Medical Device Registration Form

Overview

This document serves to collect information necessary for medical device transport into any Agency facility. Approval is required prior to bringing these devices into an Agency facility. The submission of this form indicates the requesters full understanding of the requirements listed below. The requester is responsible for ensuring all guidance provided by the Information System Security Manager (ISSM), Reasonable Accommodations Staff (RAS), and/or Office of Medical Services (OMS) is followed. This guidance may include disabling of the video recording capability, internal microphone capability, and all wireless functions (Wi-Fi, broadband, Bluetooth, infrared, etc). Where applicable, double-click small boxes and change Default Value to 'Checked'. Type any appropriate verbiage in long boxes.

1.0 APPROVAL INFORMATION

Requester Full Name:	
DOD ID Number: **(Leave Blank if not known)**	
Requester Phone Number:	
Building(s) visiting:	
Dates of Usage (mm/dd/yy-mm/dd/yy):	

2.0 DEVICE TYPES

Please check all that apply:	☐	Cardiac Monitor	☐	Insulin Pump		
	☐	Hearing Aid	☐	Other (give description)		
Other - Please give a brief description of the device:						
Device Make and Model:						
Describe when and how often the device is to be used. For example, identify if the device is worn all the time, only at the gym, during specified hours, etc.						
Does the device contain wireless and/or Bluetooth capability (check all the apply)	☐	Bluetooth	☐	Wi-Fi	☐	Cellular
	☐	Other	☐	Unknown	☐	None
Does the device communicate with your doctor's office or other entities:	☐	No	☐	Yes - (if Yes, provide how below		

Please provide any other pertinent details, such as: • Removable Storage • Computer/smart phone connectivity • A Microphone of camera • USB • Accessories Requested • Implanted or removable, etc.	

Requester Acknowledgment Statement:

By submitting this form, I acknowledge that the information provided is true to the best of my knowledge. I authorize Agency personnel within the Advanced Electronic Medical and Reasonable Accommodations Devices Board (AEMRAD) to view this form and the information I provide on this form as necessary on a need to know basis to make decisions relating to my request for a registration. All documentation, including medical records, that I have included in support of this request will be maintained on a strict need-to-know basis for the sole purpose of determining the outcome of my registration request; i.e., all information I have provided will kept separate from my personnel file in accordance with applicable provisions of law. I further acknowledge the following:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information', as defined by GINA, includes: an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

I ACKNOWLEDGE THAT ALL INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE

SIGNATURE:

Privacy Act Statement

Authority: The collection of this information is authorized under 5 U.S.C. § 301, Departmental regulations, which authorizes the operations of an executive agency, including the creation, custodianship, maintenance, and distribution of records.

Purpose: The collection of the information is necessary in order to transport medical devices into any Agency facility. Approval is required prior to bringing the devices into an Agency facility. The submission of this form indicates the requesters' full understanding of the requirements. The requester is responsible for ensuring all guidance provided by the Information System Security Manager, Reasonable Accommodations Staff, and/or Office of Medical Services is followed.

Routine Uses: The Department will use this information to address security or privacy breaches. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a**)** to be shared among Department staff for work-related purposes. Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice COMMERCE/DEPT-18, Employees Personnel Files Not Covered by Notices of Other Agencies, and OPM/GOVT-10, Employee Medical File System Records.

Disclosure: Furnishing the information is required, and failure to provide accurate information may delay or prevent an appropriate response to the request to bring the device into an Agency facility.