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# Marine Corps Safety and Supervisor's Guide to Medical Surveillance



A product of the

**Marine Corps Medical  
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# FOREWORD

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This sixth edition (first in 2013) of the Marine Corps Safety and Supervisor's Guide to Medical Surveillance provides Commanders, Supervisors, Safety Officers/Managers, and Medical Department Representatives (MDR) a ready reference regarding the purpose of medical surveillance, policy requirements, stakeholder roles and responsibilities, as well as some best management practices.

Commanders, Supervisors, Safety Officers/Managers, and Medical Department Representatives (MDR) should review this Guide to improve their medical surveillance knowledge, skills, and competencies and to use the information contained within to train others.

The Marine Corps Safety and Supervisor's Guide to Medical Surveillance is the result of collaborative efforts by a group of Safety Officers/Managers, Occupational Medicine Physicians, Occupational Health (OH) Nurses, and Industrial Hygienists from across the Marine Corps and Navy.

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**SECTION 1. PROGRAM MANAGEMENT "BOTTOM LINE UP FRONT"**

1. **Purpose:** Marine Corps policies outlined in MCO 5100.29C and NAVMC DIR 5100.8 direct Commanders to implement the programs and policies necessary to protect the health of their personnel. The Marine Corps Safety Management System (SMS) (formerly Safety and Occupational Health (SOH) program) includes medical surveillance among its tools to prevent occupational disease and to ensure that military and civilian personnel can perform specific jobs without undue hazard to themselves, other personnel, or equipment.
  
2. **Implementation:** Implementation and tracking of SOH programs are the responsibility of Commanders with authority generally delegated to the Safety Officer/Manager. Engagement of personnel who manage specific programs, such as the command Laser System Safety Officer (LSSO), Explosive Safety Officer (ESO), Radiation Safety Officer (RSO), and Respiratory Protection Program Manager (RPPM) may also be necessary for a fully functional program.
  
3. **Resources:** This guide offers basic information on medical surveillance and certification exams; however, Supervisors, Safety Officer/Managers, and Medical Department Representatives (MDRs) must also review other documents such as the command Industrial Hygiene (IH) survey report and certification program regulations to achieve a better understanding of medical surveillance and certification requirements applicable to their personnel. They should also engage the command LSSO, ESO, RSO, and RPPM when applicable, as well as supporting IH and OH clinics. Medical surveillance is a team effort and requires engagement by all stakeholders to maximize a program's effectiveness.

**This document does not establish requirements or regulations. It only summarizes existing requirements in a convenient format. Refer to source documents for specified requirements.**

## SECTION 2. BACKGROUND INFORMATION

### 1. What is Medical Surveillance?

a. Occupational Medical Surveillance (as distinct from "health surveillance", which refers to monitoring populations for disease outbreaks) is the systematic checking of military and civilian workers for the harmful effects of hazardous substances or conditions. Examples of such hazards include:

- (1) Asbestos
- (2) Noise
- (3) Lead
- (4) Chromium
- (5) Isocyanates

b. Certification exams are used to ensure that personnel are often included with medical surveillance and ensure that personnel are medically qualified to perform certain assigned jobs. Examples include:

- (1) Forklift Operator
- (2) Food Service Personnel
- (3) Explosive Handler
- (4) Explosive Vehicle Operator
- (5) Healthcare Worker

### 2. Why is Medical Surveillance Important?

a. The Marine Corps is required to comply with Federal Occupational Safety and Health Administration (OSHA) regulations. However, the main driver for SOH programs is always to ensure the health and well-being of Marine Corps personnel and to identify, as early as possible, potential health issues.

b. Effective medical surveillance can identify current or past exposures to health hazards, such as lead, benzene, chromium, noise, radiation, and lasers.

c. Certain hazardous substances have long "latency" periods (the time between initial exposure and disease); examples include asbestos and cadmium.

d. Medical surveillance also helps determine whether controls used in the workplace to reduce exposures to personnel (such as Local Exhaust Ventilation designed to remove hazardous fumes, gases or vapors) or Personal Protective Equipment (PPE), such as respirators, are working effectively.

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*It is DoD policy to:*

*Implement programs and processes that promote and sustain a healthy and fit force, prevent injury and illness, protect the force from health hazards, and deliver the best possible medical and rehabilitative care to the sick and injured anywhere in the world.*

*DoD Directive 6200.04*

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*It is DoD policy to:*

*Protect DoD personnel from accidental death, injury, and illness caused by hazardous occupational and environmental exposures.*

*DoD Instruction 6055.05*

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3. Types of Occupational Medical Surveillance Examinations:

a. **Baseline Examination (Pre-placement or Pre-Assignment):** A Baseline examination is performed before the employee starts work in a position to ensure that they are medically qualified to perform the job's required duties or to establish a baseline (reference point) where IH personnel have identified work-related exposures.

b. **Periodic Examination:** A Periodic examination is performed at regular, specified intervals (often annually) while the worker performs jobs or tasks requiring medical surveillance or certification. The periodic exam results are commonly compared to the baseline to identify potential health effects caused by an exposure (e.g. comparing a baseline audiogram with a periodic audiogram to identify hearing loss).

c. **Termination Examination:** Termination exams are important because they document the worker's state of health at the end of employment or exposure. A Termination exam is required when the worker leaves certain medical surveillance programs due to a change in jobs, a change in exposure or upon discharge or retirement from the Marine Corps.

d. **Occupational Medical Surveillance Examination Management:** It's common for military and civilian members to have exposures to multiple hazards requiring medical surveillance. Table 1 below illustrates how the various examinations may apply to a worker. The number of required exams in this example is not typical but serves to illustrate how some personnel may require enrollment in more than one program.

**Table 1. Example of Multiple Medical Surveillance Exam Requirements**

| Program Name             | Type          | Baseline (Pre-Placement) Required?             | Periodicity   | Termination Exam Required? |
|--------------------------|---------------|--|---|----------------------------|
| Lead                     | Hazard-based  | Yes  | Annual  | Yes                        |
| Chromic Acid/Chromium VI | Hazard-based  | Yes  | Annual  | Yes                        |
| Noise (audiogram)        | Hazard-based  | Yes  | Annual  | Yes                        |
| Respirator User          | Certification | Civilian: Yes<br>Military: No (See Note Below) | Civilian:<br>-Age 15 to 34: every 5 years<br>-Age 35 to 44: every 2 years<br>>Age 45: annual<br>-SCBA user: annual<br>-Military: (see note below) | No                         |
| Laser                    | Hazard-based  | Yes  | If eye exposure to Class 3b or 4 laser occurs   | Yes                        |

*Note: Military personnel, who have been confirmed by their region or activity as "Fit for Full Duty" based on their current periodic military physicals (Manual of the Medical Department (P-117), and their annual Periodic Health Assessment (SECNAVINST 6120.3A)) are considered medically qualified to wear any type of respiratory protection and do not require respirator-specific baseline or periodic exams. "Fit for Full Duty" includes a completed, current PHA and no deployment-limiting conditions.*

### SECTION 3. PERTINENT INSTRUCTIONS AND GUIDANCE

1. Department of Defense (DoD) and Department of Navy policies are based on requirements found in Part 29 of the Code of Federal Regulations (CFR), also known as the Federal OSHA regulations.

2. Some medical surveillance exams are tied to programs specified in the individual MCO 5100.29C and NAVMC DIR 5100.8 chapters devoted to those programs. Examples include the audiogram requirements for the Hearing Conservation Program MCO 6260.3A, chest X-ray requirements in the Asbestos program, and blood lead tests in the Lead program.

a. Other Instructions and Regulations: Not all certification exam requirements are included in MCO 5100.29C and NAVMC DIR 5100.8. For example, exams for Navy Divers are governed by OPNAVINST 3150.27C (Navy and Marine Corps Diving Program), and exams for crane operators (Weight Handling Equipment) are governed by Naval Facilities P-307. Some certification exams are required by regulations outside the Navy, such as Motor Vehicle Operator requirements governed by Department of Transportation regulations (49 CFR 383 and 391).

b. Additional Guidance

Defense Centers Public Health-Portsmouth (DCPH-P) (aka Navy and Marine Corps Public Health Center (NMCPHC)) Technical Manual, NMCPHC- TM OM 6260 Medical Surveillance Procedures Manual and Medical Matrix, also known as the "Medical Matrix", is the Navy and Marine Corps' authoritative reference that establishes the minimum medical exam requirements for hazard-based and certification examinations and describes which exams fall into each category. Medical surveillance performed in accordance with the Matrix will fulfill all pertinent Federal, DoD, Navy and Marine Corps requirements. A computer program called "PC Matrix" is used to help identify and integrate the elements of all required exams so that they can be streamlined into as few clinic visits as possible.

MEDICAL MATRIX ONLINE. Medical Matrix Online (MMO) is the digital companion to the Medical Matrix. It is designed to include all the elements comprising the medical surveillance program for each hazardous exposure a worker is exposed to, and produce a single exam (SF600 overprint) from those programs. MMO is compatible with Chrome, Firefox, and Edge; Chrome is preferable. Internet Explorer 11 is not supported. <<https://www.med.navy.mil/Navy-Marine-Corps-Public-Health-Center/Environmental-Health/Occupational-and-Environmental-Medicine/Occupational-and-Environmental-Medicine-Division/Surveillance-and-Certification-Exam/Medical-Matrix/>>

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*If an individual does not meet one or more established medical fitness standards, he or she is considered not medically qualified. The individual may, if he or she can perform the essential job functions, originate a request for waiver with the agency granting the certification such as FAA or DOT.*

*Temporary medical conditions such as elevated systolic blood pressure are ordinarily only temporarily disqualifying. The individual would not need to request a waiver from the agency granting the certification.*

*DoD Instruction 6055.05M*

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## SECTION 4. ELEMENTS OF THE MEDICAL SURVEILLANCE PROGRAM

1. There are 7 basic elements to the medical surveillance and certification process:

- a. Identification
- b. Training
- c. Enrollment and Tracking
- d. Completing Exams
- e. Communication
- f. Reporting
- g. Oversight

2. Each process element is detailed below.

a. Identification

(1) Accurately identifying personnel who require medical surveillance or certification is essential. Unnecessarily or incorrectly enrolling personnel into programs leads to increased costs and unnecessarily burdens both the supporting Navy Medical Readiness and Training Command (NMRTC) unit and the command. Enrollment in medical surveillance should always be based upon established exposure or certification program requirements.

(2) Hazard (Exposure)-Based Exams: The command IH survey report is the primary reference for identifying medical surveillance requirements based on actual, or potential, overexposures to various health stressors (such as lead, chromium, noise, etc.).

(3) Certification (Specialty) Programs: Commands should refer to, and Safety Officers/Managers and MDRs should be familiar with, the guiding references for certification programs applicable to their commands. The Navy and Marine Corps Certification Examination Guidance matrix is designed to help identify which exams may be applicable. The Medical Matrix lists many of the guiding references for certification programs that require medical exams (the applicable references are located at the end of each exam section).

(4) Commands should contact their supporting IH or OH clinic if they have questions regarding which personnel should be enrolled in a specific program(s).

b. Training: A command will not have an effective program unless the key personnel have a good understanding of medical surveillance and certification roles, responsibilities, requirements and elements. Use Guide to train Safety Officers/Managers, MDRs, and supervisors, as well as personnel who require medical surveillance and certification.

c. Enrollment and Tracking: Enrollment means that the member has been identified as needing medical surveillance; tracking means that the member's name has been entered in the command's tracker and that they are proactively followed to make sure that they complete the applicable exams in a timely manner.



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(1) Tracking methods include Medical Readiness Reporting System's (MRRS) Occupational Health Medical Surveillance Examination (OHMSE) option or other electronic databases such as the Enterprise Safety Applications Management System (ESAMS), SNAP Automated Medical System (SAMS), etc. Commands may use whatever tracking system they choose, however, an electronic database can streamline the process and make enrollment and tracking more efficient and effective.

(2) Supervisors are the backbone of the medical surveillance program (as they are for all SOH programs). ***A command cannot have an effective program without strong supervisor involvement.***

(3) The Department of the Navy (DON) Supervisor's Medical Surveillance and Certification Exam Referral form (SECNAV Form 5100/1) was developed to capture and document essential medical surveillance information and to streamline communication between key stakeholders who are internal or external to the command. Commands and clinics should use this form to maximize accuracy in enrollment and tracking.

e. Completing Exams: The supporting NMRTC unit performs most medical surveillance and certification exams, though certain exams can be performed by Medical Battalions.

f. Communication: Essential information such as which exams personnel require, exam completion dates and dispositions (i.e. medically qualified, not medically qualified, qualified with limitations, etc.), next exam due dates, and abnormal findings that may indicate inadequate workplace exposure controls must be communicated between supervisors and safety officers/managers, MDRs, and clinics. As stated above, the Supervisor's Medical Surveillance and Certification Exam Referral form (SECNAV Form 5100/1) captures and documents the essential program enrollment information and streamlines communication between all key stakeholders.

g. Reporting: MARADMIN 212/17 All Marine Corps Force (MARFOR) Commands, Marine Corps Combat Development Command, Marine Corps Installations Command, Marine Corps Logistics Command, Marine Corps Recruiting Command, and Training and Education Command will ensure subordinate commands use the MRRS OHMSE option or other electronic databases such as the Enterprise Safety Applications Management System (ESAMS), SNAP Automated Medical System (SAMS), etc.

h. Oversight: Commanding Officers ensure the proper functioning of medical surveillance pertinent to their commands. Commanding General's Inspection Programs and Command Safety Oversight ensure that subordinate commands implement all required SOH programs, including medical surveillance. Major Commands conduct assessments of the effectiveness of the command's overall SOH program by performing subordinate command safety assessments and reviewing self-assessments.

## SECTION 5. MEDICAL SURVEILLANCE STAKEHOLDER ROLES AND RESPONSIBILITIES

All medical surveillance stakeholders must work in concert to maximize the effectiveness of the Marine Corps' program. Below is a comprehensive list of medical surveillance stakeholders along with a description of their general roles and responsibilities.

1. Major Commands: Ensure that subordinate commands implement all required SOH programs, including medical surveillance. Each level in the chain of command should review their subordinates' annual medical surveillance and certification exam completion reports and enforce actions necessary to increase and maintain compliance.
2. Commanders: Commanders have overall responsibility to implement an effective OH program, to include medical surveillance and certification. Authority to implement and maintain this program is generally delegated to the Command Safety Officer/Manager.
3. Marines, Sailors and DON Civilians: All personnel should be knowledgeable of their exposures and/or need for certification and must complete applicable exams in a timely manner.
4. Supervisors: Must ensure that personnel they manage comply with safety and health requirements, including completion of medical surveillance and certification exams/screenings. Supervisors must properly identify, enroll and track personnel requiring medical surveillance and/or certification, supported by the command Safety Officer/Manager.
  - a. Supervisors must ensure that personnel are adequately trained and knowledgeable of their hazardous exposures and certification requirements.
  - b. Supervisors should document essential information for each worker requiring medical surveillance and/or certification and review it with the worker and command Safety Officer/Manager or MDR. The Supervisor's Medical Surveillance and Certification Exam Referral form (SECNAV FORM 5100/1) can streamline documentation and communication.
  - c. Supervisors should communicate with the Command Safety Officer/Manager or MDR and consult with supporting industrial hygiene and/or occupational health to identify causal factors and corrective actions when necessary.
    - (1) Occasionally, the medical provider will recommend limitations on a worker's duties, removal from a certain work environment, or indicate that the worker did not meet a certification program's medical criteria (i.e. they were deemed "Not Medically Qualified"). Examples include:
      - (a) Personnel experiencing hearing loss may have recommended time limitations in a noise hazardous space or even recommended for a different rate or job.
      - (b) Forklift operators who no longer meet minimum visual acuity needed to safely drive the vehicle may require placement in a different job.
      - (c) Depot and Production Plant personnel engaged in paint removal may be recommended for temporary placement in a different job due to high blood lead results.

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(d) Recommendation to limit a worker from wearing a respirator due to claustrophobia, folliculitis barbae (which may keep a worker from shaving regularly), or other factors.

(e) Follow up to ensure that personnel who are classified as "Other/Pending" complete whatever follow-up exams are required.

### 5. Command Safety Officer/Managers:

- a. Review the command IH survey report to identify medical surveillance requirements.
- b. Be familiar with regulations pertaining to jobs that require certification (e.g. Forklift Operator, Health Care Worker, Sewage/Wastewater Worker, Police/Security, Firefighter, etc.).
- c. Communicate with supervisors and supporting stakeholders to ensure that personnel are enrolled in the appropriate program(s).
- d. Train supervisors so they fully understand applicable hazard-based and certification medical surveillance requirements. Recommended training topics include interpreting the command's IH survey report, and use of the DON Supervisor's Medical Surveillance and Certification Referral form and on the operation of the command tracker.
- e. Provide oversight to ensure that necessary exams are completed in the proper timeframe and required follow-ups are tracked.
- f. Report medical exam completion status as part of the annual Safety Management System Self-Assessment process as required by MCO 5100.29C. Follow guidance for roll-up through the chain of command as described in MCO 5100.29C, and in this guidance.
- g. Report occupational illnesses and injuries through the RMI-SRI as required by MCO 5100.29C VOL 9, Chapter 1.
- h. Review medical surveillance exam completion status in preparation for oversight inspections (Major Command Inspections, Commanding General's inspections, U.S. Marine Corps Inspector General (USMC IG), commander's inspections, etc.). Work with supervisors and supporting stakeholders to address gaps.
- i. Consult Occupational Audiologists for hazardous noise issues or for questions about hearing loss and Fitness for Duty. Refer personnel who have Significant Threshold Shifts (hearing loss) indicated on their audiogram.
- j. Communicate with the Major and Subordinate Command's safety offices for technical advice, direction, and guidance on medical surveillance and certification matters.
- k. Consult with industrial hygiene and/or OH to identify causal factors and corrective actions if a medical provider recommends limitations on a worker's duties, removal from a certain work

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environment, or indicates that the worker did not meet a certification program's medical criteria (i.e. they were "Not Medically Qualified"). Examples include:

(1) Personnel experiencing hearing loss may have recommended time limitations in a noise hazardous space or may even be recommended for a different rate or job.

(2) Forklift operators who no longer meet minimum visual acuity needed to safely drive the vehicle may require placement in a different job.

(3) Depots and Production Plant personnel engaged in paint removal may be recommended for temporary placement in a different job due to high blood lead results.

(4) Recommendation to limit a worker from wearing a respirator due to claustrophobia, folliculitis barbae (which may keep a worker from shaving regularly), or other factors.

(5) Follow up to ensure that personnel who are classified as "Other/Pending" complete whatever follow-up exams are required.

6. Supporting Installation Safety Office: Installation Safety Offices provide core safety services per MCO 5100.29C.

7. Supporting NMRTC OH Clinic:

a. Occupational Health (OH) clinic personnel conduct medical surveillance and certification exams.

b. Upon completion of the required exam(s), clinic or MDR providers should fill out the appropriate section of the DON Supervisor's Medical Surveillance and Certification Exam Referral form (SECNAV FORM 5100/1) and return encrypted via ESAMS or other electronic system to protect Personally Identifiable Information (PII) to the member's supervisor and Safety Officer/Manager.

8. Supporting Occupational Audiologist:

a. Occupational Audiologists conduct worksite visits, perform Hearing Conservation Program reviews, and provide training to commands with hazardous noise exposures.

b. Serve as subject matter experts and provide training and fitting of hearing protective devices to noise exposed personnel.

c. Determine whether Significant Threshold Shifts (hearing loss) are temporary or permanent.

9. Command Laser System Safety Officer (LSSO) manages the command laser safety program, including laser-related medical surveillance oversight. The LSSO determines which personnel should be enrolled in the laser medical surveillance program per MCO 5104.1C and in accordance with paragraph 2211 of OPNAVINST-M 5100.23.

10. Explosive Safety Officer (ESO) manages the command explosive safety program.

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11. Radiation Health Officer (RHO) or Radiation Safety Officer (RSO) manages the command Radiation Safety Program.

12. Respiratory Protection Program Manager (RPPM) manages the command Respiratory Protection Program.

13. Supporting Industrial Hygiene: Civilian IHs and military Industrial Hygiene Officers (IHOs) perform IH surveys and recommend hazard-based medical surveillance uniquely applicable to each worker. They serve as a resource to help investigate and address overexposures identified through the medical surveillance exams.

14. Major Commands:

a. As described in MCO 5100.29C commands provide technical advice, direction, and guidance on SOH matters to subordinate activities. They also conduct assessments of the effectiveness of the overall SOH program by performing subordinate command SOH management evaluations and reviewing self-assessments.

b. The Major Commands Commanding General's Inspection Program provides oversight and ensures that subordinate commands implement the applicable SOH program requirements.

c. Major Commands must roll up annual safety self-assessment data, including medical surveillance and certification exam completion results, from subordinate commands per MCO 5100.29C. Each level in the chain of command should review their subordinates' quarterly medical surveillance and certification exam completion reports and enforce actions necessary to maintain compliance.

15. DCPH-P:

a. The DCPH-P Occupational and Environmental Medicine Department develops guidance for Naval medical surveillance and certification exams and publishes this guidance in the Medical Matrix.

b. The DCPH-P Industrial Hygiene Department develops exposure assessment guidance for BUMED Industrial Hygienists and IHOs.

16. HQMC Health Services and CMC Safety Division:

a. HQMC Health Services and CMC Safety Division provide medical surveillance information on their respective web pages.

b. CMC Safety Division acts as the clearinghouse for annual safety self-assessment roll-ups and annual reports of significant findings and actions to the Executive Force Preservation Board.

c. HQMC Health Services oversees occupational health medical surveillance examination (OHMSE) compliance MRRS reports.

d. CMC Safety Divisions conducts triennial command safety assessments of major commands and installations that includes medical surveillance compliance.

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17. U.S. Marine Corps Inspector General (USMC IG): The USMC IG performs inspections of commands and includes SOH items in assessments.

**SECTION 6: SUMMARY OF References.**

Occupational Health Medical Surveillance Examination Toolbox

- **Federal OSHA Regulations**
  - 29 CFR 1960 (OSHA Program Elements for Federal Employees)
  - 29 CFR 1910 (OSHA Medical Screening and Surveillance Regulations (General Industry))
  - 29 CFR 1926 (OSHA Regulations for Construction Industry)
  - 29 CFR 1915 (OSHA Regulations for Shipyard Industry)
  
- **DoD Instructions**
  - DODI 6055.05 (DoD Occupational and Environmental Health Program)
  - DODI 6055.05M (DoD Occupational Medical Examinations and Surveillance Manual)
  - DODI 6055.12 (DoD Hearing Conservation Program)
  
- **Marine Corps and Navy Instructions**
  - MCO 5100.29C, VOLs 1-5, 6 (under construction), 7, 8, and 9
  - MCO 5104.1C
  - MCO 5104.3C
  - MCO 6260.3A
  - NAVMC DIR 5100.8
  - OPNAVINST-M 5100.23 (Navy Safety and Occupational Health Program Manual)
  - MARADMIN 212/17
  - OPNAVINST 3150.27B (Navy and Marine Corps Diving Program)
  
- **Other Navy Guidance and Resources**
  - NMCPHC- TM OM 6260 (Medical Surveillance Procedures Manual and Medical Matrix) (current edition)
  - DON Medical Surveillance and Certification Exam Referral form (SECNAV 5100/1)
  - Medical Surveillance Program Management Improvement Request form
  - DCPH-P Occupational and Environmental Medicine Department
  - DCPH-P Industrial Hygiene Department
  - NMCPHC TM-6260.51.99-3 (July 2020) NAVY MEDICINE HEARING CONSERVATION PROGRAM TECHNICAL MANUAL

**Prepared By:** Marine Corps Medical Surveillance Working Group.