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COMUSFLTFORCOM/COMPACFLTINST 6320.3B
N03H
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COMUSFLTFORCOM/COMPACFLT INSTRUCTION 6320.3B

Subj: MEDICAL SCREENING FOR U.S. GOVERNMENT CIVILIAN EMPLOYEES, CONTRACTOR EMPLOYEES, GUESTS AND VISITORS PRIOR TO EMBARKING FLEET UNITS

Ref: (a) SECNAVINST 5720.44C
(b) NAVMEDCOMINST 6320.3B
(c) OPNAVINST 5720.2M
(d) OPNAVINST 6420.1A
(e) OPNAVINST 6000.1C

Encl: (1) Medical Screening for Civilian Embarkation In United States Navy Ships

1. Purpose. To establish Fleet policy regarding medical screening and provision of medical and dental care to U.S. Government civilian employees, contractor employees, guests and visitors who embark in U.S. Navy ships. This instruction applies when the vessel is afloat and away from shore for periods of time greater than 24 hours.

2. Cancellation. COMUSFLTFORCOM/COMPACFLTINST 6320.3A.

3. Background. U.S. Government civilian employees, contractor employees, guests and visitors (hereinafter "civilian guests") frequently embark in U.S. Navy vessels to perform official work or to participate in orientation, recruiting, or community relations events. Pre-existing health problems affecting civilian guests have the potential to severely strain or exceed the capabilities of a ship's medical department, placing the guests at unacceptable medical risk. Therefore, all civilian guests shall be medically screened prior to embarking in any U.S. Navy ship to assess the medical risk, and a determination shall be made to approve or disapprove the embarkation for medical reasons. Reference (a) provides general guidance for Distinguished Visitor and guest programs. Reference (b)

provides policies and procedures for delivery of and payment for authorized medical and dental care to eligible U.S. Government civilian and contractor employees at Navy health facilities. Reference (c) outlines general policy for embarking visitors and guests in U.S. Navy ships. Reference (d) provides additional requirements for embarkation in U.S. Navy submarines and supersedes this instruction for those vessels. Reference (e) establishes U.S. Navy guidelines for pregnancy.

4. Policy

a. Any civilian guest with pre-existing diseases or conditions that may reasonably exceed the capabilities of a ship's medical department shall not be embarked in a U.S. Navy ship.

b. To accurately assess the medical risk for embarkation, all prospective civilian guests shall complete a medical and dental screening form and submit it to the ship's Senior Medical Department Representative (SMDR) or Senior Medical Officer (SMO) prior to boarding. Enclosure (1) is provided as a template that will satisfy the mandatory screening requirement. For unforeseen or emergent embarkation requests, the civilian guest shall meet with the SMDR or SMO in person and complete a medical screening immediately upon arrival aboard the ship. For civilian guests who embark frequently, the medical screening form may be retained by the guest at the end of a voyage and resubmitted for subsequent embarkations for up to 12 months if there are no intervening changes to the guest's medical and dental history.

c. The Commanding Officer (CO) is ultimately responsible for approving or disapproving all civilian guest embarkations.

d. Medical screening procedures for civilian guests under the Distinguished Visitor programs outlined in reference (a) shall include appropriate medical review by the relevant Type Commander (TYCOM) Surgeon or their authorized designee.

5. Procedures

a. The SMDR or SMO will review the civilian guest's medical and dental history to assess the risk of embarkation. If

necessary, the civilian guest may be requested to obtain and/or submit additional information or examinations as required by the SMDR/SMO or CO to make an informed decision regarding fitness for boarding. In general, consideration will be given to: (1) the period of embarkation; (2) the specific mission requirement; (3) the importance of the trip and mission impact if the civilian guest does not embark; and (4) the specific attributes and skills an individual may contribute to the mission that cannot be provided by alternate personnel. Questionable or controversial medical conditions should be interpreted as risks and the civilian guest should generally not be embarked. To make a valid medical recommendation to the CO, the SMDR/SMO shall ensure:

(1) There are no significant physical limitations or restrictions requiring special accommodation beyond the capacity of the ship to provide.

(2) There are no medical, dental, or orthodontic conditions requiring ongoing treatment and management beyond the capability of available medical support.

(3) The harsh environment and working/living conditions aboard a ship at sea are not likely to cause worsening of any existing medical condition or an increase in the amount or level of medical management required.

b. Medical screenings for underway contractor employees shall be in accordance with their respective contract. Contracting Office Representatives (COR) shall ensure the medical screening requirement is incorporated into all new contracts.

c. A decision to approve or disapprove an individual for embarkation shall be made independently for every separate voyage. Approval to embark in one ship does not create an entitlement to embark the civilian guest in the same or another ship, even if the voyages are within a 12 month period and there have been no changes in the guest's medical or dental condition. Similarly, a prior disapproval to embark in one ship does not preclude subsequent approval to embark in the same or a different ship based on the specific circumstances and a new, independent medical assessment.

d. Medical Department personnel will maintain patient confidentiality in accordance with all applicable regulations, except to the extent required to inform the chain of command or other ships reviewing an embarkation request and who may have a need to know the basis for any given embarkation recommendation or disapproval. Medical screening forms will be maintained in the designated medical spaces under lock and key during the duration of the voyage, and will be destroyed upon disembarkation unless the civilian guest requests to retain the form prior to disembarkation. Forms returned to the civilian guest may be resubmitted by the guest for subsequent medical screenings within 12 months of the date the form was completed if there have been no intervening changes to the guest's medical and dental history.

e. Each civilian guest shall bring a sufficient quantity of their current medications to last him/her throughout the underway period.

f. In general, the following medical and dental conditions are presumed to be disqualifying for embarkation:

(1) Any physical limitation that limits a civilian guest's ability to move without assistance about the ship, e.g. casts, canes, crutches, walkers, wheel chair, etc.

(2) Clinically significant cardiovascular disease or unstable medical conditions.

(3) Pregnancy after 20 weeks of gestation. Pregnant women less than 20 weeks of gestation may be embarked if the medical evacuation time for emergency obstetrical care is less than six hours for the duration of the voyage.

(4) Acute or chronic dental abscesses, severe periodontal disease, gross caries, or incomplete root canal procedures.

g. Any required emergency medical/dental treatment will be provided as outlined in reference (b). If the condition requires prolonged treatment, the civilian guest shall be medically evacuated as soon as indicated.

6. Responsibilities

a. TYCOM. Publish procedures for implementation at the unit level.

b. CO. Ultimate responsibility for approval and disapproval of any embarkation request resides with the CO. Authority for embarkation approval may be delegated to the SMDR or SMO.

c. Executive Officer. Shall oversee implementation of this instruction, to include forwarding to the SMDR/SMO all required medical screening forms before embarkation of civilian guests.

d. COR. Shall ensure the medical screening requirement is incorporated into all new contracts.

e. Civilian Guest. Provide all required information prior to embarkation. Have a sufficient supply of all current medication for the duration of the at-sea period.

R. P. GIRRIER
Deputy Commander and
Chief of Staff

N. W. TYSON
Deputy Commander

Distribution:
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MEDICAL SCREENING FOR CIVILIAN EMBARKATION ABOARD A UNITED STATES NAVY VESSEL

VERSION AUG 2013

Privacy Act Statement

Authority: 10USC 504, 505, 507, 532, 978, 1201, 1202, 4346; and E.O. 9397 (SSAN)
PRINCIPAL PURPOSE (S): Embarkation aboard a United States Navy Vessel is a strenuous and possibly dangerous activity requiring all participants to be in good health and able to cope with extreme environments including temperature fluctuations, frequent activities such as climbing ladders, and transiting long passageways. Extremely limited medical facilities are available for emergencies only. Civilians (including retired military personnel) are not eligible for Sick Call or non-emergency medical care, nor is the military medical facility aboard able to provide refills for prescriptions. All participants embarking with the ship shall ensure they possess all prescription medicines and other non-prescription items required (e.g. spare contact lenses, eyeglasses, sunscreen, vitamins). The purpose of this screening is to obtain medical data for determination of medical fitness for embarkation aboard a United States Navy Vessel. Information will be used specifically by the ship's Senior Medical Authority for the period of embarkation to assist in emergency medical care should the need arise.
DISCLOSURE: Disclosure is voluntary: however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to embark aboard a United Stated Navy Vessel . ***This screening sheet will be destroyed at the conclusion of said embarkation.***.

Instructions

It is imperative that this form is filled in as completely as possible. Individual is responsible for completion of items (1) through (3). Any questions left blank may be cause for denial for embarkation. All items should be self-explanatory. Item 1c may be abbreviated to last four digits of Social Security Number and will be used only for filing and identification purposes in case of a medical emergency. Average time of completion of this form is estimated to be ten minutes. Supporting documentation is not required but may expedite final determination for questionable conditions. When complete, this form should be returned to the Senior Medical Authority aboard the ship.

1. APPLICANT

a. LAST NAME – FIRST NAME – MIDDLE INITIAL - SUFFIX	b. AGE	c. DATE COMPLETED

d. HEIGHT	e. WEIGHT	f. PURPOSE OF SCREENING		g. LAST TETANUS VACCINE
Inches	Pounds	Contractor Civilian Employee	Tiger/Family Cruise Other_____	

h. BLOOD TYPE	i. G6PD STATUS	j. SICKLE CELL STATUS
	Negative Positive Unsure	Negative Trait (Carrier) Sickle Cell Disease Unsure

k. ALLERGIES (To medication, common foods or other)	l. CURRENT MEDICATIONS

2. Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in item 2b.

a. HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO
(1) Double or blurry vision			(38) Pain or swelling at the site of an old broken bone		
(2) Blindness or night blindness			(39) Any loss of finger, toe, or other amputation		
(3) Wear contact lenses or glasses			(40) Any splint, cast or fracture within six weeks of embarkation		
(4) Current or recent eye infection			(41) Head injury, concussion or loss of consciousness		
(5) Any other eye condition, injury or surgery			(42) Stroke		
(6) Deafness or any other hearing problem			(43) Epilepsy, fits, seizures or convulsions		
(7) Absence or disturbance of sense of smell			(44) Frequent or severe headache causing loss of time from work or use of headache medication		
(8) Dental disease			(45) Dizziness, fainting spells or passing out		
(9) Asthma, wheezing, shortness of breath or inhaler use.			(46) Heat stroke, exhaustion or tendency.		
(10) Collapsed lung or other lung condition			(47) Motion sickness (car, boat, air)		
(11) Pneumonia or bronchitis			(48) Medication, herbs, supplements, or any other substance to improve attention, behavior or physical performance		
(12) Tuberculosis or lived with anybody with tuberculosis			(49) Any skin disease, i.e. eczema, psoriasis, or atopic dermatitis		
(13) Irregular heartbeat or abnormally rapid or slow heart rate			(50) Any allergy causing swelling of skin or shortness of breath		
(14) Heart murmur, valve problem, or mitral valve prolapse			(51) Thyroid condition or taking medication for thyroid disease		
(15) Angina or chest pain			(52) Diabetes, hypoglycemia or other blood sugar condition		
(16) Heart disease or heart attack			(53) Ant type of anemia or bleeding disorder		
(17) Heart surgery or pacemaker			(54) Sleepwalking or bedwetting after the age of twelve		
(18) High blood pressure			(55) Seen a psychiatrist, psychologist, social worker or counselor for any condition.		
(19) Any other heart or cardiovascular problem			(56) Claustrophobia		
(20) Stomach or intestinal ulcer			(57) Any handicap or disability		
(21) Hepatitis or adult jaundice			(58) Any surgery scheduled within 30 days of embarkation		
(22) HIV or AIDS			(59) Presently under care of a physician/health care provider		
(23) Gall bladder trouble or gallstones			(60) Change in medical condition since last physical exam		
(24) Intestinal obstruction			(61) Female only: If there any chance you are pregnant?		
(25) Any type of hernia: inguinal, femoral, umbilical, hiatal, etc.					
(26) Any other intestinal problem, i.e. Crohn's disease or colitis					
(27) Absence or removal of the spleen, or other spleen injury					
(28) Missing a kidney or kidney malfunction					
(29) Kidney stones			(62) Any illness, surgery, or hospitalization not listed above (Explain in section 2.b)		
(30) Dislocated joint including knee, hip, shoulder or other					
(31) Limited motion of any joint, including knee, hip, shoulder or other			(63) Tobacco use:		
(32) Locking or giving way of the knee or other joint			(a) Type: cigarettes cigars pipe smokeless tobacco		
(33) Knee, neck or back brace			(b) How many per day?_____ · How many years: _____		
(34) Recurrent neck or back pain			(64) Alcohol use:		
(35) Ruptured, slipped, or bulging disk in neck or back			(a) How many drinks per day? _____ OR per week? _____		
(36) Neck or back surgery			(b) For how many years? _____		
(37) Foot pain					

2.b **EXPLAIN ALL "YES" ANSWERS TO QUESTIONS (1) THROUGH (62) ABOVE**. *(Describe answer(s), give date(s), of problems, name doctor(s), clinic(s), hospital(s), treatment given and current medical status. Attach additional sheet(s) if necessary.*

By signing this form I certify the information on this form is true and complete to the best of my knowledge and belief, and that no person has advised me to conceal or falsify any information about my physical and mental history. I certify that I have no potentially disqualifying medical conditions other than those specified above, and that if I have any medical concerns that I have consulted my physician prior to embarkation. I further understand that I may be requested to provide further clarification regarding issues within my medical history to the Senior Medical Authority aboard. I also acknowledge that under NAVMEDCOMINST 6230.3B the United States Government will require reimbursement of any cost associated with my use of the military medical facility aboard, or any emergency air ambulance services. I acknowledge that the final determination of my fitness for embarkation resides solely with the Commanding Officer of the vessel.

3. APPLICANT

a. SIGNATURE	b. DATE SIGNED	c. TELEPHONE

4. MEDICAL SCREENER'S ELABORATION OF ALL PERTINENT DATA AND RECOMMENDATION FOR EMBARKATION

a. NOTES:

	b. SCREENER'S RECOMMENDATION	c. NAME OF SCREENER	d. SIGNATURE	e. DATE SIGNED
	Individual cleared for embarkation			
	Individual NOT cleared for embarkation			

5.

	a. MEDICAL DETERMINATION	b. NAME OF SMO/SMDR	c. SIGNATURE	d. DATE SIGNED
	Individual cleared for embarkation			
	Individual NOT cleared for embarkation			

6. COMMANDING OFFICER'S DECISION (Required if SMO/SMDR does not recommend the individual for embarkation)

	a. DECISION	b. NAME OF CO	c. SIGNATURE	d. DATE SIGNED
	Individual cleared for embarkation			
	Individual NOT cleared for embarkation			