



UNITED STATES MARINE CORPS

MARINE CORPS RECRUIT DEPOT/EASTERN RECRUITING REGION

PO BOX 19001

PARRIS ISLAND, SOUTH CAROLINA 29905-9001

DepO 6120.7D
BMC

18 JUN 1993

DEPOT ORDER 6120.7D w/ch 1, 2

From: Commanding General
To: Distribution List

Subj: COMPETENCE FOR DUTY EXAMINATIONS

Ref: (a) BUMEDINST 6120.20D (NOTAL)
(b) NAVHOSPINST 6120.20G (NOTAL)

Encl: (1) NAVMED Form 6120/1 (Rev 1-82)
(2) DD Form 1323

1. Purpose. To amplify instructions contained in the references and to prescribe the Depot procedure for the examination, determination, and disposition of personnel referred to the Branch Medical Clinic, Parris Island (BMC-PI) or Naval Hospital, Beaufort (NHB) for competence for duty examinations for suspected alcohol or drug impairment.

2. Cancellation. DepO 6120.7C.

3. Background. In cases involving possible intoxication, drug addiction, medication abuse or other unusual exposures or circumstances, there is a requirement to ascertain whether the person concerned is fit for duty. To assist in making such a determination a medical officer's opinion will often be considered as expert opinion in any subsequent legal and/or administrative proceedings. Enclosure (1) is available through the normal supply system and is used to assist in providing a uniform and orderly medical report for complying with requests by proper authorities for medical determination of an individual's "fitness for duty", and will be used for the referral of all military and civilian employees who are suspected of being under the influence of a controlled substance or alcohol.

4. Summary of Revision. The contents of this Order have changed only minimally, but it should be reviewed in its entirety.

5. Definition of Fitness for Duty

a. For Persons in the Naval Service. The ability to perform fully the duties which an individual is assigned.

18 JUN 1989

NOTE: A person who has indulged in intoxicating beverages or other incapacitating drugs to such an extent to impair sensibly the full exercise of his mental and physical faculties is unfit to be entrusted with duties incident to naval service. The fact that the person is in a patient, leave, or on liberty status is immaterial with respect to the determination of his fitness to perform his duties.

b. For all Others. The mental and physical ability to perform fully any task or service which the individual may normally be expected to perform.

6. Referral Authority. The ~~Permanent Personnel Sick Call Medical Officer,~~ ^{Duty Medical Officer of the Day} BMC-PI (during normal working hours) or Medical Officer of the Day, NHB (after normal working hours) will perform competence for duty examinations on individuals upon receipt of enclosure (1), in duplicate, from the Provost Marshal, Depot Command Duty Officer (CDO), Commanding Officer of Depot subordinate commands, or their respective duty officers, the Director, BMC-PI, or Commanding Officer or his designated representative of the Naval Dental Clinic. In the case of Civil Service employees, the employee's supervisor. Chrl

7. General Requirements and Instructions

a. Since the examining medical officer's opinion concerning sobriety will be received in appropriate cases by a courts-martial as expert testimony, the medical officer must be prepared to cite facts or circumstances to support his report and particularly his opinions. It is, therefore, important that he carefully prepare the NAVMED Form 6120/1 resulting in a complete record of the examination, recording times of pertinent parts of his examination, etc.

b. Under the present state of the law, the protection against self-incrimination (Article 31(b), UCMJ) does not extend to production of samples of body fluids and handwriting specimens. Accordingly, when an individual is suspected or accused of an offense they are referred to the BMC-PI or NHB for a competence for duty examination. The examining medical officer will not advise them of their rights under Article 31(b), UCMJ. When a command requests a blood alcohol level or a drug screen which may be used in subsequent legal action, a completed Record or Authorization for Search or DD Form 1323 must accompany the request for competency for duty examinations, NAVMED Form 6120/1. If, in the opinion of the medical officer, attempts to draw body fluids from an uncooperative patient could result in injury to the patient or staff personnel, and fluids are not necessary for medical/diagnostic reasons, they will not be drawn.

No search and seizure authorization is required if the patient voluntarily agrees or requests examination of body fluids, or if the fluids are needed for valid medical purposes, or if there is a clear indication that evidence of a crime will be found and there is reason to believe that delay would result if a search authorization were sought which could result in the destruction of the evidence.

8. Action

a. Items 1 through 12 of the NAVMED Form 6120/1 shall be completed by the authority submitting the request.

b. The medical officer conducting the examination shall complete items 13 through 49. He shall forward a signed copy to the Medical Records Department for filing in the individual's health record and forward the original to the requesting authority except in the case of civilian employees in which case the copy of the report will be forwarded to the Human Resources Office.

9. Disposition of Examinees with Evidence of Intoxication

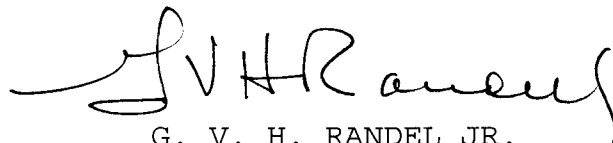
a. Military Personnel

(1) Intoxication associated with injury or disease. To be admitted to the NHB or appropriate local medical facility as indicated.

(2) Intoxication with no Apparent Injury or Disease. Release to their own command or military police, as applicable.

(3) Chronic Alcoholism. Transfer to NHB if detoxification is necessary. In patients where chronic alcoholism or acute alcoholic episode is suspected, personnel will be referred to the appropriate drug/alcohol abuse program for evaluation.

b. Civil Service Employees. If it is determined by the medical officer that the employee is under the influence of alcohol to such a degree as will impair the full performance of their duties, the employee will be referred to their supervisor along with the original of the examination for disposition.


G. V. H. RANDEL JR.
Chief of Staff

DISTRIBUTION: A



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DepO 6120.7D Ch 1

BMC

22 NOV 2002

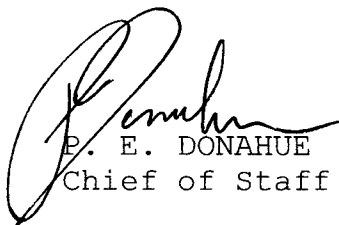
DEPOT ORDER 6120.7D Ch 1

From: Commanding General

To: Distribution List

Subj: COMPETENCE FOR DUTY EXAMINATIONS

1. Purpose. To direct a pen change to the basic Order.
2. Action. Page 2, paragraph 6, first line, delete "Permanent Personnel Sick Call Medical Officer" and add in "Duty Medical Officer of the Day."
3. Filing Instructions. File this Change immediately following the signature page of the basic Order.


P. E. DONAHUE
Chief of Staff



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DepO 6120.7D Ch 2
BMC

22 MAR 2004

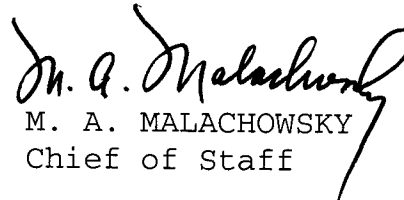
DEPOT ORDER 6120.7D Ch 2

From: Commanding General
To: Distribution List

Subj: COMPETENCE FOR DUTY EXAMINATIONS

Encl: (1) New page inserts to DepO 6120.7D

1. Purpose. To transmit new page inserts to the basic Order.
2. Action. Remove enclosure (1) and enclosure (2) of the basic Order and replace with the corresponding pages contained in the enclosure.


M. A. MALACHOWSKY
Chief of Staff

COMPETENCE FOR DUTY EXAMINATION
NAVMED 6120/1 (REV. 1-82) S/N 011 F-208-1208

INSTRUCTIONS FOR THE USE AND PURPOSE OF THIS FORM ARE CONTAINED IN BUMEDINST 6120.20 SERIES.
THIS FORM SHALL NOT BE USED FOR PROCEDURES PERFORMED FOR CLINICAL OR THERAPY PURPOSES.

DEFINITION OF COMPETENCE FOR DUTY

FOR PERSONS IN THE NAVAL SERVICE: The ability to perform fully the naval duties to which the individual normally would be assigned. (Note: A person who has indulged in intoxicating beverages, narcotics or dangerous drugs to such an extent as to impair sensibly the rational and full exercise of his mental and physical faculties cannot be entrusted with the duties incident to naval service. The fact that the person is in a patient, leave, or liberty status is immaterial to the determination of his competence to perform his naval duties.)

FOR ALL OTHERS: The mental and physical ability to perform fully any task or service which the individual may normally be expected to perform.

INSTRUCTIONS

- Items 1-12 shall be completed by the commanding officer or other proper authority requesting examination.
- Items 13-48 shall be completed by the medical officer conducting examination. Under item 13, History, included information provided by examinee as to ingestion and quantity of alcoholic beverage, narcotic, drug substance, or food, and time taken. Note any evidence of disease or injury (other than the condition promoting this examination) in item 16.
- When conducting an examination for competence for duty and individual is accused or suspected of an offense, comply with BuMedInst 6120.20 series.
- All treatment provided at the time of examination shall be entered on form NAVMED 6150/3, Sick Call Treatment Record.

A. REQUEST FOR EXAMINATION

1. TO:	2. DATE	3. TIME (Hours)
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It is requested that a physical examination be given the following individual to determine competence for duty.

4. NAME (Last, first, middle)	5. GRADE OR RATE	6. DUTY STATION
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7. REASON FOR REFERRAL



Check here if laboratory analysis is desired.

8. SIGNATURE (Requester)	9. GRADE OR RATE	10. TITLE
11. NAME OF REQUESTER (Type name or print in ink)		12. DUTY STATION

B. CLINICAL EXAMINATION

13. HISTORY

14. GENERAL APPEARANCE (Include appearance of clothing)	16. MENTAL STATE
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15. DISEASES OR INJURIES (State the condition prompting this examination, per ins. 2 above)

17. TEMPERATURE	18. PULSE (Rate and character)
19. BLOOD PRESSURE	
20. FACE (Flushed, pallid, cyanotic)	21. TONGUE
	22. BREATH
23. SKIN (Warm, cool, moist, dry, etc.)	24. SPEECH (Thick, slurred, ability to repeat words such as Merciful, Peckstruin, Peter Piper)
25. EYES (Size of pupils, reaction to light, conjunctiva, etc.)	

ENCLOSURE (1)
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26. OTHER CONDITIONS		27. SAMPLE OF HANDWRITING
VOMITING		
INCONTINENCE OF URINE		
INCONTINENCE OF FECE		

C. NEUROLOGICAL EXAMINATION		
28. REFLEXES	29. COORDINATION	
HYPERACTIVE	FINGER TO NOSE	ROMBERG TEST
HYPOACTIVE	HEEL TO KNEE	
TREMOR	ABILITY TO APPROACH AND PICK UP OBJECT FROM THE FLOOR	
		GAIT

D. LABORATORY EXAMINATIONS (if requested in Part A):			
30. BLOOD ANALYSIS (Name of test, results expressed as mgm per ml or in other standard units)	31. TIME TAKEN (HOUR)	33. OTHER TESTS (Cistric contents, urine, etc.)	34. TIME TAKEN (HOUR)
	32. DATE		35. DATE
36. SPECIMEN OBTAINED BY (Name of person)		37. RESULTS VERIFIED BY (Name of person)	

E. CONCLUSIONS AS TO COMPETENCE FOR DUTY			
Check the applicable "YES" or "NO" to indicate answer.	YES	NO	If the answer to item 38 NO, also answer items 39 and 40 and indicate in block 43 the approximate time examinee is expected to become competent to return to duty. If the answer to item 39 is YES, describe block 16 DISEASES or INJURIES. If answer to item 40 is YES describe under block 42.
38. Is examinee competent to perform?			
39. Is examinee's condition due to illness or injury?			
40. Is examinee's condition due to abuse of drugs or alcohol?			
41. DISPOSITION:			
<input type="checkbox"/> RETURNED TO FULL DUTY <input type="checkbox"/> ADMITTED TO SICKLIST <input type="checkbox"/> RELEASE TO CUSTODY OF (Specify to whom)			

42. REMARKS (All answers should be brief as possible. Items requiring more space should be continued in this "Remarks" block. Specify item continued.)

F. RESPONSE TO REQUEST FOR REPORT			
In accordance with the request in Section 1, this individual has been examined as forth above to determine competence for duty.			
A signed copy of this report is being placed in the existing Record of this individual.			
43. THE INDIVIDUAL			
<input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT RECEIVED A COPY OF THIS REPORT.			
44. SIGNATURE (Examiner)	45. GRADE OR RATE	46. DUTY STATION	47.
48. NAME (Type/print)			TIME _____ DATE _____

ENCLOSURE (1)
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TOXICOLOGICAL EXAMINATION - REQUEST AND REPORT

(Submit in Triplicate)

TO:

FROM:

SECTION A - MEDICAL REPORT

If examining physician is other than recording authority, his signature must appear on this medical report)

1. NAME OF PATIENT <i>(Last, first, middle initial)</i>	2. SERVICE NUMBER	3. AGE	4. SEX	5. RACE
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6. HOUR		7. PLACE		8. DATE		9. TIME & DATE OF DEATH	
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RECENT MEDICATION

10. PRESCRIBED OR ADMINISTERED

11. IN POSSESSION OF PATIENT

12. CONTAINERS FOUND IN PROXIMITY OF PATIENT

SPECIMEN COLLECTION

13. HOUR AND DATE

	SPECIMEN	AMOUNT	PRESERVATIVE (Freezing preferred)
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			

22. SUMMARY OF EXAMINATION AND/OR AUTOPSY (Include clinical history, any routine or special laboratory tests performed, and other pertinent information which may suggest drug or poison ingestion)

23. DATE

24. NAME AND TITLE OF REQUESTER

25. SIGNATURE

DD FORM 1 JUN 60 1323

S/N 0102-LF-012-7800
ENCLOSURE (2)
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SECTION B - CHAIN OF CUSTODY				
(Each individual charged with custody of specimen must complete information below)				
SIGNATURE	ORGANIZATION	HOUR	DATE	CONDITION OF SPECIMEN
26.				
27.				
28.				
29.				
30.				
SECTION C - TOXICOLOGY REPORT				
31. LABORATORY		32. DATE		33. CASE NUMBER
LABORATORY ANALYSES				
34. GASES Hydrogen Cyanide Carbon Monoxide				
35. VOLATILES Cyanide; Ether; Ethanol; Acetaldehyde; Methanol; Formaldehyde; Chloral Hydrate; Chloroform; Phenols and Cresols; Methyl Salicylate; Common Aromatic Hydrocarbons, (e.g. Benzene, Toluene, etc.)				
36. ACIDIC COMPOUNDS Barbiturates; Salicylates; Dicoumarol; Acetanilid; Phenacetin; Antipyrine; Tri- and Dihydric Phenols; Theophylline; Caffeine				
37. BASIC COMPOUNDS Alkaloids, Amphoteric Alkaloids, (i.e. Morphine and Morphine Derivatives); Antihistaminics; Tranquilizers				
38. METALS AND METALLOIDS Antimony; Lead; Mercury; Silver; Bismuth; Arsenic				
39. CORROSIVES Sulfuric; Hydrochloric and Nitric Acids; Sodium and Potassium Hydroxides and Carbonates				
40. INORGANIC NONMETALLIC COMPOUNDS Bromides, Fluorides, Borates				
41. SPECIAL ANALYSES Any analyses not included above which are specifically requested or warranted by case history				
42. REMARKS				
43. DATE COMPLETED		44. TOXICOLOGIST		45. OFFICER-IN-CHARGE

S/N 0102-LF-012-7800

ENCLOSURE (2)
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