



**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. Select the “Submit to OHS” button to email to [PantexMedicalProviders@pantex.doe.gov](mailto:PantexMedicalProviders@pantex.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 Medical Allowance Card for each individual device for access.**

1). Information on Individual

Full Name (First, Middle, Last)	Employee Contractor Site visitor New Hire Other	Badge #	Phone #	Site Host/ Supervisor Name	Badge #	Contact phone #	Contact Email

2). Information on Item/Device

Type	Description (Make, Model, etc.)	Medical Support Aid				
Medically Necessary Personal Electronic Device (MEDPED) Metal Implant Prosthetic  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)			
		Yes				
		No				
		Duration of use	Start Date:	Estimated End Date:		
Item Location (Check all that apply):			Medically Necessary Peripheral Device			
Left	Center	Right	Peripheral Device Required?	<b>Any MEDPED that requires the use of a peripheral device (companion device – both wire and wireless) within close proximity, necessary for proper function of the MEDPED. Any Medically Necessary Peripheral Device requires a separate PX-6390. Approval of a MEDPED does not constitute approval of any peripheral device.</b>		
Left Wrist/Hand	Head/Neck	Right Wrist/Hand				Yes
Left Elbow/Shoulder	Chest	Right Elbow/Shoulder				No
Left Waist/Hip	Back (Upper)	Right Waist/Hip				Can be left in POV:
Left Glutei	Back (Lower)	Right Glutei				Yes
Left Leg/Knee	Abdomen	Right Leg/Knee				No
Comments/other description:			Peripheral Description:			



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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)			

List primary work/visiting buildings/facilities:			
Does the individual's work/visit require mobile operations such as, touring, patrolling, maintenance activities, or inspecting (i.e. not at a fixed location)?			
YES		NO	
If yes, provide explanation:			
Will the individual be processing or discussing classified information:			
	Y/N	Frequency: 1-5 (1= Very Frequently 5= Never)	If yes, provide explanation below
Classified Processing			
Classified Discussions			

**Site Use Only**

4). Occupational Health Section (OHS)

<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 <input type="checkbox"/> MEDPED Fact Sheet Issued	OHS Signature:



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

5). Facility Engineering Section

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)			Facility Engineering Comments:
<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)			
<b>Approved</b> – EER # _____ (Send to Technical Security)			Engineering Evaluation Review (EER) required (Send to S&S Ops)

6). Technical Security Section

PX-6441# (To be completed by Technical Security Personnel)	Requires ODFSA Review? (If no sign, if yes transmit to PFO and sign after PFO review)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Technical Security Comments:	Technical Security Signature:	
Recommendations for alternate location/work assignment:		
<b>TO BE FILLED OUT BY ODFSA</b> Comments, Use Restrictions, justification for denial, etc. (Not Required)		
<input type="checkbox"/> Approved with Use Restrictions <input type="checkbox"/> This device is not approved for use in Pantex Security Areas		ODFSA signature:



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7). S&S Operations Section

	Approved – Permanent Allowance Card Issue date _____ Allowance Card ID # _____ Expiration date _____  Card ____ of ____	S&S Signature:
<input type="checkbox"/>	ST 900.16 Complete Not Approved – Requestor has been notified that device requires a TRR/EER	Comments:

8). User Agreement – Electronic Devices Only

<p align="center"><b>Consolidated Nuclear Security, LLC Personal Medical Device User Agreement</b>                  (Read this document carefully before signing)</p> <p><b>General:</b> 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><b>Employees/Contractors/Vendors:</b> 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"> <li>• 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>, <b>unless otherwise expressly approved in PX-6390</b> or Issued MEDPED allowance Card.</li> <li>• The device contains no audio or video recording capability</li> <li>• The device will not connect to peripheral device capable of transmitting audio or video information while in a security area</li> <li>• The device will not connect to site network or telephone equipment</li> <li>• Devices equipped with flight/airplane mode, must utilize this feature while onsite.</li> <li>• The device will not be utilized within 3 ft of a classified processor</li> <li>• If equipped with wireless capabilities, the device will transmit at power levels less than or equal to 100 milliwatts.</li> <li>• The device is authorized by Site Medical as a necessary MEDPED in accordance with WI 02.01.01.01.20, <i>Reporting and Processing Off-the-Job Injury or Illness</i>.</li> <li>• The use of Bluetooth and wireless capabilities on site are strictly controlled except for in special circumstances in which the ODFSA has accepted risk and assigned mitigations.</li> </ul>	
<p><b><i>I have read, understand and agree to all terms and conditions outlined in the above user agreement.</i></b></p>	Signature: