MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

LOCAL FORM TITLE *(Optional)* RECALL FOR ABNORMAL CHANGES ON ASBESTOS CHEST FILM	ISSUANCE DATE 30 DEC 2005 /AUGUST 2006
REQUIRING DOCUMENT (*Title and Number)* OPNAVINST 5100.23 Series / NMCPHC TM-OEM-6260.1	

S. _____Y/O employee working in Shop/Code_____with a history of asbestos exposure for

_____years, was noted on chest film dated_____by the A-reader__/B-reader__ to have:

	Findings are:	Involve:
( )Pleural Thickening	( ) New	( ) Apex
( )Pleural Plaque	( ) Stable	( ) Middle
( )Pleural Effusion	( ) Progressive	( ) Diaphragmatic region
( )Small Opacities: faint	( ) Left sided	
dark	( ) Right sided	
	( ) Bilateral	

Employee complains of: ( ) Cough ( ) Dyspnea on Exertion

History of: ( ) Asthma ( ) No Tobacco use
( ) Emphysema ( ) Smokeless tobacco user
( ) Chronic Bronchitis ( ) Smokes _____packs per day for_____years
( ) Hemoptysis ( ) Quit smoking _____years ago

Exposure History: Dates_____ to _____
( ) Concentration unknown
( ) Concentration of over 2 fibers/cc (visible in air at 2 fibers/cc)
( ) PPE used
( ) Trade_____

Enrolled in: ( ) Current Asbestos Worker Program ( ) Past Asbestos Worker Program

( ) Past asbestos exposure was in Federal Service

( ) Past asbestos exposure was outside Federal Service

PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	

O.

( ) Lungs are clear to ascultation
( ) Positive rales heard
( ) B-reader film report is pending
( ) B-reader film report is as NO Pleural or Other Changes
( ) B-reader film report shows:

( ) Pleural Thickening
( ) Pleural Plaque
( ) Pleural effusions
( ) Small Opacities
( ) Other:_____

Spirometry Results
FEV1_____
FVC _____
Ratio_____%

( ) Spirometry dated_____demonstrates possible:
( ) Restrictive respiratory impairment
( ) Obstructive respiratory impairment
( ) Mixed respiratory impairment

A.

( ) Pleural thickening with out evidence of asbestosis (ICD-9 793.1)
( ) Small opacities in lung fields noted by ILO B-Reader
( ) X-ray abnormalities consistent with age and past history: No asbestos-related change noted at this time (ICD-9 793.1)
( ) Other:_____

P. Recommendations to employee with pleural thickening, plaque or small opacities in lung fields.

( ) See personal physician with films is symptomatic, especially if there is a persistent cough, coughing up blood (sometimes large amounts), chest pain, wheezing, shortness of breath with activity or exertion, repeated attacks of pneumonia or asthma, or unexplained weight loss.

( ) Continue enrollment in AMSP
( ) Contact OWCP about filing a claim if desired
( ) Employee given copy of instructional handouts "Pleural Thickening, Plaques and Calcifications" and/or "Small Opacities" and any questions were answered
( ) Record given to RN/LPN/ Medical Technician for entry into database
( ) Employee states understanding of plan with no barriers to learning noted

( ) Other:_____

_____ Signature of Employee / Date

_____ Signature of HCP / Date

PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	