



OFFICIAL USE ONLY (With Entry)

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 Issue No. 005

Medically Necessary Item Allowance Request
 (Reference MNL-352286)

Instructions: First save this PDF file to desktop or folder to enable form features. Complete sections 1, 2, 3 & 4 and sign "User Agreement." Select the "Submit to OHS" button to email to PantexMedicalProviders@pxy12.doe.gov. Contact the Prohibited and Controlled Articles hotline (806) 477-4444 for any questions.

Note: Any individual attempting access into a security area with a medically necessary item to include Medical Support Aid (see Section 2) that cannot reasonably be removed to facilitate x-ray search procedures at Protected Area (PA) and Material Access Area (MAA) security stations, equipped with Personnel Positive Identity and Verification (PPIV) Booth, must present a Safeguard and Security (S&S) Allowance Card for access.

1). Information on Individual

Full Name (First, Middle, Last)	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Site visitor <input type="checkbox"/> New Hire <input type="checkbox"/> Other	Badge #	Phone #	Site Host/ Supervisor Name	Badge #	Contact phone #	Contact Email

2). Information on Item/Device

Type		Make		Model		Medical Support Aid			
<input type="checkbox"/> Hearing aid <input type="checkbox"/> Glucose monitor <input type="checkbox"/> Insulin pump <input type="checkbox"/> Heart monitor <input type="checkbox"/> Metal Implant/Prosthetic <input type="checkbox"/> Other						Medical Support Aid Required?	Any device, instrument, apparatus or appliance to be used after a medical procedure and/or in tandem with a metal implant or prosthetic for medical aid – either temporary or permanent. Examples include, crutches, wheelchairs, braces, slings, casts, etc. If yes, indicate duration of use in Section 5 Occupational Health Section (OHS)		
					<input type="checkbox"/> Yes <input type="checkbox"/> No				
						Duration of use	Start Date:	Estimated End Date:	
Item Location (Check all that apply):						Peripheral Device			
Left		Center		Right		Peripheral Device Necessary?		Any Medical Personal Electronic Device (MEDPED) that requires the use of a peripheral device (companion device – both wire and wireless) necessary for proper function of the MEDPED require a separate PX-6390. Approval of a MEDPED does not constitute approval of any peripheral device.	
<input type="checkbox"/>	Left Arm	<input type="checkbox"/>	Head/Neck	<input type="checkbox"/>	Right Arm	<input type="checkbox"/>	Yes		
<input type="checkbox"/>	Left Elbow	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Right Elbow	<input type="checkbox"/>	No		
<input type="checkbox"/>	Left Waist/Hip	<input type="checkbox"/>	Back (Upper)	<input type="checkbox"/>	Right Waist/Hip				
<input type="checkbox"/>	Left Glutei	<input type="checkbox"/>	Back (Lower)	<input type="checkbox"/>	Right Glutei				
<input type="checkbox"/>	Left Shin/Calf	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	Right Shin/Calf				
Comments/other description:									

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 May be exempt from public release under the Freedom of Information Act (5 U.S.C. 552).
Department of Energy review required before public release.
 Exemption: 7, Law Enforcement
 Name: Clint Olson
 Org: CNS SS&ES
 Date: 08/17/2022
 Guidance: CG-SS-5, 7/16, DOE OC
 CNS eDC/RO ID: 482454



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3). Area of Use (check all that apply):

Security Areas		Explosive Safety Areas		Comments:
<input type="checkbox"/>	General Access Area (GAA)	<input type="checkbox"/>	General Purpose Area	
<input type="checkbox"/>	Property Protection Area (PPA)	<input type="checkbox"/>	Explosive Area	
<input type="checkbox"/>	Limited Area (LA)	<input type="checkbox"/>	Nuclear Explosive Area	
<input type="checkbox"/>	Protected Area (PA)			
<input type="checkbox"/>	Material Access Area (MAA)			

4). User Agreement – Electronic Devices Only

Consolidated Nuclear Security, LLC Personal Medical Device User Agreement (Read this document carefully before signing)	
<p>General: Consolidated Nuclear Security, LLC (CNS) utilizes the Technical Review Request process to evaluate and approve all Portable Electronic Devices (PEDs) considered Controlled Articles in accordance with Department of Energy (DOE) Order (O) 473.1a, <i>Protection Program Operations</i>, for introduction and use at Pantex Plant (Pantex). Upon submission and approval of this PX-6390, the user agrees to abide by device/equipment use restrictions. Violations of this user agreement and identified use restrictions may constitute an Incident of Security Concern (IOSC).</p> <p>Employees/Contractors/Vendors: Users of approved controlled articles understand that it is their responsibility to maintain control of their approved device/equipment and ensure it is not used in an unauthorized manner. The user of the device/equipment agrees to follow these restrictions when introducing or using this device at any onsite or off site Pantex facility:</p> <ul style="list-style-type: none"> • The device will not enter any Nuclear Explosive Areas or Hazardous Locations identified in MNL-00055, <i>Pantex Plant Non-Nuclear Facilities Safety Systems Manual</i>, unless otherwise expressly approved in PX-6390, Issued MEDPED Card, and List-0185, <i>Approved Personal Medical Device List</i>. • The device contains no audio or video recording capability. • The device will not connect to peripheral device capable of transmitting audio or video information while in a security area. • The device will not connect to site network or telephone equipment. • If equipped with wireless capabilities, the device will transmit at power levels less than or equal to 100 milliwatts. • The device is authorized by Site Medical as a necessary MEDPED in accordance with WI 02.01.01.20, <i>Reporting and Processing Off-the-Job Injury or Illness</i>. 	
I agree to all terms and conditions outlined in the above user agreement.	Signature:

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Submit to Occupational Health Safety



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5). Occupational Health Section (OHS)

<input type="checkbox"/> MEDPED IS on current LIST-0185. <input type="checkbox"/> MEDPED is NOT on current evaluated LIST-0185. <input type="checkbox"/> N/A – device is a metal implant/prosthetic/medical aid.	OHS Comments:
<input type="checkbox"/> Further medical examination was needed – Appointment was conducted on: Date: _____ Time: _____.	
<input type="checkbox"/> OHS has determined the device to be medically justifiable. <input type="checkbox"/> OHS has determined the device is NOT medically justifiable. <input type="checkbox"/> The User is a visitor, no medical records are available	OHS Signature:

Submit to S&S Operations



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NOTE: NO ACCESS WILL BE GRANTED WHERE ELECTRONICALLY POWERED MEDICAL DEVICES (EMPDs) ARE PROHIBITED

6). Facility Engineering Section

<input type="checkbox"/>	Device is not on List-0185 – please review for Master Technical Review Request (TRR) criteria	Facility Engineering Comments:				
For MEDPED Exceptions, the device is NOT AUTHORIZED in the following areas. (Check N/A (Not-Applicable) or all the areas the device is NOT authorized)						
<input type="checkbox"/>	Nuclear Explosives Area (e.g., Zone 12, Zone 4)	<input type="checkbox"/>	Material Access Areas (MAAs)	Facility Engineering Signature:		
<input type="checkbox"/>	Explosives Areas (e.g., Zone 11 explosives processing)	<input type="checkbox"/>	Hazardous locations			
<input type="checkbox"/>	N/A (Approved in all areas)					
<input type="checkbox"/>	Approved – Electrical Equipment Review (EER) # _____ (Send to Technical Security)			<input type="checkbox"/>	EER needed (Send to S&S Ops)	

Submit to Technical Security

7). Technical Security Section

For MEDPED Exceptions, the device is NOT AUTHORIZED in the following areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check N/A or all areas where the device is NOT authorized	N/A	Tier 0	Tier 1	Tier 2	Tier 3	Tier 4
Technical Security Signature:	Technical Security Comments:					

Submit to S&S Operations

8). S&S Operations Section

<input type="checkbox"/>	Approved – Permanent Allowance Card Issue date _____ Allowance Card ID # _____ Expiration date _____	S&S Signature:
<input type="checkbox"/>	Not Approved – Requestor has been notified that device requires a TRR/EER	