED 3/2000

## 204 VINYL CHLORIDE ANY EXPOSURE (CHLOROETHENE)

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
VINYL CHLORIDE	KU9625000	75-01-4

PROGRAM FREQUENCIES: ANNUAL

OSHA STANDARD 29 CFR 1910.1017 and 29 CFR 1910.1117

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
BLOOD TRANSFUSIONS		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
PERIPHERAL VASCULAR DISEASE		YES	ANNUAL	YES
HEPATITIS OR JAUNDICE		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	YES
WEIGHT LOSS		YES	ANNUAL	YES
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
WORK HISTORY OF:				
10 OR MORE YEARS SINCE FIRST EXPOSURE TO VINYL CHLORIDE		YES	ANNUAL	YES
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	ANNUAL	YES
BUN AND CREATININE		YES	ANNUAL	YES
GGT		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	YES
PERIPHERAL VASCULAR SYSTEM (RAYNAUD'S)		YES	ANNUAL	YES
ABDOMEN		YES	ANNUAL	YES
LIVER		YES	ANNUAL	YES
SPLEEN		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN		YES	ANNUAL	YES
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

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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.

REFERENCES; (1); (OTHER); 1. 29 CFR 1910.1017 and 29 CFR 1910.1117; 2. 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. PROGRAM REVIEWED 3/2000

205 XYLENE

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
XYLENE (O-,M- AND P- ISOMERS)	ZE2100000	1330-20-7

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
HEPATITIS OR JAUNDICE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
NAUSEA OR VOMITING		YES	ANNUAL	NO
LIVER DISEASE		YES	ANNUAL	NO
KIDNEY DISEASE		YES	ANNUAL	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	NO
MIGRAINE HEADACHE		YES	ANNUAL	NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	NO	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
SGOT (AST)		*	ANNUAL	NO
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO
EYES		YES	ANNUAL	NO
LIVER		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

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PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. REFERENCES: (1); (2); (3); (4); (OTHER); 1. NIOSH criteria for a recommended standard...Occupational Exposure to Xylene DHEW Pub. 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. PROGRAM REVISED 10/97.

## Physical Stressors 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.

All new tests are in **bold** letters.

**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. The program still exists in PC Matrix for you to use on occasion when you do sight screening examinations.**

## Physical Stressors

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

501 COLD

PROGRAM FREQUENCY: BIENNIAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	BI-ENN	NO
MAJOR ILLNESS OR INJURY		YES	BI-ENN	NO
HOSPITALIZATION OR SURGERY		YES	BI-ENN	NO
CANCER		YES	BI-ENN	NO
BACK INJURY		YES	BI-ENN	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	BI-ENN	NO
HAVE YOU EVER SMOKED		YES	BI-ENN	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	BI-ENN	NO
DO YOU USE SMOKELESS TOBACCO		YES	BI-ENN	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	BI-ENN	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	BI-ENN	NO
MEDICATION ALLERGIES		YES	BI-ENN	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	BI-ENN	NO
BLOOD DISEASES (ANEMIA)		YES	BI-ENN	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	BI-ENN	NO
SKIN DISEASE		YES	BI-ENN	NO
PERIPHERAL VASCULAR DISEASE		YES	BI-ENN	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	BI-ENN	NO
COLD INJURY (FROSTBITE, CHILL, TRENCH FT, HYPOTHERMIA)		YES	BI-ENN	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	BI-ENN	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	BI-ENN	NO
THYROID DISEASE (HEAT OR COLD INTOLERANCE)		YES	BI-ENN	NO
DIABETES OR OTHER ENDOCRINE GLAND DISORDER		YES	BI-ENN	NO
MENTAL/EMOTIONAL ILLNESS		YES	BI-ENN	NO
COMMENTS ON MEDICAL HISTORY:		YES	BI-ENN	NO
CARDIOLOGY-				
ELECTROCARDIOGRAM		***	***	NO
COMMENTS ON LABORATORY RESULTS:		YES	BI-ENN	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	BI-ENN	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CARDIOVASCULAR SYSTEM		YES	BI-ENN	NO
PERIPHERAL VASCULAR SYSTEM (RAYNAUD'S)		YES	BI-ENN	NO
RESPIRATORY SYSTEM		YES	BI-ENN	NO



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	BI-ENN	NO
THYROID		YES	BI-ENN	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	BI-ENN	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	BI-ENN	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	BI-ENN	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	BI-ENN	NO
RECOMMENDATIONS:		YES	BI-ENN	NO

## PROGRAM DESCRIPTION:

REFERENCES: (3); (OTHER); 1. Weiner, SC, Barrett JB, Trauma Management for Civilian and Military Physicians, WB Saunders, Phila., 1986; 2. NAVMED P-5052-29 "COLD INJURY"; 3. Threshold Limit Values and Biological Exposure Limits, Cincinnati, OH: American Conference of Government Industrial Hygienists; 1997. PROGRAM REVISED 10/97.

## PROVIDER COMMENTS:

A worker should be entered on this program if exposed to temperatures below (-)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.

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

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.

502      HEAT

PROGRAM FREQUENCY:    ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY:    HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
HEAT INJURY (CRAMPS, EXHAUSTION, STROKE)		YES	ANNUAL	NO
EXPOSURE (ACCLIMATIZATION) TO HEAT		YES	ANNUAL	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	ANNUAL	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	ANNUAL	NO
KIDNEY DISEASE		YES	ANNUAL	NO
CURRENT PREGNANCY (FEMALES ONLY)		YES	ANNUAL	NO
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	NO
THYROID DISEASE (HEAT OR COLD INTOLERANCE)		YES	ANNUAL	NO
DIABETES OR OTHER ENDOCRINE GLAND DISORDER		YES	ANNUAL	NO
MENTAL/EMOTIONAL ILLNESS		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
URINALYSIS:				
ROUTINE:				
URINALYSIS WITHOUT MICROSCOPIC		YES	ANNUAL	NO
CARDIOLOGY-				
ELECTROCARDIOGRAM		***	***	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
REQUIRED WHEN POSITIVE HISTORY QUESTIONS ARE OBTAINED		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CARDIOVASCULAR SYSTEM		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
SKIN, WITH REGARD TO MALIGNANT & PRE-MALIGNANT COND		YES	ANNUAL	NO
THYROID		YES	ANNUAL	NO
OBESITY		YES	ANNUAL	NO
OVERALL PHYSICAL FITNESS		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

REFERENCES: (1); (OTHER); 1. NIOSH Criteria for a Recommended Standard: Occupational Exposure to Hot Environments, Revised Criteria, 1986, DHHS (NIOSH) Pub. No. 86-113; 2. OSHA Instruction TED 1.15, September 22, 1995, Section II: Chapter 4 Heat Stress; 3. Threshold Limit Values and Biological Exposure Limits, Cincinnati, OH: American Conference of Government Industrial Hygienists; 1997. Web sites:  
Working in Hot Environments - NIOSH publication  
<http://www.cdc.gov/niosh/hotenvt.html>  
Protecting Workers in Hot Environments  
[http://www.osha-slc.gov/OshDoc/Fact\\_data?FSNO95-16.html](http://www.osha-slc.gov/OshDoc/Fact_data?FSNO95-16.html)  
Heat stress - OSHA Technical Manual, Section II - Chapter 4  
[http://www.osha-slc.gov/TechMan\\_data/11\\_4.html](http://www.osha-slc.gov/TechMan_data/11_4.html)

PROGRAM REVISED 10/97.

## PROVIDER COMMENTS:

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

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.

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503 NOISE

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.95

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
RINGING IN THE EAR (TINNITUS)		YES	ANNUAL	YES
RUPTURED EAR DRUM		YES	ANNUAL	YES
LOSS OR CHANGE IN HEARING		YES	ANNUAL	YES
WORK HISTORY OF:				
EXPOSURE TO EXCESSIVE NOISE		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
AUDIOLOGY-				
AUDIOGRAM		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
HEARING CONSERVATION:				
HAS BASELINE BEEN REESTABLISHED DUE TO PTS?		YES	ANNUAL	YES
HIGH FREQUENCY AVERAGE EXCEEDS 45 dB BILATERALLY?		YES	ANNUAL	YES
EAR PLUGS FITTED AND ISSUED?		YES	ANNUAL	YES
REFER TO AUDIOLOGIST OR PHYSICIAN?		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

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## PROGRAM DESCRIPTION:

Individuals are entered on this program based on the results of industrial hygiene surveys. In the absence of IH data, individuals 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. REFERENCES: (OTHER); 1. OPNAV 5100.23D, Chapter 18; 2. OPNAV 5100.19C, Chapter B4; 3. 29 CFR 1910.95; 5. DODINST 6055.12, DoD Hearing Conservation Program, April 22, 1996. PROGRAM REVISED 10/97.

## PROVIDER COMMENTS:

Tympanogram may be useful in identifying individuals with conductive rather than sensorineural hearing loss.

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

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512 NOISE - FOLLOW UP

PROGRAM FREQUENCY: BASED ON RESULTS OF ANNUAL MONITORING

OSHA STANDARD 29 CFR 1910.95

EXAM ELEMENT	ELEMENT GIVEN FOR:	PERIODIC
MEDICAL HISTORY: HAVE YOU EVER HAD?		
PERSONAL HISTORY OF:		
RINGING IN THE EAR (TINNITUS)		***
RUPTURED EAR DRUM		***
LOSS OR CHANGE IN HEARING		***
COMMENTS ON MEDICAL HISTORY:		***
LABORATORY-		
AUDIOLOGY-		
AUDIOGRAM - FOLLOW-UP		***
COMMENTS ON LABORATORY RESULTS:		***
PHYSICAL EXAMINATION:		
EARS (TYMPANIC MEMBRANES)		***
OTHER APPROPRIATE EXAMINATION (SPECIFY)		***
COMMENTS ON PHYSICAL EXAMINATION:		***
HEARING CONSERVATION:		
HAS BASELINE BEEN REESTABLISHED DUE TO PTS?		***
HIGH FREQUENCY AVERAGE EXCEEDS 45 dB BILATERALLY?		***
EAR PLUGS FITTED AND ISSUED?		***
REFER TO AUDIOLOGIST OR PHYSICIAN?		***
SPECIAL NOTATIONS:		
WRITTEN NOTIFICATION OF PERMANENT THRESHOLD SHIFT REQUIRED		***
RECOMMENDATIONS:		***

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PROGRAM DESCRIPTION:

\*\*\*This program is designed for follow up when a significant threshold shift (STS), occurs at the monitoring audiogram. REFERENCES: (OTHER);

1. OPNAV 5100.23B, Chapter 18;
2. OPNAV 5100.19B, Chapter B4;
3. 29 CFR 1910.95;
4. DODINST 6055.12, DoD Hearing Conservation Program, April 22, 1996;
5. NEHC-TM 6260.99-1 (May 1999) Navy Medical Department Hearing Conservation Program Procedures. Hearing test results are documented on DD Form 2215 and DD Form 2216. PROGRAM REVISED 10/97.

PROVIDER COMMENTS:

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 Appendix E.

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505 RADIATION - IONIZING

PROGRAM FREQUENCY:

<25: NONE AFTER PE  
25-49: EVERY FIVE YEARS  
50-59: EVERY TWO YEARS  
>59: ANNUALLY

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PROGRAM DESCRIPTION:

This program is designated solely to provide guidance on scheduling frequency and references. Tests and forms required are promulgated in:  
(1) Radiation Health Protection Manual, NAVMED P-5055. PROGRAM REVISED 10/97.

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506 RADIATION - LASER (CLASS 3b & 4)

PROGRAM FREQUENCY: TRIENNIAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?			
PERSONAL HISTORY OF:			
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	YES
MAJOR ILLNESS OR INJURY		YES	YES
HOSPITALIZATION OR SURGERY		YES	YES
CANCER		YES	YES
BACK INJURY		YES	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	YES
HAVE YOU EVER SMOKED		YES	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	YES
MEDICATION ALLERGIES		YES	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	YES
SKIN DISEASE		YES	YES
CHANGE OR LOSS OF VISION		YES	YES
CONTACT LENS USE		YES	YES
LENS SURGERY		YES	YES
PHOTOSENSITIZING MEDICATIONS		YES	YES
UNUSUAL SENSITIVITY TO SUNLIGHT		YES	YES
CATARACTS		YES	YES
EYE IRRITATION		YES	YES
EYE INJURY		YES	YES
GLAUCOMA		YES	YES
WORK HISTORY OF:			
EXP TO NON-IONIZING RADIATION (LASER, IR, MW, UV)		YES	YES
EYE INJURY		YES	YES
COMMENTS ON MEDICAL HISTORY:		YES	YES
LABORATORY-			
OPTOMETRY-			
DATE OF MOST RECENT REFRACTION - WHEN APPLICABLE		YES	YES
CURRENT REFRACTION PRESCRIPTION - WHEN APPLICABLE		YES	YES
VISION SCREEN (VISUAL ACUITY)		YES	YES
EXTERNAL OCULAR AND FUNDUS EXAMINATION		YES	YES
COMMENTS ON LABORATORY RESULTS:		YES	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	TERM EXAM
PHYSICAL EXAMINATION:			
VITAL SIGNS		YES	YES
SPECIAL ATTENTION IN EXAMINATION TO:			
EYES		YES	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW			
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	YES
LISTED BELOW			
RECOMMENDATIONS:		YES	YES

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PROGRAM DESCRIPTION:

REFERENCES: (OTHER); 1. **BUMEDINST 6470.23, Medical Management of Non-ionizing Radiation Casualties.** 2. ANSI Z136.1 of 1993; 3. OPNAVINST 5100.23E. PROGRAM REVISED 10/97.

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.

Incidental personnel must have documented in their medical record a visual acuity examination. Incidental personnel are described as those personnel whose work makes it possible, but unlikely, that they will be exposed to sufficient laser energy to damage their eyes.

Preplacement and termination laser examinations may include the following tests as deemed necessary by the medical examiner.

1. Amsler grid or other tests of macular function for distortions or scotomas.
2. Dilated, direct view ophthalmoscopic examinations of the retina and slit lamp examinations of the cornea and lens to describe any pathology or deviation from the normal. Refer any retinal lesions to an ophthalmologist or optometrist for evaluation and photographic documentation.
3. Skin examination if the worker has a history of photosensitivity or works with UV lasers.

508 VIBRATION, HAND-ARM

STRESSOR(S) IN THIS PROGRAM:  
HAND-ARM (SEGMENTAL) VIBRATION

NIOSH # CAS #

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
DO YOU USE SMOKELESS TOBACCO		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
PERIPHERAL VASCULAR DISEASE		YES	ANNUAL	NO
COLD INJURY (FROSTBITE, CHILL, TRENCH FT, HYPOTHERMIA)		YES	ANNUAL	NO
NEUR DISORDER, GAIT CHANGE, PARESTHESIA, COORD LOSS		YES	ANNUAL	NO
DIABETES OR OTHER ENDOCRINE GLAND DISORDER		YES	ANNUAL	NO
VIBRATION WHITE FINGER DISEASE		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO VIBRATION (SEGMENTAL OR WHOLE BODY)		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO
BACK & MUSCULOSKELETAL SYSTEM		YES	ANNUAL	NO
PERIPHERAL VASCULAR SYSTEM (RAYNAUD'S)		YES	ANNUAL	NO
EYES		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

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PROGRAM DESCRIPTION:

REFERENCES: (1); (OTHER); 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. PROGRAM REVISED 10/97.

## PROVIDER COMMENTS:

Smoking plays a significant role in the development of hand-arm vibration syndrome. 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)

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

Stage	Description
0	No attacks
1	Occasional attacks that affect only the tips of one or more fingers
2	Occasional attacks that affect the distal and middle (rarely also proximal) phalanges of one or more fingers
3	Frequent attacks affecting all phalanges of most fingers
4	As in stage 3, with trophic skin changes in the finger tips

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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

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\*Adapted from Brammer et al. (1987)

+The stage is determined separately for each hand.

Source: Criteria for a Recommended Standard...Occupational Exposure to Hand-Arm Vibration, National Institute for Occupational Safety and Health, Sept 1989.

## 511 WHOLE BODY VIBRATION

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
PERIPHERAL VASCULAR DISEASE		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
NAUSEA OR VOMITING		YES	ANNUAL	NO
CHANGE OR LOSS OF VISION		YES	ANNUAL	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	ANNUAL	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	ANNUAL	NO
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS		YES	ANNUAL	NO
KIDNEY DISEASE		YES	ANNUAL	NO
PROBLEMS WITH URINATION/BLOOD IN URINE		YES	ANNUAL	NO
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	NO
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	NO
VIBRATION WHITE FINGER DISEASE		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO VIBRATION (SEGMENTAL OR WHOLE BODY)		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY:				
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO
BACK & MUSCULOSKELETAL SYSTEM		YES	ANNUAL	NO
CARDIOVASCULAR SYSTEM		YES	ANNUAL	NO
PERIPHERAL VASCULAR SYSTEM (RAYNAUD'S)		YES	ANNUAL	NO
VARICOSE VEINS OF LOWER EXTREMITIES		YES	ANNUAL	NO
EYES		YES	ANNUAL	NO
ABDOMEN		YES	ANNUAL	NO
GENITOURINARY TRACT		YES	ANNUAL	NO
HEMORRHOIDS		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

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PROGRAM DESCRIPTION:

REFERENCES: (1); (OTHER); 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. PROGRAM REVISED 10/97.



## Mixed Exposures 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 mixes 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 Appendix D) for any stressor where IH data has indicated an overexposure requiring medical surveillance and no matrix program exists for that stressor.

A new program, Wood Dust was added. Periodicity for cholinesterase screening was revised in program 179, Organophosphate/Carbamate Compounds.

All new tests are printed in **bold** letters.

### Mixed Exposures

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

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

STRESSOR(S) IN THIS PROGRAM: N/A	NIOSH #	CAS #
SULFURIC ACID	WS5600000	7664-93-9
HYDROCHLORIC ACID	MW4025000	7647-01-0
NITRIC ACID	QU5775000	7697-37-2
PHOSPHORIC ACID	TB6300000	7664-38-2

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
PERIPHERAL VASCULAR DISEASE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
CONTACT LENS USE		YES	ANNUAL	NO
EYE IRRITATION		YES	ANNUAL	NO
EYE INJURY		YES	ANNUAL	NO
TOOTH OR GUM DISEASE		YES	ANNUAL	NO
COUGH (DRY OR PRODUCTIVE)		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO HYDROGEN FLUORIDE OR INORGANIC FLUORIDES		YES	ANNUAL	NO
EYE INJURY		YES	ANNUAL	NO
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
PERIPHERAL VASCULAR SYSTEM (RAYNAUD'S)		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
EYES		YES	ANNUAL	NO
GUMS (E.G. LEAD LINES?)		YES	ANNUAL	NO
TEETH (ACID EROSION)		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

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PROGRAM DESCRIPTION:

REFERENCES: (3); (4). PROGRAM REVISED 10/97.

## 108 ANESTHETIC GASES

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
HALOTHANE	KH6550000	151-67-7
NITROUS OXIDE	QX1350000	10024-97-2

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
HEPATITIS OR JAUNDICE		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
KIDNEY DISEASE		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
IMPOTENCE OR SEXUAL DYSFUNCTION		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
EPILEPSY (SEIZURE DISORDER)		YES	ANNUAL	YES
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS, IN HANDS OR FEET		YES	ANNUAL	YES
MIGRAINE HEADACHE		YES	ANNUAL	YES
MENTAL/EMOTIONAL ILLNESS		YES	ANNUAL	YES
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	YES
PERSONALITY CHANGE		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO CHEMOTHERAPEUTIC AGENTS		YES	ANNUAL	YES
EXP TO ANESTHETIC GASES		YES	ANNUAL	YES
EXP TO ETHYLENE OXIDE		YES	ANNUAL	YES
EXP TO CARCINOGENS		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
FAMILY HISTORY OF:				
BLOOD DISEASES (ANEMIA)		YES	ANNUAL	YES
GENETIC DISEASE (INCL CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
REQUIRED WHEN POSITIVE HISTORY QUESTIONS ARE OBTAINED:				
VITAL SIGNS		YES	***	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	***	YES
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	***	YES
GENITOURINARY TRACT		YES	***	YES
TESTES (MALE)		YES	***	YES
LIVER		YES	***	YES
MUCOUS MEMBRANES		YES	***	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	***	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	***	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	YES
SUBSTANCE(S) SUSPECTED HUMAN MUTAGENIC/FETOTOXIC EFFECTS		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

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PROGRAM DESCRIPTION:

\*\*\*Physical exam elements are given when positive answers on annual history questions are obtained. REFERENCES: (1); (2); (OTHER); 1. NIOSH Criteria For a Recommended Standard...Occupational Exposure to Waste Anesthetic Gases and Vapors. DHEW Publication No. 77-140; 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. PROGRAM REVISED 10/97.

## 207 ANIMAL ASSOCIATED DISEASE

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	***	NO
MAJOR ILLNESS OR INJURY		YES	***	NO
HOSPITALIZATION OR SURGERY		YES	***	NO
CANCER		YES	***	NO
BACK INJURY		YES	***	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	***	NO
HAVE YOU EVER SMOKED		YES	***	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	***	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	***	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	***	NO
MEDICATION ALLERGIES		YES	***	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	***	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	***	NO
SKIN DISEASE		YES	***	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	***	NO
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	***	NO
COMMENTS ON MEDICAL HISTORY:		YES	***	NO
LABORATORY-				
ADDITIONAL LAB TESTS:				
TUBERCULOSIS SCREEN		YES	***	NO
COMMENTS ON LABORATORY RESULTS:		YES	***	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	***	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	***	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	***	NO
QUALIFICATIONS:				
CURRENT IMMUNIZATIONS		YES	***	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	***	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	***	NO
RECOMMENDATIONS:		YES	***	NO

## PROGRAM DESCRIPTION:

REFERENCES: (1); (2); (OTHER); 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. MMWR, 42 (RR-11), July 30, 1993. 4. MMWR, 43 (RR-13) October 28, 1994. PROGRAM REVISED 3/97.

## 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.

## 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.

Risk Category 1	rodents, rabbits and aquatics
Risk Category 2	cats, dogs, livestock and ferrets
Risk Category 3	nonhuman primates

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

Test	Category 1	Category 2	Category 3
Tb Screening	B	B	B, Q6mo
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

(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 the responsibility for capturing or destroying wild animals
- 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 sequelae of Q fever should they acquire it, (immunosuppressed individuals and those with valvular or congenital heart valve problems).

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

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



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## 110 HAZARDOUS DRUGS

STRESSOR(S) IN THIS PROGRAM:

ANTINEOPLASTIC DRUGS (VINCRISTINE, DACARBAZINE, MITOMYCIN, CYTOSINE  
ARABINOSIDE, FLUOROURACIL)

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
TREATMENT WITH STEROIDS OR CANCER (CYTOTOXIC) DRUGS		YES	ANNUAL	YES
CHEST PAIN, ANGINA, HEART ATTACK		YES	ANNUAL	YES
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	ANNUAL	YES
LIVER DISEASE		YES	ANNUAL	YES
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	ANNUAL	YES
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS		YES	ANNUAL	YES
EXP TO IONIZING RADIATION		YES	ANNUAL	YES
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
EXP TO CARCINOGENS		YES	ANNUAL	YES
FAMILY HISTORY OF:				
GENETIC DISEASE (INCLUDE CHILDREN)		YES	ANNUAL	YES
CANCERS (LEUKEMIA, TUMORS)		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY-				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	ANNUAL	YES
DIFFERENTIAL WHITE BLOOD CELL COUNT		YES	ANNUAL	YES
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	YES

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
ADDITIONAL LAB TESTS:				
PREGNANCY TESTING OR LABORATORY TESTING OF FERTILITY IF REQUESTED BY EMPLOYEE AND DEEMED APPROPRIATE BY THE PHYSICIAN		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CARDIOVASCULAR SYSTEM		YES	ANNUAL	YES
EYES		YES	ANNUAL	YES
LIVER		YES	ANNUAL	YES
MUCOUS MEMBRANES		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
SKIN-WITH REGARD TO MALIGNANT & PRE-MALIGNANT COND		YES	ANNUAL	YES
IMMUNOCOMPETENCE (LYMPHATIC SYSTEM)		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
SUBSTANCE(S) KNOWN HUMAN CARCINOGEN		YES	ANNUAL	YES
SUBSTANCE(S) KNOWN MUTAGENIC OR FETOTOXIC EFFECTS		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	YES
RECOMMENDATIONS:		YES	ANNUAL	YES

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## PROGRAM DESCRIPTION:

REFERENCES: (OTHER); 1. OSHA Instruction TED 1-0.15A, January 20, 1999, Office of Science and Technology Assessment; 2. NAVMEDCOMINST 6570.1, 29 May 86, ANTINEOPLASTIC DRUG GUIDELINES. PROGRAM REVIEWED 3/2000

## 216      HERBICIDES

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
PARAQUAT	DW1960000	4685-14-7
DIQUAT	JM5690000	85-00-7

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
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## MEDICAL HISTORY: HAVE YOU EVER HAD?

## PERSONAL HISTORY OF:

IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)	YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY	YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY	YES	ANNUAL	NO
CANCER	YES	ANNUAL	NO
BACK INJURY	YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)	YES	ANNUAL	NO
HAVE YOU EVER SMOKED	YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)	YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)	YES	ANNUAL	NO
MEDICATION ALLERGIES	YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS	YES	ANNUAL	NO
SKIN DISEASE	YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)	YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:	YES	ANNUAL	NO

## LABORATORY-

## RADIOLOGY:

CHEST X-RAY (PA)	YES	NO	NO
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## SPIROMETRY:

SPIROMETRY (FVC, FEV1, FEV1/FVC)	YES	ANNUAL	NO
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## COMMENTS ON LABORATORY RESULTS

YES	ANNUAL	NO
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## PHYSICAL EXAMINATION:

VITAL SIGNS	YES	ANNUAL	NO
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## SPECIAL ATTENTION IN EXAMINATION TO:

EYES	YES	ANNUAL	NO
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RESPIRATORY SYSTEM	YES	ANNUAL	NO
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SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)	YES	ANNUAL	NO
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OTHER APPROPRIATE EXAMINATION (SPECIFY):	YES	ANNUAL	NO
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## COMMENTS ON PHYSICAL EXAMINATION:

YES	ANNUAL	NO
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EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

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## PROGRAM DESCRIPTION:

References: (1); (3); (5); (OTHER); 1. NIOSH/OSHA Occupational Health Guidelines for Chemical Hazards, U.S. Department Of Health And Human Services, Sept.1978; 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. PROGRAM REVISED 10/97.

## 212 MANMADE MINERAL FIBERS

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
GLASSWOOL		
GLASS FILAMENT		
ROCKWOOL	PY8070000	
SLAGWOOL		
CERAMIC FIBER:FIBERFRAX; FIBERMAX; FIRELINE	BD1450000	1302-76-7
CERAMIC; Fybex; Man; Nextel; PKT; SAFFIL		

PROGRAM FREQUENCIES: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/ DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
SKIN DISEASE				
LUNG OR RESP DISEASE (COPD,BRONCHITIS,PNEUMONITIS)		YES	ANNUAL	NO
SHORTNESS OF BREATH		YES	ANNUAL	NO
COUGH (DRY OR PRODUCTIVE)		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO DUSTS (COAL, BLAST. GRIT, SAND, NUISANCE)		YES	ANNUAL	NO
EXP TO ASBESTOS		YES	ANNUAL	NO
EXP TO SILICA OR SAND		YES	ANNUAL	NO
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
RADIOLOGY-				
CHEST X-RAY (PA)		YES	PENTA-E	NO
SPIROMETRY-				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
SPECIAL NOTATIONS:				
SUBSTANCE(S) SUSPECTED HUMAN CARCINOGEN		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
LISTED ON OPNAV 5100/15?				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

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PROGRAM DESCRIPTION:

REFERENCES: (1); (5); (OTHER); 1. NAVENVIRHLTHCEN Technical Manual NEHC-TM91-1 Oct 1990; 2. 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. PROGRAM REVISED 10/97.

## 602 METAL FUMES

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
CHANGE OR LOSS OF VISION		YES	ANNUAL	NO
CATARACTS		YES	ANNUAL	NO
EYE IRRITATION		YES	ANNUAL	NO
EYE INJURY		YES	ANNUAL	NO
PERFORATION OF NASAL SEPTUM		YES	ANNUAL	NO
SHORTNESS OF BREATH		YES	ANNUAL	NO
COUGH (DRY OR PRODUCTIVE)		YES	ANNUAL	NO
KIDNEY DISEASE		YES	ANNUAL	NO
WORK HISTORY OF:				
EXP TO LEAD		YES	ANNUAL	NO
EXP TO CHROMIUM OR CHROMIC ACID		YES	ANNUAL	NO
EYE INJURY		YES	ANNUAL	NO
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
SERUM CHEMISTRY:				
BUN AND CREATININE		YES	ANNUAL	NO
SGOT (AST)		YES	ANNUAL	NO
URINALYSIS:				
ROUTINE:				
URINALYSIS WITHOUT MICROSCOPIC		YES	ANNUAL	NO



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
RADIOLOGY:				
CHEST X-RAY (PA)		YES	NO	NO
SPIROMETRY:				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
EYES		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

REFERENCES: (OTHER); 1. NIOSH Criteria for a Recommended Standard...Welding, Brazing, and Thermal Cutting. Washington, D.C. U.S. Department of Health and Human Services; 1988. DHHS (NIOSH) Pub. No. 88-110. 2. 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. 3. NOTE: References for specific metals are listed in the appropriate programs. PROGRAM REVISED 10/97.

## 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.

## 162 METALWORKING FLUIDS

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
EYE IRRITATION		YES	ANNUAL	NO
EYE INJURY		YES	ANNUAL	NO
SHORTNESS OF BREATH		YES	ANNUAL	NO
COUGH (DRY OR PRODUCTIVE)		YES	ANNUAL	NO
PNEUMONIA		YES	ANNUAL	NO
WORK HISTORY OF:				
EYE INJURY		YES	ANNUAL	NO
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	ANNUAL	NO
RADIOLOGY-				
CHEST X-RAY (PA)		YES	NO	NO
SPIROMETRY-				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
EYES		YES	ANNUAL	NO
MUCOUS MEMBRANES		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

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## PROGRAM DESCRIPTION:

REFERENCES: (1); (3); (4). PROGRAM REVISED 10/97.

## 603 MIXED SOLVENTS

	NIOSH#	CAS#
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

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
HEPATITIS OR JAUNDICE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
CONTACT LENS USE		YES	ANNUAL	NO
EYE IRRITATION		YES	ANNUAL	NO
EYE INJURY		YES	ANNUAL	NO
LIVER DISEASE		YES	ANNUAL	NO
KIDNEY DISEASE		YES	ANNUAL	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	NO
PERSONALITY CHANGE		YES	ANNUAL	NO
WORK HISTORY OF:				
EYE INJURY		YES	ANNUAL	NO
EXP TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO SOLVENTS (MEK, PERC, TCE, TOLUENE...)		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
LABORATORY-				
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	NO	NO
BUN AND CREATININE		YES	ANNUAL	NO
SGOT (AST)		*	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO
EYES		YES	ANNUAL	NO
LIVER		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. When industrial hygiene data document exposure to specific stressors, i.e., lead or chromium, individuals should be entered on the appropriate programs for specific stressors. REFERENCES: (1); (2); (OTHER); 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. PROGRAM REVISED 10/97.

## 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.)

## 179 ORGANOPHOSPHATE/CARBAMATE COMPOUNDS

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
CARBARYL	FC5950000	63-25-2
MALATHION	WM8400000	121-75-5
METHYL PARATHION	TG0175000	298-00-0
PARATHION	TF4550000	56-38-2
FERBAM	NO8750000	14484-64-1
PROPOXUR	FC3150000	114-26-1

PROGRAM FREQUENCY: SEE PROGRAM DESCRIPTION

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
LUNG OR RESP DISEASE (COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
USE OF ANTICHOLINERGIC DRUGS (DONNATAL)		YES	ANNUAL	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	NO
NAUSEA OR VOMITING		YES	ANNUAL	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	NO
MIGRAINE HEADACHE		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
WORK HISTORY OF:				
DO YOU HANDLE ORGANOPHOSPHATE OR CARBAMATE PESTICIDES		YES	ANNUAL	NO
LABORATORY-				
SERUM CHEMISTRY:				
RBC CHOLINESTERASE		YES	*QUARTERLY	NO
PLASMA (OR SERUM) CHOLINESTERASE		YES	*QUARTERLY	NO
COMMENTS ON LABORATORY RESULTS:		YES	*QUARTERLY	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

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PROGRAM DESCRIPTION:

\*At locations where organophosphate pesticides are used year-round, the worker should receive at least quarterly cholinesterase determinations. Routine physical examination during the pesticide use season may be limited to medical and occupational history, and cholinesterase. Physical examinations for signs of mild exposure are not recommended.

REFERENCES: (1); (2); (3); (4); (OTHER); 1. Occupational Medical Surveillance Manual, DOD 6055.5-M, May 1998; 2. OPNAVINST 6250.4B, PEST MANAGEMENT PROGRAMS (due in July 1998); 3. Keifer MC, Human Health Effects of Pesticides, Occupational Medicine State of the Art Reviews, Volume 12/Number 2, Apr-Jun 1997, Hanley & Belfus, Inc.; 4. NEHC Field Operations Manual, 1998 Edition (in press). PROGRAM REVISED 6/98.

PROVIDER COMMENTS:

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.

Serum (or plasma) and red blood cell (RBC) cholinesterase baseline levels should be done at preplacement or before exposure. This baseline value should be the average of two or more tests 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. Guidance on interpretation is contained in references (1) and (4).

604 WOOD DUST

STRESSOR(S) IN THIS PROGRAM: NIOSH # CAS #  
 SOFTWOOD DUSTS  
 HARDWOOD DUSTS

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	NO
RHINITIS		YES	ANNUAL	NO
NOSE BLEEDS		YES	ANNUAL	NO
SHORTNESS OF BREATH		YES	ANNUAL	NO
COUGH (DRY OR PRODUCTIVE)		YES	ANNUAL	NO
WORK HISTORY OF:				
PRIOR RESPIRATOR USE		YES	ANNUAL	NO
EXPSOURE TO DUSTS (COAL,BLAST,GRIT,SAND,NUISANCE)		YES	ANNUAL	NO
EXPOSURE TO SKIN IRRITANTS		YES	ANNUAL	NO
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
LABORATORY:				
SPIROMETRY-				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	NO	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
NASAL MUCOSA		YES	ANNUAL	NO
RESPIRATORY SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	NO

## PROGRAM DESCRIPTION:

REFERENCES OTHER: 1. 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; 2. 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.

NEW PROGRAM 3/98.

## 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.

## Specialty Examinations Introduction and Changes

Requirements for performing specialty examinations are included in instructions, Civilian Personnel Instructions and federal 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 there were no specific requirements prohibiting standardization, EKG's and lipid panels were standardized to a baseline and EKG and lipid panel at least once past age 40. **After a baseline is established, the EKG and lipid panel are done only once past age 40 unless the provider requests otherwise.**

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.

All new tests are printed in **bold** letters. A new screening program was added for Barber and Beauty Shop Employees, meeting the requirements in NAVMED P-5010, Manual of Naval Preventive Medicine. This program is generally managed by Preventive Medicine Technicians.

Construction, Railroad and Weight Handling Equipment Operators program was renamed, Weight Handling Equipment (Management of).

### Specialty Examinations

Aviation	Hazardous Waste Workers and Emergency Responders
Barber and Beauty Shop Employees	Health Care Workers (HCWs)
Childcare Worker	Military DOT, Explosive Handler/Operators (Interim Examination)
Department of Transportation (DOT) Vehicle Operators (Civilians)	Motor Vehicle Operator (Other than DOT)
Diver/Hyperbaric Worker	Naval Criminal Investigative Service
Explosives Handlers and Explosive Vehicle Operators (Civilians)	Police/Guard Security
Firefighter (Annual Screen)	Respiratory User Certification Exam
Firefighter (Preplacement and Periodic)	Submarine Duty
Foodservice Personnel	Wastewater/Sewage Worker
Forklift Operator	Weight Handling Equipment (Management of)

Freon Workers	
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701 AVIATION

PROGRAM FREQUENCY: BY AGE

All aviation personnel (officer and enlisted) will undergo a complete aviation medical examination (SF-88 and SF-93 or NAVMED 6120/2 as appropriate) within 30 days of their birthday at ages 21, 24, 27, 30, 33, 36, 39 and annually thereafter.

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PROGRAM DESCRIPTION:

This program is designed solely to provide guidance in scheduling frequency and references. Medical examination is recorded on SF-88 and SF-93 or NAVMED 6130/2 (as appropriate). Detailed guidance is contained in Manual of the Medical Department, NAVMED P-117, Chapter 15, Article 15-65.

PROGRAM REVISED 10/97. References: 1. **BUMEDNOTE 5410 of 14 Oct 99.**

PROVIDER COMMENTS:

**This exam can only be performed by flight surgeons and BUMED-23 approved medical officers via special credentialing.**

Physical exams and standards for aviation physicals are updated annually and available on the Internet **at the NOMI home page:**

**<http://www.nomi.navy.mil/code04/arwg97.htm>**

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.

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723 BARBER AND BEAUTY SHOP EMPLOYEES

PROGRAM FREQUENCY: PREPLACEMENT

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE
MEDICAL HISTORY: HAVE YOU EVER HAD?		
PERSONAL HISTORY OF:		
MAJOR ILLNESS OR INJURY		YES
HOSPITALIZATION OR SURGERY		YES
CANCER		YES
BACK INJURY		YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES
HAVE YOU EVER SMOKED		YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES
MEDICATION ALLERGIES		YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES
SKIN DISEASE		YES
HEPATITIS OR JAUNDICE		YES
TUBERCULOSIS		YES
INFECTIOUS DISEASE		YES
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS		YES
COMMENTS ON MEDICAL HISTORY:		YES
LABORATORY-		
ADDITIONAL LAB TESTS:		
APPROPRIATE BY THE PHYSICIAN		YES
COMMENTS ON LABORATORY RESULTS:		YES
PHYSICAL EXAMINATION:		
VITAL SIGNS		YES
SPECIAL ATTENTION IN EXAMINATION TO:		
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES
COMMENTS ON PHYSICAL EXAMINATION:		YES
CERTIFICATIONS PERFORMED IAW:		
NAVMED P-5010		YES
ASSESSMENT:		YES
RECOMMENDATIONS:		YES

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PROGRAM DESCRIPTION:

REFERENCES: (OTHER); 1. Manual of Naval Preventive Medicine NAVMED P-5010, Chapter 2. NEW PROGRAM 6/98.

## PROVIDER COMMENTS:

All barber shop and beauty shop employees, including personnel employed by a civilian contract, must be medically screened and determined to be free

of communicable disease prior to their initial assignment. Unless necessary for local reasons, there is no requirement for periodic examinations. This screening examination may be performed by non-physician personnel.

703 CHILD CARE WORKER

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
HEPATITIS OR JAUNDICE		YES	ANNUAL	NO
TUBERCULOSIS		YES	ANNUAL	NO
INFECTIOUS DISEASE		YES	ANNUAL	NO
HISTORY OF CHICKEN POX		YES	ANNUAL	NO
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS		YES	ANNUAL	NO
MENTAL/EMOTIONAL ILLNESS		YES	ANNUAL	NO
DEPRESSION, DIFFICULTY CONCENTRATING, EXCESSIVE ANXIETY		YES	ANNUAL	NO
TREATMENT FOR DRUG OR ALCOHOL USE		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
LABORATORY-				
ADDITIONAL LAB TESTS:				
TUBERCULOSIS SCREEN		YES	ANNUAL	NO
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
QUALIFICATIONS:				
CURRENT IMMUNIZATIONS		YES	ANNUAL	NO
MEASLES/MUMPS/RUBELLA IMMUNE STATUS		YES	ANNUAL	NO
VARICELLA IMMUNE STATUS		YES	ANNUAL	NO
ASSESSMENT:		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO

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PROGRAM DESCRIPTION:

REFERENCES: (OTHER); 1. Personnel health requirements are defined in OPNAVINST 1700.9D, Child Development Programs. 2. Current recommendations for immunizations are contained in BUMEDINST 6230.15, Immunizations and Chemoprophylaxis, Nov 95; 3. BUMEDNOTE 6230, Immunization Requirements and Recommendations, Apr 98; 4. NAVMEDCOMINST 6224.8, Tuberculosis Control Program, outlines management of tuberculosis testing programs. PROGRAM REVIEWED 3/2000

PROVIDER COMMENTS:

The immunization requirements promulgated by the various references can be summarized as follows:

- A. Immunizations against polio, tetanus and diphtheria must be current.
- B. Immunity to measles, mumps and rubella is required. This requirement can be met by documentation of physician-diagnosed illness (except rubella), serologic evidence of immunity, or documented immunization (for measles, 2 doses one month apart after 1 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.
- D. Unusual circumstances such as an outbreak, may necessitate additional requirements.
- E. Annual influenza immunization is **strongly encouraged**.

The purpose of the exam is to identify potentially communicable conditions. Scope of the exam would depend on results of the history, local public health requirements and communicable disease risk specific to the area.

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.



## 706 DEPARTMENT OF TRANSPORTATION (DOT) VEHICLE OPERATORS (CIVILIANS)

OCCUPATIONS IN THIS PROGRAM: DOT VEHICLE OPERATORS (CIVILIAN)

PROGRAM FREQUENCY: BI-ENNIAL

U. S. Department of Transportation, 49 CFR 391.41-49

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	BI-ENN	NO
MAJOR ILLNESS OR INJURY		YES	BI-ENN	NO
HOSPITALIZATION OR SURGERY		YES	BI-ENN	NO
CANCER		YES	BI-ENN	NO
BACK INJURY		YES	BI-ENN	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	BI-ENN	NO
HAVE YOU EVER SMOKED		YES	BI-ENN	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	BI-ENN	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	BI-ENN	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	BI-ENN	NO
MEDICATION ALLERGIES		YES	BI-ENN	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	BI-ENN	NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)		YES	BI-ENN	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	BI-ENN	NO
SYPHILIS OR GONORRHEA		YES	BI-ENN	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	BI-ENN	NO
NERVOUS STOMACH OR ULCER		YES	BI-ENN	NO
HEAD INJURY		YES	BI-ENN	NO
CHANGE OR LOSS OF VISION		YES	BI-ENN	NO
LOSS OR CHANGE IN HEARING		YES	BI-ENN	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	BI-ENN	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	BI-ENN	NO
KIDNEY DISEASE		YES	BI-ENN	NO
EPILEPSY (SEIZURE DISORDER)		YES	BI-ENN	NO
PROBLEMS WITH BALANCE AND COORDINATION		YES	BI-ENN	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	BI-ENN	NO
MIGRAINE HEADACHE		YES	BI-ENN	NO
DIABETES OR OTHER ENDOCRINE GLAND DISORDER		YES	BI-ENN	NO
MENTAL/EMOTIONAL ILLNESS		YES	BI-ENN	NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	BI-ENN	NO
TREATMENT FOR DRUG OR ALCOHOL USE		YES	BI-ENN	NO
PERSONALITY CHANGE		YES	BI-ENN	NO
MUSCLE OR JOINT PROBLEMS		YES	BI-ENN	NO
PERMANENT DEFECT FROM ILLNESS, DISEASE OR INJURY		YES	BI-ENN	NO
FAMILY HISTORY OF:				
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	BI-ENN	NO

COMMENTS ON MEDICAL HISTORY:

YES BI-ENN NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
LABORATORY:				
SERUM CHEMISTRY:				
BASILINE LIPID PROFILE		YES	NO	NO
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	BI-ENN	NO
ADDITIONAL LAB TESTS:				
EKG/LIPID PROFILE DONE ONCE PAST AGE 40?		NO	*	NO
CARDIOLOGY:				
ELECTROCARDIOGRAM		YES	*	NO
AUDIOLOGY:				
AUDIOGRAM		YES	BI-ENN	NO
OPTOMETRY:				
VISION SCREEN (VISUAL ACUITY)		YES	BI-ENN	NO
COLOR VISION		YES	BI-ENN	NO
VISUAL FIELDS		YES	BI-ENN	NO
COMMENTS ON LABORATORY RESULTS:		YES	BI-ENN	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	BI-ENN	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	BI-ENN	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	BI-ENN	NO
BACK & MUSCULOSKELETAL SYSTEM		YES	BI-ENN	NO
EXTREMITIES		YES	BI-ENN	NO
CARDIOVASCULAR SYSTEM		YES	BI-ENN	NO
PERIPHERAL VASCULAR SYSTEM (RAYNAUD'S)		YES	BI-ENN	NO
EYES		YES	BI-ENN	NO
ABDOMEN		YES	BI-ENN	NO
GENITOURINARY TRACT		YES	BI-ENN	NO
RESPIRATORY SYSTEM		YES	BI-ENN	NO
EARS (TYMPANIC MEMBRANES)		YES	BI-ENN	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	BI-ENN	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	BI-ENN	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	BI-ENN	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	BI-ENN	NO
RECOMMENDATIONS:		YES	BI-ENN	NO

## PROGRAM DESCRIPTION:

**\*EKG/Lipid panel should be done once after age 40.** Physical qualifications are contained in Federal Motor Carrier Safety Regulations, U. S. Department of Transportation, Federal Highway Administration, 49 CFR 391.41-49. A handbook containing the regulations can be ordered from: American Trucking Association 2200 Mill road, Alexandria, VA. 22314-4677, 1-800-ATA-LINE. PROGRAM REVIEWED 3/2000

Military personnel are exempt from the requirements of the Commercial Motor Vehicle Safety Act of 1986, and, in particular, from the requirements of 49 CFR Part 383 regarding physical examination requirements in order to obtain a commercial drivers license. The scope of the periodic examinations is considered sufficient to meet the requirements. The periodicity of examinations for active duty and reserve military personnel is outlined in the MANMED. Active duty members must meet the standards of MANMED, chapter 15, section III, with particular emphasis on the systems listed in that section. Navy Explosive Ordnance Disposal personnel must also meet the requirements of article 15-66. REFERENCES: (OTHER); 1. 49 CFR 391.41-49; 2. **Marine Corps TM 11240-14/3B, Standard Licensing Procedures for Operators of Military Motor Vehicles;** 3. DoD 4500.36-R, Management, Acquisition and Use of Motor Vehicles ([http://www.efdlant.navfac.navy.mil/lantops\\_16/temc.htm](http://www.efdlant.navfac.navy.mil/lantops_16/temc.htm)); 4. NAVFAC P-300, Management of Civil Engineering Support Equipment, May 97 ([http://www.efdlant.navfac.navy.mil/lantops\\_16/temc.htm](http://www.efdlant.navfac.navy.mil/lantops_16/temc.htm)) 5. Hartenbaum, N. The DOT Medical Examination, OEM Press, Boston, MA 1997.

Web sites:

1. Home page for FHWA - <http://www.fhwa.dot.gov/>
2. Regulations - <http://mcregis.fhwa.dot.gov/laws.htm>

PROGRAM REVISED 3/2000

A series of medical conferences on various diseases and commercial drivers were sponsored by DOT and the reports are available through National Technical Information Service (NTIS). Condensed versions of these reports are available at <http://home.att.net/~NataH>.

**PROVIDER COMMENTS:**

This program is designed to provide guidance for physical standards of drivers who must meet the requirements from the Federal Department of Transportation. Activities must be familiar with individual state Department of Transportation motor vehicle operator requirements since some state requirements may be more stringent. Licensing officials in Public Works, Ordnance Department, Safety, Human Resources Office or Navy Supply can assist in determining the state requirements.

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705 DIVER/HYPERBARIC WORKER

PROGRAM FREQUENCY:

All active divers will have a diving medical examination every 5 years.  
If assigned remote from a Diving Medical Officer or Undersea Medical Officer,  
the examination will be conducted every 3 years.  
After age 45 the examination will be conducted every 2 years.

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PROGRAM DESCRIPTION:

This program is designated solely to provide guidance on scheduling frequency. Tests and forms required are promulgated in Manual of the Medical Department, NAVMED P-117, Chapter 15, Article 15-66, Change 108. PROGRAM REVISED 10/97.

PROVIDER COMMENTS:

A medical officer or DOD civilian physician must perform examinations. Examinations not performed by diving medical officer, undersea medical officer, or a clinical hyperbaric medical officer will be forwarded to CHBUMED (MED-21) for review and approval.

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## 720 EXPLOSIVES HANDLERS AND EXPLOSIVES VEHICLE OPERATORS (CIVILIANS)

PROGRAM FREQUENCY: BY AGE

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	BY AGE	NO
MAJOR ILLNESS OR INJURY		YES	BY AGE	NO
HOSPITALIZATION OR SURGERY		YES	BY AGE	NO
CANCER		YES	BY AGE	NO
BACK INJURY		YES	BY AGE	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	BY AGE	NO
HAVE YOU EVER SMOKED		YES	BY AGE	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	BY AGE	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	BY AGE	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	BY AGE	NO
MEDICATION ALLERGIES		YES	BY AGE	NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)		YES	BY AGE	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	BY AGE	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	BY AGE	NO
SYPHILIS OR GONORRHEA		YES	BY AGE	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	BY AGE	NO
NERVOUS STOMACH OR ULCER		YES	BY AGE	NO
HEAD INJURY		YES	BY AGE	NO
CHANGE OR LOSS OF VISION		YES	BY AGE	NO
LOSS OR CHANGE IN HEARING		YES	BY AGE	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	BY AGE	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	BY AGE	NO
KIDNEY DISEASE		YES	BY AGE	NO
EPILEPSY (SEIZURE DISORDER)		YES	BY AGE	NO
PROBLEMS WITH BALANCE AND COORDINATION		YES	BY AGE	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	BY AGE	NO
MIGRAINE HEADACHE		YES	BY AGE	NO
DIABETES OR OTHER ENDOCRINE GLAND DISORDER		YES	BY AGE	NO
MENTAL/EMOTIONAL ILLNESS		YES	BY AGE	NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	BY AGE	NO
TREATMENT FOR DRUG OR ALCOHOL USE		YES	BY AGE	NO
PERSONALITY CHANGE		YES	BY AGE	NO
MUSCLE OR JOINT PROBLEMS		YES	BY AGE	NO
PERMANENT DEFECT FROM ILLNESS, DISEASE OR INJURY		YES	BY AGE	NO
FAMILY HISTORY OF:				
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	BY AGE	NO
COMMENTS ON MEDICAL HISTORY:		YES	BY AGE	NO



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
LABORATORY:				
HEMATOLOGY:				
HEMATOCRIT		YES	BY AGE	NO
SERUM CHEMISTRY				
FASTING BLOOD GLUCOSE		YES	BY AGE	NO
BASELINE LIPID PROFILE		YES	NO	NO
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	BY AGE	NO
ADDITIONAL LAB TESTS:				
EKG/LIPID PROFILE DONE ONCE PAST AGE 40?		NO	*	NO
CARDIOLOGY				
BASELINE ELECTROCARDIOGRAM		YES	NO	NO
AUDIOLOGY-				
AUDIOGRAM		YES	BY AGE	NO
OPTOMETRY-				
VISION SCREEN (VISUAL ACUITY)		YES	BY AGE	NO
COLOR VISION		YES	BY AGE	NO
VISUAL FIELDS		YES	BY AGE	NO
TONOMETRY OVER AGE 40 (IF CLINICALLY INDICATED)		YES	BY AGE	NO
COMMENTS ON LABORATORY RESULTS:		YES	BY AGE	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	BY AGE	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	BY AGE	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	BY AGE	NO
BACK & MUSCULOSKELETAL SYSTEM		YES	BY AGE	NO
EXTREMITIES		YES	BY AGE	NO
CARDIOVASCULAR SYSTEM		YES	BY AGE	NO
PERIPHERAL VASCULAR SYSTEM (RAYNAUD'S)		YES	BY AGE	NO
EYES		YES	BY AGE	NO
ABDOMEN		YES	BY AGE	NO
GENITOURINARY TRACT		YES	BY AGE	NO
RESPIRATORY SYSTEM		YES	BY AGE	NO
EARS (TYMPANIC MEMBRANES)		YES	BY AGE	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	BY AGE	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	BY AGE	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	BY AGE	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	BY AGE	NO
RECOMMENDATIONS:		YES	BY AGE	NO

## PROGRAM DESCRIPTION:

\*EKG/Lipid panel should be done once after age 40. The purpose of this program, as defined in Manual of the Medical Department (MANMED), is that medical examinations of explosive handlers and Hazardous Material Vehicle Operators are conducted to ensure employees who handle explosives or operate vehicles or machinery which transport explosive or other hazardous material are physically qualified. A separate program 721, is for military members.

REFERENCES: (OTHER); 1. 49 CFR, part 391; 2. Manual of the Medical Department, U.S. Navy, NAVMED P-117, Change 109. 3. DoD 4500.36-R, Management, Acquisition and Use of Motor Vehicles ([http://www.efdlant.navfac.navy.mil/lantops\\_16/temc.htm](http://www.efdlant.navfac.navy.mil/lantops_16/temc.htm)); 4. NAVFAC P-300, Management of Civil Engineering Support Equipment, May 97 ([http://www.efdlant.navfac.navy.mil/lantops\\_16/temc.htm](http://www.efdlant.navfac.navy.mil/lantops_16/temc.htm)); 5. Marine Corps TM 11240-14/3B, Standard Licensing Procedures for Operators of Military Motor Vehicles; 7. Hartenbaum, N. The DOT Medical Examination, OEM Press, Boston, MA 1997.

A series of medical conferences on various diseases and commercial drivers were sponsored by DOT and the reports are available through National Technical Information Service (NTIS). Condensed versions of these reports are available over the Internet at <http://home.att.net/~NataH> PROGRAM REVISED 3/2000

## PROGRAM FREQUENCY

Age	Frequency
Up to 60 years	Every two years
Age 60 and above	Annual

## PROVIDER COMMENTS:

Civilian personnel must meet the general standards for employment as provided by the Office of Personnel Management and the standards for rejection listed in reference (2) above. Civilian contract carriers need only be qualified per Title 49, CFR, part 391.

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## 722 FIREFIGHTER (ANNUAL HEALTH SCREEN)

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	PERIODIC
MEDICAL HISTORY: HAVE YOU EVER HAD?		
PERSONAL HISTORY OF:		
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		ANNUAL
MAJOR ILLNESS OR INJURY		ANNUAL
HOSPITALIZATION OR SURGERY		ANNUAL
CANCER		ANNUAL
BACK INJURY		ANNUAL
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		ANNUAL
HAVE YOU EVER SMOKED		ANNUAL
DO YOU CURRENTLY SMOKE (PACKS/DAY)		ANNUAL
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		ANNUAL
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		ANNUAL
MEDICATION ALLERGIES		ANNUAL
ANY REPRODUCTIVE HEALTH CONCERNS		ANNUAL
BLOOD DISEASES (ANEMIA)		ANNUAL
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		ANNUAL
SKIN DISEASE		ANNUAL
HEAT INJURY (CRAMPS, EXHAUSTION, STROKE)		ANNUAL
PERIPHERAL VASCULAR DISEASE		ANNUAL
HEPATITIS OR JAUNDICE		ANNUAL
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		ANNUAL
TUBERCULOSIS		ANNUAL
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		ANNUAL
CHANGE OR LOSS OF VISION		ANNUAL
LOSS OR CHANGE IN HEARING		ANNUAL
CHEST PAIN, ANGINA, HEART ATTACK		ANNUAL
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		ANNUAL
SHORTNESS OF BREATH		ANNUAL
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS		ANNUAL
CURRENT PREGNANCY (FEMALES ONLY)		ANNUAL
EPILEPSY (SEIZURE DISORDER)		ANNUAL
PROBLEMS WITH BALANCE & COORDINATION		ANNUAL
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		ANNUAL
THYROID DISEASE (HEAT OR COLD INTOLERANCE)		ANNUAL
MENTAL/EMOTIONAL ILLNESS		ANNUAL
MUSCLE OR JOINT PROBLEMS		ANNUAL
WORK HISTORY OF:		
EXP TO POTENTIALLY INFECTIOUS BODY FLUIDS		ANNUAL
COMMENTS ON MEDICAL HISTORY:		ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	PERI ODIC
LABORATORY-		
ADDITIONAL LAB TESTS:		
TUBERCULOSIS SCREEN		ANNUAL
OPTOMETRY-		
VISION SCREEN (VISUAL ACUITY)		ANNUAL
COLOR VISION		ANNUAL
COMMENTS ON LABORATORY RESULTS:		ANNUAL
PHYSICAL EXAMINATION:		
VITAL SIGNS		ANNUAL
HEIGHT		ANNUAL
WEIGHT		ANNUAL
OTHER APPROPRIATE EXAMINATION (SPECIFY)		ANNUAL
COMMENTS ON PHYSICAL EXAMINATION:		ANNUAL
SPECIAL REQUIREMENTS:		
QUALIFICATIONS:		
CURRENT IMMUNIZATIONS		ANNUAL
IS HEPATITIS B VACCINE SERIES COMPLETE OR PRIOR INFECTION DOCUMENTED?		ANNUAL
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		ANNUAL
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		ANNUAL
RECOMMENDATIONS:		ANNUAL

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PROGRAM DESCRIPTION:

REFERENCE: (5) (OTHER); 1. Qualification Standards, Fire Protection and Prevention Series, GS-081, July 1993; 2. DODINST 6055.6 DoD Fire and Emergency Services Program, 15 DEC 94; 3. National Fire Fighters Protection Association, (NFPA) Standard on Fire Department Safety and Occupational Health (NFPA 1500), 1997 Edition. 4. NFPA Standard on Medical Requirements for Fire Fighters, (NFPA 1582), 1997 Edition; 5. NFPA Standard on Fire Department Infection Control Plan, (NFPA 1581), 1997 Edition; 6. OSHA Standard 29 CFR 1910.1030; 7. Orris, Peter, Melius, James and Duffy, RM, Occupational Medicine: State of the Air Review Firefighters' Safety and Health, Volume 10/Number 14, Hanley & Belfus, Inc., Philadelphia, PA. PROGRAM REVIEWED 3/2000

PROVIDER COMMENTS:

Program 707 provides preplacement and periodic medical examination guidelines. Program 722 is used as an annual screen when the required periodic examination, Program 707, is not due. The extent of the medical evaluation and additional testing should be based on the firefighter's medical condition.

Reference (2) mandates the medical and physical criteria listed in references (3), (4) and (5). Reference (2) mandates that all personnel will participate in a physical fitness exercise program and shall be a special emphasis target group for DoD Components anti-smoking education programs.

References (2) and (4) contain conditions, by category, that are considered medically disqualifying. NOTE: The guidance in 5 CFR Part 339, "Medical Qualification Determinations", must be consulted on all civilian employees in which there is a question of worker fitness. 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. Reference (6) considers public safety workers, policemen and Firefighters at risk for exposure to bloodborne pathogens. This risk is not universal since duties vary greatly between departments and locations. The purpose of requiring assessment of hepatitis B immune status is to determine the extent of potential exposure. Those who are felt to be at risk may be placed in Program 178, Blood and/or Body Fluids.

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707 FIREFIGHTER (PREPLACEMENT AND PERIODIC)

PROGRAM FREQUENCY: BY AGE

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	BY AGE	***
MAJOR ILLNESS OR INJURY		YES	BY AGE	***
HOSPITALIZATION OR SURGERY		YES	BY AGE	***
CANCER		YES	BY AGE	***
BACK INJURY		YES	BY AGE	***
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	BY AGE	***
HAVE YOU EVER SMOKED		YES	BY AGE	***
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	BY AGE	***
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	BY AGE	***
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	BY AGE	***
MEDICATION ALLERGIES		YES	BY AGE	***
ANY REPRODUCTIVE HEALTH CONCERNS		YES	BY AGE	***
BLOOD DISEASES (ANEMIA)		YES	BY AGE	***
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	BY AGE	***
SKIN DISEASE		YES	BY AGE	***
HEAT INJURY (CRAMPS, EXHAUSTION, STROKE)		YES	BY AGE	***
PERIPHERAL VASCULAR DISEASE		YES	BY AGE	***
HEPATITIS OR JAUNDICE		YES	BY AGE	***
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	BY AGE	***
TUBERCULOSIS		YES	BY AGE	***
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	BY AGE	***
CHANGE OR LOSS OF VISION		YES	BY AGE	***
LOSS OR CHANGE IN HEARING		YES	BY AGE	***
CHEST PAIN, ANGINA, HEART ATTACK		YES	BY AGE	***
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	BY AGE	***
SHORTNESS OF BREATH		YES	BY AGE	***
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS		YES	BY AGE	***
CURRENT PREGNANCY (FEMALES ONLY)		YES	BY AGE	***
EPILEPSY (SEIZURE DISORDER)		YES	BY AGE	***
PROBLEMS WITH BALANCE & COORDINATION		YES	BY AGE	***
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	BY AGE	***
THYROID DISEASE (HEAT OR COLD INTOLERANCE)		YES	BY AGE	***
MENTAL/EMOTIONAL ILLNESS		YES	BY AGE	***
MUSCLE OR JOINT PROBLEMS		YES	BY AGE	***
WORK HISTORY OF:				
EXP TO POTENTIALLY INFECTIOUS BODY FLUIDS		YES	BY AGE	***
COMMENTS ON MEDICAL HISTORY:		YES	BY AGE	***
LABORATORY-				
HEMATOLOGY:				



COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)      YES    BY AGE      \* \* \*

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
SERUM CHEMISTRY:				
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS.		YES	NO	***
BUN AND CREATININE		YES	BY AGE	***
BASELINE LIPID PROFILE		YES	NO	NO
SGOT (AST)		YES	BY AGE	***
URINALYSIS:				
ROUTINE:				
URINALYSIS WITHOUT MICROSCOPIC		YES	BY AGE	***
ADDITIONAL LAB TESTS:				
TUBERCULOSIS SCREEN		YES	ANNUAL	***
EKG/LIPID PROFILE DONE ONCE PAST AGE 40?		NO	*	***
CARDIOLOGY:				
BASELINE ELECTROCARDIOGRAM		YES	NO	NO
AUDIOLOGY:				
AUDIOGRAM		YES	BY AGE	***
RADIOLOGY:				
CHEST X-RAY (PA)		YES	**	**
SPIROMETRY:				
SPIROMETRY (FVC, FEV1, FEV1/FVC)		YES	BY AGE	***
OPTOMETRY:				
VISION SCREEN (VISUAL ACUITY)		YES	BY AGE	***
COLOR VISION		YES	BY AGE	***
PERIPHERAL VISION		YES	BY AGE	***
COMMENTS ON LABORATORY RESULTS:		YES	BY AGE	***
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	BY AGE	***
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	BY AGE	***
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	BY AGE	***
BACK & MUSCULOSKELETAL SYSTEM		YES	BY AGE	***
CARDIOVASCULAR SYSTEM		YES	BY AGE	***
EYES		YES	BY AGE	***
GENITOURINARY TRACT		YES	BY AGE	***
LIVER		YES	BY AGE	***
RESPIRATORY SYSTEM		YES	BY AGE	***
EARS (TYMPANIC MEMBRANES)		YES	BY AGE	***
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	BY AGE	***
THYROID		YES	BY AGE	***
METABOLIC DISTURBANCE (FEVER, TACHYCARDIA)		YES	BY AGE	***
OVERALL PHYSICAL FITNESS		YES	BY AGE	***
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	BY AGE	***
COMMENTS ON PHYSICAL EXAMINATION:		YES	BY AGE	***
SPECIAL REQUIREMENTS:				
QUALIFICATIONS:				
CURRENT IMMUNIZATIONS		YES	BY AGE	NO
IS HEPATITIS B VACCINE SERIES COMPLETE OR PRIOR INFECTION DOCUMENTED?		YES	BY AGE	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	BY AGE	***
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	BY AGE	***
RECOMMENDATIONS:		YES	BY AGE	***

## PROGRAM DESCRIPTION:

\*\*Chest x-ray is not required and should be requested at the discretion of the provider.

\*\*\*Workers who have not had an examination within 12 months should have a termination examination.

REFERENCE: (5) (OTHER); 1. Qualification Standards, Fire Protection and Prevention Series, GS-081, July 1993; 2. DODINST 6055.6 DoD Fire and Emergency Services Program, 15 DEC 94; 3. National Fire Fighters Protection Association, (NFFPA) Standard on Fire Department Safety and Occupational Health (NFFPA 1500), 1997 Edition. 4. NFFPA Standard on Medical Requirements for Fire Fighters, (NFFPA 1582), 1997 Edition; 5. NFFPA Standard on Fire Department Infection Control Plan, (NFFPA 1581), 1997 Edition; 6. OSHA Standard 29 CFR 1910.1030; 7. Orris, Peter, Melius, James and Duffy, RM, Occupational Medicine: State of the Air Review Firefighters' Safety and Health, Volume 10/Number 14, Hanley & Belfus, Inc., Philadelphia, PA. PROGRAM REVIEWED 3/2000

## PROVIDER COMMENTS:

Program 707 provides guidelines for preplacement and periodic medical examinations. Program 722 provides guidelines for the annual medical evaluation, a medical screen to be done when the required periodic examination, Program 707, is not due. The extent of the medical evaluation and additional testing will depend on the firefighter's medical condition.

Reference (2) mandates the medical and physical criteria listed in references (3), (4) and (5). Reference (2) mandates that all personnel will participate in a physical fitness exercise program and shall be a special emphasis target group for DoD Components anti-smoking education programs.

References (2) and (4) contain conditions, by category, that are considered medically disqualifying. NOTE: The guidance in 5 CFR Part 339, "Medical Qualification Determinations", must be consulted on all civilian employees in which there is a question of worker fitness. 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. Reference (6) considers public safety workers, policemen and Firefighters at risk for exposure to bloodborne pathogens. This risk is not universal since duties vary greatly between departments and locations. The purpose of requiring assessment of hepatitis B immune status is to determine the extent of potential exposure. Those who are felt to be at risk may be placed in Program 178, Blood and/or Body Fluids.

## PROGRAM FREQUENCY

<u>Age</u>	<u>Frequency</u>
29 and under	Every three years
30-39	Every two years
40 and over	Every year



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709      FOODSERVICE PERSONNEL

PROGRAM FREQUENCY:      PREPLACEMENT

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
MAJOR ILLNESS OR INJURY		YES	NO	NO
HOSPITALIZATION OR SURGERY		YES	NO	NO
CANCER		YES	NO	NO
BACK INJURY		YES	NO	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	NO	NO
HAVE YOU EVER SMOKED		YES	NO	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	NO	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	NO	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	NO	NO
MEDICATION ALLERGIES		YES	NO	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	NO	NO
SKIN DISEASE		YES	NO	NO
HEPATITIS OR JAUNDICE		YES	NO	NO
TUBERCULOSIS		YES	NO	NO
INFECTIOUS DISEASE		YES	NO	NO
CHRONIC ABDOMINAL PAIN, VOMITING, OTHER GI SYMPTOMS		YES	NO	NO
COMMENTS ON MEDICAL HISTORY:		YES	NO	NO
LABORATORY-				
ADDITIONAL LAB TESTS:				
APPROPRIATE BY THE PHYSICIAN		YES	NO	NO
COMMENTS ON LABORATORY RESULTS:		YES	NO	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	NO	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	NO	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	NO	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	NO	NO
CERTIFICATIONS PERFORMED IAW:				
NAVMD P-5010		YES	NO	NO
ASSESSMENT:		YES	NO	NO
RECOMMENDATIONS:		YES	NO	NO

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PROGRAM DESCRIPTION:

This program is required for preplacement exam. There is no requirement for a periodic examination. REFERENCES: (OTHER); 1. 132200Z DEC 89; 2. Manual of Naval Preventive Medicine NAVMED P-5010 (Find manual under publications at the Virtual Naval Hospital Web Site <http://www.vnh.org>).  
PROGRAM REVISED 3/2000

PROVIDER COMMENTS:

The choice of additional examination elements and laboratory tests should be determined locally, based on Public Health regulations, if applicable. Individual considerations such as communicable disease risk in the community and medical and social history of the employee may affect the content of the exam. The concern is to avoid food-borne disease outbreaks. The focus of the exam is to identify potentially communicable conditions.

710      FORKLIFT OPERATOR

PROGRAM FREQUENCIES:    TRIENNIAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY:    HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	TRI-ENN	NO
MAJOR ILLNESS OR INJURY		YES	TRI-ENN	NO
HOSPITALIZATION OR SURGERY		YES	TRI-ENN	NO
CANCER		YES	TRI-ENN	NO
BACK INJURY		YES	TRI-ENN	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	TRI-ENN	NO
HAVE YOU EVER SMOKED		YES	TRI-ENN	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	TRI-ENN	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	TRI-ENN	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	TRI-ENN	NO
MEDICATION ALLERGIES		YES	TRI-ENN	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	TRI-ENN	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	TRI-ENN	NO
HEAD INJURY		YES	TRI-ENN	NO
CHANGE OR LOSS OF VISION		YES	TRI-ENN	NO
LOSS OR CHANGE IN HEARING		YES	TRI-ENN	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	TRI-ENN	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	TRI-ENN	NO
EPILEPSY (SEIZURE DISORDER)		YES	TRI-ENN	NO
PROBLEMS WITH BALANCE AND COORDINATION		YES	TRI-ENN	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	TRI-ENN	NO
DIABETES OR OTHER ENDOCRINE GLAND DISORDER		YES	TRI-ENN	NO
MENTAL/EMOTIONAL ILLNESS		YES	TRI-ENN	NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	TRI-ENN	NO
PERSONALITY CHANGE		YES	TRI-ENN	NO
COMMENTS ON MEDICAL HISTORY:		YES	TRI-ENN	NO
LABORATORY:				
SERUM CHEMISTRY:				
BASELINE LIPID PROFILE		YES	NO	NO
ADDITIONAL LAB TESTS:				
EKG/LIPID PROFILE DONE ONCE PAST AGE 40?		YES	*	NO
CARDIOLOGY:				
BASELINE ELECTROCARDIOGRAM		YES	NO	NO
AUDIOLOGY:				
AUDIOGRAM		YES	TRI-ENN	NO
OPTOMETRY				
VISION SCREEN (VISUAL ACUITY)		YES	TRI-ENN	NO
COLOR VISION		YES	TRI-ENN	NO



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
DEPTH PERCEPTION		YES	TRI-ENN	NO
VISUAL FIELDS		YES	TRI-ENN	NO
COMMENTS ON LABORATORY RESULTS:		YES	TRI-ENN	NO
PHYSICAL EXAMINATION:				
REQUIRED WHEN POSITIVE HISTORY QUESTIONS ARE OBTAINED:				
VITAL SIGNS		YES	TRI-ENN	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	TRI-ENN	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	TRI-ENN	NO
BACK & MUSCULOSKELETAL SYSTEM		YES	TRI-ENN	NO
CARDIOVASCULAR SYSTEM		YES	TRI-ENN	NO
EYES		YES	TRI-ENN	NO
EARS (TYMPANIC MEMBRANES)		YES	TRI-ENN	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	TRI-ENN	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	TRI-ENN	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	TRI-ENN	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	TRI-ENN	NO
RECOMMENDATIONS:		YES	TRI-ENN	NO

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PROGRAM DESCRIPTION:

\*EKG/Lipid panel should be done once after age 40. REFERENCES:  
(OTHER); 1. NAVSEA SW023-AH-WHM-010, Chapter 3; 2. DoD 4145.19R-1 (NOTE:  
These references are used by PWC to qualify Materials Handlers Operators.)  
PROGRAM REVIEWED 3/2000

PROVIDER COMMENTS:

Civilian workers who operate MHE for handling ammunition and explosives must be examined under Program #720, Explosive Handler and Explosive Operators (Civilian).

718 FREON WORKERS

STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
1,1,2-TRICHLORO-1,2,2,-TRIFLUOROETHANE (FREON - 113)	KJ4000000	76-13-1

PROGRAM FREQUENCY: ANNUAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	NO
MAJOR ILLNESS OR INJURY		YES	ANNUAL	NO
HOSPITALIZATION OR SURGERY		YES	ANNUAL	NO
CANCER		YES	ANNUAL	NO
BACK INJURY		YES	ANNUAL	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	NO
HAVE YOU EVER SMOKED		YES	ANNUAL	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	NO
MEDICATION ALLERGIES		YES	ANNUAL	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	NO
SKIN DISEASE		YES	ANNUAL	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	ANNUAL	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	ANNUAL	NO
SHORTNESS OF BREATH		YES	ANNUAL	NO
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	NO
PHYSICAL EXAMINATION				
VITAL SIGNS		YES	ANNUAL	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	NO
CARDIOVASCULAR SYSTEM		YES	ANNUAL	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	ANNUAL	NO
RECOMMENDATIONS:		YES	ANNUAL	NO



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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). REFERENCES: (OTHER); 1. Commander, Naval Sea Systems Command letter, 4734/9210 Ser 06C13C/1117 of 29 Oct 85; 2. Federal Register 54FR 2539-2541 Jan 19, 1989; 3. NIOSH Alert, Request for Assistance in Preventing Deaths from Excessive Exposure to Chlorofluorocarbon 113 (CFC-113); Occupational Health Guidelines for Fluorotrichloromethane, DHHS (NIOSH) Publication No. 81-123, January 1981. PROGRAM REVISED 10/97.

PROVIDER COMMENTS:

A limited number of freons 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).

## 711 HAZARDOUS WASTE WORKERS AND EMERGENCY RESPONDERS

PROGRAM FREQUENCY: ANNUAL

OSHA STANDARD 29 CFR 1910.120

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	ANNUAL	YES
MAJOR ILLNESS OR INJURY		YES	ANNUAL	YES
HOSPITALIZATION OR SURGERY		YES	ANNUAL	YES
CANCER		YES	ANNUAL	YES
BACK INJURY		YES	ANNUAL	YES
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	ANNUAL	YES
HAVE YOU EVER SMOKED		YES	ANNUAL	YES
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	ANNUAL	YES
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	ANNUAL	YES
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	ANNUAL	YES
MEDICATION ALLERGIES		YES	ANNUAL	YES
ANY REPRODUCTIVE HEALTH CONCERNS		YES	ANNUAL	YES
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	ANNUAL	YES
SKIN DISEASE		YES	ANNUAL	YES
HEAT INJURY (CRAMPS, EXHAUSTION, STROKE)		YES	ANNUAL	YES
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	ANNUAL	YES
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	ANNUAL	YES
COLD INJURY(FROSTBITE, CHILL, TRENCH FT, HYPOTHERMIA)		YES	ANNUAL	YES
CHANGE OR LOSS OF VISION		YES	ANNUAL	YES
LOSS OR CHANGE IN HEARING		YES	ANNUAL	YES
CHEST PAIN, ANGINA, HEART ATTACK		YES	ANNUAL	YES
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	ANNUAL	YES
SHORTNESS OF BREATH		YES	ANNUAL	YES
CURRENT PREGNANCY (FEMALES ONLY)		YES	ANNUAL	YES
EPILEPSY (SEIZURE DISORDER)		YES	ANNUAL	YES
PROBLEMS WITH BALANCE AND COORDINATION		YES	ANNUAL	YES
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	ANNUAL	YES
THYROID DISEASE (HEAT OR COLD INTOLERANCE)		YES	ANNUAL	YES
MENTAL/EMOTIONAL ILLNESS		YES	ANNUAL	YES
WORK HISTORY OF:				
EXP TO SKIN IRRITANTS		YES	ANNUAL	YES
EXP TO RESPIRATORY IRRITANTS		YES	ANNUAL	YES
EXP TO CARCINOGENS		YES	ANNUAL	YES
COMMENTS ON MEDICAL HISTORY:		YES	ANNUAL	YES
LABORATORY				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	ANNUAL	YES

DIFFERENTIAL WHITE BLOOD CELL COUNT  
SERUM CHEMISTRY:

YES   ANNUAL   YES

EXAM ELEMENT	ELEMENT PERFORMED FOR:	BASE LINE	PERI ODIC	TERM EXAM
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS		YES	NO	YES
BASELINE LIPID PROFILE		YES	NO	NO
BUN AND CREATININE		YES	ANNUAL	YES
SGOT (AST)		YES	*	YES
ADDITIONAL LAB TESTS:				
EKG/LIPID PROFILE DONE ONCE PAST AGE 40?		YES	**	YES
CARDIOLOGY:				
BASELINE ELECTROCARDIOGRAM		YES	NO	NO
AUDIOLOGY:				
AUDIOGRAM		YES	ANNUAL	YES
RADIOLOGY:				
CHEST X-RAY (PA)		YES	NO	YES
SPIROMETRY:				
SPIROMETRY (FEV1, FVC, FEV1/FVC)		YES	ANNUAL	YES
OPTOMETRY:				
VISION SCREEN (VISUAL ACUITY)		YES	ANNUAL	YES
COLOR VISION		YES	ANNUAL	YES
COMMENTS ON LABORATORY RESULTS:		YES	ANNUAL	YES
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	ANNUAL	YES
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	ANNUAL	YES
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	ANNUAL	YES
BACK & MUSCULOSKELETAL SYSTEM		YES	ANNUAL	YES
CARDIOVASCULAR SYSTEM		YES	ANNUAL	YES
EYES		YES	ANNUAL	YES
RESPIRATORY SYSTEM		YES	ANNUAL	YES
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	ANNUAL	YES
THYROID		YES	ANNUAL	YES
METABOLIC DISTURBANCE (FEVER, TACHYCARDIA)		YES	ANNUAL	YES
OBESITY		YES	ANNUAL	YES
OVERALL PHYSICAL FITNESS		YES	ANNUAL	YES
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	ANNUAL	YES
COMMENTS ON PHYSICAL EXAMINATION:		YES	ANNUAL	YES
SPECIAL NOTATIONS:				
PHYSICIAN'S WRITTEN OPINION REQUIRED		YES	ANNUAL	YES
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	ANNUAL	YES
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	ANNUAL	YES
LISTED BELOW				
RECOMMENDATIONS:		YES	ANNUAL	YES

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PROGRAM DESCRIPTION:

\*SGOT for baseline is included in baseline liver profile. Only SGOT is required on annual basis. \*\*EKG/Lipid panel should be done once after age 40.  
REFERENCES: (OTHER): 1. 29 CFR 1910.120. PROGRAM REVISED 10/97.

PROVIDER COMMENTS:

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 Written Opinion, required by OSHA, can be found in Appendix E.



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719 HEALTH CARE WORKERS (HCWs)

PROGRAM FREQUENCY: BASELINE

OSHA STANDARD 1910.1030

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	NO	**
MAJOR ILLNESS OR INJURY		YES	NO	**
HOSPITALIZATION OR SURGERY		YES	NO	**
CANCER		YES	NO	**
BACK INJURY		YES	NO	**
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	NO	**
HAVE YOU EVER SMOKED		YES	NO	**
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	NO	**
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	NO	**
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	NO	**
MEDICATION ALLERGIES		YES	NO	**
ANY REPRODUCTIVE HEALTH CONCERNS		YES	NO	**
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	NO	**
HAVE YOU EVER BEEN EVALUATED FOR LATEX ALLERGY		YES	NO	**
SKIN DISEASE		YES	NO	**
RECURRENT SKIN RASH		YES	NO	**
TUBERCULOSIS		YES	NO	**
HEPATITIS OR JAUNDICE		YES	NO	**
HISTORY OF CHICKEN POX		YES	NO	**
CURRENT PREGNANCY (SELF OR SPOUSE)		YES	NO	**
INFERTILITY OR MISCARRIAGE (SELF OR SPOUSE)		YES	NO	**
ADVERSE REACTION TO EATING ANY VEGETABLE OR FRUIT		YES	NO	**
ADVERSE REACTION TO ANY RUBBER/LATEX CONTAINING PRODUCT		YES	NO	**
MULTIPLE OPERATIONS OR CHRONIC MEDICAL INSTRUMENTATION		YES	NO	**
UNEXPLAINED HIVES OR SYMPTOMS OF SHOCK		YES	NO	**
ITCHY EYES, RUNNY NOSE, RESPIRATORY SYMPTOMS WHEN USING LATEX GLOVES		YES	NO	**
WORK HISTORY OF:				
EXP TO CHEMOTHERAPEUTIC/ANTINEOPLASTIC AGENTS		YES	NO	**
EXP TO AEROSOLIZED ANTIBIOTICS/ANTIVIRALS		YES	NO	**
EXP TO ANESTHETIC GASES		YES	NO	**
EXP TO ETHYLENE OXIDE		YES	NO	**
EXP TO IONIZING RADIATION		YES	NO	**
EXP TO NON-IONIZING RADIATION (LASER, IR, MW, UV)		YES	NO	**
EXP TO POTENTIALLY INFECTIOUS BODY FLUIDS		YES	NO	**
EXP TO FORMALDEHYDE		YES	NO	**
REGULAR CONTACT WITH LATEX GLOVES OR OTHER RUBBER PRODUCTS?		YES	NO	**
COMMENTS ON MEDICAL HISTORY:		YES	NO	**

LABORATORY:

ADDITIONAL LAB TESTS:

TUBERCULOSIS SCREEN

YES      ANNUAL      NO

COMMENTS ON LABORATORY RESULTS:

YES      ANNUAL      NO

EXAM ELEMENT	ELEMENT GIVE FOR:	BASE LINE	PERI ODIC	TERM EXAM
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	NO	**
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	NO	**
COMMENTS ON PHYSICAL EXAMINATION:		YES	NO	**
QUALIFICATIONS:				
CURRENT IMMUNIZATIONS		YES	*	**
MEASLES/MUMPS/RUBELLA IMMUNE STATUS		YES	NO	**
VARICELLA IMMUNE STATUS		YES	NO	**
IS HEPATITIS B VACCINE SERIES COMPLETE OR PRIOR INFECTION DOCUMENTED?		YES	NO	**
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	NO	**
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	NO	**
RECOMMENDATIONS:		YES	NO	**

## PROGRAM DESCRIPTION:

This program provides for a baseline review of immunization status and history. **\*Annual PPD requirements and/or immunizations review drive the need to bring HCW to the clinic. Otherwise, there is no requirement for periodic evaluation.** \*\*A termination examination provides an opportunity to review the medical record and document any medical conditions and concerns. REFERENCES:

(OTHER); 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, 28 Oct 1994, Volume 43, No. RR-13; 4. McDiarmid MA, Kessler, ER, The Health Care Worker, Occupational Medicine State of the Art Reviews, Vol. 12/Number 4, Oct-Dec 1997, Hanley & Belfus, Inc.; 5. niosh alert, Preventing Allergic Reactions to Natural Rubber Latex in the Workplace, June 1997, DHHS (NIOSH) Publication No. 97-135 (<http://www.cdc.gov/niosh/latexalt.html>)

PROGRAM REVISED 10/97.

## PROVIDER COMMENTS:

A screening form for latex allergy is available in the Navy Environmental Health Center Occupational Medicine Field Operations Manual.

The immunization requirements promulgated by the various references can be summarized as follows:

A. Hepatitis B vaccine series is required for those medical and dental workers with exposure or potential exposure to blood or body fluids unless there is a contraindication. Those with exposure to blood and other infectious bodily fluids should be placed 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 and diphtheria should be current.

D. Immunity to measles, mumps and rubella is required. This requirement can be met by documentation of physician-diagnosed illness (except rubella), serologic evidence of immunity, or documented immunization (for measles, 2 doses 1 month apart after 1 year of age in individuals born in or after 1957 is required).

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 recommended.

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.

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721     MILITARY DOT, EXPLOSIVE HANDLER/VEHICLE OPERATORS (INTERIM EXAMINATION)

PROGRAM FREQUENCY:    BY AGE

EXAM ELEMENT	ELEMENT GIVEN FOR:	PERIODIC
MEDICAL HISTORY:		
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		***
SINCE LAST SF 88/93 PHYSICAL HAVE YOU HAD?		***
MAJOR ILLNESS OR INJURY		***
HOSPITALIZATION OR SURGERY		***
CANCER		***
BACK INJURY		***
DO YOU DRINK 6 OR MORE DRINKS PER WEEK		***
HAVE YOU EVER SMOKED		***
DO YOU CURRENTLY SMOKE (PACKS/DAY)		***
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		***
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		***
MEDICATION ALLERGIES		***
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)		***
ANY REPRODUCTIVE HEALTH CONCERNS		***
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		***
SYPHILIS OR GONORRHEA		***
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		***
NERVOUS STOMACH OR ULCER		***
HEAD INJURY		***
CHANGE OR LOSS OF VISION		***
LOSS OR CHANGE IN HEARING		***
CHEST PAIN, ANGINA, HEART ATTACK		***
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		***
KIDNEY DISEASE		***
EPILEPSY (SEIZURE DISORDER)		***
PROBLEMS WITH BALANCE AND COORDINATION		***
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		***
MIGRAINE HEADACHE		***
DIABETES OR OTHER ENDOCRINE GLAND DISORDER		***
MENTAL/EMOTIONAL ILLNESS		***
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		***
TREATMENT FOR DRUG OR ALCOHOL USE		***
PERSONALITY CHANGE		***
MUSCLE OR JOINT PROBLEMS		***
PERMANENT DEFECT FROM ILLNESS, DISEASE OR INJURY		***
FAMILY HISTORY OF:		***
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		***
COMMENTS ON MEDICAL HISTORY:		***



EXAM ELEMENT	ELEMENT GIVEN FOR:	PERI ODIC
PHYSICAL EXAMINATION:		
VITAL SIGNS		***
COMMENTS ON PHYSICAL EXAMINATION:		***
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		***
LISTED BELOW		
SF 88/93 REVIEWED AND FOUND COMPLETE		***
RECOMMENDATIONS:		***

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#### PROGRAM DESCRIPTION:

Medical examinations of explosive handlers and Hazardous Material Vehicle Operators are conducted to ensure active duty personnel who handle explosives or operate vehicles or machinery which transport explosive or other hazardous material are physically qualified. This program is designed to provide a screen at an interim basis when the required periodic examination is not due. This program is used to review interim history, document vital signs, document that the SF 88 and SF 93 from the most recent examination were reviewed, and certification based on the review of a current periodic physical examination. If a complete physical examination is required, the SF 88 and SF 93 should be used for documentation following the requirements of MANMED.

Military personnel are exempt from the requirements of the Commercial Motor Vehicle Safety Act of 1986, and, in particular, from the requirements of 49 CFR Part 383 regarding physical examination requirements in order to obtain a commercial drivers license. The scope of the periodic examinations is considered sufficient to meet the requirements. **(This would apply to the less demanding physical requirements for MVO and Forklift Driver.)** The periodicity of examinations for active duty and reserve military personnel is outlined in the MANMED. Active duty members must meet the standards of MANMED, chapter 15, section III, with particular emphasis on the systems listed in that section. Navy Explosive Ordnance Disposal personnel must also meet the requirements of article 15-66.

REFERENCES: (OTHER); Manual of the Medical Department, U.S. Navy, NAVMED P-117, Change 109. 2. Marine Corps TM 11240-14/3B, Standard Licensing Procedures for Operators of Military Motor Vehicles; 3. DoD 4500.36-R, Management, Acquisition and Use of Motor Vehicles ([http://www.efdlant.navfac.navy.mil/lantops\\_16/temc.htm](http://www.efdlant.navfac.navy.mil/lantops_16/temc.htm)); 4. NAVFAC P-300, Management of Civil Engineering Support Equipment, May 97 ([http://www.efdlant.navfac.navy.mil/lantops\\_16/temc.htm](http://www.efdlant.navfac.navy.mil/lantops_16/temc.htm)); 5. Hartenbaum, N. The DOT Medical Examination, OEM Press, Boston, MA 1997. PROGRAM REVISED 3/2000

#### Periodicity:

Active duty military personnel who are explosive handlers or hazardous material vehicle operators will have a medical examination per the periodicity in MANMED, article 15-11.



## 712 MOTOR VEHICLE OPERATOR (OTHER THAN DOT)

PROGRAM FREQUENCY: BY AGE

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	***	NO
MAJOR ILLNESS OR INJURY		YES	***	NO
HOSPITALIZATION OR SURGERY		YES	***	NO
CANCER		YES	***	NO
BACK INJURY		YES	***	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	***	NO
HAVE YOU EVER SMOKED		YES	***	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	***	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	***	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	***	NO
MEDICATION ALLERGIES		YES	***	NO
USE OF SEAT BELTS (ALWAYS, MOSTLY, SOME, NONE)		YES	***	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	***	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	***	NO
HEAD INJURY		YES	***	NO
CHANGE OR LOSS OF VISION		YES	***	NO
LOSS OR CHANGE IN HEARING		YES	***	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	***	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	***	NO
EPILEPSY (SEIZURE DISORDER)		YES	***	NO
PROBLEMS WITH BALANCE AND COORDINATION		YES	***	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	***	NO
DIABETES OR OTHER ENDOCRINE GLAND DISORDER		YES	***	NO
MENTAL/EMOTIONAL ILLNESS		YES	***	NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	***	NO
PERSONALITY CHANGE		YES	***	NO
COMMENTS ON MEDICAL HISTORY:		YES	***	NO
LABORATORY:				
SERUM CHEMISTRY:				
BASELINE LIPID PROFILE		YES	NO	NO
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	***	NO
ADDITIONAL LAB TESTS:				
EKG/LIPID PROFILE DONE ONCE PAST AGE 40?		YES	***	NO
CARDIOLOGY:				
BASELINE ELECTROCARDIOGRAM		YES	NO	NO
AUDIOLOGY-				
AUDIOGRAM		YES	***	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
OPTOMETRY:				
VISION SCREEN (VISUAL ACUITY)		YES	***	NO
VISUAL FIELDS		YES	***	NO
COMMENTS ON LABORATORY RESULTS:		YES	***	NO
PHYSICAL EXAMINATION:				
REQUIRED WHEN POSITIVE HISTORY QUESTIONS ARE OBTAINED:				
VITAL SIGNS		YES	***	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	***	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	***	NO
BACK & MUSCULOSKELETAL SYSTEM		YES	***	NO
CARDIOVASCULAR SYSTEM		YES	***	NO
EYES		YES	***	NO
EARS (TYMPANIC MEMBRANES)		YES	***	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	***	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	***	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	***	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	***	NO

## PROGRAM DESCRIPTION:

\*\*\*At least once every 4 years, each agency will ensure that employees who operate Government-owned or leased vehicles are medically able to do so without undue risk to themselves or others. When there is a question about an employee's ability to operate a motor vehicle safely, the employee may be referred for a medical examination in accordance with the provisions of 5 CFR Part 339, Medical Qualification Determinations. **EKG/Lipid profile should be done once after age 40.**

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.

REFERENCES: (Other); 1. 5 CFR Part 930.108, Subpart A-Motor Vehicle Operators; 2. 5 CFR Part 339; 3. DoD 4500.36-R, Management, Acquisition and Use of Motor Vehicles ([http://www.efdlant.navfac.navy.mil/lantops\\_16/temc.htm](http://www.efdlant.navfac.navy.mil/lantops_16/temc.htm)); 4. NAVFAC P-300, Management of Civil Engineering Support Equipment, May 97 ([http://www.efdlant.navfac.navy.mil/lantops\\_16/temc.htm](http://www.efdlant.navfac.navy.mil/lantops_16/temc.htm)); 5. Marine Corps TM 11240-14/3B, Standard Licensing Procedures for Operators of Military Motor Vehicles. PROGRAM REVISED 10/97.

## 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.



## 713 NAVAL CRIMINAL INVESTIGATIVE SERVICE

PROGRAM FREQUENCY: BY AGE

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	BY AGE	NO
MAJOR ILLNESS OR INJURY		YES	BY AGE	NO
HOSPITALIZATION OR SURGERY		YES	BY AGE	NO
CANCER		YES	BY AGE	NO
BACK INJURY		YES	BY AGE	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	BY AGE	NO
HAVE YOU EVER SMOKED		YES	BY AGE	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	BY AGE	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	BY AGE	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	BY AGE	NO
MEDICATION ALLERGIES		YES	BY AGE	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	BY AGE	NO
HEART DISEASE, HIGH BLOOD PRESSURE OR STROKE		YES	BY AGE	NO
TUBERCULOSIS		YES	BY AGE	NO
COMMUNICABLE DISEASE		YES	BY AGE	NO
NERVOUS STOMACH OR ULCER		YES	BY AGE	NO
LOSS OR CHANGE IN HEARING		YES	BY AGE	NO
EPILEPSY (SEIZURE DISORDER)		YES	BY AGE	NO
MENTAL/EMOTIONAL ILLNESS		YES	BY AGE	NO
PERMANENT DEFECT FROM ILLNESS, DISEASE OR INJURY		YES	NO	NO
COMMENTS ON MEDICAL HISTORY:		YES	BY AGE	NO
LABORATORY-				
HEMATOLOGY:				
COMPLETE BLOOD COUNT (HGB, HCT, WBC, MCV, MCH, MCHC)		YES	BY AGE	NO
SERUM CHEMISTRY:				
BASIC PROFILE TO INCLUDE:				
BUN, CREATININE, URIC ACID, CALCIUM, TOT. BILI., ALK. PHOS, SGOT (AST)		YES	BY AGE	NO
LIVER PROFILE TO INCLUDE:				
SGOT (AST), TOT. BILI., ALK. PHOS		YES	BY AGE	NO
CHOLESTEROL		YES	BY AGE	NO
TRIGLYCERIDES		YES	BY AGE	NO
URINALYSIS:				
ROUTINE:				
URINALYSIS WITH MICROSCOPIC		YES	BY AGE	NO
CARDIOLOGY-				
ELECTROCARDIOGRAM		YES	***	NO
AUDIOLOGY-				
AUDIOGRAM		YES	BY AGE	NO

EXAM ELEMENT:	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
RADIOLOGY				
CHEST X-RAY (PA)		YES	NO	NO
OPTOMETRY-				
VISION SCREEN (VISUAL ACUITY)		YES	BY AGE	NO
COLOR VISION		YES	BY AGE	NO
DEPTH PERCEPTION		YES	BY AGE	NO
COMMENTS ON LABORATORY RESULTS:		YES	BY AGE	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	BY AGE	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	BY AGE	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	BY AGE	NO
CERTIFICATIONS PERFORMED IAW:				
NCIS MANUAL FOR ADMINISTRATION		YES	BY AGE	NO
REVIEW OF FUNCTIONAL/ENVIRONMENTAL REQUIREMENTS OF SF 78		YES	BY AGE	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	BY AGE	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	BY AGE	NO
RECOMMENDATIONS:		YES	BY AGE	NO

## PROGRAM DESCRIPTION:

\*\*\*The EKG is given every 5 years beginning at age 35. REFERENCES: (OTHER); 1. NCIS Administrative Manual, NCIS-1, Chapter 13; 2. OSHA Standard 1910.1030. PROGRAM REVIEWED 1/98.

## PROVIDER COMMENTS:

OSHA Regulation 1910.1030 considers public safety workers, including both policemen and firefighters at risk for exposure to bloodborne 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.

Weight certification is required for NCIS agents. Weight certification is accomplished by completing the weight range chart (addendum 2, NCIS-1, Chapter 13) provided with the SF 78 at each examination and annually.

PC Matrix 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 preplacement examinations.

## PROGRAM FREQUENCY

Age	Frequency
Up to 37 years	Tri-ennial
Age 38 to 40 years	Bi-ennial
Age 41 and over	Annual

714 POLICE/GUARD SECURITY

PROGRAM FREQUENCY: BY AGE

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	BY AGE	NO
MAJOR ILLNESS OR INJURY		YES	BY AGE	NO
HOSPITALIZATION OR SURGERY		YES	BY AGE	NO
CANCER		YES	BY AGE	NO
BACK INJURY		YES	BY AGE	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	BY AGE	NO
HAVE YOU EVER SMOKED		YES	BY AGE	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	BY AGE	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	BY AGE	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	BY AGE	NO
MEDICATION ALLERGIES		YES	BY AGE	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	BY AGE	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	BY AGE	NO
CHANGE OR LOSS OF VISION		YES	BY AGE	NO
LOSS OR CHANGE IN HEARING		YES	BY AGE	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	BY AGE	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	BY AGE	NO
SHORTNESS OF BREATH		YES	BY AGE	NO
EPILEPSY (SEIZURE DISORDER)		YES	BY AGE	NO
PROBLEMS WITH BALANCE AND COORDINATION		YES	BY AGE	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	BY AGE	NO
THYROID DISEASE (HEAT OR COLD INTOLERANCE)		YES	BY AGE	NO
DIABETES OR OTHER ENDOCRINE GLAND DISORDER		YES	BY AGE	NO
MENTAL/EMOTIONAL ILLNESS		YES	BY AGE	NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	BY AGE	NO
PERSONALITY CHANGE		YES	BY AGE	NO
WORK HISTORY:				
EXPOSURE TO POTENTIALLY INFECTIOUS BODY FLUIDS		YES	BY AGE	NO
COMMENTS ON MEDICAL HISTORY:		YES	BY AGE	NO
LABORATORY-				
SERUM CHEMISTRY:				
BASIC PROFILE TO INCLUDE:				
BUN, CREATININE, URIC ACID, CALCIUM,		YES	BY AGE	NO
TOTAL BILIRUBIN, ALK. PHOS., SGOT (AST)				
BASELINE LIPID PROFILE		YES	NO	NO



EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
<b>URINALYSIS:</b>				
<b>ROUTINE:</b>				
URINALYSIS WITH MICROSCOPIC		YES	BY AGE	NO
<b>ADDITIONAL LAB TESTS:</b>				
EKG/LIPID PROFILE DONE ONCE PAST AGE 40?		YES	*	NO
<b>CARDIOLOGY:</b>				
BASELINE ELECTROCARDIOGRAM		YES	NO	NO
<b>AUDIOLOGY:</b>				
AUDIOGRAM		YES	BY AGE	NO
<b>OPTOMETRY:</b>				
VISION SCREEN (VISUAL ACUITY)		YES	BY AGE	NO
COMMENTS ON LABORATORY RESULTS:		YES	BY AGE	NO
<b>PHYSICAL EXAMINATION:</b>				
VITAL SIGNS		YES	BY AGE	NO
<b>SPECIAL ATTENTION IN EXAMINATION TO:</b>				
CENTRAL NERVOUS SYSTEM		YES	BY AGE	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	BY AGE	NO
BACK & MUSCULOSKELETAL SYSTEM		YES	BY AGE	NO
CARDIOVASCULAR SYSTEM		YES	BY AGE	NO
EYES		YES	BY AGE	NO
RESPIRATORY SYSTEM		YES	BY AGE	NO
EARS (TYMPANIC MEMBRANES)		YES	BY AGE	NO
SKIN-WITH REGARD TO MALIGNANT & PRE-MALIGNANT COND		YES	BY AGE	NO
THYROID		YES	BY AGE	NO
METABOLIC DISTURBANCE (FEVER, TACHYCARDIA)		YES	BY AGE	NO
OVERALL PHYSICAL FITNESS		YES	BY AGE	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	BY AGE	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	BY AGE	NO
<b>QUALIFICATIONS:</b>				
CURRENT IMMUNIZATIONS		YES	BY AGE	NO
IS HEPATITIS B SERIES COMPLETE OR		YES	BY AGE	NO
PRIOR INFECTION DOCUMENTED?				
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	BY AGE	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	BY AGE	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	BY AGE	NO

**PROGRAM DESCRIPTION:**

\*EKG/Lipid profile should be done once after age 40. REFERENCES:  
 (OTHER); 1. OSHA Standard 1910.1030; 2. 5 CFR 930; 3.  
 X-118 Series GS-083.

**Web sites:**

OPM Qualification Standards for General Schedule Positions.  
<http://www.opm.gov/qualifications/sec-iv/b/qs0000/0083.htm>  
<http://www.opm.gov/qualifications.sec-iv/b/qs0000/0085.htm>

PROGRAM REVIEWED 3/2000



## PROVIDER COMMENTS:

OSHA Regulation considers public safety workers, including both policemen and firefighters, at risk for exposure to bloodborne 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.

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.

Tetanus immunization should be kept current.

PROGRAM FREQUENCY

<b>Age</b>	<b>Frequency</b>
Up to 34 years	Every five years
35 to 44 years	Bi-ennial
45+ years	Annual

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## 716 RESPIRATOR USER CERTIFICATION EXAM

PROGRAM FREQUENCY: BY AGE

OSHA STANDARD 29 CFR 1910.134

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	BY AGE	NO
MAJOR ILLNESS OR INJURY		YES	BY AGE	NO
HOSPITALIZATION OR SURGERY		YES	BY AGE	NO
CANCER		YES	BY AGE	NO
BACK INJURY		YES	BY AGE	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	BY AGE	NO
HAVE YOU EVER SMOKED		YES	BY AGE	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	BY AGE	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	BY AGE	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	BY AGE	NO
MEDICATION ALLERGIES		YES	BY AGE	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	BY AGE	NO
ALLERGIES (ASTHMA, HAY FEVER, ECZEMA)		YES	BY AGE	NO
SKIN DISEASE		YES	BY AGE	NO
LUNG/RESP DISEASE (EX: COPD, BRONCHITIS, PNEUMONITIS)		YES	BY AGE	NO
WHEEZING		YES	BY AGE	NO
TUBERCULOSIS		YES	BY AGE	NO
USE OF EYE GLASSES		YES	BY AGE	NO
CONTACT LENS USE		YES	BY AGE	NO
LOSS OF VISION IN EITHER EYE		YES	BY AGE	NO
COLOR BLINDNESS		YES	BY AGE	NO
EYE IRRITATION		YES	BY AGE	NO
ANY OTHER EYE OR VISION PROBLEM		YES	BY AGE	NO
INABILITY TO SMELL		YES	BY AGE	NO
ANY INJURY TO YOUR EARS		YES	BY AGE	NO
RUPTURED EAR DRUM		YES	BY AGE	NO
LOSS OR CHANGE IN HEARING		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		YES	BY AGE	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		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
ANY OTHER HEART PROBLEM YOU'VE BEEN TOLD ABOUT		YES	BY AGE	NO
SHORTNESS OF BREATH		YES	BY AGE	NO
COUGH (DRY OR PRODUCTIVE)		YES	BY AGE	NO
CURRENT PREGNANCY (FEMALES ONLY)		YES	BY AGE	NO
EPILEPSY (SEIZURE DISORDER)		YES	BY AGE	NO
PROBLEMS WITH BALANCE AND COORDINATION		YES	BY AGE	NO

PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET	YES	BY AGE	NO
DIABETES OR OTHER ENDOCRINE GLAND DISORDER	YES	BY AGE	NO
MENTAL/EMOTIONAL ILLNESS	YES	BY AGE	NO
CLAUSTROPHOBIA	YES	BY AGE	NO
MUSCLE OR JOINT PROBLEMS	YES	BY AGE	NO
ANY OTHER MUSCLE OR SKELETAL PROBLEM THAT MAY INTERFERE WITH USING A RESPIRATOR	YES	BY AGE	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
WORK HISTORY OF:				
PRIOR RESPIRATOR USE		YES	BY AGE	NO
IF YES, ANY PROBLEMS THAT INTERFERED WITH USE		YES	BY AGE	NO
COMMENTS ON MEDICAL HISTORY:		YES	BY AGE	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	BY AGE	NO
HEIGHT		YES	BY AGE	NO
WEIGHT		YES	BY AGE	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CARDIOVASCULAR SYSTEM		YES	BY AGE	NO
EYES		YES	BY AGE	NO
RESPIRATORY SYSTEM		YES	BY AGE	NO
EARS (TYMPANIC MEMBRANES)		YES	BY AGE	NO
SKIN (RASH, EROSION, ULCER, PIGMENT, ECZEMA, ETC)		YES	BY AGE	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	BY AGE	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	BY AGE	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW				
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS		YES	BY AGE	NO
LISTED BELOW				
RECOMMENDATIONS:		YES	BY AGE	NO

## PROGRAM DESCRIPTION:

REFERENCES: (OTHER); 1. OSHA Standard 29 CFR 1910.134; 2. ANSI Standard Z88.2-1980, Practices for Respiratory Protection; 3. NIOSH Respirator Decision Logic, U.S. Department of Health and Human Services, DHHS (NIOSH) Pub. No. 87-108; 4. OPNAVINST 5100.23E, Chapter 15; 5. OPNAVINST 5100.19D, Chapter B6; 6. OPNAVINST 6000.1A MANAGEMENT OF PREGNANT SERVICEWOMEN. 7. American Thoracic Society, Respiratory Protection Guidelines, American Journal of Respiratory Critical Care Medicine, Vol. 154. pp 1153-1165, 1996; 8. **Navy Environmental Health Center (NEHC) A Guide for Respiratory Protection Program Managers, NEHC TM-96-1, 1996.** PROGRAM REVIEWED 3/2000

## 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. (2) Workers who wear respirators may receive spirometry and chest x-rays as part of surveillance requirements for specific hazards.

## PROGRAM FREQUENCY

Age	Frequency
15 to 34 years	Every five years
35 to 44 years	Every two years

45+ years	Annual
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717      SUBMARINE DUTY

PROGRAM FREQUENCY:      PREPLACEMENT AND ALL SUBSEQUENT COMPLETE EXAMS  
FOR OTHER REASONS

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PROGRAM DESCRIPTION:

This program is designated solely to provide guidance on scheduling frequency. The program requires an exam for pre-placement. Thereafter, on all subsequent and periodic physical examinations for any purpose, submarine duty should be included as an additional purpose and a qualification determination made. Tests and forms required are promulgated in Manual of the Medical Department, NAVMED P-117, Chapter 15, Article 15-69, Change 107. For civilian personnel embarked on submarines consult SECNAVINST 6420.1D, 7 April 1986. PROGRAM REVISED 10/97.

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702 WASTEWATER/SEWAGE WORKER

PROGRAM FREQUENCY: PENTA-ENNIAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	PENTA-E	NO
MAJOR ILLNESS OR INJURY		YES	PENTA-E	NO
HOSPITALIZATION OR SURGERY		YES	PENTA-E	NO
CANCER		YES	PENTA-E	NO
BACK INJURY		YES	PENTA-E	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	PENTA-E	NO
HAVE YOU EVER SMOKED		YES	PENTA-E	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	PENTA-E	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	PENTA-E	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	PENTA-E	NO
MEDICATION ALLERGIES		YES	PENTA-E	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	PENTA-E	NO
SKIN DISEASE		YES	PENTA-E	NO
COMMENTS ON MEDICAL HISTORY:		YES	PENTA-E	NO
QUALIFICATIONS:				
CURRENT IMMUNIZATIONS		YES	PENTA-E	NO
CERTIFICATIONS PERFORMED IAW:				
NAVMED P-5010		YES	PENTA-E	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	PENTA-E	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	PENTA-E	NO
RECOMMENDATIONS:		YES	PENTA-E	NO

## PROGRAM DESCRIPTION:

The immunization status of wastewater/sewage worker should be reviewed every five years. Tetanus-diphtheria vaccine should be updated according to current recommendations. Polio vaccine is administered to individuals not fully immunized. Specific guidance is contained in these references: (OTHER); 1. NAVMED P-5010, Manual of Naval Preventive Medicine; 2. NAVMEDCOMINST 6230.3, Immunizations and Chemoprophylaxis. PROGRAM REVISED 10/97.

## PROVIDER COMMENTS:

For those 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.

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## 704 WEIGHT HANDLING EQUIPMENT (MANAGEMENT OF)

OCCUPATIONS IN THIS PROGRAM: CRANE OPERATORS  
 \*RAILROAD EQUIPMENT OPERATORS  
 \*CONDUCTORS  
 \*BRAKEMEN  
 \*RIGGERS  
 \*CLIMBERS

PROGRAM FREQUENCY: BI-ENNIAL

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
MEDICAL HISTORY: HAVE YOU EVER HAD?				
PERSONAL HISTORY OF:				
IS YOUR WORK EXPOSURE HISTORY CURRENT (OPNAV 5100/15)		YES	BI-ENN	NO
MAJOR ILLNESS OR INJURY		YES	BI-ENN	NO
HOSPITALIZATION OR SURGERY		YES	BI-ENN	NO
CANCER		YES	BI-ENN	NO
BACK INJURY		YES	BI-ENN	NO
DO YOU DRINK 6 OR MORE DRINKS PER WEEK (BEER, WINE, LIQUOR)		YES	BI-ENN	NO
HAVE YOU EVER SMOKED		YES	BI-ENN	NO
DO YOU CURRENTLY SMOKE (PACKS/DAY)		YES	BI-ENN	NO
HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE		YES	BI-ENN	NO
CURRENT MEDICATION USE (PRESCRIPTION OR OTC)		YES	BI-ENN	NO
MEDICATION ALLERGIES		YES	BI-ENN	NO
ANY REPRODUCTIVE HEALTH CONCERNS		YES	BI-ENN	NO
LUNG/RESP DISEASE (EX:COPD, BRONCHITIS, PNEUMONITIS)		YES	BI-ENN	NO
SYPHILIS OR GONORRHEA		YES	BI-ENN	NO
HEADACHE, DIZZINESS, LIGHT-HEADEDNESS, WEAKNESS		YES	BI-ENN	NO
NERVOUS STOMACH OR ULCER		YES	BI-ENN	NO
HEAD INJURY		YES	BI-ENN	NO
CHANGE OR LOSS OF VISION		YES	BI-ENN	NO
LOSS OR CHANGE IN HEARING		YES	BI-ENN	NO
CHEST PAIN, ANGINA, HEART ATTACK		YES	BI-ENN	NO
REPEATED EPISODES OF LOSS OF OR NEAR LOSS OF CONSCIOUSNESS		YES	BI-ENN	NO
KIDNEY DISEASE		YES	BI-ENN	NO
EPILEPSY (SEIZURE DISORDER)		YES	BI-ENN	NO
PROBLEMS WITH BALANCE AND COORDINATION		YES	BI-ENN	NO
PROBLEMS WITH NUMBNESS, TINGLING, WEAKNESS IN HANDS OR FEET		YES	BI-ENN	NO
MIGRAINE HEADACHE		YES	BI-ENN	NO
DIABETES OR OTHER ENDOCRINE GLAND DISORDER		YES	BI-ENN	NO
MENTAL/EMOTIONAL ILLNESS		YES	BI-ENN	NO
DEPRESSION, DIFF CONCENTRATING, EXCESSIVE ANXIETY		YES	BI-ENN	NO
TREATMENT FOR DRUG OR ALCOHOL USE		YES	BI-ENN	NO
PERSONALITY CHANGE		YES	BI-ENN	NO
MUSCLE OR JOINT PROBLEMS		YES	BI-ENN	NO
PERMANENT DEFECT FROM ILLNESS, DISEASE OR INJURY		YES	BI-ENN	NO
FAMILY HISTORY OF:				

HEART DISEASE, HIGH BLOOD PRESSURE, OR STROKE	YES	BI-ENN	NO
COMMENTS ON MEDICAL HISTORY:	YES	BI-ENN	NO

EXAM ELEMENT	ELEMENT GIVEN FOR:	BASE LINE	PERI ODIC	TERM EXAM
LABORATORY:				
SERUM CHEMISTRY:				
BASALINE LIPID PROFILE		YES	NO	NO
URINALYSIS:				
ROUTINE:				
URINALYSIS		YES	BI-ENN	NO
ADDITIONAL LAB TESTS:				
EKG/LIPID PROFILE DONE ONCE PAST AGE 40?		YES	*	NO
CARDIOLOGY:				
BASALINE ELECTROCARDIOGRAM		YES	NO	NO
AUDIOLOGY:				
AUDIOGRAM		YES	BI-ENN	NO
OPTOMETRY:				
VISION SCREEN (VISUAL ACUITY)		YES	BI-ENN	NO
COLOR VISION		YES	BI-ENN	NO
VISUAL FIELDS		YES	BI-ENN	NO
COMMENTS ON LABORATORY RESULTS:		YES	BI-ENN	NO
PHYSICAL EXAMINATION:				
VITAL SIGNS		YES	BI-ENN	NO
SPECIAL ATTENTION IN EXAMINATION TO:				
CENTRAL NERVOUS SYSTEM		YES	BI-ENN	NO
PERIPHERAL NERVOUS SYSTEM (STRENGTH, SENSATION, DTR)		YES	BI-ENN	NO
BACK & MUSCULOSKELETAL SYSTEM		YES	BI-ENN	NO
EXTREMITIES		YES	BI-ENN	NO
CARDIOVASCULAR SYSTEM		YES	BI-ENN	NO
PERIPHERAL VASCULAR SYSTEM (RAYNAUD'S)		YES	BI-ENN	NO
EYES		YES	BI-ENN	NO
ABDOMEN		YES	BI-ENN	NO
GENITOURINARY TRACT		YES	BI-ENN	NO
RESPIRATORY SYSTEM		YES	BI-ENN	NO
EARS (TYMPANIC MEMBRANES)		YES	BI-ENN	NO
OVERALL PHYSICAL FITNESS		YES	BI-ENN	NO
OTHER APPROPRIATE EXAMINATION (SPECIFY)		YES	BI-ENN	NO
COMMENTS ON PHYSICAL EXAMINATION:		YES	BI-ENN	NO
IS SURVEILLANCE/PPE CONSISTENT WITH EXPOSURES LISTED BELOW		YES	BI-ENN	NO
ARE ANY ABNORMALITIES RELATED TO EXPOSURES/OCCUPATIONS LISTED BELOW		YES	BI-ENN	NO
RECOMMENDATIONS:		YES	BI-ENN	NO

## PROGRAM DESCRIPTION:

REFERENCES: 1. NAVFAC P-307, 2. 49 CFR 391.41-49.

Military personnel are exempt from the requirements of the Commercial Motor Vehicle Safety Act of 1986, and, in particular, from the requirements of 49 CFR Part 383 regarding physical examination requirements in order to obtain a commercial drivers license. The scope of the periodic examination is considered sufficient to meet the requirements. Waivers for previously qualified operators are authorized by activity Commanding Officers after appropriate medical and management review - see reference 1.

## PROVIDER COMMENTS:

\*Waivers pertain only to crane operators.

APPENDIX A  
Listing of Tests

Test	Test Name
1000	MEDICAL HISTORY: HAVE YOU EVER HAD?
1100	Personal History of:
1105	Is Your Work Exposure History Current (OPNAV 5100/15)
1107	Since last SF 88/93 physical have you had?
1110	Major Illness or Injury
1120	Hospitalization or Surgery
1130	Cancer
1140	Back Injury
1150	Do You Drink 6 or More Drinks per week? (beer, wine, liquor)
1155	Have You Ever Smoked?
1160	Do You Currently Smoke? (packs/day)
1161	How Many Years Have or Did You Smoke?
1162	None _____ Number Years _____
1163	Greatest Number of Packs Per Day Smoked _____
1164	Former Smokers - Time Since Quitting: Years _____
1165	Do You Use Smokeless Tobacco?
1169	Average Packs Per Day Smoked
1170	Heart Disease, High Blood Pressure or Stroke
1180	Current Medication Use (Prescription or OTC)
1182	Medication Allergies
1190	Use of Seat Belts (Always, Mostly, Some, None)
1192	Any Reproductive Health Concern
1200	Blood Diseases (Anemia)
1210	Blood Transfusions
1220	Allergies (Asthma, Hay Fever, Eczema)
1225	Have You Ever Been Evaluated for Latex Allergy?
1230	Skin Disease
1231	Recurrent Skin Rash
1235	Precancerous Lesions
1240	Heat Injury (Cramps, Exhaustion, Stroke)
1250	Peripheral Vascular Disease
1260	Hepatitis or Jaundice
1270	Radiation Therapy or Radiopharmaceutical Treatment
1280	Lung/Resp Disease (Ex:COPD, Bronchitis, Pneumonitis)
1285	Wheezing
1290	Tuberculosis
1300	Infectious Disease
1302	History of Chicken Pox
1304	Communicable Disease
1305	Syphilis or gonorrhea
1310	Treatment with Steroids or Cancer (Cytotoxic) Drugs
1315	Decreased Immunity
1320	Use of Nitrate Medication (Nitroglycerine)
1330	Use of Anticholinergic Drugs (Donnatal)
1340	Use of Barbiturates



Test	Test Name
1400	Headache, Dizziness, Light-headedness, Weakness
1410	Nausea or Vomiting
1415	Nervous Stomach or Ulcer
1420	Exposure (Acclimatization) to Heat
1421	Cold Injury (Frostbite, Chill, Trench Foot, Hypothermia)
1430	Weight Loss
1440	Head Injury
1450	Tremors
1455	Use of Eye Glasses
1460	Change or Loss of Vision
1461	Contact Lens Use
1462	Lens Surgery
1463	Photosensitizing Medications
1464	Unusual Sensitivity to Sunlight
1465	Loss of Vision in Either Eye
1466	Color Blindness
1470	Cataracts
1480	Eye Irritation
1490	Eye Injury
1500	Glaucoma
1505	Any Other Eye or Vision Problem
1510	Perforation of Nasal Septum
1512	Sinus/Nasal Symptoms
1513	Rhinitis
1514	Nose Bleeds
1515	Inability to Smell
1520	Tooth or Gum Disease
1530	Ringing in the Ear (Tinnitus)
1534	Any Injury to Your Ears
1535	Ruptured Ear Drum
1540	Loss or Change in Hearing
1541	A Need to wear a Hearing Aid
1542	Any Other Hearing or Ear Problem
1550	Chest Pain, Angina, Heart Attack
1551	Repeated Episodes of Loss of or Near Loss of Consciousness
1555	Frequent Pain or Tightness in Chest
1557	Swelling in Legs or Feet (Not Caused By Walking)
1559	Any Other Heart Problems You've Been Told About
1560	Coughing Up Blood (Hemoptysis)
1570	Shortness of Breath
1580	Cough (Dry or Productive)
1585	Any Finding Related to Asbestos Exposure
1590	Pneumonia
1600	Chronic Abdominal Pain, Vomiting, Other GI Symptoms
1605	Change in Frequency or Appearance of Bowel Movements
1610	Liver Disease
1620	Kidney Disease
1625	Kidney Stones
1630	Problems with Urination/Blood in Urine
1635	Protein in Urine
1640	Current Pregnancy (Self or Spouse)
1645	Current Pregnancy (Females Only)

1646	Infertility or miscarriage (Self or Spouse)
1650	Impotence or Sexual Dysfunction
1660	Infertility or Miscarriage (Self or Spouse)
1670	Epilepsy (Seizure Disorder)
1680	Problems with Balance & Coordination
1682	Problems with Numbness, Tingling, Weakness in Hands or Feet
1690	Migraine Headache

Test	Test Name
1700	Thyroid Disease (Heat or Cold Intolerance)
1710	Diabetes or Other Endocrine Gland Disorder
1720	Mental/Emotional Illness
1730	Depression, Difficulty Concentrating, Excessive Anxiety
1732	Treatment for Drug or Alcohol Use
1740	Personality Change
1745	Claustrophobia
1750	Vibration White Finger Disease
1755	Bone Problems (Broken Bones)
1760	Muscle or Joint Problems
1763	Any Other Muscle or Skeletal Problem That May Interfere
1764	With Using a Respirator
1765	Permanent Defect from Illness, Disease or Injury
1770	Adverse Reaction to Eating Any Vegetable or Fruit
1775	Adverse Reaction to Any Rubber/Latex Containing Product
1780	Multiple Operations or Chronic Medical Instrumentation
1785	Unexplained Hives or Symptoms of Shock
1790	Itchy Eyes, Runny Nose, Respiratory Symptoms
1791	When Using Latex Gloves
2000	Work History Of:
2005	Prior Respirator Use
2007	If Yes, Any Problems That Interfered With Use
2010	Exposure to Dusts (Coal, Blast. Grit, Sand, Nuisance)
2020	Exposure to Asbestos
2021	10 or More Years Since First Exposure to Asbestos
2030	Exposure to Lead
2040	Exposure to Benzene
2050	Exposure to Chemotherapeutic/Antineoplastic Agents
2055	Exposure to Aerosolized Antibiotics/Antivirals
2060	Exposure to Anesthetic Gases
2070	Exposure to Ethylene Oxide
2080	Exposure to Chromium or Chromic Acid
2090	Exposure to Silica or Sand
2100	Exposure to Hydrogen Fluoride or Inorganic Fluorides
2104	10 or More Years Since First Exposure to Arsenic
2105	10 or More Years Since First Exposure to Vinyl Chloride
2110	Exposure to Ionizing Radiation
2120	Exposure to Non-Ionizing Radiation (Laser, IR, MW, UV)
2130	Exposure to Vibration (Segmental or Whole Body)
2135	Exposure to Excessive Noise
2140	Eye Injury
2150	Exposure to Skin Irritants
2160	Exposure to Respiratory Irritants
2170	Exposure to Carcinogens
2180	Exposure to Isocyanate Foam or Paint
2190	Sensitization to Isocyanates (TDI, MDI)
2200	Exposure to Solvents (MEK, PERC, TCE, Toluene..)
2205	Exposure to Potentially Infectious Body Fluids
2210	Exposure to Formaldehyde
2215	Exposure to Cadmium
2220	Do You Handle Organophosphate or Carbamate Pesticides
2221	Reserved

2222	Reserved
2223	Reserved
2226	Exposure to Methylene Chloride,
2227	Dichloromethane, Methylene Dichloride
2230	Regular Contact With Latex Gloves or Other
2231	Rubber Products

Test	Test Name
2500	Family History Of:
2510	Blood Diseases (Anemia)
2520	Genetic Disease (Include Children)
2530	Cancers (Leukemia, Tumors)
2540	Heart Disease, High Blood Pressure or Stroke
2545	Cataracts
2550	Decreased Immunity
2990	COMMENTS ON MEDICAL HISTORY
3000	LABORATORY
3100	Hematology:
3110	Complete Blood Count (HGB, HCT, WBC, MCV, MCH, MCHC)
3111	Hemoglobin (HBG)
3112	Mean Corpuscular Volume (MCV)
3113	White Blood Count (WBC)
3114	Hematocrit
3120	Differential White Blood Cell Count
3125	RBC Morphology
3130	Reticulocyte count
3140	Platelet Estimate
3141	Platelet Count
3500	Serum Chemistry:
3510	Random Serum/Plasma Glucose
3511	Fasting Blood Glucose
3520	Basic Profile to Include:
3521	BUN, Creatinine, Uric Acid, Calcium,
3522	Total Bilirubin, Alk. Phos., SGOT (AST)
3530	Liver Profile to Include:
3531	SGOT (AST), Total Bilirubin, Alk. Phos.
3532	Albumin, Alkaline Phosphatase, LDH
3541	BUN, Creatinine, Serum Electrolytes (Na, K)
3545	BUN and Creatinine
3546	Creatinine
3547	Cholesterol
3548	Cholesterol Every 5 Years
3550	SGOT (AST)
3551	SGOT (AST) Every 5 Years
3560	Phosphate
3570	Globulin
3580	Acid Phosphatase
3590	CPK
3600	Bilirubin (Direct)
3608	Baseline Lipid Profile
3609	Lipid Profile (if clinically indicated)
3610	Triglycerides
3611	Triglycerides (if clinically indicated)
3620	GGT
3630	Blood Lead and Zinc Protoporphyrin (ZPP)
3631	Blood Lead
3640	RBC Cholinesterase
3641	Plasma (or Serum) Cholinesterase

Test	Test Name
3650	Serum FSH, LH and Estrogen
3660	Blood Methemoglobin (If cyanotic)
3670	Blood Acetone
3675	Serum Total Estrogen (female)
3680	Serum Follicle Stimulating Hormone (FSH)
3685	Serum Luteinizing Hormone (LH)
3690	Cadmium in Blood
4000	Urinalysis:
4100	Routine:
4110	Urinalysis with Microscopic
4120	Urinalysis without Microscopic
4200	Urine Chemistry:
4210	Urine Total Phenol
4220	Urine Hydroquinone (If Urine is Dark Brown)
4230	Urine Mercury
4250	Urine Fluoride - Post Shift
4260	Urine 24 - Hour Protein (Quantitative)
4270	Urine P-Nitrophenol (If Darkening Observed)
4280	Blank
4285	Cadmium in Urine (CdU)
4290	Beta-2-Microglobulin ( $\beta_2$ -M) in Urine
4295	Urine total Arsenic
4500	Cytology:
4510	Sputum Cytology
4520	Urine Cytology
4800	Additional Lab Tests:
4810	Stool Hemoccult (Over age 40)
4811	Stool Hemoccult (Required for Males)
4820	Sperm Count (Male)
4830	RPR
4840	Tuberculosis Screen
4850	Pregnancy Testing or Laboratory Testing of
4851	Fertility if Requested by Employee and Deemed
4852	Appropriate by the Physician
4855	Serum to be frozen
4860	Pressure and Oxygen Tolerance Test
4870	Whole Body Count
4872	EKG/Lipid Profile Done Once Past Age 40?
5000	Cardiology:
5010	Electrocardiogram
5015	Electrocardiogram Every 5 Years
5020	Exercise Cardiac Stress Test
5025	Electrocardiogram (if Clinically Indicated)
5030	Baseline Electrocardiogram
5200	Audiology:
5210	Audiogram
5220	Audiogram - 15 hr/40 hr Noise Free
5225	Follow-up Audiogram
5230	Tympanogram Status
5400	Radiology:

Test	Test Name
5410	Chest X-ray (PA)
5411	Chest X-ray (PA) Every 5 Years
5420	Chest X-ray (Asbestos)
5421	Chest X-ray (Asbestos) Every 5 Years
5422	Chest X-ray (Asbestos) Every 2 Years
5423	Chest X-ray (Asbestos) Age Dependent
5424	Chest X-ray (PA) (frequency determined by examining physician)
5425	Using Form - NAVMED 6260/7
5426	Reserved
5428	Reserved
5430	Reserved
5431	Reserved
5600	Spirometry:
5605	Ethnic Background
5610	Spirometry (FVC, FEV <sub>1</sub> , FEV <sub>1</sub> /FVC)
5611	Forced Vital Capacity (FVC)
5612	Forced Expiratory Volume in One Second (FEV <sub>1</sub> )
5800	Optometry:
5805	Date of Most Recent Refraction - When Applicable
5807	Current Refraction Prescription - When Applicable
5810	Vision Screen (Visual Acuity)
5811	Reserved
5812	Reserved
5813	Reserved
5814	Reserved
5815	Reserved
5816	Reserved
5817	Reserved
5818	Reserved
5819	Color Vision
5820	Depth Perception
5830	Visual Fields
5835	Contrast Sensitivity
5836	External Ocular and Fundus Examination
5840	Ophthalmologic Exam
5850	Slit Lamp Exam
5860	Tonometry
5861	Tonometry Over Age 40 (if clinically indicated)
5865	Near Vision (Welders Only)
5870	Peripheral Vision
5900	Dental:
5910	Dental Exam
5920	Other Tests Deemed Appropriate by the Physician
5990	COMMENTS ON LABORATORY RESULTS:
6000	Physical Examination:
6005	Required When Positive History Questions are Obtained:
6010	Vital Signs
6011	Height
6012	Weight
6013	Diastolic Blood Pressure
6100	Special Attention in Examination to:
6110	Central Nervous System





Test	Test Name
6120	Peripheral Nervous System (Strength, Sensation, DTR)
6130	Back and Musculoskeletal System
6135	Extremities
6140	Cardiovascular System
6150	Peripheral Vascular System (Raynaud's)
6155	Varicose Veins of Lower Extremities
6160	Cyanosis
6165	Clubbing
6170	Eyes
6175	Eyes
6180	Gums (e.g., Lead Lines?)
6190	Teeth (Acid Erosion)
6200	Abdomen
6205	Breast Examination (Female)
6210	Genitourinary Tract
6215	GU (including Testicle Size)
6220	Testes (Male)
6230	Kidney
6240	Liver
6245	Spleen
6250	Mucous Membranes
6260	Nasal Mucosa (Septal Perforation)
6262	Sinuses
6265	Nasal Mucosa
6270	Respiratory System
6280	Ears (Tympanic Membranes)
6290	Skin (Rash, Erosion, Ulcer, Pigment, Eczema, Etc.)
6300	Skin, With Regard to Malignant and Pre-malignant Conditions
6310	Thyroid
6320	Metabolic Disturbance (Fever, Tachycardia)
6340	Immunocompetence (Lymphatic System)
6350	Obesity
6360	Overall Physical Fitness
6365	Rectal Examination
6366	Hemorrhoids
6367	Prostate Palpation or Other At-Least-As-Effective
6368	Diagnostic Test(s) for Males Over 40 Years Old
6370	Body Habitus
6900	Other Appropriate Examination (Specify):
6990	COMMENTS ON PHYSICAL EXAMINATION:
7100	Qualifications:
7110	Respiratory Protection - Ensure Worker is Enrolled in RPP
7120	Sight Conservation
7130	Current Immunizations
7140	Measles/Mumps/Rubella Immune Status
7145	Measles Immune Status
7147	Varicella Immune Status
7150	Is Hepatitis B Vaccine Series Complete or

Test	Test Name
7151	Prior Infection Documented?
7500	Certifications Performed IAW:
7510	NAVMED P117, Chapter 15
7520	NAVMED P-5010
7530	NAVSEA OP-2239
7540	FPM TS 146
7560	NAVMED P-5055
7570	NAVFAC P-306
7575	FPM 930
7576	ANSI A136.1 OF 1986
7577	OPNAVINST 5100.23B CHAPTER 22
7580	NCIS Manual for Administration
7596	Asbestos History Form 2493-1 Completed
7597	Asbestos History Form 2493-2 Completed
7700	Update SF 93 as Applicable
7710	Review Functional/Environmental Requirements of SF 78
7720	Complete NAVMED 6260/5, Rev (5/90), Periodic Health Evaluation
7730	Review DD 2493-1, Initial Exam or DD 2493-2, Periodic Exam
8000	Hearing Conservation:
8100	Has Baseline Been Reestablished Due to PTS?
8110	High Frequency Average Exceeds 45 dB Bilaterally?
8120	Ear Plugs Fitted and Issued
8130	Refer to Audiologist or Physician
9000	Special Notations:
9010	Substance(s) Known Human Carcinogen
9020	Substance(s) Suspected Human Carcinogen
9030	Substance(s) Known Mutagenic or Fetotoxic Effects
9040	Substance(s) Suspected Human Mutagenic/Fetotoxic Effects
9050	Counseling Regarding Combined Effects of Smoking
9051	and Asbestos Exposure
9060	Assess Knowledge of Universal Blood/Body Fluid Precautions
9065	Physician's Written Opinion Required
9067	Written Notification of Permanent Threshold Shift Required
9070	Physician's Written Opinion not Required
9075	DD 2493-1 Initial Exam or DD 2493-2 Periodic Exam not Required
9970	Is surveillance/PPE Consistent With Exposures Listed Below
9975	ASSESSMENT:
9980	Are Any Abnormalities Related To Exposures/Occupations Listed Below
9985	SF 88/93 Reviewed and Found Complete
9990	RECOMMENDATIONS:

## APPENDIX B

## Reviews and Revisions

The following list of stressors was reviewed and not included in the Medical Matrix. Any questions or concerns should be addressed to Committee members or Occupational Medicine staff at NAVENVIRHLTHCEN. The list will be reviewed periodically and updated.

Stressor	Date reviewed
Acetone	Dec 1989
Asphalt Fumes	Dec 1989
Benzo(a) pyrine	Dec 1989
Crysene	Dec 1989
Fungicides	Nov 1990
N-heptane	Dec 1989
N-Hexane	Dec 1989
Petroleum distillates (kerosene, Stoddard Solvent, Naphtha, Mineral Spirits	Dec 1989
Silver	Dec 1989

On further review for chronic effects and evaluation of usage, these programs were removed from the Medical Matrix. Solvents were included in Program #603, Mixed Solvents, and program #157 was combined with an existing program. The program numbers will be retained for historical purposes.

Program Number	Stressor	Date Reviewed
107	Ammonia	Aug 1990
119	Benzoyl Peroxide	Aug 1990
120	Benzyl Chloride	Aug 1990
123	2-Butanone (Methyl Ethyl Ketone	Aug 1990
129	Chlorine	Aug 1990
136	Cyclohexanone	Aug 1990
144	Ethyl Butyl Ketone	Aug 1990
147	Ethylene Glycol	Aug 1990
153	Glycol Ethers (other than ethoxy and methoxy ethanol	Aug 1990
212	N-Heptane	Aug 1990
154	Hexone	Aug 1990
157	Hydrogen Fluoride (Combined with #150)	Aug 1990
160	Isopropyl Alcohol	Aug 1990
164	Methyl (N-Amyl) Ketone	Aug 1990
165	Methyl Alcohol	Aug 1990
169	Morpholine	Aug 1990
101	Nuisance Dusts	Aug 1990
181	2-Pentanone (Methyl Propyl Ketone)	Aug 1990

## APPENDIX B (con't)

Program Number Reviewed	Stressor	Date
182	Phenol	Aug 1990
183	Phosgene	Aug 1990
504	Radiation- Infared, UV and visible	Apr 1995
507	Radiation-Radiofrequency & Microwave	Apr 1995
188	Sodium Hydroxide	Aug 1990
193	TMPP (Trimethylolpropane Phosphate	Aug 1990
199	Triorthocresylphosphate (TOCP)	Aug 1990
200	Tungsten (merged with #208)	Feb 1994
201	Vanadium	Feb 1994
202	Vinyl Acetate	Aug 1990
206	Zinc Oxide	Aug 1990

The following programs were moved from the chemical stressors section to the mixed exposures section.

108	Anesthetic Gases	Apr 1995
207	Animal Associated Disease	Apr 1995
110	Antineoplastic Drugs	Apr 1995
216	Herbicides	Apr 1995
162	Machine Oil Mists	Apr 1995
212	Manmade Mineral Fibers	Apr 1995
179	Organophosphate/Carbamate Compounds	Apr 1995

Asbestos Current Worker - 10+ years since first exposure (#113) and Asbestos Current Worker - 0 to 10 years since first exposure (#114) were combined into one program, Asbestos Current Worker (#113).

## APPENDIX C

### General References

- (1) Zenz, Carl, editor. Occupational medicine: principles and practical applications. 3rd ed. St. Louis: Mosby Year Book, Inc. 1994.
- (2) Rom, William N., editor. Renzetti, Attilio D., Jr.; Lee, Jeffrey S.; Archer, Victor E., assistant editors. Environmental and occupational medicine. 2nd ed. Boston: Little, Brown; 1992.
- (3) Hathaway, Gloria J; Proctor, Nick H; Hughes, James P; editors. Chemical hazards of the workplace. 4th ed. New York: Van Nostrand Reinhold; 1996.
- (4) Hamilton, Alice. Hamilton and Hardy's Industrial hygiene. 4th ed. Boston: Wright-PSG; 1983.
- (5) Sullivan, John B., Jr.; Krieger, Gary R., editors. Hazardous materials toxicology: clinical principles of environmental health. Baltimore: Williams & Wilkins; 1992.

APPENDIX D

IMPROVEMENT REQUEST  
MEDICAL MATRIX

DATE

Originator:

Address:

Telephone: (COM) \_\_\_\_\_ (DSN)

\_\_\_\_\_ This is a request for a CHANGE in a current program.

Name and number of program:

Recommendation:

\_\_\_\_\_ This is a request for ADDITION of a new program.

Recommendation: Include references and description of program currently in use.

Additional comments:

Mail to:  
Commanding Officer  
ATTN: Medical Matrix Committee  
Navy Environmental Health Center  
2510 Walmer Avenue  
Norfolk, VA 23513-2617

## APPENDIX E

### PHYSICIAN'S WRITTEN OPINION

On the following pages are samples of physician's written opinions required by OSHA for certain programs. The physician's written opinion contains the results of the medical examination and the following:

1. The physician's opinion as to whether the employee has any detected medical conditions that would place the employee at an increased risk of health impairment from continued exposure to the particular hazard.
2. Any recommendations for limitations on the employee or for use of personal protective equipment.
3. A statement that the employee has been informed of the results of the medical evaluation and about any medical conditions resulting from exposure to the particular hazard.

The physician's written opinion is given to the employee's command and therefore must not reveal specific findings or diagnoses unrelated to occupational exposure to the hazards.

Sample Physician's Written Opinion for:

Asbestos Medical Surveillance Program  
Hazardous Waste Workers and Emergency Responders  
Notification of Permanent Threshold Shift  
Occupational Exposure to Blood and/or Body Fluids  
Occupational Exposure to Butadiene  
Occupational Exposure to Cadmium  
Occupational Exposure to Ethylene Oxide  
Occupational Exposure to Formaldehyde  
Occupational Exposure to Lead  
Occupational Exposure to Methylene Chloride  
Occupational Exposure to Methylenedianiline

---

 DATE

## ASBESTOS MEDICAL SURVEILLANCE PROGRAM

PHYSICIAN'S WRITTEN OPINION in the case of:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Dept/Code: \_\_\_\_\_

1. The above noted individual was examined according to current guidelines regarding exposure to asbestos. On the basis of this examination the following comments are submitted:

2. A medical condition WAS/WAS NOT detected that would place the employee at an increased risk of material health impairment from exposure to asbestos, tremolite, anthophyllite, or actinolite. Comments (if applicable):

3. Limitations ARE/ARE NOT recommended on this individual's exposure or use of personal protective equipment, including respirators. Comments (if applicable):

4. The employee has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

5. The employee has been counseled regarding the results of this medical evaluation and of any medical conditions resulting from asbestos, tremolite, anthophyllite or actinolite exposure that require further explanation or treatment, as noted by his/her signature below.

(employee's signature)

---

 (examiner's signature and stamp)

---

 (date)
**Original: employer****Copies: employee****medical record**

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\_\_\_\_\_  
DATE

HAZARDOUS WASTE WORKERS AND EMERGENCY RESPONDERS

PHYSICIAN'S WRITTEN OPINION in the case of:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Dept/Code: \_\_\_\_\_

1. The above noted individual was examined according to 29 CFR 1910.120 regarding hazardous waste operations or emergency response. On the basis of this examination the following comments are submitted.

2. A medical condition WAS/WAS NOT detected that would place the employee at an increased risk of material impairment of health from hazardous waste operations or emergency response. Comments (if applicable):

3. Limitations ARE/ARE NOT recommended on this individual's exposure or use of personal protective equipment, including respirators. Comments (if applicable):

4. The employee has been counseled regarding the results of this medical evaluation and of any medical conditions that require further evaluation or treatment.

\_\_\_\_\_  
(examiner's signature and stamp)

\_\_\_\_\_  
(date)

**Original:** employer  
**Copies:** employee  
              medical record

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\_\_\_\_\_  
DATE

## NOTICE OF SIGNIFICANT THRESHOLD SHIFT

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ CODE/DEPT \_\_\_\_\_

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 a 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 reindoctration 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 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
 (Audiometric Technician's Signature and Stamp) (date)

\_\_\_\_\_  
DATE

OCCUPATIONAL EXPOSURE TO BLOOD AND/OR BODY FLUIDS

HEALTHCARE PROFESSIONAL'S WRITTEN OPINION in the case of:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Dept/Code: \_\_\_\_\_

1. The above noted individual was examined according to current guidelines regarding exposure to blood and/or body fluids. On the basis of this examination the following comments are submitted:

2. There ARE/ARE NOT recommended limitations upon the employee's ability to receive hepatitis B vaccination. Limitations, if recommended, are based on the following findings:

3. The employee has been informed of the results of this medical evaluation and about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

\_\_\_\_\_  
(employee's signature)

\_\_\_\_\_  
(examiner's signature and stamp)

\_\_\_\_\_  
(date)

**Original:    employer**  
**Copies:     employee**  
              **medical record**

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\_\_\_\_\_  
DATE

## OCCUPATIONAL EXPOSURE TO BUTADIENE

PHYSICIAN'S WRITTEN OPINION in the case of:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Dept/Code: \_\_\_\_\_

1. The above noted individual was examined according to 29 CFR 1910.1051 regarding occupational exposure to butadiene. On the basis of this examination the following comments are submitted.

2. A medical condition WAS/WAS NOT detected that would place the employee at an increased risk of material impairment of health from exposure to butadiene. Comments (if applicable):

4. Limitations ARE/ARE NOT recommended on this individual's exposure to butadiene.

3. Limitations ARE/ARE NOT recommended on this individual's exposure or use of personal protective equipment, including respirators. Comments (if applicable):

4. The employee has been counseled regarding the results of this medical evaluation, and of any medical conditions resulting from butadiene exposure that require further evaluation or treatment.

5. Next biological monitoring or medical examination scheduled for

\_\_\_\_\_ (date)

\_\_\_\_\_  
(examiner's signature and stamp)

\_\_\_\_\_  
(date)

**Original:**    **employer**  
**Copies:**    **employee**  
                 **medical record**

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\_\_\_\_\_  
DATE

## OCCUPATIONAL EXPOSURE TO CADMIUM

PHYSICIAN'S WRITTEN OPINION in the case of:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Dept/Code: \_\_\_\_\_

1. The above noted individual was examined according to 29 CFR 1910.1027 regarding occupational exposure to cadmium. On the basis of this examination the following comments are submitted.

2. A medical condition WAS/WAS NOT detected that would place the employee at an increased risk of material impairment of health from exposure to cadmium. Comments (if applicable):

3. Limitations ARE/ARE NOT recommended on this individual's exposure or use of personal protective equipment, including respirators. Comments (if applicable):

4. The employee has been counseled regarding the results of this medical evaluation, including results of biological monitoring, and of any medical conditions resulting from cadmium exposure that require further evaluation or treatment, and any limitation on the employee's diet or use of medications.

5. Next biological monitoring or medical examination scheduled for

\_\_\_\_\_  
(employee's signature)\_\_\_\_\_  
(date)\_\_\_\_\_  
(examiner's signature and stamp)\_\_\_\_\_  
(date)**Original: employer****Copies: employee****medical record**

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\_\_\_\_\_  
DATE

OCCUPATIONAL EXPOSURE TO ETHYLENE OXIDE

PHYSICIAN'S WRITTEN OPINION in the case of:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Dept/Code: \_\_\_\_\_

1. The above noted individual was examined according to 29 CFR 1910.1047 regarding occupational exposure to ethylene oxide. On the basis of this examination the following comments are submitted:

2. A medical condition WAS/WAS NOT detected that would place the employee at an increased risk of material impairment of health from exposure to ethylene oxide. Comments (if applicable):

3. Limitations ARE/ARE NOT recommended on this individual's exposure or use of personal protective equipment, including respirators. Comments (if applicable):

4. The employee has been counseled regarding the results of this medical evaluation and of any medical conditions resulting from ethylene oxide exposure that require further evaluation or treatment.

\_\_\_\_\_  
(examiner's signature and stamp)

\_\_\_\_\_  
(date)

**Original:** employer  
**Copies:** employee  
              medical record

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---

DATE

## OCCUPATIONAL EXPOSURE TO FORMALDEHYDE

PHYSICIAN'S WRITTEN OPINION in the case of:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Dept/Code: \_\_\_\_\_

1. The above noted individual was examined according to current guidelines regarding exposure to formaldehyde. On the basis of this examination the following comments are submitted:

2. A medical condition WAS/WAS NOT detected that would place the employee at an increased risk of material impairment of health from exposure to formaldehyde. Comments (if applicable):

3. Limitations ARE/ARE NOT recommended on this individual's exposure or use of personal protective equipment, including respirators. Comments (if applicable):

4. The employee has been counseled regarding (1) the results of this medical evaluation, (2) any medical conditions which would be aggravated by exposure to formaldehyde or which may have resulted from past formaldehyde exposure or from exposure in an emergency, and (3) whether there is a need for further examination or treatment.

---

(examiner's signature and stamp)

---

(date)

**Original:** employer  
**Copies:** employee  
          medical record

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\_\_\_\_\_  
DATE

## OCCUPATIONAL EXPOSURE TO LEAD

PHYSICIAN'S WRITTEN OPINION in the case of:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Dept/Code

1. The above noted individual was examined according to 29 CFR 1910.1025 regarding occupational exposure to lead. On the basis of this examination the following comments are submitted:

2. A medical condition WAS/WAS NOT detected that would place the employee at an increased risk of material impairment of health from exposure to lead. Comments (if applicable):

3. Limitations ARE/ARE NOT recommended on this individual's exposure or use of personal protective equipment, including respirators. Comments (if applicable):

4. 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

THIS LETTER IS PROTECTED BY THE PRIVACY ACT OF 1974



\_\_\_\_\_  
DATE

## OCCUPATIONAL EXPOSURE TO METHYLENE CHLORIDE

PHYSICIAN'S WRITTEN OPINION in the case of:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Dept/Code: \_\_\_\_\_

1. The above noted individual was examined according to 29 CFR 1910.1052 regarding occupational exposure to methylene chloride. On the basis of this examination the following comments are submitted:

2. A medical condition WAS/WAS NOT detected that would place the employee at an increased risk of material impairment of health from exposure to methylene chloride. Comments (if applicable):

3. Limitations ARE/ARE NOT recommended on this individual's exposure or use of personal protective equipment, including respirators. Comments (if applicable):

4. The employee has been informed that methylene chloride is a potential occupational carcinogen;

5. The employee has been informed of risk factors for heart disease and the potential for exacerbation of underlying heart disease by exposure to methylene chloride through its metabolism to carbon monoxide;

6. The employee has been counseled regarding the results of this medical evaluation and of any medical conditions resulting from methylene chloride exposure that require further explanation or treatment, as noted by his/her signature below.

\_\_\_\_\_  
(employee's signature)\_\_\_\_\_  
(examiner's signature and stamp)\_\_\_\_\_  
(date)**Original: employer****Copies: employee****medical record**

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---

DATE

## OCCUPATIONAL EXPOSURE TO METHYLENEDIANILINE

PHYSICIAN'S WRITTEN OPINION in the case of:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Dept/Code: \_\_\_\_\_

1. The above noted individual was examined according to 29 CFR 1910.1050 regarding occupational exposure to cadmium. On the basis of this examination the following comments are submitted:

2. A medical condition WAS/WAS NOT detected that would place the employee at an increased risk of material impairment of health from exposure to methylenedianiline. Comments (if applicable):

3. Limitations ARE/ARE NOT recommended on this individual's exposure or use of personal protective equipment, including respirators. Comments (if applicable):

4. The employee has been counseled regarding the results of this medical evaluation and of any medical conditions resulting from methylenedianiline exposure that require further explanation or treatment, as noted by his/her signature below.

---

(examiner's signature and stamp)

---

(date)

Original: employer

Copies: employee

medical record

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## APPENDIX F

American Cancer Society (ACS) recommendations to maximize the performance of the Hemoccult II.

1. Subjects should avoid ingesting red meat and high-peroxidase foods for three days before and during testing.
2. Use of vitamin C, iron tablets and nonsteroidal anti-inflammatory drugs should be avoided.
3. Two samples of each of three consecutive stools should be tested.
4. The delay between preparation and laboratory testing should not exceed three days.
5. Slides should not be rehydrated.
6. A single positive smear should be considered a positive test result, even in the absence of dietary restriction.

Guidelines for Screening and Surveillance for the Early Detection of Colorectal Polyps and Cancer, by Risk Category.

<b>Recommendations for Average Risk Adults 50+ (i.e. Men and women without moderate and high risk characteristics)</b>	
One of the following:	Screening Interval & Recommendations
Fecal Occult Blood Test (FOBT)	Annual, beginning at age 50
Flexible Sigmoidoscopy	Every 5 years, beginning at age 50
Annual Fecal Occult Blood Test and Flexible Sigmoidoscopy	FOBT every year, and Flexible Sigmoidoscopy every 5 years
Double Contrast Barium Enema (DCBE)	Every 5-10 years
Colonoscopy	Every 10 years

References:

1. Byers T, Levin B, Rothenberger D, Dodd GD, Smith RA. American Cancer Society guidelines for screening and surveillance for early detection of colorectal polyps and cancer: update 1997. CA Cancer J Clin. 1997;47(3):154-160.
2. Winawer SJ, Fletcher RH, Miller L, et al. Colorectal cancer screening: clinical guidelines and rationale [published errata appear in Gastroenterology 1997 Mar;112(3):1060 and 1998 Mar;114(3):625]. Gastroenterology. 1997;112(2):594-642.
3. U.S. Preventive Services Task Force. Guide to Clinical Preventive Services. Baltimore: Williams & Wilkins; 1996.

## APPENDIX G

## ALPHABETICAL LISTING OF STRESSORS

Program Number	Stressor/Program Name	Page
102	2-ACETYLAMINOFLUORENE.....	4-1
601	ACID/ALKALI (PH <4.0 OR > 11.0).....	6-1
103	ACRYLAMIDE .....	4-3
104	ACRYLONITRILE (VINYL CHLORIDE).....	4-5
105	ALLYL CHLORIDE.....	4-7
152	ALLYL GLYCIDYL ETHER (AGE).....	4-91
106	4-AMINODIPHENYL.....	4-9
107	AMMONIA.....	8-11
113	AMOSITE.....	4-17
108	ANESTHETIC GASES.....	6-3
207	ANIMAL ASSOCIATED DISEASE.....	6-5
113	ANTHOPHYLLITE.....	4-17
109	ANTIMONY.....	4-11
110	ANTINEOPLASTIC DRUGS.....	6-9
184	AROCLOR 1260.....	4-143
104	AROCLOR 1254.....	4-143
111	ARSENIC, (EMPLOYEES NOT COVERED BY PROGRAM 112).....	4-13
112	ARSENIC, (UNDER 45 YRS WITH <10 YRS EXPOSURE OVER THE AL)....	4-15
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