Medical Device Form

Please complete and email this document to medical@kcnsc.doe.gov to initiate the review process. A technical or specifications document MUST be attached to every medical device request to be considered for review by TSCM and approval by KCFO. This can be obtained from the prescribing medical provider or device manufacturer.

Name: Employee U Number:

Work Status:

If other, explain:

Department: Building(s) Device Will Enter:

Type of Device (hearing aid, glucose monitor/pump, heart monitor, etc):

Is this medical device temporary? If yes, duration:

Manufacturer: Model:

Building 4 SCI Access:

Is the device prescribed by a medical provider?

If yes, do you consent to the disclosure to Building 4 Special Security Officers for device review by DOE-IN?

Next Steps:
Medical will submit this device using JIRA for review by TSCM and approval by KCFO. Your name will not be shared with TSCM or KCFO. Only SCI access individuals will require name disclosure for DOE-IN review.

Privacy Act Statement – Medical Devices
Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement informs you of why you are being asked to provide this information. Providing this information is not mandatory, however, in the event the requested information is not provided, we will be unable to authorize the medical device for use and operation within the Kansas City National Security Campus facility.

Authority
We are authorized to collect the information requested on this form pursuant to U.S. Department of Energy National Nuclear Security Administration Prime Contract DE-NA0002839 for Management and Operation of the Kansas City National Security Campus, FAR 52.204-21 Basic Safeguarding of Contractor Information Systems, and 41 CFR Part 102-74 Subpart C Conduct on Federal Property

Purpose
This information is being collected and maintained to promote the safety of Federal buildings and the Federal workforce consistent with the above-referenced authority.

Routine Uses
While the information requested on this form is intended to be used primarily for internal purposes including approving access to facilities and use of medical devices therein, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information to: a Federal, State, or local agency to the extent necessary to comply with laws, to contractors, grantees, or volunteers as necessary to perform their duties for the Federal government; to other agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf.

MEDICAL USE ONLY

Assigned MDAP: Date Initiated:

Resolution: Date Complete: