DELINEATION OF CLINICAL PRIVILEGES - PREVENTIVE MEDICINE For use of this form, see AR 40-68; the proponent agency is OTSG.									
1. NAME C)F PROVIDE		2. RANK/GRADE	3. FACILITY					
be coded. I Section I. (SUPERVI	ER: Enter th For procedu Once approv ISOR: Revie	ares listed, line through and initial any coved, any revisions or corrections to this ew each category and/or individual priv	criteria/applications t s list of privileges wi vilege coded by the p	ESTED". Each category and/or individual privilege listed must that do not apply. Your signature is required at the end of ill require you to submit a new DA Form 5440. provider and enter the appropriate approval code in the					
recommend	lation and si	ignature are required in Section II of thi	is form.	nander who is the approval authority. Your overall					
http://www	ı.usapa.arm		Medicine physicians	neation of Clinical Privileges - General Medical Officer. See s who will be serving as Occupational Medicine physicians					
		PROVIDER CODES		SUPERVISOR CODES					
1 -	Fully comp	etent to perform		1 - Approved as fully competent					
		on requested (Justification attached)		2 - Modification required (Justification noted)					
3 -	Supervision	n requested		3 - Supervision required					
4 -	Not reques	sted due to lack of expertise		4 - Not approved, insufficient expertise					
5 -	Not reques	sted due to lack of facility support/miss	ion	5 - Not approved, insufficient facility support/mission					
		SECTIO	ON I - CLINICAL PRIV	/ILEGES					
-	Category I. A physician who has completed the AMEDD 6A-F5 Course (Principles of Military Preventive Medicine), or who holds a Master of Public Health or equivalent degree. Category I providers serve as installation and unit preventive medicine officers (up to division level). Requested Approved								
a. Provide consultation and develop policies for the control of diseases of public health and military operation importance including the use of vaccines, preventive drugs, and personal protection measures.									
 b. Diagnose and treat outpatients with communicable diseases and subclinical infections of public he significance. Perform or supervise additional measures to interrupt disease transmission, including chemoprophylaxis, patient isolation, contact tracing, and behavioral counseling. 									
		c. Screen population groups for the p non-invasive diagnostic tests.	presence of subclinion	cal diseases using standardized health risk appraisals and					
		d. Provide medical consultations for unit deployments and individual travel, including assessment of geog unique disease risks and ordering of appropriate interventions. Assist in the evaluation of illnesses acquinternational travel.							
		e. Provide basic occupational medicine services to meet regulatory and force health protection requirements, including physical examinations, acute minor illness and injury care, and supervision of worksite evaluations and job-related medical surveillance.							
	form basic epidemiological investigations of public and military tions, as necessary. Notify local public health and Defense juries for which a report is required by statute or regulation. eld during training exercises and deployments, including								
		g. Provide preventive medicine service disease and non-battle injury surve		eld during training exercises and deployments, including					
and Public I epidemiolog	Health (GPN gy, commun n. Category	M-PH). Certification in Occupational Me iicable disease control, and public healt	edicine, or Aerospac th management may	ining or board certification in General Preventive Medicine ce Medicine, with advanced training or experience in be accepted in lieu of GPM-PH residency training or less and as preventive medicine staff officers at the corps					
10 001 01 000	VC.	Category II clinical privileges	-						
		a. Maintain liaison with civilian public	ompliance with all re	e, Federal) and military medical (installation, regional, higher egulations pertinent to preventive medicine, and to coordinate					

b. Supervise technical personnel who provide environmental health services such as sanitary inspections, disease vector surveillance, assessment and monitoring of physical hazards, environmental sampling for detection of toxic

c. Supervise the assessment of health needs in the community and the implementation of community-based

interventions to modify or eliminate risks for disease or injury, and to promote wellness.

substances, and health hazard review of new construction plans.

			CLINICA	AL PRIVILEGES (Continued)							
Requested	Approved										
		d. Conduct targeted medical surveillance utilizing available health information systems, and design new systems to generate needed public health data. Perform epidemiological data analysis.									
		e. Design and conduct epidemiological studies to address public health and force health protection problems, including the investigation of sentinel disease cases, clusters, outbreaks, and adverse changes in surveillance indicators. Analyze findings, formulate corrective actions, and provide appropriate risk communication.									
		f. Apply scientific information to the development or updating of preventive medicine procedures, and to the formulation of health policy recommendations.									
		g.	Provide consultation to Category I provide	roviders.							
					r, chemical, and biological	weapons					
			h. Serve as the local consultant on the public health aspects of nuclear, chemical, and biological weapons preparedness and response activities.*								
*Granting o	of this privile	000	without supervision requires demonst	rrated completion of appropriate	course(s) to obtain compa	etency e.g. official					
	ourses in the		edical aspects of unconventional wea			,,					
				SIGNATURE OF PROVIDER		DATE (YYYYMMDD)					
SECTION II - SUPERVISOR'S RECOMMENDATION											
Approva	ıl as request	ed	Approval with Modifica	tions (Specify below)	Disapproval (Specify below)						
COMMENTS	S										
DEPARTME	NT/SERVIC	E CI	HIEF (Typed name and title)	SIGNATURE		DATE (YYYYMMDD)					
			SECTION III CHEDENTIALS	COMMITTEE/ELINCTION DECON	MENDATION						
Approval as requested Approval with Modifications (Specify below) Disapproval (Specify below)											
COMMENTS	•	ea	Approval with Modifica	tions (Specify below)	Disapproval (Specify below)						
COMMENT											
COMMITTEE CHAIRPERSON (Name and rank)				SIGNATURE		DATE (YYYYMMDD)					

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