MedCert Primer (v.Aug2019)

- MedCerts are separate from AA&E Screenings.
- Not all-encompassing; use references for up-to-date info
- Includes most common forms used at a particular time
- Slides 2-8 display the only current acceptable MedCerts for Explosives Drivers or Explosives Handlers/MHE Operators
- Drivers/Handlers/Operators with completed current MedCert form versions may be non-compliant if listed criteria is not met

EX: Jul2014 form certified, but obtained after Feb2015

 Drivers, Handlers, and [MHE] Operators, are encouraged to obtain the latest version of OPNAV 8020/6 (currently Jun2019)

	DEPARTMENT OF THE NAVY MEI	DICAL EXAMINER'S CERT	IFICATE	DEPARTMENT OF THE NAVY MED	DICAL EXAMINER'S CERTIFICATE	
I certify that I have examined	in accordance with			I certify that I have examined	in accordance with	
the Federal Motor Carrier Safety Regulations	A) CIVILIAN Commercial (706) or Explosives-carrying (720) Mi MCSA-5876 Medical Examiner's Certificate.	otor Vehicle Operator, highway use, MUST USE				
(49 CFR 391.41-391.49) and/or NAVFAC P-307 and with knowledge of the driving duties of:	B) MILITARY Commercial (706) or Explosives - carrying (720) (706 or 720), highway use, or MILITARY/CIVILIAN Weight Handling Equipment (non-high		Note highest level (B to G) driver or operator is qualified to operate. Level A drivers WILL NOT be documented on this form.	HANDLER RESTRICTIONS:	•	
- the requirements of NAVMED P-117, NAVSEA SW023-AH- WHM-010, NAVSUP P-538, or	D) MILITARY/CIVILIAN Explosives Handler or Operator of Explosives Carrying Motor non-highway use (721), or	Enter only 1. Cross-outs not allowed.				
NAVFAC P-300 or other applicable	E) MILITARY/CIVILIAN Non-explosive MHE Operator (710), n			I find this person qualified; and if applicable, only when:		
documents and with knowledge of the duties of:	F) MILITARY/CIVILIAN Civil Engineering Support Equipment					
	G) MILITARY/CIVILIAN Government highway use vehicle not r	equiring CDL Operator (712).		Wearing corrective lenses	Wearing hearing aid(s)	
I find this person qualified; and if app	olicable, only when:	RESTRICTIONS:		The information I have provided regarding this phy A complete examination form with any attachment and is on file in my office.	sical examination is true and complete. s embodies my findings completely and correctly,	
Wearing hearing aid(s)				MEDICAL EXAMINER'S NAME (Print):	MD Nurse Practitioner DO	
The information I have provided reg- file in my office.	arding this physical examination is true and complete. A comple	e examination form with any attachments embo	dies my findings completely and correctly, and is on		independent Dufy Corps- man (Only D-G, Active dufy only) Physician Assistant	
SIGNATURE OF MEDICAL EXAMIN	NER:	MEDICAL EXAMINER TELEPHONE NUMBER	R: MEDICAL EXAMINER SIGNATURE DATE:	SIGNATURE OF MEDICAL EXAMINER:	MEDICAL EXAMINER SIGNATURE DATE:	
	<u></u>			DRIVER OR HANDLER MEDICAL CERT.	MEDICAL EXAMINER TELEPHONE NUMBER:	
MEDICAL EXAMINER'S NAME (Pri	int or stamp):		DLER MEDICAL CERTIFICATION EXPIRATION	EXPIRATION DATE (List by cat. If necessary):		
·	DO Indepe	ndent Duty Corpsman D-G, Active Duty only)		MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NUMBER (Reg. for levels § & C):	ISSUNG STATE/U.S. TERRITORY OF MEDICAL EXAM. CERT (Req. for levels B&C):	
MEDICAL EXAMINER'S LICENSE ((Regulred for levels B & C):	OR CERTIFICATE NUMBÉR	ISSUING STATE/U.S. TERRITORY OF MEDIC levels B & C):	CAL EXAMINER'S CERTIFICATE (Required for			
(requires in interest a cy.		iciai de dy.		DRIVER/HANDLER NAME (Print):	DRIVER/HANDLER DoD ID:	
DRIVER OR HANDLER'S NAME (P	rint):	DRIVER OR HANDLER'S DoD ID:		DRIVERHANDLER SIGNATURE:	DRIVER/HANDLER SIGNATURE DATE:	
DRIVER OR HANDLER'S SIGNATU	JRE:	DRIVER OR HANDLER'S SIGNATURE DATE:		Dupiloate information down	sized to a wallet sized oard	
OPNAV 8020/6 (REV. JUN-2	010)					

Current MedCert (REV. JUN-2019) which includes a wallet-size Page-2. Applicable to Drivers, Handlers, and [MHE] Operators.

Update from previous form includes on-station/non-highway Drivers provisions under level D. "Highest Level" must be appropriately selected, determined by 720/721 exam performed. Independent Duty Corpsmen may certify levels 'D' through 'G' for active duty members only. Valid until the expiration date.

OPNAVINST 8023.24 (Series) MCO 8023.3

	DEPARTMENT OF THE NAVY ME				
I certify that I have examined			DEPARTMENT OF THE NAVY MED	DICAL EXAMINER'S CERTIFICATE	
the Federal Motor Carrier	A) CIVILIAN Commercial (706) or Explosives-carrying (720) M MCSA-5876 Medical Examiner's Certificate.	in accordance with otor Vehicle Operator, highway use, MUST USE	:	I certify that I have examined	in accordance with
Safety Regulations (49 CFR 391.41-391.49) and/or NAVFAC P-307 and with knowledge of the driving duties of:	B) MILITARY Commercial (706) or Explosives - carrying (720) (706 or 720), highway use, or	or Marine Corps Tactical Motor Vehicle Operato	Note highest level (B to G) driver or operator is qualified to operate. Level A drivers WILL NOT be		-
OR	C) MILITARY/CIVILIAN Weight Handling Equipment (non-hig	hway, including cranes) Operator (704), or	documented on this form.	HANDLER RESTRICTIONS:	
the requirements of NAVMED P-117, NAVSEA SW023-AH-WHM-010, NAVSUP P-538, or	MILITARY/CIVILIAN Explosives Handler or Operator of Exincluding forklifts, non-highway use (721), or MILITARY/CIVILIAN Non-explosive MHE Operator (710), responsive MHE Operator	Enter only 1. Cross-outs not allowed.			
NAVFAC P-300 or other applicable documents and with knowledge of	F) MILITARY/CIVILIAN Civil Engineering Support Equipment	I find this person qualified; and if applicable, only	when:		
the duties of:	G) MILITARY/CIVILIAN Government highway use vehicle not	requiring CDL Operator (712).		Wearing corrective lenses	Wearing hearing aid(s)
I find this person qualified; and if app	plicable, only when:	RESTRICTIONS:			
Wearing corrective lenses				The information I have provided regarding this phy A complete examination form with any attachment and is on file in my office.	sical examination is true and complete. s embodies my findings completely and correctly,
Wearing hearing aid(s) The information I have provided regalile in my office.	arding this physical examination is true and complete. A comple	ete examination form with any attachments embo	odies my findings completely and correctly, and is on	MEDICAL EXAMINER'S NAME (Print):	MD Nurse Practitioner DO Independent Duty Corps- man (Only D-G, Active Assistant duty only)
SIGNATURE OF MEDICAL EXAMIN	NER:	MEDICAL EXAMINER TELEPHONE NUMBER	R: MEDICAL EXAMINER SIGNATURE DATE:	SIGNATURE OF MEDICAL EXAMINER:	MEDICAL EXAMINER SIGNATURE DATE:
	-			DRIVER OR HANDLER MEDICAL CERT. EXPIRATION DATE (List by cat. if necessary):	MEDICAL EXAMINER TELEPHONE NUMBER:
MEDICAL EXAMINER'S NAME (Prii	DO Indep	ced Practice Nurse endent Duty Corpsman D-G, Active Duty only)	DLER MEDICAL CERTIFICATION EXPIRATION ggory if dates differ):	MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NUMBER (Reg. for levels 8 & C):	ISSUNG STATE/U.S. TERRITORY OF MEDICAL EXAM. CERT (Req. for levels \$8.0):
(Required for levels B & C):	OR CERTIFICATE NUMBER	levels B & C):	CAL EXAMINER'S CERTIFICATE (Required for	DRIVER/HANDLER NAME (Print):	DRIVER/HANDLER DoD ID:
,		,		DRIVERHANDLER NAME (FINIT):	DRIVEN HANDLER DOD ID:
DRIVER OR HANDLER'S NAME (P	rint):	DRIVER OR HANDLER'S DoD ID:		DRIVER/HANDLER SIGNATURE:	DRIVER/HANDLER SIGNATURE DATE:
				Duplicate information down	sized to a wallet sized oard
DRIVER OR HANDLER'S SIGNATU OPNAV 8020/6 (REV. JUN-2)		DRIVER OR HANDLER'S SIGNATURE DATE	:		

MedCert (REV. JUN-2018) may be accepted if obtained BEFORE Jun2019. Valid until the expiration date.

	DEPARTMENT OF THE NAVY MEDICAL EXAMINER'S CERTIFICATE				
I certify that I have examined • the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and/or NAVFAC P-307 and with knowledge of the driving duties of: OR • the requirements of NAVMED P-117, NAVSEA SW023-AH- WHM-010, NAVSUP P-538, or NAVFAC P-300 or other applicable documents and with knowledge of the duties of:	C) MILITARY/CIVILIAN Weight Handling Equipment (non-highway, including cranes) Operator (704), or D) MILITARY/CIVILIAN Explosives Material Handler or Operator of Explosives Handling Equipment (MHE), including forklifts, or Operator of Explosives Carrying Motor Vehicle, non-highway use, or Note highest level (B to G) driver or operator is qualified to operate. Enter only 1. Cross-outs not allowed.				
I find this person qualified; and if app Wearing corrective lenses Wearing hearing aid(s) The information I have provided reg file in my office. SIGNATURE OF MEDICAL EXAMIN	odies my findings completely and correctly, and is on MEDICAL EXAMINER SIGNATURE DATE:				
MEDICAL EXAMINER'S NAME (Print or stamp): MD DO Physician Assistant MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NUMBER			need Practice Nurse Indent Duty Corpsman D-G, Active Duty only) ISSUING STATE:		DLER MEDICAL CERTIFICATION EXPIRATION gory if dates differ):
Compared for levels B & C):			NDLER'S SIGNATURE DAT	TE:	SIGNATURE OF DRIVER OR HANDLER:

OPNAV 8020/6 (REV. APR-2018)

MedCert (REV. APR-2018) may be accepted if obtained BEFORE Jun2018.

Valid until the expiration date.

	DEPARTMENT OF THE NAVY MEDICAL EXAMINER'S CERTIFICATE							
I certify that I have examined	in accordance with							
the Federal Motor Carrier Safety Regulations (49 CFR 391.41 through.49 CFR 391.49) and/or NAVFAC P-307	A) CIVILIAN Commercial (706) or Explosives-carrying (720) Motor Vehicle Operator, highway use, or B) MILITARY Commercial (706) or Explosives - carrying (720) or Marine Corps Tactical Motor Vehicle Operator (706 or 720), highway use, or							
with knowledge of driving duties of:		MILITARY/CIVILIAN Weight Handling Equipment (including cranes) Operator (704), or						
the requirements of NAVSEA	highway use, or	D) MILITARY/CIVILIAN Explosives Material Handling Equipment, including forklifts (MHE) Operator (721), non- highway use, or Cross-outs not allowed						
SW023-AH-WHM-010, NAVSUP P-538, NAVFAC P-300 or other	E) MILITARY/CIVILIAN Non-	-						
applicable documents and with	F) MILITARY/CIVILIAN Civil G) MILITARY/CIVILIAN Gov				(12) and/or			
knowledge of the duties of:	MILITARY/CIVILIAN Expl	-	-			erator, ALSO sel	ect or write F or G in box above.)	
HANDLER RESTRICTIONS (721 O					•			
I find this person qualified; and if app	licable, only when:							
Wearing corrective lenses	Driving within an exempt int	racity zone (4	9 CFR 391.62)	Qualified by	operation of 49 CFR 3	91.64		
Wearing hearing aid(s) The information I have provided regatile in my office.	Accompanied by a Skill Per arding this physical examinatio		-			dies my findings	waiver/exemption s completely and correctly, and is on	
MEDICAL EXAMINER'S NAME (Prin	nt):			MD	Nu	ırse Practitione	r	
				DO Physician Assi	_{(F}		y Corpsman (levels D, E, F only) personnel only)	
SIGNATURE OF MEDICAL EXAMIN	IER:		-	TELEPHONE NUMBER	₹:		ATE:	
MEDICAL EXAMINER'S LICENSE ((Required for levels A,B,C only)	OR CERTIFICATE NUMBER:		ATE/US TERRITORY: r levels A,B,C only)		NATIONAL F (Required for		FRY NUMBER:	
					•			
SIGNATURE OF EXAMINEE: INTRASTATE ONI			r: CDL:	DRIVER LICENSE N	UMBER:	STATE/U.S. TERRITORY:		
			YES NO	YES NO			•	
HOME ADDRESS OF EXAMINEE:					_	MEDICAL CE	RTIFICATION EXPIRATION DATE:	

MedCert (REV FEB 2015) may be accepted if obtained BEFORE Apr 2018.

Valid until the expiration date.

OPNAV 8020/6 (REV FEB 2015)

DEPARTMENT OF THE NAVY MEDICAL EXAMINER'S CERTIFICATE									
I certify that I have examined					in accordance wi	th			
the Federal Motor Carrier Safety Regulations (49 CFR.41-391.49) and with knowledge of driving duties of: OR the requirements of NAVSUP P-538 or NAVFAC P-300 or other applicable documents and with knowledge of the duties of:	B) MILITARY Commercial or Explo C) MILITARY OR CIVILIAN Weight D) MILITARY OR CIVILIAN Materia E) MILITARY OR CIVILIAN Civil Ex	ercial or Explosives-carrying Motor Vehicle Operator, or nercial or Explosives - carrying or Marine Tactical Motor Vehicle Operator, or IVILIAN Weight Handling Equipment (Including cranes) Operator, Enter only 1 Cross-outs not allowed VILIAN Civil Engineering Support Equipment Operator, or VILIAN Government-owned vehicle for highway use (not requiring CDL) Operator,					1		
I find this person qualified; and	d if applicable, only when:								
Wearing corrective lense	es Accompanied by a		waive	/exen	nption		Accompanied by a S	skill Pe	erformance Evaluation Certificate
Wearing hearing aid(s)	Driving within an ex	empt intracity zo	one (49 CFR 391.6	2)			Qualified by operation	on of 4	9 CFR 391.64
The information I have p	rovided regarding this physical exam	nation is true ar	nd complete. A co and is on file			vith any a	ttachments embodies i	my find	dings completely and correctly,
SIGNATURE OF MEDICAL EXAMINER: TELEPHONE NUMBER:						D.	ATE:		
			-						
MEDICAL EXAMINER'S NAM	ME (Print):			Т	MD		Advanced P	ractice	Nurse
					DO Physician Assis	stant			Corpsman (levels D, E, F only) ersonnel only)
MEDICAL EXAMINER'S LICE (Required for levels A,B,C onl	ENSE OR CERTIFICATE NUMBER:	ISSUING STA (Required for I	TE: evels A,B,C only)				NATIONAL FMCSA RE (Required for level A or		RY NUMBER:
		,,				•			
SIGNATURE OF DRIVER:			INTRASTATE OF	ILY:	CDL:	DRIVER	R LICENSE NUMBER:		STATE:
			YES		YES NO				,
ADDRESS OF DRIVER:				MED	ICAL CERTIFICATION	ON EXPI	RATION DATE:		
OPNAV 8020/6 (REV JUL 2	014)								

MedCert (REV JUL 2014) may be accepted if obtained BEFORE Feb 2015.

Valid until the expiration date.

DEPARTMENT OF THE NAVY MEDICAL EXAMINER'S CERTIFICATE

EXPLOSIVE OPERATOR/DOT

certify that I have examined	in accordance with the FMCS	A 49 CFR 391.41-391.49			
and with knowledge of the driving duties, I find this person qualified; and if n	pplicable, only when:				
☐ Wearing corrective lenses	Driving within an exempt intracity zone	(49 CFR 391.62)			
Wearing hearing aid(s)	Accompanied by a Skill Performance E	valuation Certificate			
Accompanied by awaiver/exemption	Qualified by operation of 49 CFR 391.6	4			
The information I have provided regarding this physical examination is true and complete. A complete exam form with any attachments emb my findings completely and correctly, and is on file in my office.					
SIGNATURE OF MEDICAL EXAMINER:	TELEPHONE NUMBER:	DATE:			
MEDICAL EXAMINER'S NAME (Print):	☐ MD ☐ PHY	SICIAN ASSISTANT			
	DO ADV	ANCED PRACTICE NURSE			
MEDICAL EXAMINER'S LICENSE/CERT. NO/ISSUING STATE:	MEDICAL CERTIFICATE EXPIRATION D	ATE:			
SIGNATURE OF DRIVER:	DRIVER LICENSE NUMBER:	STATE ISSUED:			
DRIVER ADDRESS (Street, City, State, Zip):		l .			
1					

NOTE: Driver **MUST** carry a copy of this certification when operating a commercial motor vehicle in accordance with 49 CFR 391.41(a). This Explosive/Operator/DOT Medical Certification is also valid for Explosive Material Handling (721) and Forklift operation (710)

OPNAV 8020/6 (8/2008)

EXPLOSIVE OPERATOR/DOT

MedCert (8/2008; DRIVERS ONLY) may be accepted if obtained BEFORE Feb 2015.

Valid until the expiration date.

OPNAVINST 8023.24 MEDICAL EXAMINER'S	S CERTIFICATE	OPNAV 8020/2
DEPARTMENT OF THE NAVY EXPLOSIVE H	ANDLER OR FORKLIFT	OPERATOR
I certify that I have examined	in a	ccordance with
(check all that a	apply)	
NAVSEA OP 5 & NAVMED P-117 (Explosive N	laterial Handler, Progra	m 721)
NAVSUP Pub 538 & NAVFAC P-300 (Forklift C)perator, Program 710)	
and with knowledge of the worker's po	osition duties, I find this	person
☐ Qualified without restrictions ☐ Qualifie	ed with the following re	estrictions:
	MD/DO	
Signature of Independent Medical Provider		
	■ PA	Exam Date
	PA ANP	
Independent Medical Provider Name (print)	=	Exam Date
Independent Medical Provider Name (print) Clinic and Location of Independent Medical Provider	ANP	Expiration Date

MedCert (8020/2; HANDLERS/MHE OPERATORS ONLY) may be accepted if obtained BEFORE Feb 2015.

Valid until the expiration date.

		OPNAVINST 8023.2
EXPLOSIVE HANDLER/FORKLIFT ONLY DEPARTM	ENT OF THE NAVY	EXPLOSIVE HANDLER/FORKLIFT ONLY
MEDICAL EXA	MINER'S CERTIFICAT	TF
WEDIONE EN		
I certify that I have examined		in accordance with
NAVSEA C	P 5 and NAVMED P-1	17
and with knowledge of the position	n duties of Explosive F	landler I find this person
Qualified without restrictions	Qualified v	vith restrictions noted below
copy of this e	xamination is on file in my o	office.
Signature of Medical Examiner	Telephone No.	Exam Date
Olgridiate of Medical Examinor		
Medical Examiner's Name (print)		
		MD/DO PA ANP
	<i>1</i> /	
Medical Examiner's License/Cert. No./Issuing State		Exam CertificateExpiration Date
) _~
Signature of Handler		Date of Birth (MM/DD/YYYY)
Restrictions (if any):		
Limited to current position only		
OTHER (please specify)		

MedCert (8020-2 Rev 8-2008; HANDLERS AND MHE OPERATORS ONLY) obsolete. Individuals possessing this MedCert, regardless of expiration date, are not authorized to perform any explosives operations.

OPNAV 8020-2 (Rev 8-2008)

NOTE: This Medical Certificate is valid for Explosive Mhe/FL(721) programs and Forklift (710) operation.

DEPARTMENT OF NAVY

OPNAVINST 8023.24

EXPLOSIVE VEHICLE OPERATOR MEDICAL EXAMIN

EXPLOSIVE VEHICLE OPERATOR

Wearing corrective lenses	Wearing hearing aid (s)
	this physical examination is true and complete. By findings completely and correctly and is on file in my office.
Signature of Medical Examin	Telephone No.
Date of Examination	Medical Certificate Expération Date
Medical Examiner's Name (print)	MD Physician's Assistant D Advanced Practice Nurse
Medical Examiner's License/Cerl. Noulssuing State	
ignature of Driver	Driver Licease ! State
Driver Address (Street, City, State, Zip)	

This Explosive Vehicle Operator Medical Certificate is also valid for Explosive Material Hearting (721) and Foreign operation (710).

OPNAV 8020-6 (Rev 8-2008)

MedCert (8020-6 Rev 8-2008; DRIVERS ONLY) obsolete.
Individuals possessing this MedCert, regardless of expiration date, are not authorized to perform any explosives operations.

MEDICAL EXAMINER'S CERTIFICATE	
I certify that I have examined Regulations (49 CFR 391.41-391.49) and with knowledge of the	in accordance with the Federal Motor Carrier Safety driving duties, I find this person is qualified, and, if applicable, only when:
wearing corrective lenses wearing hearing aid accompanied by a The information I have provided findings completely and correction is on to a more and a m	☐ driving within an exempt intracity zone (49 CFR 391.62) ☐ accompanied by a Skill Performance Evaluation Certificate (SPE) on ☐ qualified by operation of 49 CFR 391.64 ination is true and complete. A complete examination form with any attachment embodies my
SIGNATURE OF MEDICAL EX	ELEPHONE DATE
MEDICAL EXAMINER'S NAME (PRINT)	Chiropractor Advanced Practice Nurse Other Practitioner
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO/ISSUING STATE	ATION REGIST NO
	NTRASTATE ONLY DL RIVER SENSE NO. STATE 1 YES
ADDRESS OF DRIVER	
MEDICAL CERTIFICATION EXPIRATION DATE	

MedCert (pre-2008; DRIVERS ONLY) obsolete.
Individuals possessing this MedCert, regardless of expiration date, are not authorized to perform any explosives operations.

References

- Manual of the Medical Department,
 U.S. Navy, NAVMED P-117, Chapter 15-107
- NAVSEA OP 5 Volume 1, Ammunition and Explosives Safety Ashore
- OPNAV 8020/6
- Federal Motor Carrier Safety regulations
 49 CFR 391.41-391.49
- NAVFAC P-307
 Weight Handling Program Management
- Navy and Marine Corps Public Health Center Technical Manual NMCPHC-TM OM 6260 ("Medical Matrix")