

## CHAPTER 5

### MEDICAL EXAMINATIONS

#### General References

5 Code of Federal Regulations (CFR) 339. *Medical Qualification Determinations.*

29 CFR 1614.203. *Rehabilitation Act.*

29 USC 791. *Rehabilitation Act of 1973.*

COMNAVMEDCOM ltr 6260 Ser 242/0258 of 2 May 88. *Worker Placement into Medical Surveillance Programs.*

NAVMED P-117. *Manual of the Medical Department.*

NEHC6260 TM96-1. *Medical Surveillance Procedures Manual and Medical Matrix (Edition 5).*

OPNAVINST 5100.23 series. *Navy Occupational Safety and Health Program Manual.*

References for Specific Programs. See Appendix B

#### Introduction

Evaluation of the health status of an individual exposed to specific stressors or working in certain jobs is essential to achieve a safe and healthful workplace for that individual and his/her coworkers. Certain occupations have medical standards, which are written descriptions of the medical requirements for specific occupations, on the basis that a certain level of health status is required for successful performance in those occupations.

Medical standards and immunization recommendations for specific occupations and exposures are contained in NEHC6260 TM96-1, ( Medical Surveillance Procedures Manual and Medical Matrix), NAVMED P-117 (Manual of the Medical Department), and other Navy instructions and federal publications. These apply to military and civilian personnel.

When specific guidance is not available, or when there are no medical surveillance requirements, these may be established through the cooperative efforts of the Navy Environmental Health Center and the Bureau of Medicine and Surgery.

There are specific regulations that apply only to civilian personnel. Regulations cited in this chapter concerning medical issues related to civilian employment are based on the Code of Federal Regulations.

## **Placement into Medical Surveillance Programs**

In accordance with OPNAVINST 5100.23 series, selection of personnel for medical surveillance should be based primarily on the results of industrial hygiene (IH) surveys that quantify exposures in the workplace. This is called "hazard based" surveillance. When IH data is insufficient or not available, individuals are placed in specific programs based on known or presumed qualitative exposures rather than on quantitative IH measurements and known time exposures. As the IH data base grows, personnel can be selectively included in or excluded from hazard based surveillance. Some "job based" surveillance will likely exist because it may be impossible to adequately quantify worker exposures (examples are firefighters and hazardous waste workers).

Criteria for placement in some medical surveillance programs are mandated by Occupational Safety and Health (OSHA) or Navy regulations. When there is no OSHA or Navy standard for a specific agent, individuals whose jobs are associated with exposures to hazards or stressors above the medical surveillance action level for more than 30 days per year or 10 days per quarter are placed into medical surveillance programs. When there is no legal standard for medical examinations for specific agents, half of a recommended exposure limit may be used as the action level.

## **Removal from Medical Surveillance Programs**

Individuals may be removed from the medical surveillance program if any of the following situations occur:

1. The individual is on a medical surveillance program at the recommendation of the industrial hygienist, based on presumed exposures, (where IH data is insufficient or not available), and the individual no longer works in that position for more than 30 days per year or 10 days per quarter; or
2. IH personal sample data clearly show that individuals are not exposed above the action level; or
3. Personal sample data clearly show that individuals are not exposed to a hazard or stressor above the action level for more than 30 days per year or 10 days per quarter; or
4. IH survey data document the absence of a hazard or stressor in a job or process. Personnel can also be removed based on the professional opinion of the industrial hygienist that no hazard exists.

## Decision Makers in the Placement and Removal of Individuals from Medical Surveillance Programs

The decision to place or remove an individual into or from a medical surveillance program is the responsibility of the Medical Department working with IH and line safety officers and supervisors. Individuals or jobs may be included in surveillance programs until IH determinations can provide objective evidence for a final decision.

## Types of Medical Surveillance and Job Certification Examinations

Most medical evaluation programs include a preplacement, a periodic and a termination examination. When there is evidence or suspicion of overexposure, a situational examination may be required.

**Preplacement (baseline) examination.** This provides information necessary to determine the individual's suitability for the job and is done before the individual starts work. It provides a baseline against which changes may be compared.

**Periodic examination.** This is performed during the time that the individual works in the job. The frequency and extent of periodic examinations depend on the program. Job certification evaluations are done periodically to make sure the individual meets the certification requirements. For some programs, the frequency of examinations will depend on variables, such as the findings from previous examinations, the history of exposure and/or the age of the individual. When deployed personnel do not receive periodic examinations on schedule, the circumstances should be documented in the health record and the examination performed as soon as possible.

**Termination examination.** When the individual terminates employment or is removed from a job with a potential for hazardous exposure sufficient for medical surveillance, he/she is removed from the medical surveillance program and undergoes a termination examination. (The Asbestos Medical Surveillance Program has unique provisions for individuals removed from exposure - please see Appendix D). In some cases, the termination examination is not required if a periodic examination has been documented within the past 12 months. Documentation of the individual's state of health at the termination of exposure or employment is essential for comparison purposes if that individual later develops medical problems that could be attributed to past occupational exposures.

**Situational examination.** This is conducted in response to a specific incident for which a possible hazardous overexposure is suspected. Such an incident should prompt situational examinations on all individuals with suspected overexposures. Elements of the evaluation may vary considerably from routine surveillance protocols.

## Medical Matrix

The Navy Environmental Health Center Technical Manual, Medical Surveillance Procedures Manual and Medical Matrix series is to be used as the minimum requirements for medical surveillance and job certification examination, per OPNAVINST 5100.23 series and OPNAVINST 5100.19 series.

A committee of physicians and nurses meet periodically to review and revise the programs in the matrix. The document is continuously reviewed in light of current requirements and guidance, with interim changes issued when there are major program changes. The manual is reviewed in its entirety every two years.

Because instructions and guidance change more quickly than this document can be published, it is important that activities maintain current references. OSHA and Bureau of Medicine and Surgery (BUMED) regulations issued after the Medical Matrix is published take precedence over the matrix program elements.

The Medical Matrix is a primary source of guidance for medical surveillance programs. Requirements for situational examinations are not included in this document. The programs contained in the Medical Matrix are divided into four categories:

1. **Chemical stressors.** Placement of individuals on medical surveillance programs in this section is determined by the IH survey and is exposure driven. The examination elements of the programs are designed for hazard based medical surveillance.
2. **Physical stressors** such as heat, cold and noise.
3. Mixed exposures such as metal fumes and mixed solvents which may be useful when IH sampling data are not available.
4. **Certification/qualification/special examinations.** Examples are food service personnel, respirator user certification and firefighter examinations. These programs provide basic guidance on required examinations, and define content of examinations when there may be no specific written guidelines. Some activities may have additional local requirements for examinations or additional occupations which are not included in the Medical Matrix. Those requirements are handled on a local basis.

A program description is included in every program and contains references used to write the program, current review or revision date, and explanations about unusual frequency or age requirements. Many programs have specific provider comments that detail unusual program components or requirements. Users should consult those areas for additional information.

Comments and requests for revisions and new programs can be sent to the Navy Environmental Health Center, ATTN: Occupational Medicine Directorate.

## PC Matrix

The PC Matrix is a computer program designed to generate examinations on a SF-600, Chronological Record of Medical Care (Facsimile). The PC Matrix is based on the current edition of the Medical Matrix and contains all the programs in the Medical Matrix.

The PC Matrix can combine up to nine programs without duplicating tests, and print them out on a SF 600 facsimile. Programs that require use of specific forms such as the SF-78, Certificate of Medical Examination and SF-93, Report of Medical History are not included in the PC Matrix.

Requests for the PC Matrix software, as well as comments and requests for revisions, should be sent to the Navy Environmental Health Center, ATTN: Occupational Medicine Directorate.

## Medical Surveillance Examinations Using the "SOAP" Format

Documenting the medical surveillance evaluation can be effectively accomplished using the SOAP (subjective, objective, assessment, plan) format.

The history and review of systems are "subjective". The laboratory tests, ancillary tests, and the physical examination are the "objective" element. In addition to deciding what information to collect and actually collecting it, a complete surveillance program needs an "assessment" and a "plan".

The assessment is an interpretation of the results of the surveillance examination. The provider should ask "What does this mean?" or "what should be done?" for each outcome of each surveillance program element. Interpreting surveillance data is done from two viewpoints: The INDIVIDUAL worker and the GROUP. The assessment should state whether the provider believes abnormalities are related to the occupational stressor. Sometimes this question cannot be answered with certainty at the time of the initial examination. Information should be evaluated to identify evidence of occupational disease in a group of workers in the same surveillance program or working in the same process; this subject is discussed in more detail in chapter 4 of this manual.

The plan should include a mechanism to ensure that the worker receives the results and/or the assessment of the results. The plan should also address follow-up of abnormal results, and the schedule for the next re-evaluation or surveillance examination. Finally, the decision whether or not to recommend continued exposure to a stressor needs to be indicated in the plan.

## Regulations Concerning Civilian Personnel

The remainder of the discussion in this chapter is concerned with medical issues related to civilian personnel. In accordance with 5 CFR 339.204, employees need possess only the minimum physical abilities necessary to perform their duties safely and efficiently. A command may not deny employment to a candidate who has a medical condition solely on the basis that at some future time, the employee's condition may become aggravated and he/she may file a claim for workers' compensation. So long as the candidate is presently able to do the job, he/she is qualified, unless the possibility that the condition might recur would present a substantial safety and/or health risk.

### Medical Examination Procedures

When a command orders or offers a medical examination, it has the authority to designate the examining physician or other practitioner; additionally, the command must provide the employee an opportunity to submit medical documentation from his/her physician or practitioner. Such documentation must be reviewed and considered by the command. 5 CFR 339.104 provides a detailed discussion of the meaning of "medical documentation". "Practitioner" is defined in 5 CFR 339.104 as a person providing health services who is not a medical doctor, but is certified by a national organization and licensed by a state to provide the service in question. If additional medical information is requested as a condition of satisfactory completion of the examination, this constitutes an offer. The Navy pays the cost if the examinations are done by the provider designated by the Navy.

On Form SF-78, Certificate of Medical Examination, the applicant indicates if he/she has any medical problems which may interfere with the duties of his/her position. The physician must obtain a full explanation of the medical problems, including treatment. The working conditions generally found at the applicant's job location are listed in Form SF-78. These environmental factors, as well as the functional requirements of the position, should be considered by the examiner in light of the applicant's general health condition.

If the applicant is under a physician's care for a medical problem, and there are inconsistencies between the conclusions of the examiner and the treating physician, the examiner should try to account for such inconsistencies, and discuss their implications for the person's ability to perform the duties of the position.

The OH provider must discuss with the applicant or employee any abnormal findings detected during examination:

**Pre-existing medical conditions.** Although OH providers are not responsible for evaluation of pre-existing medical conditions, it is their professional duty to inform their patients of any significant findings and give proper recommendations for follow-up.

The individual must be provided with copies of the abnormal findings and a note to his/her physician summarizing any abnormal findings, if indicated.

**Suspected occupational illness.** Laboratory tests not required by NEHC6260 TM96-1 should be ordered only if they may indicate abnormalities resulting from occupational exposure. When laboratory tests which may be affected by workplace exposure are abnormal, evaluation to follow up those tests are done by the OH provider, or by referral to the appropriate sources. If the individual prefers follow-up evaluation from his/her private physician, the employee must either pay for the evaluation, or must contact the Human Resources Office, complete Federal Employees Compensation Act (FECA) documents and wait until approval has been obtained from the Department of Labor (DOL). If the FECA documents are completed after the employee has gone to a private physician, DOL may or may not approve payment for the medical expenses.

### **Making Employment Decisions**

The role of the physician with respect to employment decisions is limited to determining whether the individual meets the medical requirements of the position, and the stability of the individual's medical condition. Based on the medical findings, the physician makes recommendations which may affect employment by indicating on Form SF-78 what restrictions, if any, are appropriate. Employment decisions are the responsibility of the supervisor or manager who uses available medical information as one component influencing his/her decision.

Medical information must be adequate to enable the employee's command to make an informed decision. This means that:

1. The diagnosis should be justified in accordance with established diagnostic criteria.
2. The conclusions and recommendations should be consistent with generally accepted professional standards.
3. The report should be signed by the examining physician or other appropriate practitioner.

### **Specific Job Qualification Medical Examinations**

Routine medical examinations are not authorized for positions not covered by specific medical standards, physical requirements or medical evaluation programs. Since the duties of those positions are typically sedentary or only moderately active, candidates need only meet the general medical qualification standard in Office of Personnel Management (OPM) Qualifications Standards Handbook for General Schedule Positions and Handbook X-118C, which provide that "applicants must be physically and mentally able to efficiently perform the essential functions of the position, with or without

reasonable accommodation, without hazard to themselves or others."

Candidate self-certification using SF-177, Statement of Physical Ability for Light Duty Work, is considered sufficient to establish medical qualifications for those positions. The individual is presumed to be medically qualified in the absence of evidence to the contrary.

### **Circumstances in Which the Command May Require Medical Examinations**

When the command orders or offers a medical examination to civilian personnel, it must inform the applicant or employee in writing of its reasons for doing so and the consequences of failure to cooperate. When the command is authorized to require an examination, failure to submit to the examination may be grounds for disqualifying an applicant, or taking appropriate or adverse action against an employee. However, it may not impose a penalty for refusing an offer of an examination. The command may require medical examinations in the following situations:

**1. Positions covered by specific medical standards, physical requirements, or medical evaluation programs:** Since successful performance in these positions is dependent upon the worker's physical or medical status, an employee may be required to undergo a medical examination:

a. Prior to appointment or selection (including reemployment on the basis of full or partial recovery from a medical condition).

b. On a regularly recurring, periodic basis after appointment.

c. Whenever there is a direct question about an employee's continued capacity to meet the physical or medical requirements of a position.

**2. On-the-job injury:** An employee who has applied for, or is receiving continuation of pay or compensation as a result of an on-the-job injury or disease, may be required to report for an examination to determine medical limitations that may affect placement decisions.

**3. Release from competitive level:** An examination may be required when an employee is released from his/her competitive level in a reduction in force, and the position to which the employee has assignment rights has medical standards or physical requirements different from those required in his/her present position.

**4. Psychiatric examinations and psychological assessments** may only be used to make legitimate inquiry into a person's mental fitness to successfully perform the duties of his/her position without undue hazard to the individual or others. They may be ordered only in either of the following situations:

a. The results of a current general medical examination, which the command has the authority to order, indicate no physical explanation for behavior which may affect the safe and efficient performance of the individual or others.

b. A psychiatric examination is specifically called for in the medical standards or medical evaluation program pertaining to the position.

#### **Circumstances in Which the Command May Offer Medical Examinations**

A medical examination may be offered in any situation where additional medical information is needed to make a management decision concerning civilian personnel. This may include situations where the individual requests, for medical reasons, a change in working conditions or any other benefits or special treatment (including reasonable accommodation on the basis of full or partial recovery from a medical condition), or where the individual has a performance, conduct or attendance problem which may require action by the command.

#### **Regulations Related to Handicapped Persons**

29 CFR 1614.203(e) provides guidelines on pre-employment inquiries regarding handicapped persons. With certain exceptions, a command may not conduct a preemployment medical examination and may not make preemployment inquiry of an applicant as to whether he/she is handicapped, or the nature and severity of a handicap. However, a command may make preemployment inquiry into an applicant's ability to meet the medical qualification requirements with or without reasonable accommodations, i.e., the minimum abilities necessary for the safe and efficient performance of the duties of the position in question. A command may condition an offer of employment on the results of a medical examination, provided that all applicants are subjected to such an examination. Other provisions are detailed in 29 CFR 1614.203.

The Equal Employment Opportunity Commission requires agencies to make reasonable accommodation to the known physical or mental limitations of qualified handicapped applicants or employees, unless the command can demonstrate that the accommodation would impose undue hardship on the operation of its programs. An employee seeking reasonable accommodation must submit to a medical examination requested by the employer, or produce medical documentation to support a request for medical accommodation if the limitation is not immediately apparent. "Reasonable accommodation" includes making facilities accessible to and usable by handicapped persons, including job restructuring, appropriate adjustment or modification of examinations, and other similar actions.

## **Physical Requirements**

The Office of Personnel Management (OPM) Qualifications Standards Handbook for General Schedule Positions and Handbook X-118C detail the physical requirements for each qualification standard in federal civil service. The OH provider should have a listing of the specific physical requirements for each applicant. Generally, these requirements are listed as "Functional Requirements" on Standard Form (SF)-78 (Certificate of Medical Examination). They must be met in order for an applicant to perform the job to which he/she is applying.

The examiner is responsible for evaluating the applicant to determine whether he/she meets each of these criteria. Failure to meet a properly established medical standard or physical requirement means that the individual is not qualified for the position unless a waiver or reasonable accommodation is indicated.