DEPARTMENT OF THE NAVY NAVAL
HOSPITAL BOONE ROAD BREMERTON,
WASHINGTON 98312-1898

6260
Code/
Date: _____

From: Occupational Medical Provider, Naval Branch Health Clinic, Puget Sound Naval Shipyard
To: Commanding Officer, Puget Sound Naval Shipyard

Subj: PHYSICIAN'S WRITTEN OPINION OF MEDICAL SURVEILLANCE OF:
_____ SHOP: _____

Ref: (a) OPNAVINST 5100.23F

1. Per reference (a), this employee had an Occupation Medical Surveillance exam on this date to determine their medical fitness for the following programs:

_____

_____

2. A medical condition WAS/WAS NOT detected that would place employee at an increased risk of health impairment due to continued occupational exposure.

3. From this evaluation the recommended limitation for the employee's continued use of personal protective equipment or for continued work activities are as follows (If any see also PSNS BRCL *6100/1:*

FROM THIS EXAM: _____

_____

4. Other currently active limitations: YES/NO
If yes, see PSNS BRCL *6100/1(s)* dated: _____

5. The employee has been advised of the finding of this evaluation. Any medical condition(s), Occupational or non-occupational, requiring further evaluation has been given in writing.

_____

Occupational Medicines Provider's Signature DATE

_____I have been informed that there is an increased risk of lung cancer attributable to the combined effects of smoking and asbestos exposure.

_____ _____

Patient Signature DATE

*******W ARNING: This document contains information which should be protected according to the provisions of the Privacy Act of 1974 (5 U.S.C. 552). PHYSICAL EXAM and LABORATORY information cannot be released with the expressed written consent of the patient.

SUPERVISOR'S Copy - White PATIENT'S Copy - Yellow CHART Copy - Pink