

REQUEST FOR MEDICAL SCREENING

(Date)

From: Commanding Officer, _____
To: OIC, _____ Branch Medical Clinic

Subj: REQUEST FOR MEDICAL SCREENING FOR HIGH-RISK INSTRUCTOR
DUTY, ICO _____

Ref: (a) OPNAVINST 1500.75B

Encl: (1) OPNAV 1500/75 (Oct 2009) Medical Questionnaire
(2) Medical Officer's Interview Guide
(3) Results of Medical Screening

1. Request you conduct the following medical evaluation to assist us with screening subject named member for possible duty as a high-risk instructor per reference (a):

a. For High-risk Instructor Candidates Only. Complete enclosure (1) and submit to medical officer for review.

b. Screen medical record of subject candidate in his/her presence. Screening must be conducted either by the medical officer, physician assistant, nurse practitioner (family practice), or independent duty corpsman.

c. Enclosure (2) is provided to assist you in conducting the medical record screening and interview. Enclosure (3) is provided to assist in reporting a determination as to whether any disqualifying factors are present.

2. The reviewer may request a specialist referral if the review reveals a need for it. The results of the medial screening must be forwarded to the requester and recorded in the candidate's medical record.

3. My point of contact is (Name/Phone Number).

F. M. LASTNAME

MEDICAL OFFICER'S INTERVIEW GUIDE

The following are suggested topics for the medical interview. For any issues that are not resolved to your satisfaction during the interview, refer for specialty consult or evaluation. Look for signs of stress or annoyance in the candidate when discussing these issues, especially regarding abusive behavior and substance abuse.

Interpersonal Relationships/Job Adjustment

1. Have you ever been referred to a physician or chaplain due to personal or work-related stress that adversely affected your performance?
2. Have you any history of spousal/child abuse or suicidal behavior?
3. Have you experienced any anxieties or phobias that have caused you to be removed from a particular work environment?

Mental/Physical Health

1. Have you consulted a civilian health care provider within the past year? *(As appropriate, the medical reviewer should obtain records from the civilian physician.)*
2. Are you currently taking prescription medications? Will the condition affect your ability to perform duties?
3. Have you ever gone before a medical board? *(A copy must be available in the candidate's health record.)*
4. Is there any documented history of psychological or physiological reaction to stress, tension, vascular headaches (recurrent), upper respiratory symptoms, and unstable hypertension? *(Explore any history of emotional problems that would suggest vulnerability to maladaptive stress coping, such as adjustment (situational) disorders, depressive episodes, recurrent anxiety.)*
5. Have you ever been concerned at any time about your emotional health or ability to cope with stress?
6. Have you ever sought psychological counseling by a physician, psychologist, priest, social worker, etc.?
7. Have you threatened suicide or any other self-destructive behavior?
8. Have you ever threatened to hurt another individual?
9. Have you ever experienced persistent irrational fear or phobias such as flying, high places, confined spaces, water, etc.?
10. Do you have a problem with anger, recurrent anger, or controlling anger?

Substance Abuse

1. Have you ever consumed alcohol during work hours or come to work hung over, requiring a referral for competency for duty?
2. Have you ever been referred for evaluation for substance abuse?
3. Have you ever been involved in an alcohol-related incident?
4. Have you ever had concern about your drinking pattern or experienced guilt or remorse for behavior that occurred while drinking?
5. Has alcohol ever caused any family, personal, or work difficulties? (*Specifically address driving under the influence (DUIs), fights, quarrels, and tardiness or missing work.*)
6. Do you have a history of drinking excessively?
7. Do you drink early in the day?
8. Has anyone criticized your drinking pattern or advised you to change your drinking pattern?
9. Have you ever-experienced blackouts?

Interpersonal Relationships

Was the candidate abused as a child (*physically, emotionally, or sexually*)?

Documented History of Impulsive Behavior

1. Is there any evidence of untreated alcohol abuse or alcohol dependence? (*At least 1-year post treatment with an adequate documented recovery program is required prior to accepting orders as a high-risk instructor*).
2. Is there any psychiatric diagnosis of personality disorders? (*Applicable in the case of any psychiatric diagnosis requiring medication or hospitalization unless symptom-free for 1 year and declared fit for full duty by a formal medical board.*)

RESULTS OF MEDICAL SCREENING

(Date)

From: OIC, _____ Branch Clinic
To: Commanding Officer, _____

Subj: RESULTS OF MEDICAL SCREENING FOR HIGH-RISK INSTRUCTOR
DUTY ICO: _____

- 1. The requested screening and interview have been completed.
- 2. Information **does/does not** indicate that there are potentially disqualifying factors in the instructor's medical history.
- 3. The candidate **is/is not** suitable for high-risk instructor duty.
- 4. Additional comments: _____

F. M. LASTNAME