

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
CIVILIAN MEDICAL CLEARANCE

Privacy Act Statement

The collection and use of this information is authorized by 5 U.S.C. 7901, 5 U.S.C. 339, 5 U.S.C. 301, 10 U.S.C. §1074, 14 U.S.C. § 93 (a) (17), 29 C.F.R. § 1630.14, and Executive order 12196. The information will become part of the official Employee Medical File, and will be used to assist the Coast Guard in carrying out its occupational health services responsibilities and for other official purposes and routine uses as described in Privacy Act systems notice OPM/GOVT-10. Mandatory for Military Personnel. Providing the requested information is voluntary for civilian employees. Not providing the information may affect the availability and quality of the health services rendered to the employee and may also affect the completeness of information used in making determinations of medically-related employment decisions.

Name of Employee with Middle Initial _____

Employee needs clearance for the following job position (*check which one applies*):
[All must provide a Certificate of Medical Examination (Form OF-178) for job position; some have a Medical Standard description in the Coast Guard Occupational Medicine Manual or on the associated checklist for the examination].

- | | |
|---|--|
| <input type="checkbox"/> Childcare Worker | <input type="checkbox"/> Crane Operator |
| <input type="checkbox"/> Food Service Worker | <input type="checkbox"/> Forklift Operator |
| <input type="checkbox"/> Healthcare Worker | <input type="checkbox"/> CGIS* |
| <input type="checkbox"/> Wastewater/Sewage Worker | <input type="checkbox"/> Firefighter* |
| <input type="checkbox"/> Wage Grade Worker | |
| <input type="checkbox"/> Deployment: Location = _____ | |
| <input type="checkbox"/> Other: _____ | |

** **CGIS and Firefighter medical clearances** are to be performed by the Coast Guard Headquarters Occupational Medicine Physician (or his/her designee). A completed Occupational Medical History and Examination (CG-6010E), vaccination status (as well as medical documentation of this including dates of immunizations if required for job clearance), and medical test reports must be securely forwarded to the Coast Guard Headquarters Occupational Medicine physician (or his/her designee) for review.*

Required immunizations are provided in the table below.

	Healthcare	Childcare	Firefighters	Wastewater
Hepatitis B ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza (<i>annual</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMR ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tdap and DT ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TB test ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varicella ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ three doses;

² two lifetime doses of MMR for healthcare workers, one dose for childcare workers;

³ healthcare workers, childcare workers and wastewater workers with an unknown or incomplete history of completing a 3-dose primary vaccination series should begin or complete a primary vaccination series including a Tdap dose, firefighters should have a DT (or initial Tdap) booster every 10 years;

⁴ two-step tuberculin skin test or TB blood test;

⁵ two doses. Documented antibody titers may be provided in lieu of many vaccinations.

Provide a copy to the worker. Forward a copy to Civilian Personnel as directed.

CIVILIAN MEDICAL CLEARANCE

Name of Employee with Middle Initial

MEDICAL OPINION

- Employee has completed all immunizations and TB testing requirements for job position as per table on page 1.
- Employee has initiated all immunizations and TB testing requirements for job position as per table on page 1. However, will need additional doses for the following immunizations:

- Employee has a negative two-step TB skin test or negative TB blood test. Provide Date: _____
- Employee has a past or current positive TB skin test and has Latent TB. A current CXR was reviewed for a new positive TB skin test; or for a prior history of a positive TB skin test, a prior CXR report was reviewed. The employee has also completed a TB symptom screen with no reported symptoms.

For employees who are Childcare Workers, Food Service Workers, Healthcare Workers, Wastewater Workers, or Wage Workers including Crane Operators and Forklift Operators and those Deploying: The job functions and medical requirements on the OF-178 and job-specific examination checklists have been reviewed* and the following determination has been made.

- Employee is medically cleared to perform job duties as _____
- Employee is NOT medically cleared to perform job duties as _____

**For Deployments, the United States Department of Defense (DoD), Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees, DoD Instruction 6490.07, must be reviewed prior to making a determination.*

Comments

Name of Examining Healthcare Provider

Office Telephone Number

Address of Medical Office

Signature of
Healthcare Provider:

Date

If examination for one of the above job categories was NOT performed by a Coast Guard Medical Officer or no examination was required, then the following **concurrence by a Coast Guard Medical Officer** is (also) required:

- Employee is medically cleared to perform job duties as _____
- Employee is NOT medically cleared to perform job duties as _____

Name of Coast Guard Medical Officer

Coast Guard Unit

Signature of Coast
Guard Medical Officer:

Date

Provide a copy to the worker. Forward a copy to Civilian Personnel as directed.