

TECSEC#

REQUEST INFORMATION

MEDICAL ELECTRONIC DEVICE INFORMATION

DO NOT PROVIDE PERSONAL/PROTECTED HEALTH INFORMATION (PHI) WITHIN OR ATTACHED TO THIS WORKSHEET

RESET

DEVICE CAPABILITY

(Completed by HSO/FSO/SSO)

Does the MED have the following capabilities: (Select all that apply)

Camera

Microphone

Removable Media

Wifi- 2.4 GHz

Bluetooth

Noise Cancellation

Wifi- 5.0 GHz

Near Field Comms (NFC)

Recorder

Wifi- 6.0 GHz

Infra-Red (IR) Comms

Other

Describe checked items below.

Is there an FCC ID printed on the device or inside the user manual? If yes, list the FCC ID:

TECHNICAL INSPECTION

Follow on Report:

Follow on Report Number:

Completed:

Comments:

Mitigations:

Recommendation:

*Recommendation is based on the above equipment config and install location. Any changes may alter this recommendation. Contact your HSO/FSO/SSO if changes are required.

Technician Name:

Technician Signature:

EHSS-53 REVIEW

Review Assessment:

Comments:

Reviewer Name:

Reviewer Signature:

APPROVAL DECISION

Decision:

*Approval is based on the above equipment config and install location. Any changes may alter this approval. Contact your HSO/FSO/SSO if changes are required.

Mitigations:

Additional Mitigations:

Comments:

Signed to Lock Form

Signature

Date

USER AGREEMENT

The user understands that approvals are required before introducing the device to an LA, VTR, or SCIF. Associated HSOs will conduct an annual review of approved devices for their respective sites. Additional approvals are required before introducing the device at other facilities outside DOE HQ.

The User certifies this request is in support of health and safety concerns of the Department of Energy's (DOE) employees and contractors. The user certifies that the Medical Personal Electronic Device (MedPED) in this request is prescribed by a licensed physician to diagnose or treat an illness, injury, or condition, disease, or its symptoms and meets accepted standards of medicine.

The user understands responsibilities for the operation and protection of the equipment. If there are any changes to the device as described in this document, such as changes in model type, terms of usages, and firmware/system updates, the User will immediately notify the HSO/FSO/SSO of any changes to the medical equipment. Any changes will require a re-inspection prior to device re-entry into the security area.

The User understands that DOE is not liable for repairs, damage, or destruction of any components as a result of any sanitation process, if deemed necessary for the protection of national security information. The user will maintain familiarity with applicable policies and apply all mitigations listed below before introducing the device into DOE HQ Security Areas.

Approval may be rescinded at any time.

By signing, user agrees to abide by users agreement and guidance in this request.

User

User Signature

Date

HSO/FSO/SSO

HSO/FSO/SSO Signature

Date

USER CARRY CARD

DOE HQ MEDICAL DEVICE AUTHORIZATION

The user listed below is authorized to bring the medical device(s) listed on the back of this card into DOE HQ (Forrestal, Germantown, Portals) security areas, to include **Limited Areas** and **Vault Type Rooms**. Compliance with the mitigations listed on the back of this card are required.

AUTHORIZATION DOES NOT INCLUDE SCIF/SAP AREAS

User Signature: _____

Phone: _____

Approval Signature: _____

OTS-MDWS-900-3A /Ver 1.7

DEVICE INFORMATION

Exp:

Indefinite

Make: _____

Model: _____

SN: _____

Mitigations: _____

PRIVACY ACT STATEMENT

Collection of information on this form is authorized by the Atomic Energy Act of 1954, 42 USC 2051a, Economy Act of 1932, as amended, 31 USC 1535, and Department of Energy Organization Act, 42 USC, 7101 *et seq.*, and 50 U.S.C. 2501 *et seq.* The information is used in support of medical-related equipment decisions affecting the subject of the records. Access to or use of the information is permitted only to authorized DOE personnel with a need for the information to perform their duties. Information also may be shared in accordance with Routine Uses provided in the DOE Privacy Act System of Records Notice for DOE-33, Personnel Medical Records. Furnishing the information is voluntary, but failure to do so may result in a denial of access to certain areas within DOE sites.

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