



DEPARTMENT OF THE NAVY  
Office of the Chief of Naval Operations  
2000 Navy Pentagon  
Washington, DC 20350-2000

OPNAVINST 1500.75A  
N09F  
18 Nov 04

OPNAV INSTRUCTION 1500.75A

From: Chief of Naval Operations  
To: All Ships and Stations (Less Marine Corps field  
addressees not having Navy personnel attached)  
  
Subj: SAFETY POLICY AND PROCEDURES FOR CONDUCTING HIGH-RISK  
TRAINING

Ref: (a) NAVEDTRA 10500(CANTRAC)  
(b) OPNAVINST 3500.39A  
(c) OPNAVINST 1500.44A  
(d) OPNAVINST 5100.23F  
(e) OPNAVINST 5100.8G  
(f) OPNAVINST 5430  
(g) OPNAVINST 5100.19D  
(h) OPNAVINST 6110.1G

Encl: (1) Command Screening Guide  
(2) Medical Officer's Interview Guide  
(3) Commanding Officer's Interview Guide

1. **Purpose.** Promulgate policy and procedures to eliminate or minimize mishaps during high-risk training. Due to recent changes to the Navy's training organization, this manual has been extensively revised and should be read in its entirety.

2. **Cancellation.** OPNAVINST 1500.75.

3. **Scope and Applicability.** This instruction applies to all naval commands responsible for management, administration, oversight, and the conduct of high-risk formal, non-traditional, and unit level training as defined in paragraph 4. This instruction is subject to the restrictions imposed by agreements between the Department of the Navy and the Department of Energy that affect overall training programs for personnel associated with the operation and maintenance of nuclear propulsion plants.

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#### 4. Definitions and Procedures

a. Drop on Request (DOR). When students in a voluntary (as identified in reference (a)), high-risk training course desire to quit or "DOR", they need only make such intentions known. Those students will be immediately and expeditiously removed from the training area. A written summary of action taken is entered in the student's service record and a copy is maintained in the command's permanent records.

b. Emergency Action Plan (EAP). An emergency action plan is a plan to be implemented in case of a mishap. This plan will be developed for all training evolutions and shall include as a minimum: Numbers (telephone and radio channel/call signs) and locations of emergency response personnel, locations of emergency equipment, equipment shutdown procedures, backup communication circuit identification, muster site and methods to maintain control of the non-affected students, and procedures to be followed in the event of a mishap.

c. Formal Training. Training conducted in a classroom, laboratory, or field exercise for which a Course Identification Number (CIN) is assigned.

d. High-Risk Training. Basic or advanced individual or collective training (traditional, non-traditional, or unit level) that exposes students and instructors to the risk of death or permanent disability if safety precautions are not instituted and adhered to during execution. Formal, traditional, non-traditional, and unit level training will be considered high-risk when a deliberate, or in-depth risk assessment has identified evolutions that have the potential to expose instructors and/or students to moderate Risk Assessment Code 3 (RAC 3), serious (RAC 2), or critical (RAC 1) risks as defined in reference (b), or as designated by higher authority. Some examples of high-risk training are: Flight Training, Parachuting, Rescue Swimmer, SEABEE Quarry Blasting, Diving, Explosive Ordnance Disposal (EOD), Small Arms Training, Basic Underwater Demolition/SEAL (BUD/S) training, and Survival Escape Resistance and Evasion (SERE).

e. High-Risk Training Safety Review. A safety review is a comprehensive review of high-risk training conducted by training, safety, and as appropriate, medical personnel to ensure courses are being taught with minimum risk to instructors and students. Safety reviews include near miss and mishap data, curriculum instructional techniques, and safety requirements

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incorporated into course curricula. Additionally, training records, student critiques, and instructor qualifications and evaluations are to be examined.

f. **Non-traditional Training**. Formal training that is conducted by private sector personnel at contractor owned and operated facilities.

g. **Traditional Training**. Formal training conducted by naval personnel or contractors at a Navy owned and operated facility.

h. **Training Agent**. A Command assigned training responsibilities such as curriculum development and formal schoolhouse instruction for some major portion of the Navy's total training effort. Reference (c) lists the following as Training Agents: Naval Education and Training Command; Bureau of Medicine and Surgery; Naval War College; U.S. Naval Academy; Commander, U.S. Pacific Fleet; Commander, U.S. Atlantic Fleet; Commander, Naval Reserve Force; and Post Graduate School. Additionally, for purposes of this instruction, Commander, Naval Special Warfare Command is recognized as a Training Agent.

i. **Training Mishap**. Any mishap that occurs to instructors or students while conducting formal, traditional, non-traditional, or unit level training as a result of the curriculum or the environment (including training devices) as identified in reference (d).

j. **Training Safety Officer (TSO)**. Commanding officer or officer in charge of training activities conducting high-risk courses shall designate an individual as the command's TSO.

k. **Training Time Out (TTO)**. In any situation when students or instructors express concern for personal safety or a need to clarify procedures or requirements, they shall call a "TTO." Training will immediately cease until the situation or condition is returned to a safe state. Then and only then will training resume!

l. **Unit level**. Command-sponsored training designed to meet formal training shortfalls in specific and unique areas where a valid requirement to train and develop proficiency exists.

m. **Voluntary Training**. Is formal training identified in reference (a) as voluntary.

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## 5. Policy

a. Naval operations require aggressive training programs that prepare personnel to perform professionally in high-risk activities. Implementing Operational Risk Management (ORM) principles contained in reference (b), will aid in providing a safe training environment while minimizing the impact on the realism required to meet valid training objectives. ORM's purpose is to manage risk at an acceptable level; however, the goal for managing risk during all training is zero mishaps. Participation in high-risk training does not necessarily imply that hazardous duty or incentive pay is justified or that the training is voluntary.

b. The Chief of Naval Operations (CNO N09F), as outlined in references (e) and (f), is responsible for the high-risk training safety policy and is designated as the technical authority for all high-risk training.

## 6. **RESPONSIBILITIES**

a. **CNO (N09F)**. Special Assistants for Safety matters, issues broad policy guidance for the Navy's High-Risk Training Safety Program.

b. **Commander, Naval Safety Center (COMNAVSAFECEN)**

(1) Provide management and administrative guidance in support of the Navy's High-Risk Training Safety Program as required.

(2) Provide training activities with training-related mishap data when requested.

(3) Provide survey teams to evaluate the safety posture of the training being conducted and compliance with this directive and those set forth by the appropriate chain of command in the area of high-risk training.

c. **Training Agents**

(1) Publish amplifying policy and procedural directives for training safety to include, but not limited to: responsibilities for commands sending students to high-risk training, commands transferring personnel to High-Risk Training Instructor Duty, commanding officer (CO) and officers in charge

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(OIC) of high-risk training activities, and training safety officer (TSO).

(2) Designate high-risk training courses under their cognizance and maintain a list of these courses by title and course identification number (CIN). Update this list when courses are developed, discontinued, or modified. Forward a copy of high-risk courses to:

Commander  
Naval Safety Center  
Attn: High Risk Training Safety  
375 A Street  
Norfolk, VA 23511-4399

(3) Include applicable safety requirements of references (d) and (g), personnel qualifications standards (PQS), technical manuals, naval aviation training and operation procedures standardization (NATOPS), job qualification requirements (JQR) and other curricula source documentation in all high-risk courses conducted by subordinate commands.

(4) Standardize curricula, including safety precautions, if the same course of instruction is taught at more than one site. If standardized training is not feasible because of training site variations, designate an approval authority for curricula waivers.

(5) Develop and implement safety oversight criteria that meet at least the minimum requirements of this instruction, and any further requirements as the training environment may dictate to ensure subordinate activities comply. Include a self-assessment program, which quantitatively and qualitatively evaluates the effectiveness of the established oversight program.

(6) Establish additional qualification requirements for TSOs at subordinate training activities as applicable.

(7) Incorporate ORM and safety awareness training into instructor training. Training shall include ORM, safety policy and directives, precautions in technical manuals and publications, and lessons learned from training-related mishaps and injuries provided by COMNAVSAFECEN and other appropriate data sources as requested.

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(8) Analyze and forward all training-related recordable and reportable mishaps to COMNAVSAFECEN via the appropriate reporting system.

(9) Conduct high-risk training safety reviews, as defined in paragraph 4e, on a recurring basis at least triennially by COs and OICs of training activities. Additionally, convene safety reviews subsequent to a training mishap, near miss, major curriculum changes and major course revisions. Active senior leadership involvement is imperative to the success of these reviews.

(10) Put in place and adhere to curricula safety requirements.

(11) Conduct training following only approved course curricula and high-risk evolutions and only where necessary to meet graduation requirements of the course.

(12) Establish an instructor certification process for all High-Risk Instructors as directed by the Training Agent.

(13) Establish an evaluation program that assesses High Risk instructors in classroom and laboratory settings, in percentages commensurate with the amount of time spent instructing in those environments, on a recurrent basis.

(14) Conduct quarterly procedural walk-through and fully exercise and validate emergency action plans annually to include all emergency response agencies.

(15) Include training time out procedures in all high-risk course curricula. Include DOR procedures in all voluntary high-risk curricula. Ensure students are thoroughly briefed prior to the commencement of training on TTO and DOR policies.

(16) Designate a qualified safety officer as the High-Risk Training Safety Officer (TSO) for safety oversight on all courses that are assessed as High-Risk. Activities that do not include a full time safety officer billet, a collateral duty High-Risk TSO may be designated in writing and directly responsible to the CO or OIC for the safe conduct of High-Risk training.

(17) Report and record all training related mishaps and injuries per reference (d).

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(18) Establish a mishap analysis program to examine near miss and mishap data as well as student critique feedback on unsafe conditions and practices identified in high-risk courses. Mishap analysis should be closely aligned with the training staff to enable "lessons learned" to be expeditiously incorporated into the conduct of High-Risk Training.

(19) Ensure students meet Navy fitness standards and any other medical qualifications prescribed in reference (a) before beginning training. When High-Risk training is to be conducted and formal requirements are not yet specified, the risk factor screening required for participation in the Personnel Fitness Test (PFT) will be utilized as per reference (h). Students answering yes to a risk factor screening question will receive medical evaluation and counseling before beginning training.

(20) Ensure High-Risk course instructor candidates, both military and civilian, have completed all training requirements, including safety awareness training, before assuming instructor responsibilities.

(21) Ensure members, both military and civilian, nominated as high-risk instructors meet suitability requirements outlined in enclosures (1) through (3).

(22) Institute and ensure a preventive maintenance program applicable to all training equipment utilized in the conduct of high-risk training is in place.

(23) Recommend requesting a Safety Survey (assist visit) from the Naval Safety Center, High Risk Training Division, Mid-Cycle to required Training Agent or designated headquarters level on-site evaluations of High Risk Training Safety is conducted once every three years. Direct liaison with the Naval Safety Center is recommended at the appropriate level as delineated by individual Training Agents.

d. **Bureau of Medicine and Surgery (BUMED)**

(1) Conduct medical Officer screening as requested by the gaining command CO or OIC and forward enclosure (3) to the requesting command.

(2) Periodically review enclosure (3) for relevancy.

e. **Commanding Officer (CO) and Officer-in-Charge (OIC)**

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(1) Ensure perspective students and candidates meet physical fitness and other prerequisites as prescribed in reference (a) for high-risk training courses.

(2) Ensure only volunteers are sent to High-Risk courses that are designated as voluntary training.

(3) Ensure members nominated for High-Risk Training Instructor Duty are screened and meet suitability requirements per the Military Personnel Manual, Article 1306-953. Ensure Special Programs Screening is documented and appropriate messages generated.

f. **Training Safety Officer (TSO)**

(1) Be familiar with High-Risk Training curricula objectives, including approved training procedures, safety precautions, emergency procedures, and training facilities and equipment.

(2) Complete a qualification process that includes a familiarization with all applicable references, instructions, and subject matter doctrine.

(3) Observe High-Risk Training evolutions at frequency intervals as required by the hazards associated with the training being conducted. Observe specifically: instructor to student interaction and compliance with all safety and emergency procedures. Confer with the CO or OIC to establish the minimum frequency intervals required to ensure a safe High-Risk Training program.

(4) Ensure all training mishaps, near misses, and injuries are investigated.

(5) Maintain a record of all mishaps for additional analysis from the TSO point of view in addition to records maintained by the Command Safety Manager.

(6) In conjunction with the command safety manager, keep the CO or OIC advised of all training mishap/injury investigation results and recommended corrective action.

7. **Action**. Addresses are directed to implement the actions required by this instruction.



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A handwritten signature in black ink, appearing to read "RE Brooks", is centered on the page. The signature is written in a cursive style with a long horizontal stroke extending to the right.

R. E. BROOKS  
Special Assistant  
For Safety Matters

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**COMMAND SCREENING GUIDE**

1. Objective. Training activity commanding officers are ultimately responsible for ensuring high-risk instructor candidates are screened for professional, physical, and psychological suitability. This guide will assist commanding officers in conducting screenings appropriate to the training environment and risk/stress level. While the instructor screening process should begin at the detaching activity, it is the responsibility of the gaining activity to inform the detaching activity that the candidate will teach high-risk curricula and the level of screening required. The outline below describes the screening process and identifies the majority of physical and psychological factors that could disqualify someone for high-risk instructor duty.

2. Screening and Interview Sequence

a. Upon identifying a candidate for high-risk instructor duty, the gaining activity shall contact the detaching activity and provide appropriately tailored screening requirements and forms for recording screening milestones. The candidate must be fully screened, at least once, to the standards outlined below. Training activity commanding officers may wish to repeat portions of the screening, but all training activities shall interview incoming instructor candidates. Paragraph 2b(3)(a) through 2b(3)(c), provides some helpful guidelines in determining suitability.

b. All high-risk instructor candidates shall have the following procedures completed.

(1) Service Record Screen. Any adverse administrative entries, below average performance evaluations, non-judicial punishment, etc., shall be brought to the commanding officer's attention prior to the interview. The training activity commanding officer may delegate record screening authority to a subordinate within the command.

(2) Physical Requirements. The candidate must meet general duty criteria, physical readiness requirements in reference (h), and any special duty qualifications required by chapter 15 of the Manual of Medical Department (MANMED) (such as diver, flight, or firefighter requirements).

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(3) Medical Officer Interview, Record Review and Questionnaire

(a) Candidates shall complete the medical questionnaire of enclosure (2). This questionnaire shall be forwarded as an enclosure to the request for medical screening and interview provided on enclosure (3).

(b) Competent medical authority [i.e., medical officer, Physician Assistant, Nurse Practitioner (family practice), or independent duty corpsman] shall conduct the medical record screening.

(c) For high-risk instructor candidates: An interview shall be conducted in conjunction with the medical record review. Areas of concern and suggested questions are provided in enclosure (3). Training activities shall provide these questions as an enclosure to the request for medical screening and interview for high-risk instructor candidates only.

(d) The medical activity completing the screening shall forward the results to the requesting CO or OIC utilizing enclosure (4).

(4) CO's Interview. The CO's interview is required for high-risk instructor candidates. The interview shall be conducted following the service and medical record screening, and medical officer interview. The commanding officer's interview should assess how specific factors have affected and will likely affect a candidate's performance in a high-risk training environment. This interview is the final factor in determining suitability for high-risk instructor duty. The areas of concern, with suggested questions, are provided in enclosure (3). The training activity CO may delegate interviewing authority to a subordinate within the command.

3. Determination of Suitability

a. The following criteria outline serious risk issues that provide cause for disqualification for high-risk or instructor duty:

(1) Chronic medical condition, which hampers the candidate's ability to perform training duties.

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(2) In-service hospitalization for a major mental disorder such as a psychotic disorder, bipolar disorder, major depression, or suicide ideation or behavior.

(3) In-service diagnosis of personality or impulse control disorder.

(4) Any confirmed incident of child or spouse abuse (by member).

b. The following criteria outline risk issues that must be closely investigated, would likely require specialty referral for expert evaluation, and may be cause for disqualification from consideration as a high-risk instructor:

(1) Disciplinary problems/adverse service record entries.

(2) Poor work performance trends.

(3) Incident resulting in referral to family advocacy.

(4) Medically noted traits of a personality disorder not sufficient to support diagnosis of personality disorder.

(5) Treatment for a substance use disorder within the last two years (still in the aftercare period).

(6) In-service outpatient treatment for evaluation or therapy for suicide ideation, threats to harm others, or other mental health problems.

c. Candidates must meet any specific guidelines in the MANMED, chapter 15 for general duty criteria, and any special duty qualifications.

d. Based on screening results, the detaching CO shall recommend, via service record page 13 entry, by official Navy message to Bureau of Personnel (BUPERS) and the gaining command, whether or not the candidate should be assigned to high-risk instructor duty.

e. If the gaining activity declines the candidate based on the detaching activity's negative recommendation for high-risk instructor duty, the detaching activity shall request BUPERS reassign the candidate to other than high-risk instructor duty.

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If the gaining activity accepts the candidate, they shall interview the candidate and review the results of the screening.

f. A service record entry (page 13) shall be made indicating the candidate's suitability/unsuitability for high-risk instructor duty. This entry shall be signed by the training activity CO or designated representative. The service record entry shall not identify reasons for unsuitability.

**REQUEST FOR MEDICAL SCREENING**

\_\_\_\_\_  
(Date)

From: Commanding Officer, \_\_\_\_\_

To: OIC, \_\_\_\_\_ Branch Medical Clinic

Subj: REQUEST FOR MEDICAL SCREENING FOR HIGH-RISK INSTRUCTOR  
DUTY ICO \_\_\_\_\_

Ref: (a) OPNAVINST 1500.75A

Encl: (1) Medical Questionnaire  
(2) Medical Officer's Interview Guide  
(3) Results of Medical Screening

1. Request you conduct the following medical evaluation to assist us with screening subject named member for possible duty as a high-risk instructor per reference (a):

a. For High risk Instructor Candidates Only. Complete enclosure (1) and submit to medical officer for review.

b. Screen medical record of subject candidate in his or her presence. Screening must be conducted either by the Medical Officer, Physician Assistant, Nurse Practitioner (family practice), or Independent Duty Corpsman.

c. Enclosure (2) is provided to assist you in conducting the medical record screening and interview. Enclosure (3) is provided to assist in making a determination as to whether any disqualifying factors are present.

2. The reviewer may request a specialist referral if the review reveals a need for it. The results of the medical screening should be forwarded to the requester and recorded in the candidate's medical record.

3. My point of contact is \_\_\_\_\_.  
(Name) (Phone)  
\_\_\_\_\_  
(Signature)

Enclosure (2)

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**MEDICAL QUESTIONNAIRE**

PRIVACY ACT STATEMENT

1. Authority: 5 U.S.C. 301, Departmental Regulations and E.O. 9397.
2. Principle Purpose: To assist in determining physical suitability for duty as a high-risk instructor.
3. Routine Use: The information will be used by the candidate's commanding officer (or designated representative) to help verify physical and emotional stability.
4. Disclosure: Voluntary; however, failure to provide the information may disqualify the candidate for high-risk or instructor duty.

\_\_\_\_\_  
 (NAME: Last, First, Middle)

\_\_\_\_\_  
 (DATE)

\_\_\_\_\_  
 (Rank/Rate)

\_\_\_\_\_  
 (COMMAND)

*This questionnaire is to be completed by the instructor candidate and forwarded to competent medical authority, i.e. Medical Officer, Physician Assistant, Nurse Practitioner (family practice), or Independent Duty Corpsman, conducting the medical record review. The candidate should explain any "yes" answers in the section provided for comments on the reverse side.*

<u>Physical Health Problems (Have/Are you):</u>	<u>Yes</u>	<u>No</u>
1. Any health problems not in the health record?	___	___
2. Consulted a civilian health care provider in the previous year?	___	___
3. Currently taking any prescription medicines?	___	___
4. Ever appeared before a medical board?	___	___
5. Had a history of stress-related conditions?	___	___

<u>Emotional Problems (Have/Are you):</u>	___	___
1. Ever sought or been referred for psychological counseling?	___	___
2. Ever threatened or attempted suicide?	___	___
3. Ever threatened to hurt another person?	___	___
4. Any history of irrational fears or phobias?	___	___
5. Any history of depression or recurrent anxiety?	___	___



- 6. Ever been told that you have a bad temper?                   \_\_\_ \_\_\_
- 7. Currently under care for any psychological disorders?                   \_\_\_ \_\_\_
- 8. Ever been diagnosed with a personality disorder?           \_\_\_ \_\_\_

Interpersonal Relationships (Have you):

- 1. Ever been charged with spouse or child abuse?               \_\_\_ \_\_\_
- 2. Any past or pending family advocacy investigations?           \_\_\_ \_\_\_

Substance Abuse (Have you):

Yes   No

- 1. Ever been diagnosed as an alcohol or drug abuser/dependent?                   \_\_\_ \_\_\_
- 2. Ever been involved in alcohol or drug-related incidents?                   \_\_\_ \_\_\_
- 3. Undergone any substance abuse rehabilitation program/treatment?           \_\_\_ \_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information stated above is true and complete to the best of my knowledge.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

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## MEDICAL OFFICER'S INTERVIEW GUIDE

The following are suggested topics for the medical interview. For any issues that are not resolved to your satisfaction during the interview, refer for specialty consult or evaluation. Look for signs of stress or annoyance in the candidate when discussing these issues, especially regarding abusive behavior and substance abuse.

### Interpersonal Relationships/Job Adjustment

1. Have you ever been referred to a physician or chaplain due to personal or work-related stress that adversely affected your performance?
2. Have you any history of spouse/child abuse or suicidal behavior?
3. Have you experienced any anxieties or phobias that have caused you to be removed from a particular work environment?

### Mental/Physical Health

1. Have you consulted a civilian health care provider within the past year? *(If appropriate, the medical reviewer should obtain records from the civilian physician.)*
2. Are you currently taking prescription medications? Will the condition affect your ability to perform duties?
3. Have you ever gone before a Medical Board? *(A copy should be available in the candidate's health record.)*
4. Is there any documented history of psychological or physiological reaction to stress, tension, vascular headaches (recurrent), upper respiratory symptoms, and unstable hypertension? *(Explore any history of emotional problems that would suggest vulnerability to maladaptive stress coping, such as adjustment (situational) disorders, depressive episodes, recurrent anxiety.)*
5. Have you ever been concerned at any time about your emotional health or ability to cope with stress?
6. Have you ever sought psychological counseling by a physician, psychologist, priest, social worker, etc.?

7. Have you threatened suicide or any other self-destructive behavior?
8. Have you ever threatened to hurt another individual?
9. Have you ever experienced persistent irrational fear or phobias such as flying, high places, confined spaces, water, etc.?
10. Do you have a problem with anger, recurrent anger, or controlling anger?

**Substance Abuse**

1. Have you ever consume alcohol during work hours or come to work hung over, requiring a referral for competency for duty?
2. Have you ever been referred for evaluation for substance abuse?
3. Have you ever been involved in an alcohol-related incident?
4. Have you ever had concern about your drinking pattern or experienced guilt or remorse for behavior that occurred while drinking?
5. Has alcohol ever caused any family, personal, or work difficulties? (*Specifically address driving under the influence (DUI's), fights, quarrels, and tardiness or missing work.*)
6. Do you have a history of drinking excessively?
7. Do you drink early in the day?
8. Has anyone criticized your drinking pattern or advised you to change your drinking pattern?
9. Have you ever-experienced blackouts?

**Interpersonal Relationships**

1. Was the candidate abused as a child (*physically, emotionally, or sexually*)?

**Documented History of Impulsive Behavior**

1. Is there any evidence of untreated alcohol abuse or alcohol dependence? (*At least 1-year post treatment with an adequate*

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*documented recovery program is required prior to accepting orders as a High-risk Instructor).*

2. Is there any psychiatric diagnosis of personality disorders? (Applicable in the case of any psychiatric diagnosis requiring medication or hospitalization unless symptom-free for 1 year and declared fit for full duty by a formal medical board.)

**RESULTS OF MEDICAL SCREENING**

\_\_\_\_\_  
(Date)

From: OIC, \_\_\_\_\_ Branch Clinic

To: Commanding Officer, \_\_\_\_\_

Subj: RESULTS OF MEDICAL SCREENING FOR HIGH-RISK INSTRUCTOR  
DUTY ICO: \_\_\_\_\_

1. The requested screening and interview have been completed. Information does/does not indicate that there are potentially disqualifying factors in the instructor's medical history. The candidate is/is not suitable for high-risk instructor duty.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)



COMMANDING OFFICER'S INTERVIEW GUIDE

The following are suggested topics for the Commanding Officer's interview. For any issues that are not resolved to your satisfaction during the interview or commented on by the medical reviewer, refer to your health care facility for specialty consult/evaluation. Look for signs of stress or annoyance in the candidate when discussing these issues, especially regarding abusive behavior and substance abuse.

**Interpersonal Relationships/Job Adjustment**

1. Have marital problems; financial problems, or family advocacy issues ever adversely affected your work performance?
2. Have you ever had problems relating to your supervisors?
3. Have you been a supervisor? Are you comfortable in that role? Have you had problems in dealing with subordinates?
4. Have you had disciplinary problems or lost your temper in the work place?
5. Do you understand and adhere to guidelines for sexual harassment, core values, and personal discrimination?
6. Have you switched rates or had problems advancing in rate?
7. Have you ever been counseled for fighting, writing bad checks, indebtedness, or unauthorized absence (UA)?
8. Since enlistment/commissioning, have you ever been arrested?

**Interpersonal Relationships** - *(Using information obtained from service records review or interview, address the following areas.)*

1. How many times has the candidate been engaged, married or divorced (more than twice should raise concern).
2. Does the candidate have broken active duty? If yes, explore the reasons.
3. How many times has the candidate been fired from a job?
4. During broken service, was the candidate unemployed for 6 or more months?

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**Documented History Of Impulsive Or Aggressive Behavior.** *(This information may be substantiated by service record review.)*

1. Since entering the Naval Service, has the candidate been involved in two or more fights or physical altercations? If so, these should be thoroughly evaluated. This is especially important if injuries occurred.
2. The candidate should be specifically asked about civilian arrests and asked to provide information. More than one misdemeanor arrest or any felony arrest should be fully evaluated.
3. Has the candidate ever been suspended or expelled from school? More than once may be significant. The interviewer should explore the number of times and the reason. Concern should be raised if this occurred during his/her high school years.
4. Does the candidate do things without thought that gets him or her into trouble? *(Examples might include impulsive spending, speeding tickets, going UA or saying things in anger that later have to be retracted).*
5. Is there a documented history of unreliability or has there been a concern about irresponsible behavior?
6. Is there any documented history of recurrent indebtedness, gambling, or misuse of personal funds significant enough to be drawn to command attention?

**NOTE:** When instructor candidate is referred to the local medical facility for a mental health evaluation, it should entail, at the minimum, a standard diagnostic interview conducted by a qualified mental health professional. Hospital Corpsmen or other such individuals are not satisfactory for this purpose. Any indicated psychometric testing should be utilized. The mental health professional should report on the SF 513 any diagnoses using DSM-III-R criteria. A professional opinion should be rendered regarding the psychological suitability of the candidate for the proposed high-risk instructor billet.