COMMANDANT CHANGE NOTICE 6000

05 JUNE 2018

COMDTCHANGENOTE 6000

Subj: CH-2 TO THE COAST GUARD MEDICAL MANUAL M6000.1F

1. PURPOSE. This Commandant Change Notice publishes revisions to the Coast Guard Medical Manual, COMDTINST M6000.1F. This Notice is applicable to all active duty and reserve Coast Guard members and the other Services Members assigned to duty with the Coast Guard.

2. ACTION. All Coast Guard unit commanders, commanding officers, officers-in-charge, deputy/assistant commanders, and chief of headquarters staff elements shall comply with the provisions of this Notice and Manual. Internet release is authorized.

3. DIRECTIVES AFFECTED. With the addition of this Commandant Change Notice, the Coast Guard Medical Manual, COMDTINST M6000.1F is updated.

4. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor is it itself a rule. It is intended to provide operational guidance of Coast Guard personnel and is not intended to nor does it impose legally-binding requirements on any party outside the Coast Guard.

5. MAJOR CHANGES. Major changes of this Notice are summarized below:

   a. Chapter 2 Section E. Requires medical clearance per the Coast Guard Occupational Medicine Manual, COMDTINST M6260.32 (series) for federally employed civilians, non-federally employed civilians, and United States Public Health Service officers not assigned to the Coast Guard for boat crew job assignments if they will be berthing (whether at sea or in port) on a Coast Guard cutter.
b. Chapter 4 Section B. Changes include:

(1) Deleted the following forms from the Health Record Forms List: History and Report of OMSEP Examination, Form CG-5447; Periodic History and Report of OMSEP Examination, Form CG-5447A; Bloodborne Pathogens Exposure Guidelines, Form CG-6201; Examination Protocol for Exposure to: Chromium Compounds, Form CG-6202; Examination Protocol for Exposure to: Asbestos, Form CG-6203; Examination Protocol for Exposure to: Benzene, Form CG-6204; Examination Protocol for Exposure to: Noise, Form CG-6205; Examination Protocol for Exposure to: Hazardous Waste, Form CG-6206; Examination Protocol for Exposure to: Lead, Form CG-6207; Examination Protocol for Exposure to: Respirator Wear, Form CG-6208; Examination Protocol for Exposure to: Pesticides, Form CG-6209; Examination Protocol for Exposure to: Respiratory Sensitizers, Form CG-6210; Examination Protocol for Exposure to: Bloodborne Pathogens, Form CG-6211; Examination Protocol for Exposure to: Tuberculosis, Form CG-6212; Examination Protocol for Exposure to: Solvents, Form CG-6213; Examination Protocol for Exposure to: Radiation, Form CG-6214; How to Calculate a Significant Threshold Shift, Form CG-6215; and Record of Occupational Exposure to Ionizing Radiation, Form DD-1141.

(2) Added the following forms to the Health Record Forms List: Acute Exposure Information Form, Form CG-6000-1; Written Opinion, Form CG-6010B; Summary Report, Form CG-6010C; Occupational Medical History and Examination, Form CG-6010E; Respiratory Sensitizer Questionnaire, Form CG-6010H; Asbestos Exposure, Part I – Initial Medical Questionnaire, Form DD-2493-1; and Asbestos Exposure, Part II – Periodic Medical Questionnaire, Form DD-2493-2.

c. Chapter 4 Section E. Changes include:

(1) Deleted the following forms from the Contents of the Employee Medical Folder, SF-66D: History and Report of OMSEP Examination, Form CG-5447; Record of Occupational Exposure to Ionizing Radiation, Form DD-1141; Report of Medical History, Form DD-2807-1 and Report of Medical Examination, Form DD-2808.

(2) Added the following forms to the Contents of the Employee Medical Folder, SF-66D: Acute Exposure Information, Form CG-6000-1; Written Opinion, Form CG-6010B; Summary Report, Form CG-6010C; Civilian Medical Clearance, Form CG-6010D; Occupational Medical History and Examination, Form CG-6010E; Respirator Questionnaire, Form CG-6010F; Respirator Clearance Request, Form CG-6010G; Respiratory Sensitizer Questionnaire, Form CG-6010H; Guest Crew Member Health Questionnaire, Form CG-6010J; Reference Audiogram, Form DD-2215; Hearing Conservation Data, Form DD-2215; Asbestos Exposure Part I – Initial Medical Questionnaire, Form DD-2493-1; and Asbestos Exposure
Part II – Periodic Medical Questionnaire, Form DD-2493-2.

d. **Chapter 12.** Removed contents of this chapter and referred reader to the Coast Guard Occupational Medicine Manual, COMDTINST M6260.32 (series).

e. **Chapter 14 Section C.** Occupational Medical Surveillance and Evaluation Program (OMSEP) examination dates will be entered into the Medical Readiness Reporting System (MRRS) database.

6. **ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS.**

a. The development of this Manual and the general policies contained within it have been thoroughly reviewed by the originating office in conjunction with the Office of Environmental Management, Commandant (CG-47). This Manual is categorically excluded under current Department of Homeland Security (DHS) categorical exclusion (CATEX) A3 from further environmental analysis in accordance with "Implementation of the National Environmental Policy Act (NEPA), DHS Instruction Manual 023-01-001-01 (series).

b. This Manual will not have any of the following: significant cumulative impacts on the human environment; substantial controversy or substantial change to existing environmental conditions; or inconsistencies with any Federal, State, or local laws or administrative determinations relating to the environment. All future specific actions resulting from the general policy in this Manual must be individually evaluated for compliance with the National Environmental Policy Act (NEPA), Department of Homeland Security (DHS) and Coast Guard NEPA policy, and compliance with all other applicable environmental mandates.

7. **DISTRIBUTION.** No paper distribution will be made of this Commandant Change Notice. An electronic version will be located on the following Commandant (CG-612) websites. Internet: [http://www.dcms.uscg.mil/directives](http://www.dcms.uscg.mil/directives), and CGPortal: [https://cgportal2.uscg.mil/library/directives/SitePages/Home.aspx](https://cgportal2.uscg.mil/library/directives/SitePages/Home.aspx)

8. **PROCEDURE.** If maintaining a paper copy, please remove and insert the following pages:

<table>
<thead>
<tr>
<th>Remove</th>
<th>Replace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contents 3-4</td>
<td>Contents 3-4 CH-2</td>
</tr>
<tr>
<td>Contents 7-10</td>
<td>Contents 7-10 CH-2</td>
</tr>
<tr>
<td>Contents 15-22</td>
<td>Contents 15-21 CH-2</td>
</tr>
<tr>
<td>Chapter 2 Contents</td>
<td>Chapter 2 Contents CH-2</td>
</tr>
<tr>
<td>Chapter 2 Section E Pg 3-4</td>
<td>Chapter 2 Section E Pg 3-4 CH-2</td>
</tr>
<tr>
<td>Chapter 4 Contents</td>
<td>Chapter 4 Contents CH-2</td>
</tr>
<tr>
<td>Chapter 4 Section A Pg 1-14</td>
<td>Chapter 4 Section A Pg 1-14 CH-2</td>
</tr>
<tr>
<td>Chapter 4 Section B Pg 15-36</td>
<td>Chapter 4 Section B Pg 15-28 CH-2</td>
</tr>
<tr>
<td>Chapter 4 Section E Pg 1-5</td>
<td>Chapter 4 Section E Pg 1-5 CH-2</td>
</tr>
</tbody>
</table>
9. RECORDS MANAGEMENT CONSIDERATIONS. This Commandant Change Notice has been thoroughly reviewed during the directives clearance process, and it has been determined there are no further records scheduling requirements, in accordance with Federal Records Act, 44 U.S.C. 3101 et seq., National Archives and Records Administration (NARA) requirements, and Information and Life Cycle Management Manual, COMDTINST M5212.12 (series). This policy does not have any significant or substantial change to existing records management requirements.


11. REQUESTS FOR CHANGES. Recommendations for changes or improvements to the Coast Guard Medical Manual, COMDTINST M6000.1 (series), are welcome and should be submitted via the chain of command to Commandant (CG-1121) Publications and Directives.

ERICA G. SCHWARTZ /s/
Rear Admiral, U.S. Public Health Service
Director, Health, Safety, and Work-Life
Section D. Care for Preadoptive Children and Wards of the Court.

1. General ................................................................................................................................ 1
2. Secretary’s Designation ........................................................................................................... 1

Section E. Health Care for Other Persons

1. Members of the CG Auxiliary ............................................................................................. 1
2. Temporary Members of the CG Reserve ............................................................................. 1
3. Members of Foreign Military Services ............................................................................... 2
4. Federal Employees .............................................................................................................. 3
5. Merchant Marine Seaman ................................................................................................... 3
6. Federally Employed Civilians, Non-Federally Employed Civilians, and United States Public Health Service Officers Not Assigned to the CG Aboard CG Vessels .............. 3
7. Civilians Physical Exams prior to Entry to the CG ..............................................................3

Section F. Medical Regulating.

1. Transfer of Patients at CG Expense .....................................................................................1
2. Travel Via Ambulance of Patients to Obtain Care .............................................................. 1
3. Aeromedical Evacuation of Patients ................................................................................... 1

Section G. Defense Enrollment Eligibility Reporting System (DEERS) in CG Health Care Facilities.

1. Defense Enrollment Eligibility Reporting System .............................................................. 1
2. Responsibilities .................................................................................................................... 1
3. Performing DEERS Checks ............................................................................................... 1
4. Eligibility/Enrollment Questions, Fraud and Abuse ............................................................2
5. Denial of Non-emergency Health Care Benefits for Individuals Not Enrolled in Defense Enrollment Eligibility Reporting System (DEERS) .........................................................3
6. DEERS Eligibility Overrides ...............................................................................................3

Section H. Health Care Facility Definitions.

1. CG Facilities ....................................................................................................................... 1
2. Department of Defense Medical Facilities ......................................................................... 2
3. Uniformed Services Military Treatment Facilities (USMTFs) ............................................ 2

Section I. Policies and Procedures Required at CG Health Care Facilities.

1. Administrative Policies and Procedures ............................................................................. 1
2. Operational Policies and Procedures ................................................................................... 1
3. Patient Rights ...................................................................................................................... 2
4. Health Care Provider Identification .................................................................................... 3
Section J. General Standards of Care.

1. Standard of Care
2. Diagnosis and Therapy
3. Bases for Diagnoses
4. Treatment
5. Time Line for Treatment
6. Correct-Site Surgery Policy
7. Patients Role
8. Documentation
9. Deaths

Section K. Patient Centered Wellness Home
1. Policy
2. Beneficiaries

CHAPTER 3

PHYSICAL STANDARDS AND EXAMINATION

Section A. Administrative Procedures
1. Applicability of Physical Standards
2. Prescribing of Physical Standards
3. Purpose of Physical Standards
4. Application of Physical Standards
5. Interpretation of Physical Standards
6. Definitions of Terms Used in this Chapter
7. Required Physical Examinations & Assessments and Their Time Limitations
8. Waiver of Physical Standards
9. Substitution of Physical Examinations

Section B. Report of Medical History, Form DD-2807-1 / Medical Examination, Form DD-2808
1. Report of Medical History, Form DD-2807-1
2. Report of Medical Examination, Form DD-2808
3. Findings and Recommendations of Report of Medical Examination, Form DD-2808
4. Correction of Defects Prior to Overseas Transfer or Sea Duty Deployment
5. Objection to Assumption of Fitness for Duty at Separation
6. Separation Not Appropriate by Reason of Physical Disability
7. Procedures for Physical Defects Found Prior to Separation
   Figure 3-B-1
   Figure 3-B-2
Section F. Physical Standards Applicable to All Personnel (Regular and Reserve) For:
Reenlistment; Enlistment of Prior Service USCG Personnel; Retention; Overseas Duty;
and Sea Duty

1. General Instructions ............................................................................................................ 1
2. Use of List of Disqualifying Conditions and Defects ...........................................................1
3. Head and Neck .................................................................................................................... 2
4. Esophagus, Nose, Pharynx, Larynx, and Trachea ............................................................... 2
5. Eyes ........................................................................................................................................... 2
   Figure 3-F-1 ........................................................................................................................ 6
6. Ears and Hearing ................................................................................................................. 7
7. Lungs and Chest Wall ......................................................................................................... 7
8. Heart and Vascular System ..................................................................................................9
9. Abdomen and Gastrointestinal System ................................................................................. 11
10. Endocrine and Metabolic Conditions (Diseases)................................................................13
11. Genitourinary System........................................................................................................ 14
12. Extremities ........................................................................................................................ 16
14. Skin and Cellular Tissues.................................................................................................. 20
15. Neurological Disorders ..................................................................................................... 21
16. Psychiatric Disorders ......................................................................................................... 23
17. Dental ................................................................................................................................ 24
18. Blood and Blood-Forming Tissue Diseases .......................................................................24
19. Systemic Diseases, General Defects, and Miscellaneous Conditions .................................24
20. Tumors and Malignant Diseases .......................................................................................25
21. Sexually Transmitted Infection ..........................................................................................26
22. Human Immunodeficiency Virus (HIV) ............................................................................26
23. Transplant recipient ........................................................................................................... 26
    3-F Exhibit 1 ..................................................................................................................... 27
    3-F Exhibit 2 ..................................................................................................................... 28

Section G. Physical Standards for Aviation

1. Physical Standards for Aviation ............................................................................................1

Section H. Physical Examinations and Standards for Diving Duty

1. Examinations ....................................................................................................................... 1
2. Standards ............................................................................................................................. 2
CHAPTER 4

HEALTH RECORDS AND FORMS

Section A. Health Records.

1. Purpose and Background ..................................................................................................... 1
2. Contents of the Health Record ............................................................................................ 1
3. Custody of Health Records .................................................................................................. 4
4. Opening Health Records ..................................................................................................... 7
   Figure 4-A-1 ........................................................................................................................ 7
5. Checking out the Health Record .......................................................................................... 7
6. Terminating Health Records .............................................................................................. 10
7. Creating an Additional Volume .......................................................................................... 13
8. Lost, Damaged, or Destroyed Health Records ................................................................... 13
9. Accuracy and Completeness Check ................................................................................... 14

Section B. Health Record Forms.

1. Health Record Cover, CG-3443 ........................................................................................... 1
2. Drug Sensitivity Sticker, CG-5266 ..................................................................................... 2
3. Adult Preventive and Chronic Care Flowsheet, Form DD-2766 ......................................... 2
4. Consultation Sheet, Form SF-513 ........................................................................................ 3
5. Medical Record, Form SF-507 ............................................................................................. 4
6. Pre-Deployment Health Assessment, Form DD-2795 ......................................................... 4
7. Post-Deployment Health Assessment, Form DD-2796 ......................................................... 4
8. Post-Deployment Health Re-Assessment, Form DD-2900 .................................................. 5
9. Medical Recommendation for Flying, Form CG-6020 ........................................................ 5
10. Report of Medical Examination, Form DD-2808 .............................................................. 5
11. Report of Medical History, Form DD-2807-1 ..................................................................... 12
12. Medical Board Report Cover Sheet, Form CG-5684 ........................................................ 15
13. Chronological Record of Medical Care, Form SF-600 ..................................................... 15
14. Emergency Care and Treatment, Form SF-558 .................................................................. 18
15. Emergency Medical Treatment Report, Form CG-5214 ................................................... 19
16. Radiographic Reports, Form SF-519 ................................................................................ 22
17. Laboratory Reports .......................................................................................................... 22
18. Eyewear Prescription, Form DD-771 ................................................................................ 22
19. Serology Record, SF-602 ................................................................................................... 24
21. Audiogram Results ........................................................................................................... 25
22. Reference Audiogram, Form DD-2215 .............................................................................. 25
23. Hearing Conservation Data, Form DD-2216 ................................................................. 25
24. Chronological Record of Service, Form CG-4057 ......................................................... 25
25. Authorization for Disclosure of Medical or Dental Information, Form DD-2870 .......... 26
26. Request to Restrict Medical or Dental Information, Form DD-2871 ............................. 26
27. Disability Benefits Questionnaires ................................................................................. 26
28. International Certificate of Vaccination, CDC-731 ...................................................... 26
29. Tissue Examination, Form SF-515 ................................................................................. 27
30. Request for Medical/Dental Records or Information, Form DD-877 ............................. 27
31. Modified Screening For: Overseas Assignment and/or Sea Duty Health Screening, Form CG-6100 ................................................................. 28
32. Occupational Medical History and Examination, Form CG-6010E .............................. 28
33. Asbestos Exposure, Part I – Initial Medical Questionnaire, Form DD-2493-1 .......... 28
34. Asbestos Exposure, Part II – Periodic Medical Questionnaire, Form DD-2493-2 .... 28
35. Respiratory Sensitizer Questionnaire, Form CG-6010H ............................................... 28
36. Acute Exposure Information, Form CG-6000-1 ............................................................. 28
37. Written Opinion, Form CG-6010B ................................................................................. 28
38. Summary Report, Form CG-6010C ............................................................................... 28

Section C. Dental Records Forms, Classification, and Treatment Priority.

1. Dental Record Cover, Form CG-3443-2 ........................................................................ 1
2. Dental Health Questionnaire, Form NAVMED 6600/3 .................................................. 2
3. Dental Record, Form SF-603 ......................................................................................... 2
4. Dental Continuation, Form SF-603-A ............................................................................ 14
5. Consultation Sheet, Form SF-513 ................................................................................ 14
6. Lost Dental Records .................................................................................................... 14
7. Special Dental Records Entries .................................................................................... 14
8. Dental Examination Requirements ............................................................................ 14
9. Recording of Dental Treatments on Chronological Record of Care, Form SF-600 ....... 15

Section D. Clinical Records (Dependents/Retiree).

1. Purpose and Background .............................................................................................. 1
2. Contents of Clinical Records ....................................................................................... 2
3. Extraneous Attachments .............................................................................................. 3
CHAPTER 5

PSYCHIATRIC CONDITIONS

Section A. Psychiatric Conditions (including personality disorders).

1. General ................................................................. 1
2. Personality Disorders ............................................. 1
3. Adjustment Disorders ........................................... 2
4. Organic Mental Disorders ...................................... 2
Section C. Independent Duty in Support of Deployable Specialized Forces

1. Introduction ......................................................................................................................... 1
2. Mission, General Duties and Responsibilities ................................................................. 1
3. Chain Of Command ............................................................................................................. 3
4. Operation of the Health Services Division ...................................................................... 3
5. Providing Health Care ....................................................................................................... 7
6. Training ............................................................................................................................. 12
7. Supply and Logistics ......................................................................................................... 14
   Table 9-C-1 ....................................................................................................................... 17
8. Health Services Department Administration .................................................................. 21
   Table 9-C-2 ....................................................................................................................... 23
   Table 9-C-3 ....................................................................................................................... 23
   Table 9-C-4 ....................................................................................................................... 24
9. Tactical Operations ........................................................................................................... 24
10. Environmental Health ..................................................................................................... 24

Section D. Quality Improvement Compliance Program (QICP)

1. Background ......................................................................................................................... 1
2. Purpose ............................................................................................................................... 1
3. Overview ............................................................................................................................. 1
4. Program Elements .............................................................................................................. 1
5. Collaborative Program ...................................................................................................... 2
6. Monitoring the QICP .......................................................................................................... 2
7. Assistance Program .......................................................................................................... 2
8. Responsibility ...................................................................................................................... 2
9. QI Compliance Checklist ................................................................................................. 3
10. Compliance Certification Standards .................................................................................. 3
11. Post Survey ........................................................................................................................ 3

Section E. Independent Duty Management of TRICARE

1. Introduction ......................................................................................................................... 1
2. Discussion ............................................................................................................................. 1
3. Access to Care .................................................................................................................... 1
4. Access to Care Standards ................................................................................................. 1
5. Enrollment ........................................................................................................................... 2
6. Resources ............................................................................................................................. 2
CHAPTER 10
PHARMACY OPERATIONS AND DRUG CONTROL

Section A. Pharmacy Administration.

1. Responsibilities ................................................................................................................... 1
2. Prescribers ........................................................................................................................... 3
3. Prescriptions ........................................................................................................................ 5
4. Prescribing in the Medical Record .......................................................................................6
5. Signatures ............................................................................................................................ 8
6. Dispensing .......................................................................................................................... 8
7. Labeling .............................................................................................................................. 12
8. Drug Stock .......................................................................................................................... 13
9. Credit Return Program (Reverse Distribution Program) ...................................................15
10. Pharmacy and Therapeutics Committee ...........................................................................16

Figure 10-A-1 Regional Practice Site Non-Prescription Medication Program ...................18

Section B. Controlled Substances.

1. General ................................................................................................................................ 1
2. Custody and Controlled Substance Audits ......................................................................... 1
3. Drug Enforcement Administration (DEA) Registration .......................................................3
4. Reporting Theft or Loss ...................................................................................................... 4
5. Procuring, Storing, Transferring, and Disposing of Controlled Substances........................ 4
6. Prescribing Practices ........................................................................................................... 6

Section C. Forms and Records.

1. General ................................................................................................................................ 1
2. Prescription Forms .............................................................................................................. 1
3. Quality Control Forms ........................................................................................................ 2
4. Controlled Drug Forms ....................................................................................................... 2
5. Forms Availability .............................................................................................................. 5

Section D. Drug Dispensing Without a Medical Officer.

1. General ............................................................................................................................... 1
2. Child-Resistant Containers ................................................................................................. 1
3. Controlled Substances ....................................................................................................... 1
4. Formulary ........................................................................................................................... 1
5. Non-prescription Medication Program .............................................................................. 2
CHAPTER 11
HEALTH CARE PROCUREMENT

Section A. Contracting For Health Care Services.

1. General............................................................................................................................... 1
2. Type of Services............................................................................................................... 1
3. Eligibility For Contract Health Care Services...............................................................2
4. Approval to Contract for Services....................................................................................2
5. Funding ............................................................................................................................. 3
6. Pre-contract Award Actions ..........................................................................................4
7. Award Evaluation Factors...............................................................................................6
8. Post-Contract Award Actions..........................................................................................6
   Figure 11-A-1......................................................................................................................9
   Table 1-A-1.......................................................................................................................11

Section B. Health Care Services Invoice Review and Auditing.

1. General ............................................................................................................................ 1
2. Invoices Subject to Review and Audit .............................................................................1
3. Review and Audit Procedures .........................................................................................1

Section C. Claims Processing.

1. General............................................................................................................................ 1
2. Certification ......................................................................................................................1
3. Administrative Screen ....................................................................................................1
4. Technical Screen .............................................................................................................2
5. Appropriateness Review .................................................................................................3
6. Peer Review ....................................................................................................................3
7. Guidelines for Initial Appropriateness and Peer Reviews ................................................5

CHAPTER 12
OCCUPATIONAL MEDICAL SURVEILLANCE AND EVALUATION PROGRAM (OMSEP)

Section A. Information on OMSEP.
CHAPTER 13
QUALITY IMPROVEMENT

Section A. Quality Improvement Program.

1. Mission................................................................................................................................ 1
2. Internal Quality Assurance Reviews ................................................................................... 1
3. Healthcare Process Assessment Program (HPAP)...............................................................1
4. External Accreditation......................................................................................................... 1
5. Goals ................................................................................................................................... 1
6. Objectives ............................................................................................................................ 2
7. Definitions ........................................................................................................................... 3
8. Responsibilities ................................................................................................................... 3
9. Confidentiality Statement ................................................................................................. 7
10. QIP Review and Evaluation .............................................................................................7

Section B. Credentials Maintenance and Review.

1. Purpose ................................................................................................................................ 1
2. Responsibilities ................................................................................................................... 1
3. Definitions ........................................................................................................................... 1
4. Pre-selection Credentials Review ........................................................................................ 3
5. Provider Credentials File (PCF)...........................................................................................4
6. Documentation .................................................................................................................... 5
7. Electronic Credentialing System ..........................................................................................6
8. Verification ........................................................................................................................... 6
9. Contract Provider Credentials Review ............................................................................... 6
10. Reverification .................................................................................................................... 7
11. National Practitioner Data Bank (NPDB) ...........................................................................7
12. National Provider Identifiers Type 1 (NPI) ........................................................................7

Section C. Clinical Privileges.

1. Purpose ................................................................................................................................ 1
2. Applicability and Scope ...................................................................................................... 1
3. Definitions ........................................................................................................................... 1
4. Clinical Privileges ............................................................................................................... 3

Section D. Healthcare Process Assessment Program (HPAP).

1. Purpose ................................................................................................................................ 1
2. Overview ............................................................................................................................. 1
3. HPAP Compliance Process ................................................................................................. 1
Section E. Quality Improvement Implementation Guide (QIIG).

1. Purpose ................................................................................................................................ 1
2. Responsibilities ................................................................................................................... 1

Section F. National Provider Identifiers.

1. National Provider Identifiers (NPI) Type 1 ........................................................................ 1
2. Clinic National Provider Identifiers (NPI) Type 2 ...............................................................1

Section G. Health Insurance Portability and Accountability Act (HIPAA).

1. Background ......................................................................................................................... 1
2. HIPAA Privacy/Security Officials (P/SO) ............................................................................ 1
3. Permitted Users and Disclosures for Treatment, Payment, and Operations .........................4
4. Uses and Disclosures for which Authorization is Required .................................................4
5. Minimum Necessary Rule ....................................................................................................4
6. Individual Privacy Rights Related to Protected Health Information .......................................5
7. PHI Disclosure and the Military Mission ............................................................................5
8. Accounting for Disclosures ..................................................................................................6
9. Breaches and Unauthorized Uses and Disclosures of Protected Health Information ...........8
10. Responding to HIPAA Complaints ..................................................................................9
11. Electronic Transmission of Protected Health Information ................................................11
12. HIPAA Training Requirements ....................................................................................12
13. Other CG Members Who Utilize Protected Health Information ......................................13

Section H. Quality Improvement Studies.

1. Background ......................................................................................................................... 1
2. Responsibilities ................................................................................................................... 1
3. Definitions ........................................................................................................................... 1
4. General information ............................................................................................................2
5. QIS Focus ............................................................................................................................2
6. QIS Process ..........................................................................................................................2
7. QIS Report Form ..................................................................................................................2
8. Frequency of Quality Improvement Studies .........................................................................2
9. Completing the QIS Report Form .......................................................................................2
10. Follow-up Reporting ..........................................................................................................5
11. Integration ...........................................................................................................................5
12. Filing ..................................................................................................................................5
   Figure 13-H-1 ...................................................................................................................... 6
Section I. Peer Review Program.

1. Purpose ................................................................................................................................ 1
2. Characteristics of a Peer Review Program .......................................................................... 1
3. Definitions........................................................................................................................... 1
4. Responsibilities ................................................................................................................... 2
5. Process ................................................................................................................................ 2

Section J. Infection Control Program (Exposure Control Plan).

1. Introduction ......................................................................................................................... 1
2. Policy .................................................................................................................................. 2
3. Standard Precautions ........................................................................................................... 2
4. Precautions for Invasive Procedures ................................................................................... 5
5. Precautions for Medical Laboratories ................................................................................. 5
6. Handling Biopsy Specimens ..............................................................................................6
7. Using and Caring for Sharp Instruments and Needles ....................................................... 6
8. Infection Control Procedures for Minor Surgery Areas and Dental Operatories.............. 7
9. Sterilizing and Disinfecting ...............................................................................................12
10. Clinic Attire ..................................................................................................................... 17
11. Storage and Laundering of Clinic Attire, PPE and Linen ..................................................17
12. Cleaning and Decontaminating Blood or Other Body Fluid Spills ................................... 18
13. Infectious Waste ................................................................................................................ 18
14. Managing Exposures (Bloodborne Pathogen Exposure Control) .....................................19
15. Training Personnel for Occupational Exposure..................................................................22

Section K. Patient Safety and Risk Management Program.

1. Purpose ................................................................................................................................ 1
2. Informed Consent ................................................................................................................ 1
3. Adverse Event Monitoring and Reporting ...........................................................................4
   Table 13-K-1 ....................................................................................................................... 5
4. Patient Safety Training ....................................................................................................... 8

Section L. Training and Professional Development.

1. Definitions ................................................................................................................................ 1
2. Unit Health Services Training Plan (In-Service Training) ...................................................1
3. Emergency Medical Training Requirements ........................................................................ 3
4. Health Services Technician "A" School ............................................................................... 4
5. Health Services Technician "C" Schools ..............................................................................4
6. Continuing Education Programs ..........................................................................................5
7. Long-Term Training Programs ............................................................................................5
Section M. Patient Affairs Program.

1. Patient Sensitivity .......................................................... 1
2. Patient Advisory Committee (PAC) .................................. 1
3. Patient Satisfaction Assessment ..................................... 2
4. Patient Grievance Protocol ............................................ 2
5. Congressional Inquiries .................................................. 3
6. Patient Bill of Rights and Responsibilities ...................... 3

CHAPTER 14
MEDICAL INFORMATION SYSTEM (MIS) PROGRAM

Section A. Medical Information Systems (MIS) Plan.

1. Purpose .............................................................................. 1
2. Background ........................................................................ 1
3. Privacy rights ...................................................................... 2
4. Applicability and Scope .................................................... 4
5. Objectives .......................................................................... 4
6. Definitions ........................................................................... 5
7. Organizational Responsibilities ........................................ 6

Section B. Medical Information System.

1. Background ........................................................................ 1
2. Systems ............................................................................. 1

Section C. Medical Readiness Reporting System (MRRS).

1. Description ......................................................................... 1
2. Recorded tests .................................................................... 1
3. Questions Related to MRRS .............................................. 1
4. Access Instructions .......................................................... 1

Section D. Medical Information Implementation Guide (MIIG)

1. Background ......................................................................... 1
2. Responsibilities .............................................................. 1
CHAPTER 2
HEALTH CARE AND FACILITIES

Section A. Health Care for Active Duty & Reserve Personnel.

1. Care at Uniformed Services Medical Treatment Facilities (USMTF) .........................1
2. Emergency Care ........................................................................................................5
3. Dental Care and Treatment ....................................................................................9
4. Consent to and Refusal of Treatment ....................................................................14
5. Elective Surgery for Pre-Existing Defects ..............................................................16
6. Women’s Health .....................................................................................................16
7. Elective Health Care ...............................................................................................17
8. Other Health Insurance (OHI) ..............................................................................18
9. Procedures for Obtaining Non-Emergent Health Care from Nonfederal Sources ......18
10. Obtaining Vasectomies and Tubal Ligations from Nonfederal Providers ..............20
11. Care at Department of Veterans Affairs (DVA) Medical Facilities ......................21
12. Uses and Disclosures of Health Information of Active Duty & Reserve Personnel...21
13. Non-Covered TRICARE Purchased Health Care Services .....................................24

Section B. Health Care for Retired Personnel.

1. Care at Uniformed Services Medical Treatment Facilities ........................................1
2. Care Under TRICARE Standard and Extra ..............................................................1
3. Care at Veterans Administration Medical Facilities .................................................1

Section C. Health Care for Dependents.

1. Care at Uniformed Services Medical Treatment Facilities ........................................1
2. Referral for Civilian Medical Care Form DD-2161 ....................................................2
3. Rights of Minors to Health Care Services ...............................................................2

Section D. Care for Preadoptive Children and Wards of the Court.

1. General ..................................................................................................................1
2. Secretary's Designation .........................................................................................1

Section E. Health Care for Other Persons.

1. Members of the CG Auxiliary ................................................................................1
2. Temporary Members of the CG Reserve ..................................................................1
3. Members of Foreign Military Services ....................................................................2
4. Federal Employees ..................................................................................................3
5. Merchant Marine Seamen ......................................................................................3
6. Federally Employed Civilians, Non-Federally Employed Civilians, and United States Public Health Service Officers Not Assigned to the CG Aboard CG Vessels ..........3
7. Civilians Physical Exams prior to Entry to the CG ................................................3

Chapter 2 Contents
Section F. Medical Regulating.

1. Transfer of Patients at CG Expense ................................................................. 1
2. Travel Via Ambulance of Patients to Obtain Care ............................................ 1
3. Aeromedical Evacuation of Patients .............................................................. 1

Section G. Defense Enrollment Eligibility Reporting System (DEERS) in CG Health Care Facilities.

1. Defense Enrollment Eligibility Reporting System ............................................. 1
2. Responsibilities .................................................................................................. 1
3. Performing DEERS Checks ............................................................................. 1
4. Eligibility/Enrollment Questions, Fraud and Abuse ......................................... 2
5. Denial of Non-emergency Health Care Benefits for Individuals Not Enrolled in Defense Enrollment Eligibility Reporting System (DEERS) ............................................. 3
6. DEERS Eligibility Overrides ............................................................................ 3

Section H. Health Care Facility Definitions.

1. CG Health Care Facilities ................................................................................. 1
2. Department of Defense Medical Facilities ....................................................... 2
3. Uniformed Services Military Treatment Facilities (USMTFs) ........................ 2

Section I. Policies and Procedures Required at CG Health Care Facilities.

1. Administrative Policies and Procedures .......................................................... 1
2. Operational Policies and Procedures ............................................................... 1
3. Patient Rights ................................................................................................... 2
4. Health Care Provider Identification .................................................................. 3

Section J. General Standards of Care.

1. Standard of Care .............................................................................................. 1
2. Diagnosis and Therapy ..................................................................................... 1
3. Bases for Diagnoses ......................................................................................... 1
4. Treatment ......................................................................................................... 1
5. Time Line for Treatment ................................................................................ 1
6. Correct-Site Surgery Policy .............................................................................. 1
7. Patients Role .................................................................................................... 2
8. Documentation .................................................................................................. 2
9. Deaths ............................................................................................................. 2
   a. Benefits Under Federal Employees Compensation Act (FECA) Program. All
   Federal Employees of the CG, are entitled to health care and
   compensation under FECA for occupational injuries or illnesses as a
   result of employment with the CG. The employee has the option of
   receiving care for these injuries or illnesses from a local CG clinic (on a
   space available basis) or a health care provider of his/her choice.
   b. Care Aboard Ship and Outside CONUS. Federal Employees may be given
   medical care while serving with the CG in a locality where civilian health care
   is not obtainable, such as onboard a CG vessel or outside the United States.
   Outpatient and inpatient care may be provided at Navy medical facilities
   outside CONUS, if reasonably accessible and appropriate nonfederal medical
   facilities are not available.
   c. Civilian Employee Health Care & Occupational Health. Information
   regarding civilian employee health care and occupational health programs
   within the CG can be found in the Coast Guard Occupational Medicine
   Manual, COMDTINST M6260.32 (series).

5. Merchant Marine Seamen. Sick and disabled seamen may receive emergency
   health care aboard Coast Guard vessels.

6. Federally Employed Civilians, Non-Federally Employed Civilians, and U.S.
   Public Health Service Officers Not Assigned to the CG Aboard CG Vessels.
   a. Authority for Care. There is no statute which either prohibits or authorizes
   the CG to provide health care to civilians or USPHS officers while aboard
   CG vessels. There is no objection to furnishing emergency health care, but
   routine care should not be furnished. When these civilians/USPHS officers
   are aboard CG vessels for relatively lengthy periods, the Commanding
   Officer must determine what treatment is to be given.
   b. Medical Clearance. Information regarding the required medical
   clearance for federally employed civilians, non-federally employed
   civilians and USPHS officers not assigned to the CG for boat crew job
   assignments which require berthing (whether at sea or in port) on a
   Coast Guard cutter is provided in the Coast Guard Occupational
   Medicine Manual, COMDTINST M6260.32 (series).

7. Civilians Physical Exams Prior to Entry to the CG. Certain CG programs offer
   specific, guaranteed training schools to civilian applicants provided they can pass
   the required physical exam in advance of entry into the CG. Commandant
   (CG-11) has specifically authorized pre-entry physical exams for prospective
   Coast Guard members (including but not limited to) Student Aviator (SA)
   Candidates through the Blue 21 program as well as for pre-identified candidates
   for guaranteed AET “A” school upon graduation from TRACEN Cape May.
a. Responsibility.

(1) Recruiting command personnel will identify potential candidates and coordinate with the Medical Administration Officer at CG clinics that are capable of performing SNA Candidate, Class 1 and Class 2 aviation or other physical examinations to the standards identified in Chapter 3 of this Manual and the Coast Guard Aviation Medical Manual, COMDTINST M6410.3 (series). Recruiters should allow a minimum of two weeks lead time in order to arrange these PEs. All potential candidates must already have completed a MEPS PE and meet basic CG accession standards.

(2) CG clinics will perform aviation PEs (SA candidate, Class 1 and Class 2) on potential candidates identified by local recruiters. Efforts should be made to perform the PE on a single day, if possible, in order to minimize travel expenses for the potential candidate. These programs are important to the manning needs of CG Aviation, but performing these exams does not take precedence over care of active duty and reserve CG personnel.

b. Reimbursement. HSWL SC shall reimburse sources for expenses that are incurred in carrying out these PEs. (The Regional Practice site completes a referral for the specific service using the Referral for Civilian Medical Care, Form DD-2161 and indicating to send the itemized claim back to the site. Upon receipt of the itemized claim, the HSA validates and attaches a copy of the original Referral for Civilian Medical Care, Form DD-2161 prior to forwarding to HSWL SC for processing & payment). Authorization for reimbursement includes expenses for aviation PEs that the Regional Practice site would normally incur through tests done in the civilian community (e.g. X-rays, Cycloplegic eye exams, etc). Potential candidates having disqualifying conditions are noted to have such on the PE, but no further evaluation, diagnostic testing, or treatment is authorized (except in emergency medical situations).

c. Routing. Once completed, the original PE is sent to the requesting CG Recruiter for further processing. Examining Flight Surgeons will enter aviation physical examination data into AERO and submit to CG PSC PSD MED for authorization.
CHAPTER 4
HEALTH RECORDS AND FORMS

Section A. Health Records.

1. Purpose and Background ........................................................................................................... 1
2. Contents of the Health Record ................................................................................................... 1
3. Custody of Health Records ........................................................................................................ 4
4. Opening Health Records ........................................................................................................... 7
   Figure 4-A-1 ................................................................................................................................. 7
5. Checking out the Health Record .................................................................................................. 7
6. Terminating Health Records ....................................................................................................... 10
7. Creating an Additional Volume .................................................................................................. 13
8. Lost, Damaged, or Destroyed Health Records .......................................................................... 13
9. Accuracy and Completeness Check .......................................................................................... 14

Section B. Health Record Forms.

1. Health Record Cover, CG-3443 .................................................................................................. 1
2. Drug Sensitivity Sticker, CG-5266 ............................................................................................. 2
3. Adult Preventive and Chronic Care Flowsheet, Form DD-2766 ................................................... 2
4. Consultation Sheet, Form SF-513 ............................................................................................... 3
5. Medical Record, Form SF-507 .................................................................................................... 4
6. Pre-Deployment Health Assessment, Form DD-2795 ................................................................. 4
7. Post-Deployment Health Assessment, Form DD-2796 ............................................................... 4
8. Post-Deployment Health Re-Assessment, Form DD-2900 ......................................................... 5
9. Medical Recommendation for Flying, Form CG-6020 ............................................................... 5
10. Report of Medical Examination, Form DD-2808 ..................................................................... 5
11. Report of Medical History, Form DD-2807-1 ............................................................................. 12
12. Medical Board Report Cover Sheet, Form CG-5684 ............................................................... 15
13. Chronological Record of Medical Care, Form SF-600 ............................................................. 15
14. Emergency Care and Treatment, Form SF-558 ....................................................................... 18
15. Emergency Medical Treatment Report, Form CG-5214 .......................................................... 19
16. Radiographic Reports, Form SF-519 ....................................................................................... 22
17. Laboratory Reports .................................................................................................................. 22
18. Eyewear Prescription, Form DD-771 ....................................................................................... 22
19. Serology Record, SF-602 .......................................................................................................... 24
20. Request for Administration of Anesthesia and Performance of Operations and
    Other Procedures, Form OF-522 ............................................................................................... 24
21. Audiogram Results .................................................................................................................... 25
22. Reference Audiogram, Form DD-2215 ..................................................................................... 25
### Contents of Clinical Records

**Purpose and Background**

- Dental Continuation, Form SF-6010H ................................................................. 28
- Lost Dental Records ............................................................................................ 14
- Dental Examination Requirements ..................................................................... 14
- Special Dental Records Entries ......................................................................... 14
- Recording of Dental Treatments on Chronological Record of Care, Form SF-600 ...... 15

**Section C. Dental Records Forms, Classification, and Treatment Priority.**

1. Dental Record Cover, Form CG-3443-2 ......................................................... 1
2. Dental Health Questionnaire, Form NAVMED 6600/3 .................................... 2
3. Dental Record, Form SF-603 ............................................................................ 2
4. Dental Examination, Form SF-603-A .............................................................. 14
5. Consultation Sheet, Form SF-513 .................................................................... 14
6. Consultation Sheet, Form SF-513A ................................................................. 14
7. Dental Examination Requirements .................................................................. 14

**Section D. Clinical Records (Dependent/Retiree).**

1. Purpose and Background ................................................................................ 1
2. Contents of Clinical Records .......................................................................... 2
3. Extraneous Attachments ................................................................................ 3
4. Opening Clinical Records ............................................................................... 4
5. Terminating Clinical Records .......................................................................... 4
6. Custody of Clinical Records .......................................................................... 4
7. Safekeeping of Clinical Records .................................................................... 4
8. Transfer of Clinical Records .......................................................................... 5
9. Lost Damaged or Destroyed Clinical Records ................................................. 5

CH-2 Chapter 4 Contents
Section E. **Civilian Employee Health Records.**

1. Purpose and Background ........................................................................................................1
2. Custody of Employee Medical Folders, SF-66D .................................................................1
3. Contents of the Employee Medical Folders, SF-66D ...............................................................2
4. Accountability of Disclosures ..................................................................................................4
5. Opening Employee Medical Folder, SF-66D ............................................................................4
6. Terminating Employee Medical Folders, SF-66D .................................................................4
7. Transferring to Other Government Agencies .........................................................................4
8. Lost, Damaged, or Destroyed Employee Medical Folders, SF-66D ............................................4
9. Employee Medical Folder, SF-66 D ...........................................................................................5

Section F. Inpatient Medical Records.

1. Purpose and Background ........................................................................................................1
2. Maintenance and Storage ......................................................................................................2
3. Disposition of Inpatient Medical Record (IMR) .................................................................3
4. Inpatient Medical Record Forms and Required Entries .....................................................4

Section G. Mental Health Records.

1. Active duty ..........................................................................................................................1
2. Non-active duty ....................................................................................................................1
3. Psychiatric Evaluation Format ............................................................................................1
4. Custody of Mental Health Records ......................................................................................1
CHAPTER FOUR – HEALTH RECORDS AND FORMS

A. Health Records.

1. Purpose and Background.
   a. Introduction. The health record is the chronological medical and dental record of an individual while a member of the CG or the CG Reserve. The primary reasons for compiling a health record are listed below.

   (1) To develop an accurate clinical history that will help in future diagnosis and treatment.

   (2) To protect the Government, the individual concerned, and the individual's dependents. It may be used in adjudicating veterans claims by making permanently available in a single record all entries relative to physical examinations, medical and dental history, preliminary to entry and throughout the individual's entire CG career. This is accomplished by opening or maintaining medical and dental records:

      (a) Upon entry into the Service.

      (b) As required to maintain concise, yet complete, records during period of service.

      (c) At time of separation.

   (3) To facilitate appraisal of the physical fitness or eligibility for benefits by making selected, necessary information contained in the health record available to CG selection boards, disability evaluation system, Board of Correction of Military Records, for income tax purposes, and for claims to the Department of Veterans Affairs.

   (4) To furnish a basis for collecting statistical information.

   (5) To identify deceased persons through dental records when other means are inadequate.

   (6) To facilitate communication among health care providers, utilization managers, quality assurance and medical records personnel.

   b. Value of accuracy. As an individual's service career progresses, the health record increases in value to the Government, the individual, and the individual's family and dependents. Accuracy, therefore, is of the utmost importance in making entries, including entries regarding minor ailments or injuries which appear trivial at the time, but which must be recorded to protect the Government and the individual.

2. Contents of the Health Record. Each member's health record shall consist of a Health Record Cover, CG-3443 with medical records and dental records arranged as follows:

   a. SECTION I - HISTORY OF CARE. All forms in this Section shall be arranged in the following order, (1) being the top and (15) being the bottom.
Additionally, the forms should be grouped by date with the most recent on top. Do not separate corresponding Report of Medical Examination, Form DD-2808 and Report of Medical History, Form DD-2807-1.

(1) Health Record Receipt, Form NAVMED 6150/7.
(2) Adult Preventive and Chronic Care Flowsheet, Form DD-2766.
(3) Consultation Sheet, Form SF-513, or Tricare Referral Authorization printout.
(4) Pre-Deployment Health Assessment, Form DD-2795.*
(5) Post-Deployment Health Assessment, Form DD-2796.*
(6) Post-Deployment Health Reassessment (PDHRA), Form DD-2900.* (Post-Deployment Health Reassessment (PDHRA), Form DD-2900 on top of the Post-Deployment Health Assessment, Form DD-2796 which is on top of the Pre-Deployment Health Assessment, Form DD-2795, most recent on top, see Chapter 6 of this Manual for details on when to fill out these forms).
(7) Medical Recommendation for Flying Duty, Form CG-6020 (aviation personnel only)*. A copy of every Medical Recommendation for Flying Duty, Form CG-6020 completed for a member should be filed in the record with the most recent just below the Adult Preventive and Chronic Care Flowsheet, Form DD-2766.
(8) Report of Medical Examination, Form DD-2808, and Report of Medical History, Form DD-2807-1.
(9) Occupational Medical History and Examination, Form CG-6010-10E*.
(10) Asbestos Exposure, Part I – Initial Medical Questionnaire, Form DD-2493-1*.
(11) Asbestos Exposure, Part II – Periodic Medical Questionnaire, Form DD-2493-2*.
(12) Respiratory Sensitizer Questionnaire, Form CG-6010H*.
(13) Acute Exposure Information, Form CG-6000-1*.
(14) Written Opinion, Form CG-6010B*.
(15) Summary Report, Form CG-6010C*.
(16) Medical Record, Form SF-507*. Attached to and filed as a continuation form.
(17) Medical Board Report Cover Sheet, Form CG-5684*.

* Annotates when required
b. **SECTION II - RECORDS OF CARE.** All forms in this Section (and their civilian equivalents) shall be arranged in the following order, (1) being the top and (3) being the bottom. Additionally, the forms should be grouped by date with the most recent on top.

1. Chronological Record of Medical Care, Form SF-600. Command Medical Referral Form, Form CG-6050 for weight evaluation shall be placed in chronological order with the Chronological Record of Medical Care, Form SF-600. See Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series)

2. Emergency Care and Treatment, Form SF-558.


c. **SECTION III - RADIOLOGICAL REPORTS.** All forms in this Section (and their civilian equivalents) shall be arranged in the following order, (1) being the top (2) being the bottom. Additionally, the forms should be grouped by date with the most recent on top.

1. Radiographic Consultation Request/Report, Form SF-519A.

2. Medical Record - Radiographic Reports, Form SF-519.

d. **SECTION IV - LABORATORY REPORTS AND ECG REPORTS.** All forms in this Section (and their civilian equivalents) should be grouped by date with the most recent on top.

e. **SECTION V - MISCELLANEOUS.** All forms in this Section shall be arranged in the following (1) being on top (11) being on the bottom. Additionally, the forms should be grouped by date with the most recent on top.

1. Request to Restrict Medical and Dental Information, Form DD-2871.

2. Authorization for Disclosure of Medical or Dental Information, Form DD-2870.

3. Eyewear Prescription, Form DD-771.

4. Hearing Conservation Program microprocessor test result strips. Reference Audiogram, Form DD-2215 and Hearing Conservation Data, Form DD-2216 will also be placed in Section V in sequential order.


6. Serology Record, Form SF-602.*

7. Occupational Health Surveillance Questionnaire, Form CG-5197.*
(8) Special Duty Medical Abstract, Form NAVMED 6150/2.*
(9) Chronological Record of Service, Form CG-4057.*
* Annotates when required

f. **SECTION VI - DENTAL RECORD AND INTERNATIONAL VACCINATION RECORD.** All forms in this Section shall be arranged in the following (1) being the top and (2) being the bottom.

(1) **U.S. Coast Guard Dental Record, CG-3443-2.** If needed a Sensitivity Sticker, CG-5266 shall be placed on outside of Dental Record. All forms in the Dental Record shall be arranged in the following order (a) being the top and (d) being the bottom. Additionally, the forms should be grouped by date with the most recent on top.

(a) Dental Health Questionnaire, Form CG-5605.
(b) Health Record – Dental, Form SF-603.
(c) Health Record – Dental (Continuation), Form SF-603A.*
(d) Request for Administration of Anesthesia and Performance of Operations and other Procedures, Form OF-522.

(2) **International Certificate of Vaccination, Form CDC-731 *(This form is optional).**
* Annotates when required

g. **Filing forms.** File forms of the same number in their assigned sequence, with the most recent on top of each previous form, e.g., Chronological Record of Care, Form SF-600 dated 94/02/15 is filed on top of Chronological Record of Care, Form SF-600 dated 94/02/14.

h. **Recording dates.** Record all dates on the Health Record Cover, CG-3443 in the following sequence (all numerals): year/month/day (e.g., 51/02/07).

i. **Review reports before filing.** Reports, including laboratory, X-ray, and consultations, shall be reviewed and initialed (electronically or pen and ink) by the responsible MO, DO, PA, or NP before they are filed in the health record. IDHS’s are authorized and required to sign negative HIV results (electronically or pen and ink) before hard copies are placed in the Health Record.

j. The health record is a legal document. As such, legibility of all information is essential. Patient ID information shall be typed, printed, or stamped. All entries shall be neat and legible. All signatures shall be accompanied by the stamped, typed, or electronically generated name and rank of the practitioner.

3. **Custody of Health Records.** The following are the general responsibilities for keeping health records.

a. **Security.** Health records are the property of the Federal government and must
be handled in accordance with the provisions of the HIPAA Regulations, the Privacy Act of 1974 and the Freedom of Information Act. Guidance in this area is contained in The Coast Guard Freedom of Information (FOIA) and Privacy Acts Manual, COMDTINST M5260.3 (series). Health record custody, privacy, confidentiality and security requirements are applicable to all documents and electronic files that contain protected health information, whether or not filed in the health record, such as Inpatient Medical Records and mental health treatment records. Disposal of all health record documents shall be in accordance with Information and Life Cycle Management Manual, COMDTINST M5212.12 (series).

(1) Since health records contain personal information of a critical or sensitive nature, they are considered For Official Use Only requiring maximum security (high security locked cabinets or areas). All clinic personnel and all individuals who are designated as health record custodians are to ensure the protection of patients’ SSN at all times. Health records that are not filed while the patient is awaiting care shall be protected, ensuring the SSN is not visible. When a patient signs out their health record, records shall be placed in a large envelope, sealed, and shall not be opened until given to the appropriate clinic personnel or health record custodian.

(2) Except as contained in HIPAA and The Coast Guard Freedom of Information (FOIA) and Privacy Acts Manual, COMDTINST M5260.3 (series) the information contained in health records shall not be disclosed by any means of communication to any person, or to any agency unless requested in writing by or with the prior written authorization of the individual to whom the record pertains. It is the requestor's responsibility to obtain the written authorization.

b. Custody. Health records shall be retained in the custody of the Senior Health Services Officer of the unit to which the individual is attached. At units where there is no Medical Officer attached, the health record will become the responsibility of the Executive Officer in accordance with United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series), who may delegate custody to the senior health services department representative. At units without a Health Services Technician the custody of the health record is the responsibility of the unit's Executive Officer. Maintenance of these health records may be delegated to health services personnel of another unit (e.g., Sectors). At no time shall individual members keep or maintain their own health record. If there is a need to check out a health record for an appointment at another health care facility, the health record custodian shall have the member complete and sign the Health Record Receipt, Form NAVMED 6150/7. The health record custodian shall place the record in an envelope, hand it to the member, and tell the member to return the record as soon as possible following the appointment. The envelope used for record transportation shall bear a printed request reminding outside providers to treat the contents as confidential and requesting providers to include copies of their
consultations or case notes for placement in the health record. The responsibilities contained herein are also applicable to Reserve components.

c. **Patient’s right to examine record.** Individuals may examine their own health record in the presence of a health services department representative, providing:

1. Such examination does not interrupt the unit's scheduled mission.
2. There is no information contained therein that would be detrimental to the individual's mental well-being, as determined by the member's attending physician.

d. **Disclosure of information.** The protected health information necessary for fitness-for-duty determinations; status for deployment and special operational duty; separations from duty; convalescent leave recommendations; inpatient admission and casualty notifications; and other routine disclosures for the military mission; is subject to inspection by the Commanding Officer; their delegate designated in writing; duly appointed counsel in the case of formal hearings; or duly appointed CG officials who are conducting authorized investigations. Such inspections will be conducted in the presence of a health services department representative to aid in the interpretation of health information.

e. **Signatures and stamps.** Health services personnel making entries in health records shall ensure all entries, including signatures, are neat and legible. Signature information shall include the stamped or printed name and grade or rate of the signer.

f. **Erroneous entry.** If an erroneous hand-written entry is made in a health record, the author of the entry shall draw a diagonal line through the complete entry, make an additional entry showing wherein and to what extent the original entry is in error, and initial clearly next to the correction. For electronic record erroneous entries, correction may be recorded by either amendment of the original entry or an addendum to the original entry, both of which are signed/dated electronically with closure of the document.

g. **Responsibility of record.** Health services personnel are responsible for the completeness of the entries made on any medical or dental form while the health record is in their custody. No sheet shall be removed from the health record except under conditions specified in this Manual.

h. **Member’s authorization.** Members are not authorized to write in, alter, remove documents from, or otherwise change their health record or its contents. Request for changes to health record contents shall be made in writing in accordance with procedures contained in the HIPAA Privacy Regulation and in Chapter 16 of the Coast Guard Freedom of Information and Privacy Acts Manual, COMDTINST M5260.3 (series).
4. **Opening Health Records.**
   
a. **General.**
   
   (1) A health record will be opened at the recruiting office for each individual upon entering the CG.
   
   (2) A new health record will be opened upon reenlistment of personnel with prior CG service when such enlistment is not effected the day following discharge. In all cases, request the individual's health record covering prior military service from the Department of Veteran Affairs (VA), Records Management Center, St. Louis, MO.
   
   (3) Other specific occasions for opening a Health Record.

   Figure 4-A-1

<table>
<thead>
<tr>
<th>OCCASION</th>
<th>OPENED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officer appointed from civilian status</td>
<td>First duty station</td>
</tr>
<tr>
<td>Reserve Officer</td>
<td>Unit where procured</td>
</tr>
<tr>
<td>Cadet</td>
<td>Academy</td>
</tr>
<tr>
<td>Retired Personnel recalled to Active Duty</td>
<td>First duty station</td>
</tr>
<tr>
<td>Original Record Lost or Destroyed</td>
<td>Responsible Custodian</td>
</tr>
</tbody>
</table>

5. **Checking out the Health Record.** Whenever a Health Record is checked out, the Health Record Receipt, Form NAVMED 6150/7 shall be used as a permanent record of receipt and disposition of health records which are maintained at CG health care treatment facilities. For each health record maintained at CG facilities, complete the first four lines of a Health Record Receipt form and place into the health record folder. Whenever the health record is temporarily removed from the files, complete the charge-out information required on the bottom half of the Health Record Receipt, and retain in the health record file where that record is normally kept. Return the Health Record Receipt to the record when it is returned to the file. General Instructions for checking out the Health Record for appointments, Temporary Assigned Duty (TAD) and Permanent Change of Station (PCS) are as follows:
   
a. **Medical Appointments.** When the member is permitted to hand carry their health record, the health record custodian shall:
(1) Explain to the member their responsibility in the care of the Health Record as outlined in Chapter 4 Section A of this Manual. Make sure the member knows to return the record as soon as possible after the appointment.

(2) Fill out the Health Record Receipt, Form NAVMED 6150/7.

(3) Place the record in a sealed envelope.

(4) Attach the following information to the outside of the envelope:

<table>
<thead>
<tr>
<th>For Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Enclosed</td>
</tr>
</tbody>
</table>

In accordance with public law and the U.S. Coast Guard Medical Manual COMDTINST M6000.1 (series) the contents of medical records are considered For Official Use Only.

**Health Care Professional**

Please enclose copies of consultations, procedures, or case notes of care rendered to the patient.

**Patient**

The enclosed records remain the property of the United States Government. You must return the Health Record as soon as possible to your command’s Health Record Custodian. If you wish to review the enclosed information you may do so only in the presence of a health department representative.

b. **TAD.** When a member departs for a TAD assignment they will normally not carry any form of Health Record. If the member’s TAD is such that they may require routine medical assistance (sick call) the medical representative shall complete an Adult Preventive and Chronic Care Flow sheet, Form DD-2766, and the member will take this. Types of assignments which may require this type of “Health Record” are TAD assignment aboard a cutter or deployment for contingency operations. The exception to this is when a member is going TAD to a facility that can provide additional medical support (example flight physicals) or is in receipt of orders to "A" school, the Chiefs Academy or Officer Candidate School. When a member departs to any of these assignments listed above, the member shall hand carry their health record as per 5.a. above; however, if hand carrying is not feasible, the members health record shall be sent via traceable means (e.g. DHS authorized Commercial Carriers FedEx or UPS), along with a Request for Medical/Dental Records or Information, Form DD-877 to the servicing clinic.
c. PCS.

(1) Upon notification that an individual will be transferred, an Accuracy and Completeness Check will be performed and all identified deficiencies corrected. All required entries shall be made in MRRS. Both the detaching unit and the receiving unit shall inspect the health record for Accuracy and Completeness Check as per Chapter 4-A-9 of this Manual.

(2) When a member is due to transfer, the Servicing Personnel Office (SPO) shall notify the medical custodian where to send the medical records as per Military Personnel Data Records (PDR) System, COMDTINST M1080.10 (series). (TO ENSURE THAT HEALTH RECORDS GET TO THE RIGHT LOCATION IN A TIMELY MANNER IT IS IMPERATIVE THAT THE SPO AND MEDICAL WORK TOGETHER). At the discretion of the health record custodian the health record of the member may be transferred in two ways. The departing member may be permitted to hand carry their medical record to their new unit or the record can be sent in accordance with (b) below.

(a) When the member is permitted to hand carry their health record, the health record custodian shall:

[1] Fill out a Health Record Receipt, Form NAVMED 6150/7 with the date and where the members will be taking their record. Have the member sign the Health Record Receipt, Form NAVMED 6150/7. Cut the form at the double lines above the "INSTRUCTIONS" section and maintain the top section on file for two years.

[2] Place the record in a sealed envelope and instruct the member to give his health record to the health record custodian when they get to their new unit. Attach the same information to the outside of the envelope as you would in 5.a. (4) of this section.

[3] Inform the receiving unit via a Request for Medical/Dental Records or Information, Form DD-877 (this form can be e-mailed) that the member has departed with their health record and their estimated time of arrival. The new unit should inform the old unit that the record has been received via the Request for Medical/Dental Records or Information, Form DD-877 and perform an Accuracy and Completeness Check.

(b) The records may also be sent via DHS authorized Commercial Carriers FedEx or UPS. The health record custodian will:

[1] In accordance with Military Personnel Data Records (PDR) System, COMDTINST M1080.10 (series), the health record custodian will receive the Medical/Dental Disposition Instructions from the SPO. The health record custodian will follow the disposition instructions and send the health record via traceable means (e.g. DHS authorized Commercial Carriers FedEx or UPS).
Inform the receiving unit via a Request for Medical/Dental Records or Information, Form DD-877 (this form can be e-mailed) that the member has departed with their health record and their estimated time of arrival. The new unit should inform the old unit that the record has been received via the Request for Medical/Dental Records or Information, Form DD-877 and perform an Accuracy and Completeness Check.

Fill out a Health Record Receipt, Form NAVMED 6150/7 with the date and where the member’s record will be mailed. Have the member sign the Health Record Receipt, Form NAVMED 6150/7. Cut the form at the double lines above the "INSTRUCTIONS" section and maintain the top section on file for two years.


a. Discharge/Release from Active Duty (RELAD). Upon discharge, RELAD, the unit terminating the health record will inspect the health record, correct all errors, fill in omissions, and make sure the patient identification information is completed on all forms. The health record custodian (in accordance with Military Personnel Data Records (PDR) System, COMDTINST M1080.10 (series)) will receive the Medical/Dental Disposition Instructions from the SPO. The health record custodian will follow the disposition instruction and mail the health record to the appropriate office via traceable means (e.g. DHS authorized Commercial Carriers FedEx or UPS); US Postal Service (USPS): 1) Express Mail or 2) Proof of Delivery using Extra Services which are either Certified, Delivery Confirmation, or Signature Confirmation. DO NOT GIVE THE ORIGINAL HEALTH RECORD TO THE MEMBER UPON FINAL SEPARATION. The member is entitled to a copy of the original health record. Cite the reason for separation on the reverse side of Chronological Record of Service, Form CG-4057 before mailing.

b. Disappearance, other than desertion. Whenever an individual disappears and the facts regarding such disappearance are insufficient to justify a conclusion of death, enter a complete account of the circumstances on an Chronological Record of Care, Form SF-600 in the health record. Do not terminate the health record until final disposition.

c. Desertion. When an individual is officially declared a deserter, enter an explanatory note on a Chronological Record of Care, Form SF-600. As per Military Personnel Data Records (PDR) System, COMDTINST M1080.10 (series) the SPO will instruct the health record custodian where to send the health record. Once notified the health record custodian shall send the health record, via traceable means (e.g. DHS authorized Commercial Carriers FedEx or UPS), within 2 working days.
d. **Return of a deserter.** Upon return of a deserter to his/her own command, a physical examination shall be performed and recorded on the Report Of Medical Examination, Form DD-2808. Retain the original for incorporation into the health record, and forward a copy to Commander (PSC) or Commander (PSC-rpm) for Reservists with a request for the deserter's health record.

e. **Discharge of personnel convicted by civilian authorities.** When the Commandant directs the discharge of personnel convicted by civilian authorities, the CO will make arrangements for their physical examination, to be recorded on a Report of Medical Examination, Form DD-2808. In the event no Medical Officer is available, obtain a statement signed by the warden of the penitentiary or reformatory that the person to be discharged from the CG is physically and mentally qualified for discharge and is not in need of hospitalization. The unit will take the warden's statement, accompanied by the health record, and follow the disposition instruction and mail the health record to the appropriate office via traceable means (e.g. DHS authorized Commercial Carriers FedEx or UPS); US Postal Service (USPS): 1) Express Mail or 2) Proof of Delivery using Extra Services which are either Certified, Delivery Confirmation, or Signature Confirmation.

f. **Discharge of Courts-Martial Prisoners Confined in Federal Penitentiaries, Reformatories, and the Naval Disciplinary Command.** When the Commandant directs the discharge of a courts-martial prisoner confined in a Federal penitentiary, reformatory, or the Naval Disciplinary Command, the command to which the prisoner has been administratively assigned shall arrange with the warden for physical examination of the prisoner. Results of this physical examination will be entered on the Report of Medical Examination, Form DD-2808 and signed by the Medical Officer of the designated penal institution. The command to which the prisoner has been administratively assigned will terminate the health record, using the information furnished on the Report of Medical Examination, Form DD-2808 and the account of medical, dental, and first aid treatments supplied by the penal institution. The unit will terminate health record, include the Report of Medical Examination, Form DD-2808, follow the disposition instruction from the SPO and mail the health record to the appropriate site via traceable means (e.g. DHS authorized Commercial Carriers FedEx or UPS); US Postal Service (USPS): 1) Express Mail or 2) Proof of Delivery using Extra Services which are either Certified, Delivery Confirmation, or Signature Confirmation.

g. **Retired Personnel (Includes Temporary Retirement).** Upon notification of retirement, make an entry on the Chronological Record of Service, Form CG-4057 under "Remarks" indicating place, date, and category under which retired. The command having custody of the health record will sign the Chronological Record of Service, Form CG-4057. The health record custodian will follow the instructions of the SPO and send the health record; via traceable means (e.g. DHS authorized Commercial Carriers FedEx or UPS).
h. **Cadets.** When a cadet's service is terminated, the health record will be terminated and forwarded to the Cadet Record Office, for processing. Following this procedure, the record will be forwarded to the Registrar's Office and held until the departing cadet's class graduates. When this occurs, the record will be forwarded to the Federal Personnel Records Center, St. Louis, MO. This includes cadets who graduate from the Academy but do not accept or are not tendered a commission.

i. **Officers (Reserve) to Inactive Duty and Officers (Regular) who Resign to Accept a Reserve Commission.** In the case of reserve officers being released to inactive duty the health record will be terminated. The health record custodian will follow the instructions of the SPO and mail the record to the appropriate office via traceable means (e.g. DHS authorized Commercial Carriers FedEx or UPS; US Postal Service (USPS): 1) Express Mail or 2) Proof of Delivery using Extra Services which are either Certified, Delivery Confirmation, or Signature Confirmation.

j. **Death.** Upon notification of death, make an entry on a Chronological Record of Service, Form CG-4057 under "Remarks" indicating place, time, date, and a short explanation of the circumstances surrounding death. Verbal briefs are provided to those on a need to know basis (i.e. Commandant (CG-112), HSWL, etc.). CG Investigative Service (CGIS) may also inquire and request to review the health record. The health record shall be forwarded to the HSWL SC for a Quality Improvement (QI) review upon conclusion of local review(s). Findings of the review are forwarded to Commandant (CG-11) via Commandant (CG-112) to determine if additional investigation, process improvement, or adverse privileging action is warranted. The HSWL SC shall forward the original health record to Commander (PSC).

k. **Transfer to Federal Penitentiaries, Reformatories, or the Naval Disciplinary Command.** A letter of transmittal and a copy of the health record shall accompany a member who is being transferred under sentence of a courts-martial (who has not been or will not be discharged immediately) to a penal institution for execution of the unexpired sentence. The original health record, with a letter of transmittal stating the name of the penal institution to which the prisoner is being transferred and the length of the sentence, shall be forwarded to the command to which the member has been administratively assigned which shall maintain the health record until the prisoner has been discharged from the Service. A copy of the letter of transmittal shall also be forwarded to Commander (PSC).

l. **Separation from service.** Upon separation of the individual from the Service, the unit terminating the health record will inspect the health record, correct all errors, fill in omissions, and make sure the patient identification information is completed on all forms. The health record custodian will follow the instructions of the Servicing Personnel Office and mail the record by traceable means to the appropriate office.
7. **Creating an Additional Volume.** Due to chronic medical conditions, long narrative summaries, medical boards, etc., the record may fill to capacity which may cause the loss or damage to new records. Procedures for creating a second volume are as follows:

   a. Obtain a new Health Record Cover, CG-3443 and transcribe the information from the original jacket.

   b. Write "VOLUME II" in bold print in the lower left corner of the new jacket cover. Insert forms required by this chapter.

   c. Write "VOLUME I" in bold print in the lower left corner of the original jacket cover.

   d. Transfer all documents pertaining to current or chronic illness to the new record.

   e. Remove the most recent Chronological Record of Care, Form SF-600 from VOLUME I and place it in VOLUME II. Insert a blank Chronological Record of Care, Form SF-600 on top of the remaining forms in VOLUME I and draw a diagonal line across the page. Enter the following on this line: CLOSED. NO FURTHER ENTRIES IN THIS RECORD. REFER TO VOLUME II.

   f. Insert the most recent Report of Medical Examination, Form DD-2808 and the Report of Medical History, Form DD-2807-1 into VOLUME II.

   g. Problem summary list. Place the original Adult Preventive and Chronic Care Flowsheet, Form DD-2766 into VOLUME II and a copy of this form in VOLUME I with the annotation, "CLOSED. NO FURTHER ENTRIES.", below the last entry.

   h. Place the original Chronological Record of Service, Form CG-4057 in VOLUME II and a copy in VOLUME I.

8. **Lost, Damaged, or Destroyed Health Records.**

   a. **Lost or destroyed.** If a health record is lost or destroyed, a complete new health record shall be opened by the unit health record custodian. The designation "REPLACEMENT" shall be stamped or marked on the cover. If the missing health record should be recovered, any additional information or entries in the replacement record shall be inserted in the old record.

   b. **Illegible.** Health records which become illegible, thus destroying their value as permanent records, shall be restored and duplicated. The duplicate shall, as nearly as possible, be an exact copy of the original record before such record becomes illegible. Take particular care in transcribing the date onto the Report of Medical Examination, Form DD-2808 into the new record as such information may be required by the Department of Veterans Affairs to determine the individual's right to pension or other Federal benefits. Stamp or mark "DUPLICATE" on the cover of the new record. Explain the
circumstances necessitating the duplication on a Chronological Record of Care, Form SF-600. Forward health records replaced by duplicate records to Commander (PSC).

9. **Accuracy and Completeness Check.** Upon notification that an individual will be transferred, the detaching unit shall conduct an Accuracy and Completeness Check and correct all identified deficiencies prior to transfer. The receiving unit shall inspect the health record for accuracy and completeness within 30 days of receiving the health record, in accordance with the following guidelines:
   a. **Immunizations.** That all immunizations are up-to-date (See Immunizations and Chemoprophylaxis, COMDTINST 6230.4 (series)).
   
b. **Tuberculin Skin Test (TST).** That TST screening is current in accordance with Chapter 7 Section D of this Manual.
   
c. **HIV.** That HIV screening is current (every 2 years) in accordance with Chapter 3 Section C of this Manual.
   
d. **Audiograms.** That all required audiograms are completed, especially on personnel involved in the hearing conservation program.
   
e. **Forms completed and in the right order.** That required forms have been properly completed and are in the correct order.
   
f. **Deficiencies corrected.** That all deficiencies in physical requirements shall be scheduled for correction, all missing forms shall be replaced, and all other clerical or administrative errors corrected.
   
g. That all OMSEP requirements are met.
   
h. That everything is properly recorded in the MRRS.
"Are there any other items of medical or surgical history that you have not mentioned?" All affirmative answers to the above questions shall be fully elaborated in Item 25. Negative replies to the above questions shall be summarized as follows: "Examinee denies history of psychosis, use of drugs, history of wearing of contact lenses, requirement for any orthodontic appliance, all other significant medical or surgical history; family history of diabetes." A rubber stamp or the overprinting of this information in Item 25 is recommended.

Distribution. Attach the original Report of Medical History, Form DD-2807-1 to the original Report of Medical Examination, Form DD-2808 and submit to reviewing authority (electronic submission via AERO for aviation and diving physicals is authorized). A copy of the Report of Medical History, Form DD-2807-1 and Report of Medical Examination, Form DD-2808 shall be kept on file at the unit pending the return of the approved Report of Medical History, Form DD-2807-1 and Report of Medical Examination, Form DD-2808. After review and endorsement, the reviewing authority shall forward the original Report of Medical History, Form DD-2807-1 and Report of Medical Examination, Form DD-2808 to the member’s parent command for insertion into the member’s health record.

12. Medical Board Report Cover Sheet, Form CG-5684.
   a. The Medical Board Report Cover Sheet, Form CG-5684 is used in preparing a medical board. A copy of the Medical Board Report Cover Sheet, Form CG-5684 and the complete medical board shall be inserted into the individual's health record.
   b. Detailed instructions for preparing and distributing this form are contained in Physical Disability Evaluation System, COMDTINST M1850.2 (series).

13. Chronological Record of Medical Care, Form SF-600.
   a. General.
      (1) This form provides a current, concise, and comprehensive record of a member's medical history. Properly maintained, the Chronological Record of Medical Care, Form SF-600 should: aid in evaluating a patient's physical condition; greatly reduce correspondence to obtain medical records; eliminate unnecessary repetition of expensive diagnostic procedures; and serve as an invaluable permanent record of health care received. The Chronological Record of Medical Care, Form SF-600 shall be continuous and include the following information as indicated: complaints; duration of illness or injury, physical findings, clinical course, results of special examinations;
treatment; physical fitness at time of disposition; and disposition. The Chronological Record of Medical Care, Form SF-600 also serves as the patient's prescription from which pharmacy services are provided.

(2) When a new Chronological Record of Medical Care, Form SF-600 is initiated, complete the identification block with the name (last, first, middle initial), sex (M or F), year of birth, component (active duty or reserve), service (USCG, USN, USA, etc.), Social Security Number, and the member's grade/rate and organization at the time the form is completed.

(3) File Chronological Record of Medical Care, Form SF-600's in Section II of the medical record with the most current Chronological Record of Medical Care, Form SF-600 on top.

(4) Enter sick call entries on Chronological Record of Medical Care, Form SF-600 in the following SOAP format:

**SOAP METHOD OF SICK CALL WRITE UPS**

S: (Subjective).
- cc: (Chief Complaint) sore throat, cough, diarrhea, etc.
- hpi: (History Present Illness) onset of symptoms, all problems, review of symptoms.
- pmh: (Past Medical History) any related problems in past that may be present with chief complaint.
- fh: (Family History) any diseases, chronic/acute, possibly related to present complaint.
- sh: (Social History) any use of tobacco/alcohol/drugs, relationship status, social stressors.
- all: (Allergies) any known allergies to drugs/medications, etc.

O: (Objective).
- First visual assessment/evaluation of the patient's general appearance: limping, bleeding doubled over, etc.
- PE: All results of physical exam, vital signs, lab, x-ray, and any other study results.

A: (Assessment).
- Imp: (Impression, Diagnosis) includes R/0 (rule out) – describe rationale for diagnosis, considerations, factor in other related or impacting diagnoses.
Procedures: detailed description of any procedures performed for the stated diagnosis/es.

P: (Plan).

List of medications given, lab, x-ray, special studies ordered, duty status, return appointments, referrals, etc.

(5) The entries for all treatments shall be complete with regard to place, date, problem number (if appropriate), number of sick days, diagnosis of all conditions for which treated and signature of individual furnishing treatment. Note all facts concerning the origin of the disease, pregnancy status, symptoms, course, treatment, and if a conflicting opinion is expressed subsequently by the same, or another Medical Officer, fully state the reason for such change. The record need not be voluminous, but it shall be thorough, concise, clearly phrased, and complete in each case. All entries, including signatures, must be legible.

(6) When a member is injured or contracts a disease while on leave, or when for any other reason the facts concerning an injury or sickness have not been entered in the individual's health record, the record custodian shall ascertain the facts in the case and make the necessary entries on Chronological Record of Medical Care, Form SF-600. Discuss and document the instructions given to the patient. Include the intended treatment and, as appropriate, possible alternative treatments, possible complications, and long term prognosis. Information regarding previous treatments should be entered giving the following: date, place, and full details of treatment; laboratory reports; x-ray results; etc. The following shall also be entered:

(a) Date.
(b) Transcribed From Official Records.
(c) Signature/Rate.
(d) Duty Station of Transcriber.

(7) When an individual is required to carry the International Certificate of Vaccine PHS-731, enter a statement of acknowledgment on the Chronological Record of Medical Care, Form SF-600.

(8) When an individual is diagnosed as having a Sexually Transmitted Infection (STI) make an entry to record that an interview was conducted and that the following was discussed with the patient:

(a) Symptoms.
(b) Complications.
(c) Treatments and contacts.

(d) Treatment at Other Than Unit Assigned. When an activity furnishes sick call treatment to an individual whose health record is not available, an entry shall be made on a new Chronological Record of Medical Care, Form SF-600, placed in a sealed envelope labeled “Sensitive Medical Information – Confidential,” and forwarded to the individual's duty station for inclusion in the health record.

14. Emergency Care and Treatment, Form SF-558. This form provides a comprehensive yet concise record of emergency health care. It shall be used whenever an individual receives emergency treatment which cannot be documented in the electronic health record on Chronological Record of Medical Care, Form SF-600, or when documentation of care must be provided upon transfer of the patient to a higher level of care. Detailed instructions for completing the form are as follows:

a. Patient’s Home Address or Duty Station. Complete all blocks in this section.

b. Arrival. Record the date and time the patient arrived at the clinic or emergency room for care.

c. Transportation to Facility. Record the name of the ambulance company or unit that transported the patient for care, if appropriate. If patient was not transported by ambulance or other emergency vehicle, enter “N/A”.

d. Third Party Insurance. List detailed insurance if known by patient. If potential third party liability exists, forward a copy of Emergency Care and Treatment, Form SF-558 to Commandant (CG-1012). Note: Disregard Defense Instructional Technology Information System (DITIS) Report, Form DD-2568 in chart, enter N/A.

e. Current Medications. List all medications patient is presently taking.

f. Allergies. Record any substance or drug to which the patient has a known or suspected allergy. If none, enter "NKA" (No Known Allergy).

g. Injury or Occupational Illness. Most fields. When, refers to date injury was sustained. Where, refers to location injury occurred. How, refers to what happened (briefly).


i. Date of Last Tetanus Shot. Self-Explanatory.

j. Chief Complaint. Record a brief description of why the patient is seeking health care.

k. Category of Treatment. If Condition is Result of Accident/Injury. Check the block that best describes the patients' condition upon arrival.
(1) Emergent. A condition which requires immediate medical attention and for which delay is harmful to the patient; such a disorder is acute and potentially threatens life or function.

(2) Urgent. A condition which requires medical attention within a few hours or danger can ensue; such a disorder is acute but not necessarily severe.

(3) Non-Urgent. A condition which does not require the immediate resources of an emergency medical services system; such a disorder is minor or non-acute.

1. **Vital Signs.** Take and record all vital signs. Indicate the time vitals were taken. Use 24-hour clock annotation i.e. 0215.

2. **Lab Orders and X-Ray Orders.** Self-Explanatory, check appropriate box.

3. **Orders.** List orders given by provider. Record all medications, appointments made. Or any other follow-up plans.

4. **Disposition.** Check appropriate box. Ensure patient understands this section.

5. **Patient/Discharge Instructions.** Be specific. Ensure patient understands instructions given.

6. **Patients Signature and Date.** Have the patient or person accompanying the patient sign the form. This signature only acknowledges that instructions were given to the patient.

7. **Time Seen by Provider.** Record the time when the patient received treatment. Use 24-hour clock annotation i.e. 0215.

8. **Test Results.** Record results of tests ordered on patient.

9. **Provider History/Physical.** Self-explanatory, use standard S.O.A.P. format.

10. **Consult With.** List all individuals that on-scene provider received medical advice from. Example Dr. Richard Smith.

11. **Diagnosis.** Record patient diagnosis.

12. **Providers Signature and Date.** The Medical Officer or other health care provider shall sign and date the form. The signature shall include name, rank, and professional discipline.

13. **Codes.** List all ICD-9 codes applicable to the patient.

14. **Patients' Identification.** Ensure all patient identification information is entered.

15. **Emergency Medical Treatment Report, Form CG-5214.**

   a. **Purpose.** Emergency Medical Treatment Report, Form CG-5214 provides a multiple copy record of all emergency medical care rendered by CG personnel outside of a clinic or sickbay. All care rendered by crews of CG
emergency vehicles must be documented with a Emergency Medical Treatment Report, Form CG-5214. (Alternatively, compatible state-approved forms may be used in lieu of the Emergency Medical Treatment Report, Form CG-5214).

(1) Part 1, Copy to Patient. This copy shall be placed in the patients' health record in Section II behind the Emergency Care and Treatment, Form SF 558.

(2) Part 2, Copy to Receiving Unit. This copy shall be given to the hospital, clinic, or Emergency Medical Services (EMS) crew assuming responsibility for patient care.

(3) Part 3, Copy to Triage Officer. In multi-casualty incidents, this copy shall be given to the triage officer to account for the patients' treatment priority and status. Otherwise, this copy shall be kept on file at the clinic or sickbay.

b. Preparation and Submission of Emergency Medical Treatment Report, Form CG-5214. The form provides an accurate account of the patient's injury or illness, and a detailed report of all treatments rendered en route to a receiving facility. If possible, the report should be completed during the transport phase. Detailed instructions for completing the Emergency Medical Treatment Report, Form CG-5214 are as follows:

(1) Victim Identification.
   (a) Item 1: Name. Enter last, first, and middle initial.
   (b) Item 2: Sex. Check one.
   (c) Item 3: Estimated Age. Enter in years or months.

(2) Description of Incident.
   (a) Item 4: Date. Enter date incident occurred.
   (b) Item 5: Type of Incident. Check one and give pertinent details under "Nature of Emergency/Mechanism of Injury".
   (c) Item 6: Time on Scene. Enter (using 24 hour clock).
   (d) Item 7: Time of Incident. Enter (using 24 hour clock).
   (e) Item 8: Location. Enter exact geographical area.

(3) Observation of Victim. Stick-Man figure: Place applicable injury letter code over injured area.

(4) Skin. Circle applicable number.

(5) Vital Signs. Note time observed (24 hour clock).

(6) Level of Consciousness. Check only one per time observed.

(7) Pupils. Check only one per time observed.
(8) Pulse. Place numerical value under rate and check appropriate space for quality.

(9) Breathing. Place numerical value under rate and check appropriate space for quality.

(10) Blood Pressure. Enter systolic and diastolic values under applicable time.

(11) Temperature. Circle either oral or rectal and enter in numerical value.


(13) Triage Information. Circle one of the following:
   
   (a) Priority I: Patients with airway and/or breathing problems, cardiac arrest, uncontrolled bleeding or controlled bleeding with symptoms of shock, severe head or abdominal injuries, and severe medical problems to include possible heart attack, severe burns, and severe poisonings.

   (b) Priority II: Patients with less serious burns, multiple fractures, potential C-Spine injuries without shock, or medical conditions of a less serious note.

   (c) Priority III: Patients with obvious minor injuries or patients who are obviously dead or mortally wounded.

(14) Medications. List any medications the patient is currently taking.

(15) Allergies. List any known allergies for the patient.

(16) Medications Administered. Note the time, dosage, and route of administration for any medications administered to the patient.

(17) Rescuer Information.

   (a) Item 10: Name. Enter last, first, and middle initial.

   (b) Item 11: Level. Circle appropriate certification level.

   (c) Item 12: Unit. Rescuer's assigned unit.

   (d) Item 13: OPFAC#. Enter.

   (e) Item 14: Rescue vehicle. Identity of the responding vehicle, vessel, or aircraft.

   (f) Item 15: Receiving unit. Hospital, EMS vehicle, or clinic assuming responsibility for patient care.

   (g) Time patient transferred. Enter (24 hour clock).
16. Radiographic Reports, Form SF-519-A.
   a. This is a display form for mounting Radiographic Reports, Form SF-519-A. Attach the Radiographic Reports, Form SF-519-A to the indicated spaces, with the most recent report on top.
   b. Use Radiographic Reports, Form SF-519-A to request x-ray examinations. All patient data must be completed as indicated. Ensure that examinations requested are in standard terms or abbreviations. ALL pertinent clinical history, operations, physical findings, pregnancy status, and provisional diagnoses must be recorded in the appropriate space. This information is needed by the radiologist in order to render a proper interpretation of the film.
   c. Complete the required patient's identification information.

17. Laboratory Reports. Attach the laboratory reports to the indicated spaces with the most recent on top.

18. Eyewear Prescription, Form DD-771. Type Eyewear Prescription, Form DD-771 for clarity and to avoid errors in interpretation, using the following format:
   a. Date. Enter as follows, 22 JAN 87, etc.
   b. Order Number. Enter unit identifying number, issued by the Naval Ophthalmic Support & Training Activity (NOSTRA), above the order number block. Complete order number block if desired.
   c. To. Appropriate fabricating facility.
   d. From. Enter complete unit address of unit ordering the eyewear.
   e. Name, Service Number/Social Security Number. Enter as HINSON, Frank W. HSC 123-45-6789.
   g. Unit and Address. Enter complete mailing address of unit to which individual is attached. If retiree, use the individual's home or mailing address.
   h. Active Duty, etc. Check appropriate block.
   i. USA, USN, etc. Check appropriate block.
   j. Spectacles. Check appropriate block.
   k. Aviation Spectacles. Use this block only when ordering aviation frames. Check as appropriate:
      (1) N-15 tinted lenses;
Coated lenses (coated with an anti-glare compound) are not authorized for Coast Guard personnel.

1. **Other.** Leave blank.

m. **Interpupillary Distance.** Copy directly from patient's Prescription, previous Eyewear Prescription, Form DD-771, or Chronological Record of Medical Care, Form SF-600.

n. **Eye Size.** As above. (Not required for aviation goggles).

o. **Bridge Size.** As above. (Not required for aviation goggles).

p. **Temple Length and Style.** As above. (Not required for aviation goggles).

q. **Number of Pairs.** Enter the number of pairs requested.

r. **Case.** Enter the number of cases requested.

s. **Single Vision.**
   
   (1) **Sphere.** Copy directly from individual's prescription, previous Eyewear Prescription, Form DD-771, or Chronological Record of Medical Care, Form SF-600 (+1.00, -1.25, etc.). Prescriptions are filled in multiples of 0.25 diopters only.

   (2) **Cylinder.** As above, except that prescriptions or multi-vision lenses must be in "minus cylinder" form, (-0.50, -0.75, etc.).

   (3) **Axis.** Copy directly from individual's prescription, previous Eyewear Prescription, Form DD-771, or Chronological Record of Medical Care, Form SF-600. The axis must contain three (3) digits such as: 180, 090, 005, etc.

   (4) **Decentration.** Need not be completed unless specified as a part of prescription.

   (5) **Prism.** As indicated on individual's prescription, previous Eyewear Prescription, Form DD-771, or Chronological Record of Medical Care, Form SF-600.

   (6) **Base.** As above.

t. **Multivision.** If the individual needs multivision lenses (bifocals, trifocals, etc.) then the prescription must be in minus cylinder form.

u. **Special Lenses or Frames.** This block is used for special instructions or justification for aviation spectacles, or nonstandard lenses, and frames, etc.

   (1) When replacement eyewear is ordered from a prescription extracted from the health record, enter the following entry in this block: "REPLACEMENT ORDER: PRESCRIPTION FROM REFRACTION PERFORMED ON DATE."

---

Chapter 4. B. Page 23
(2) When eyewear is ordered for recruits, enter the following entry in this block: "RECRUIT - PLEASE EXPEDITE."

(3) When tinted lenses are ordered for non-aviation personnel, enter a written justification in this block. "Tinted lenses STATE JUSTIFICATION."

(4) When nonstandard temples or frames are ordered, enter type frame or temple requested, and justification:

(a) Riding Bow Cables, (Justification).

(b) Adjustable Nose Pads, (Justification).

(5) When an individual's pupillary distance is less than 60 mm it must be verified and an entry placed in this block: "PD of____ verified and correct."

v. Signature of Approving Authority. Shall be signed by a Medical Officer, designated representative, or the Commanding Officer where no Medical Officer is present.

w. Signature of the Prescribing Officer. Shall be signed by the Medical Officer or person performing the refraction. When this is not possible, i.e., examination obtained from a civilian source, transcribed from the health record, etc., the person transcribing the information shall sign as prescribing officer. Flight Surgeons may sign prescriptions as both the prescribing and approving authority.

19. Serology Record, Form SF-602.

a. Purpose. This form shall be prepared and inserted in the health record for each person for whom a confirmed diagnosis of syphilis or any of its complications or sequela has been established.

b. Providers and patients responsibilities. The Medical Officer shall carefully and thoroughly explain to the patient the nature of the infection and the reasons why treatment, prolonged observation and the repeated performance of certain prescribed tests are necessary. The patient shall then be requested to sign the statement in Section II of Serology Record, Form SF-602.

20. Request for Administration of Anesthesia and Performance of Operations and Other Procedures, Form OF-522. Complete a Request for Administration of Anesthesia and Performance of Operations and Other Procedures, Form OF-522 describing the general nature of the procedure and have the patient sign prior to administering anesthesia (local or general) except for dental anesthesia. A Request for Administration of Anesthesia and Performance of Operations and Other Procedures, Form OF-522 is required for dental surgical procedures such as exodontia, root canal therapy, and periodontal surgery; a Request for Administration of Anesthesia and Performance of Operations and Other
Procedures, Form OF-522 is not required for routine dental anesthesia. File the Request for Administration of Anesthesia and Performance of Operations and Other Procedures, Form OF-522 for dental procedures in Section VI of the Medical Record in chronological order behind the Dental, Form SF-603.

21. **Audiogram Results.** The Microprocessor will generate a legal archival test result strip which shall be filed chronologically in the health records.

22. **Reference Audiogram, Form DD-2215.** Place form in Section V of the Health Record.

23. **Hearing Conservation Data, Form DD-2216.** Place form in Section V of the Health Record.

24. **Chronological Record of Service, Form CG-4057.**

   a. **Purpose.** Use this form:

      (1) As a statement of agreement or disagreement with the assumption of fitness for duty upon separation from the CG.

      (2) To terminate the health record.

   b. **Agreement or disagreement with the assumption of fit for duty at the time of separation.** Members not already in the physical disability evaluation system, who disagree with the assumption of fitness for duty at separation, shall indicate on the reverse of the Chronological Record of Service, Form CG-4057. They shall then proceed as indicated in Chapter 3-B-5 of this Manual. Members who agree with the assumption shall check the box indicating agreement. This is a health services department responsibility when there is a health services department representative attached; otherwise it becomes a personnel action.

   c. **Terminating the health record.** The reverse side of the form is also used to terminate a member's health record upon definite separation from active service. The date of termination is the effective date of separation. Make appropriate entries giving the reason for termination, the date of termination and the grade and signature of the responsible commissioned officer in the bottom portion of the form. Additionally, an entry, signed by the member whose health record is being terminated, acknowledging the receipt of a copy all available Special Duty Medical Abstract, Form NAVMED 6150/2, a copy of separation examination if done (either Report of Medical Examination, Form DD-2808 or Chronological Record of Medical Care, Form SF-600 entry), a signed copy of the Chronological Record of Service, Chronological Record of Service, Form CG-4057, and the International Certificate of Vaccination PHS-731 (if available) shall be made in the Remarks section of the Chronological Record of Service, Chronological Record of Service, Form CG-4057.

   d. **Notification of benefits.** This form is also used to notify the individual of the possibility of certain disability benefit entitlements from the Department of Veterans Affairs after separation.
e. **Chronological Record of Service, Form CG-4057 is filled.** If either side of the Chronological Record of Service, Form CG-4057 is filled, the reverse side shall have a line drawn diagonally through it in red and a second Chronological Record of Service, Form CG-4057, marked "Supplement started this date" at the top.

25. **Authorization for Disclosure of Medical or Dental Information, Form DD-2870.** In order to use or disclose patient health information for purposes beyond the treatment, payment and health care operations and other purposes described in the MHS Notice of Privacy Practices, written authorization from the patient must be obtained on form Authorization for Disclosure of Medical or Dental Information, Form DD-2870.

26. **Request to Restrict Medical or Dental Information, Form DD-2871.** Individuals have the right to request restrictions on the use or disclosure of their health information. Requests must be made in writing on form Request to Restrict Medical or Dental Information, Form DD-2871. Requests for restriction may be denied upon review by the clinic HIPAA Privacy/Security Official, or the CG HIPAA Privacy/Security Official.

27. **Disability Benefits Questionnaires (DBQ).** CG Medical Officers will complete the applicable DBQs for any CG member’s unfitting condition where a medical board (MEB) is required. For members with unfitting conditions whose MEBs are completed by DoD Medical Officers, DBQs may be completed by a DoD Medical Officer. For members with unfitting psychological impairments, DBQs may only be completed by a military or Veterans Affairs (VA) mental health provider. DBQs are available on line at: [http://www.benefits.va.gov/COMPENSATION/dbq_ListByDBQFormName.asp](http://www.benefits.va.gov/COMPENSATION/dbq_ListByDBQFormName.asp).

28. **International Certificate of Vaccination, CDC-731.**

   a. **General.**

   (1) When required, prepare an International Certificate of Vaccination PHS-731 for each member of the CG (for reserve personnel when ordered to Active Duty for Training). This form shall be carried only when required for performing international travel.

   (2) A reservist not on extended active duty, who plans international travel either under official orders or privately, may request that the appropriate district commander (r) furnish an International Certificate of Vaccination PHS-731 for this purpose. The reservist shall return the International Certificate of Vaccination PHS-731 to the district commander (r) when travel is completed.

   (3) When properly completed and authenticated, the International Certificate of Vaccination PHS-731 contains a valid certificate of immunization for international travel and quarantine purposes in accordance with World Health Organization Sanitary Regulations.
(4) All military and nonmilitary personnel performing international travel under CG cognizance shall be immunized in accordance with Commandant Instruction 6230.4 (series) and shall have in their possession a properly completed and authenticated International Certificate of Vaccination PHS-731, if required by the host country.

b. Detailed Instructions.

(1) Stamp or type the following address on the front of PHS-731:

COMMANDANT (CG-11)
ATTN HEALTH SAFETY AND WORKLIFE
US COAST GUARD
2100 2ND ST SW STOP 7902
WASHINGTON DC 20593-7902

(2) Enter data by hand, rubber stamp, or typewriter.

(3) Enter the day, month, and year in the order named (i.e., 4 SEP 87).

(4) Record the origin and batch number for yellow fever vaccine.

(5) Entries for cholera and yellow fever must be authenticated by the Department of Defense Immunization Stamp and the actual signature of the Medical Officer. Other immunizations may be authenticated by initialing. Entries based on prior official records shall have the following statement added: "Transcribed from Official Records."

c. International Certificate of Vaccination, CDC-731. Remove the International Certificate of Vaccination CDC-731 from the health record and give it to the individual upon separation from the Service.

29. Tissue Examination, Form SF-515.

a. Prepare a Tissue Examination, Form SF-515 or use the contract lab form whenever a tissue specimen is forwarded to a laboratory for examination.

b. Ensure patient's identification information is completed.

30. Request for Medical/Dental Records or Information, Form DD-877.

a. Purpose. The Request for Medical/Dental Records or Information, Request for Medical/Dental Records or Information, Form DD-877 is a form used to track health records between clinics and units as well as to request records from clinics, units, or MTFs.

b. General. This form shall be initiated and included with health and clinical records as directed in this Manual.
c. Detailed Instruction.

(1) Each Request for Medical/Dental Records or Information, Form DD-877 must have all boxes completed.

(2) In all instances when a Request for Medical/Dental Records or Information, Form DD-877 is initiated, remarks concerning the reason for sending the record, the name of the gaining unit for the member/sponsor and a request for action will be included on the form. When preparing a Request for Medical/Dental Records or Information, Form Request for Medical/Dental Records or Information, Form DD-877 for a record to be forwarded, place the following in Section 9, REMARKS: “Health [clinical] record for this member (family member) is forwarded to you for appropriate filing. Member (sponsor) assigned to (insert gaining unit name).”

(3) For members entering the Individual Ready Reserve, (IRR) follow the instructions given by the Servicing Personnel Office as per the Military Personnel Data Records (PDR) System, COMDTINST M1080.10 (series).

(4) A copy of the Request for Medical/Dental Records or Information, Form DD-877 will be retained at the unit sending the record for 6 months after the record is mailed, and then may be discarded.

31. Modified Screening For: Overseas Assignment and/or Sea Duty Health Screening, Form CG-6100.
   a. General. Refer to Chapter 3 of this Manual for the completion of this form.

32. Occupational Medical History and Examination, Form CG-6010E. Place form in Section I of the Health Record.

33. Asbestos Exposure, Part I – Initial Medical Questionnaire, Form DD-2493-1. Place form in Section I of the Health Record.

34. Asbestos Exposure, Part II – Periodic Medical Questionnaire, Form DD-2493-2. Place form in Section I of the Health Record.

35. Respiratory Sensitizer Questionnaire, Form CG-6010H. Place form in Section I of the Health Record.

36. Acute Exposure Information, Form CG-6000-1. Place form in Section I of the Health Record.

37. Written Opinion, Form CG-6010B. Place form in Section I of the Health Record.

38. Summary Report, Form CG-6010C. Place form in Section I of the Health Record.
E. **Civilian Employee Health Record.**

1. **Purpose and Background.** The Employee Medical Folder, SF-66D is the chronological medical record of Federal employees eligible for health care at CG facilities. These are the primary reasons for compiling an Employee Medical Folder, SF-66D.
   a. **Documentation.** Develop records to facilitate and document the health condition in order to provide health care and to provide a complete account of care rendered, including diagnosis, treatment, and end result.
   b. **To protect the Government and the individual concerned.**
   c. **Provide quality health care.** The information in the Employee Medical Folder, SF-66D is routinely used: to provide, plan and coordinate health care; to aid in preventive health and communicable disease control programs; in reporting medical conditions required by law to Federal, state, and local agencies; to compile statistical data; for research; to teach health services personnel; to determine suitability of persons for service or assignments; to adjudicate claims and determine benefits; for law enforcement or litigation; to evaluate care provided; and to evaluate personnel and facilities for professional certification and accreditation.

2. **Custody of Employee Medical Folder, SF-66D.**
   a. **Privacy.** Employee Medical Folder, SF-66D are the property of the Federal government handled in accordance with the provisions of the Privacy Act of 1974 and the Freedom of Information Act. Guidance in this area is contained in the Coast Guard Freedom of Information and Privacy Acts Manual, COMDTINST M5260.3 (series).
      (1) Since Employee Medical Folder, SF-66D contain personal information of extremely critical or sensitive nature, they are considered For Official Use Only records according to the CG Freedom of Information and Privacy Acts Manual, COMDTINST M5260.3 (series), requiring maximum security (high security locked cabinets or areas).
      (2) Except as contained in the Coast Guard Freedom of Information and Privacy Acts Manual, COMDTINST M5260.3 (series), the information contained in the Employee Medical Folder, SF-66D shall not be disclosed by any means of communication to any person or to any agency, unless requested in writing by or with the prior consent of the individual to whom the record pertains. It is the responsibility of the requester to obtain the consent.
   b. **Custody.** Employee Medical Folder, SF-66D shall be retained in the custody of the Medical Officer of the unit at which the individual is employed. At no time shall individual employees keep or maintain their own records.
   c. **Individual’s rights.** Individuals may examine their Employee Medical Folder, SF-66D in the presence of a health services department
representative, providing it does not interrupt the scheduled mission of the unit and there is no information contained therein which would be detrimental to the individual's mental well-being.

d. **Entries.** Health services personnel making entries in Employee Medical Folder, SF-66D shall ensure that all entries, including signatures, are neat and legible. Signature information shall include the name and grade or rate. Do not use facsimile signature stamps.

e. **Erroneous entry.** If an erroneous hand-written entry is made in a health record, the author of the entry shall draw a diagonal line through the complete entry, make an additional entry showing wherein and to what extent the original entry is in error, and initial clearly next to the correction. For electronic record erroneous entries, correction may be recorded by either amendment of the original entry or an addendum to the original entry, both of which are signed/dated electronically with closure of the document.

f. **Completeness.** Health services personnel are responsible for the completeness of the entries made on any form while the Employee Medical Folder, SF-66D is in their custody. No sheet shall be removed from the Employee Medical Folder, SF-66D except under conditions specified in this Manual.

g. **Storage.** Health services personnel shall ensure that, if Employee Medical Folder, SF-66D are located in the same office as the Official Personnel Folder (OPF), the records are maintained physically apart from each other.

3. **Contents of the Employee Medical Folder, SF-66D.**

a. **Civilian Employee Health Record.** Each medical folder shall consist of an Employee Medical Folder, SF-66D with medical records arranged in the following bottom to top sequence:

   (1) Left Side Dental: Leave blank.

   (2) Right Side - Medical:

      (a) International Certificate of Vaccination, Form PHS-731*

      (Attached to the lower right corner of the inside of the Employee Medical Folder. This form is optional.)

      (b) Medical Record, Form SF-507 **

      (c) **Occupational Medical History and Examination, Form CG-6010E**

      (d) **Reference Audiogram, Form DD-2215**

      (e) **Hearing Conservation Data, Form DD-2216**

      (f) **Asbestos Exposure, Part I – Initial Medical Questionnaire, Form DD-2493-1**

      (g) **Asbestos Exposure, Part II – Periodic Medical Questionnaire, Form DD-2493-2**
(h) **Respiratory Sensitizer Questionnaire, Form CG-6010H***
(i) **Acute Exposure Information, Form CG-6000-1***
(j) **Written Opinion, Form CG-6010B***
(k) **Summary Report, Form CG-6010C***
(l) **Respiratory Questionnaire, Form CG-6010F***
(m) **Respirator Clearance Request, Form CG-6010G***
(n) **Civilian Medical Clearance, Form CG-6010D***
(o) **Guest Crew Member Health Questionnaire, Form CG-6010J***
(p) **Serology Record, Form SF-602***
(q) **Immunization Record, Form SF-601***
(r) **Eyewear Prescription, Form DD-771***
(s) **Electrocardiographic Report***
(t) **Radiologic Consultation Request/Report (Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations), Form SF-519***
(u) **Laboratory Reports***
(v) **Gynecologic Cytology, Form SF-541***
(w) **Tissue Examination, Form SF-515***
(x) **Authorization For Administration of Anesthesia and for Performance of Operations and Other Procedures, Form OF-522***
(y) **Consultation Sheet, Form SF-513 (to be replaced by Tricare authorization document upon receipt)***
(z) **Emergency Care and Treatment, Form SF-558***
(aa) **Chronological Record of Medical Care, Form SF-600***
(bb) **Adult Preventive and Chronic Care Flowsheet, Form DD-2766***
(cc) **Drug Sensitivity Sticker, CG-5266***
(dd) **Authorization for Disclosure of Medical or Dental Information, Form DD-2870***
(ee) **Request to Restriction Medical or Dental Information, Form DD-2871***
   * Annotates when required
   ** Medical Record, Form SF-507 are attached to and filed after the form is continued.

b. **Sequence.** File forms of the same number in their assigned sequence, with the most recent placed on top of each previous form, i.e., file Chronological Record of Care, Form SF-600 dated 3 AUG 87 on top of the Chronological
4. **Accountability of Disclosures.** The accountability of disclosure of records, as required by the HIPAA Privacy Regulation and the Privacy Act of 1974, will be maintained in accordance with Chapter 8, of The Coast Guard Freedom of Information (FOIA) and Privacy Acts Manual, COMDTINST M5260.3 (series), in the Protected Health Information Management Tool (PHIMT); see Chapter 14 Section B.2.e of this Manual. The information will be retained for six years after the last disclosure or for the life of the record, whichever is longer.

5. **Opening Employee Medical Folder, SF-66D.** Open an Employee Medical Folder, SF-66D when an eligible Federal employee initially reports for treatment.

6. **Terminating Employee Medical Folder, SF-66D.** Terminate the Employee Medical Folder, SF-66D in accordance with the Information and Life Cycle Management Manual, COMDTINST 5212.12 (series). Make an entry on the Chronological Record of Care, Form SF-600 explaining the circumstances under which the folder was terminated.

7. **Transferring to Other Government Agencies.** When transferring an Employee Medical Folder, SF-66D to other agencies, complete a Request for Medical/Dental Records or Information, Form DD-877.

8. **Lost, Damaged, or Destroyed Employee Medical Folder, SF-66D.**
   a. **Lost or destroyed.** If an Employee Medical Folder, SF-66D is lost or destroyed, the unit which held the record shall open a complete new Employee Medical Folder, SF-66D. Stamp or mark "REPLACEMENT" on the cover. If the missing folder is recovered, insert in it any additional information or entries from the replacement folder, then destroy the replacement folder.
   b. **Illegible.** Employee Medical Folder, SF-66D which become illegible, thus destroying their value as permanent records, will be duplicated. The duplicate shall, as nearly as possible, be an exact copy of the original record before such record becomes illegible. Stamp or mark "DUPLICATE" on the new record cover. Document the circumstances necessitating the duplication on a Chronological Record of Care, Form SF-600. Forward Employee Medical Folder, SF-66D replaced by duplicate records to the National Personnel Records Center.
9. **Employee Medical Folder, SF-66D.**

   a. **Last Name.** Record the last name in all capital letters.

      BROOKS

      Given Name(s). Record given name(s) in full without abbreviation. If the individual has no middle name or initial, use the lower case letter "n" in parentheses (n). If the individual has only a middle initial(s), record each initial in quotation marks. When "Jr." or "II" or other similar designations are use, they shall appear after the middle name or initial.

      BROOKS  Cecilia   (n)

      Last Name  First Name  Middle Name

   b. **Date of Birth.** Enter day, month (abbreviated JAN, FEB, MAR, etc.) and the year; i.e., 8 JUN 62.

   c. **Social Security Number.** Enter SSN.
CHAPTER 12

OCCUPATIONAL MEDICAL SURVEILLANCE AND EVALUATION PROGRAM (OMSEP)

A. Information on the Occupational Medical Surveillance and Evaluation Program is located in the Coast Guard Occupational Medicine Manual, COMDTINST M6260.32 (series).
C. Medical Readiness Reporting System (MRRS).

1. **Description.** The Medical Readiness Reporting System (MRRS) is the CG’s medical readiness reporting system adopted from the Navy. It is designed for use by clinics, independent duty health services technicians and CG Personnel Service Center. MRRS contains the following functional elements:
   a. Immunization data.
   b. Primary Physical Exam data.
   c. Periodic Health Assessment data.
   d. Medical Readiness data.
   e. Blood type/ tests data.
   f. Visual Acuity/ insert requirements.
   g. Dental Exam and classification.
   h. Pre/Post Deployment History.
   i. **OMSEP Examination History**
   j. Forms.
   k. Health record tracking.

2. **Recorded tests.** MRRS is designed to track medical readiness parameters (e.g. HIV test, TST, DNA specimen submission, G6PD, sickle test, blood type, primary physical exam currency, periodic health assessment currency, **OMSEP examination currency** and immunizations). The system is tailored to meet all Department of Defense (DoD) and CG medical readiness reporting requirements.

3. **Questions related to MRRS.** Questions on policy related to MRRS may be directed to Commandant (CG-1121).

4. **Access Instructions.** Members requiring access to MRRS need to request permissions from their local (clinic) MRRS Security Officer. Upon completion of mandatory MRRS training, members will receive access to MRRS after faxing or sending via electronic mail a completed System Access Request, Form DD-2875 to the appropriate Security Officer. This form is available on the MRRS website at [https://mrrs.sscno.nmci.navy.mil](https://mrrs.sscno.nmci.navy.mil).