

Instructions for filling out
MSFs and scheduling
appointments with the
Occupational Health Clinic

Block 1 Instructions

- Full name and EDIPI/DoD ID Number are absolutely required when filling out the MSF.
 - *Fill in all other highlighted areas.

Supervisor's Medical Surveillance and Certification Exam Referral

FOR OFFICIAL USE ONLY (WHEN FILLED IN)

BLOCK 1. EMPLOYEE INFORMATION

Last Name	First Name	EDIPI/DoD ID	Rank/Rate	Command UIC	Email
Command/Unit Name:			Job Title:		
Dept/Div/Work Center:			Do You Have an Active ESAMS Profile?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Sure

Block 2 Instructions

- Supervisor's, immediate or higher, and the work shop safety representative's information is absolutely required.

BLOCK 2. COMMAND POINTS OF CONTACT					
Supervisor			Command Safety or Medical Surveillance Representative		
Last Name	First Name	Grade/Rate	Last Name	First Name	Grade/Rate
Email:		Phone:	Email:		Phone:
Supervisor Signature			Date/Time of Referral (Supervisor fill in)		
			Submit Via Email		

Block 3 Instructions Part I

- Block 3 has 5 columns from left to right. Only columns 1 (exam type – baseline, periodic, termination) & 2 (program number and name) are required to be filled out. Column 3 (job or duty/task) is optional. Columns 4 & 5 are filled out by the medical staff at the Occupational Health Clinic.

BLOCK 3. MEDICAL SURVEILLANCE PROGRAM INFORMATION <i>(you may document up to 6 different exams on this form)</i>					
	COLUMN 1 Exam Type (Supervisor Check One)	COLUMN 2 Select Applicable Program NUMBER and NAME (see back page)	COLUMN 3 Job or Duty/Task Requiring Exam	COLUMN 4 Disposition or Recommendation (Filled out by Medical)	COLUMN 5 Next Exam Due (Filled out by Medical)
Exam #1	<input type="radio"/> Baseline <input type="radio"/> Periodic <input type="radio"/> Termination <input type="button" value="Reset"/>	Use Pulldown Menu or Type/Write in the Field Below		<input type="checkbox"/> Medically Qualified <input type="checkbox"/> Not Medically Qualified <input type="checkbox"/> Medically Qualified w/Limitations ¹ <input type="checkbox"/> Other/Pending ¹	
Exam #2	<input type="radio"/> Baseline <input type="radio"/> Periodic <input type="radio"/> Termination <input type="button" value="Reset"/>	Use Pulldown Menu or Type/Write in the Field Below		<input type="checkbox"/> Medically Qualified <input type="checkbox"/> Not Medically Qualified <input type="checkbox"/> Medically Qualified w/Limitations ¹ <input type="checkbox"/> Other/Pending ¹	

Block 3 Instructions Part II

- In column 1, there are 3 different exam types (baseline, periodic & termination). The baseline exam type is used for employees who are having their very first exam done. The periodic is the exam type that is selected after the baseline has been established. The termination exam type is selected when employees are taken off of an surveillance program. An exam type must be selected.

BLOCK 3. MEDICAL SURVEILLANCE PROGRAM INFORMATION <i>(you may document up to 6 different exams on this form)</i>				
Exam Type (Supervisor Check One)	Select Applicable Program NUMBER and NAME (see back page)	Job or Duty/Task Requiring Exam	Disposition or Recommendation (Filled out by Medical)	Next Exam Due (Filled out by Medical)
Exam #1 <input type="radio"/> Baseline <input type="radio"/> Periodic <input type="radio"/> Termination <input type="button" value="Reset"/>	Use Pulldown Menu or Type/Write in the Field Below		<input type="checkbox"/> Medically Qualified <input type="checkbox"/> Not Medically Qualified <input type="checkbox"/> Medically Qualified w/Limitations ¹ <input type="checkbox"/> Other/Pending ¹	
Exam #2 <input type="radio"/> Baseline <input type="radio"/> Periodic <input type="radio"/> Termination <input type="button" value="Reset"/>	Use Pulldown Menu or Type/Write in the Field Below		<input type="checkbox"/> Medically Qualified <input type="checkbox"/> Not Medically Qualified <input type="checkbox"/> Medically Qualified w/Limitations ¹ <input type="checkbox"/> Other/Pending ¹	

Block 3 Instructions Part II

- For column 2, the exam type must be selected from the drop down box options (a full list of the exams and their corresponding numbers are on page 2).

BLOCK 3. MEDICAL SURVEILLANCE PROGRAM INFORMATION <i>(you may document up to 6 different exams on this form)</i>					
	Exam Type <i>(Supervisor Check One)</i>	Select Applicable Program NUMBER and NAME <i>(see back page)</i>	Job or Duty/Task Requiring Exam	Disposition or Recommendation <i>(Filled out by Medical)</i>	Next Exam Due <i>(Filled out by Medical)</i>
Exam #1	<input type="radio"/> Baseline <input type="radio"/> Periodic <input type="radio"/> Termination <input type="button" value="Reset"/>	Drop Down Box Button Use Pulldown Menu or Type/Write in the Field Below Trichlorethylene (198) Vinyl Chloride Any Exposure (204) Vinyl Chloride 10+ Years Exposure (203) Xylene (205) ***Physical Stressor Programs*** Cold (501) Heat (502) Noise (503) Noise (Follow up of STS (#1 and/or #2) (512) Radiation-Ionizing (505)		<input type="checkbox"/> Medically Qualified <input type="checkbox"/> Not Medically Qualified <input type="checkbox"/> Medically Qualified w/Limitations ¹ <input type="checkbox"/> Other/Pending ¹	
Exam #2	<input type="radio"/> Baseline <input type="radio"/> Periodic <input type="radio"/> Termination <input type="button" value="Reset"/>			<input type="checkbox"/> Medically Qualified <input type="checkbox"/> Not Medically Qualified <input type="checkbox"/> Medically Qualified w/Limitations ¹ <input type="checkbox"/> Other/Pending ¹	

Page 2 of MSF List of Exams & Corresponding Program Numbers

The highlighted exams
are the ones that are
most commonly
performed at
Occupational Health

PROG #	PROGRAM NAME	PROG #	PROGRAM NAME	PROG #	PROGRAM NAME
102	2-Acetylaminofluorene	703	Child Care Worker	215	Methyl Bromide
217	1, 3 Butadiene*	130	Chloroform	166	Methylchloromethyl Ether
197	1,1,1- Trichloroethane	133	Chromic Acid/Chromium VI	168	Methylene Chloride*
191	1,1,2,2-Tetrachloroethane	134	Coal Tar Pitch Volatiles/PAH	603	Mixed Solvents (VOCs)
137	1.2 Dibromo-3-chloropropane (DBCP)	208	Cobalt	706	Motor Vehicle Operator (DOT)
211	2-Nitropropane	501	Cold	712	Motor Vehicle Operator (non-DOT)
138	3,3-dichlorobenzidine	125	Cresol	713	NCIS
167	4,4-Methylene Bis (2-Chloroaniline)	140	Dinitro-ortho-cresol	172	Nickel (Inorganic)
213	4,4-Methylene Dianiline (MDA)*	141	Dioxane	173	Nickel Carbonyl
106	4-Aminodiphenyl	705	Diver/Hyperbaric Worker	174	Nitrogen Oxides
139	4-dimethylaminoazobenzene	142	Epichlorohydrin	176	Nitroglycerine
175	4-Nitrobiphenyl	143	Ethoxy and Methoxy Ethanol	177	N-Nitrosodimethylamine
601	Acid/Alkali (pH<4.0/pH>11.0)	145	Ethylene Dibromide	503	Noise*
103	Acrylamide	146	Ethylene Dichloride	512	Noise (Follow up of STS #1 and/or #2)*
104	Acrylonitrile (Vinyl Cyanide)	148	Ethylene Oxide*	179	Organophosphates and Carbamates
105	Allyl Chloride	149	Ethyleneimine	180	Organotin Compounds
170	Alpha Naphthylamine	721	Explosives Handler	241	Ortho Tolidine
108	Anesthetic Gases	720	Explosives Vehicle Operator	194	Ortho Toluidine
207	Animal Associated Disease	707	Firefighter (Comprehensive)*	186	Otto Fuel II (and other Alkyl nitrates)
109	Antimony	150	Fluorides (Inorganic)	714	Police/Security Guard
112	Arsenic	709	Food Service Personnel	184	Polychlorinated Biphenyls (PCBs)
113	Asbestos Current Worker*	710	Forklift Operator	505	Radiation-Ionizing
116	Asbestos Past Worker (0-10 yrs post 1 st exp)*	151	Formaldehyde*	506	Radiation-Laser (Class 3b & 4)
115	Asbestos Past Worker (10+ yrs post 1 st exp)*	718	Freon ^R (Haloalkane)	716	**Respirator User**
701	Aviation	152	Glycidyl Ethers	187	Silica (Crystalline)
723	Barber/Beauty Shop Employees	711	Haz Waste/Emerg. Responders*	189	Styrene
117	Benzene*	110	Hazardous Drugs	717	Submarine Duty
118	Benzidine	719	Health Care Workers (HCW)	190	Sulfur Dioxide
121	Beryllium	502	Heat	192	Tetrachloroethylene
132	Beta-Chloroprene	216	Herbicides	209	Tetryl
171	Beta-Naphthylamine	155	Hydrazines	195	Toluene
185	Beta-Propioactone	156	Hydrogen Cyanide/Cyanide Salts	198	Trichloroethylene
131	Bis-chloromethyl Ether	158	Hydrogen Sulfide	508	Vibration (Hand/Arm)
178	Blood and/or Body Fluids*	159	Hydroquinone (Dihydroxy Benzene)	511	Vibration (Whole Body)
122	Boron Trifluoride	196	Isocyanates	203	Vinyl Chloride (10+ years exposure)
124	Cadmium (Current Exposure)*	161	Lead (Inorganic)*	204	Vinyl Chloride (Any Exposure)
206	Cadmium (Past Exposure)*	210	Manganese Oxide Fumes	702	Wastewater/Sewage Worker
125	Carbon Black	212	Manmade Mineral Fibers	704	Weight Handling Equipment
126	Carbon Disulfide	163	Mercury	708	Welders/Braziers/NDI Techs
127	Carbon Monoxide	602	Metal Fumes	604	Wood Dust
128	Carbon Tetrachloride	162	Metalworking Fluids	205	Xylene

- Once the MSF has been properly and completely filled out, save a copy to your files. After the file has been saved, send an electronic copy to the Occupational Health Group Email.
- In an effort to avoid employee no-shows or cancellations, please provide availability dates or non-availability dates or several specific requested dates so that we are sure not to schedule the employee on their regular day off, leave day, etc. Please include these dates in the body of the email. When we receive the request, we will then schedule the employee and send an appointment notification to the supervisor or person who submitted the request.

Occupational Health contact information is below if there are any questions or concerns.

Group Email

usn.lejeune.navhospclnc.list.nhcl-occupational-health-staff@mail.mil

Telephone

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