



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY  
WASHINGTON D C 20372-5120

IN REPLY REFER TO  
BUMEDINST 6150.35  
BUMED-3C3  
8 Jul 91

BUMED INSTRUCTION 6150.35

From: Chief, Bureau of Medicine and Surgery  
To: All Ships and Stations

Subj: MEDICAL WARNING TAG

Ref: (a) MANMED articles 6-112(4), 16-50(1), and 16-50(3)  
(b) MILPERSMAN 4610150 (NOTAL)  
(c) MCO P1070.12, para. 7002 (NOTAL)

Encl: (1) Sample NAVMED 6150/5, Medical Warning Tag Order

1. Purpose. To provide for use of the medical warning tag to recognize special health problems when medical records are not available and the patient is unable to give a medical history.

2. Cancellation. NAVMEDCOMINST 6150.2.

3. Criteria. A medical warning tag will be issued to any patient authorized to receive care in a naval medical treatment facility (MTF) or dental treatment facility (DTF) when the attending physician or dentist determines a tag is indicated.

a. A permanent, definitive diagnosis must be established for a condition which, if the patient were unable to give a history, would:

(1) Render the normally indicated course of treatment dangerous.

(2) Delay proper treatment in the absence of a medical warning tag.

b. Examples of some conditions for which a tag should be issued are:

(1) Allergic reaction to drugs or insect bites.

(2) Sensitivity to biological products or immunizing agents.

(3) Convulsive disorders.

(4) Diabetes mellitus.

(5) Congenital heart disease.

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c. A tag must not be used solely to indicate wearing of contact lenses. If a tag is made for other reasons, the presence of contact lenses may be noted on the tag.

d. A medical warning tag must not be used for other purposes.

#### 4. Responsibilities

a. Ordering. The attending physician or dentist must order a tag by completing and forwarding a NAVMED 6150/5, Medical Warning Tag Order, to the nearest activity having embossing equipment. A sample ordering form is shown in enclosure (1). The patient's name and address must be typed on the form in the space provided to permit the embossing activity to mail the tags directly to the patient.

b. Recording. The attending physician or dentist must assure compliance with reference (a) on hypersensitivity recordings in the health records of active duty members. An SF 600, Chronological Record of Medical Care, should be added to dependents and retiree patient records when hypersensitivity is noted.

c. Embossing. All Navy and Marine Corps activities with suitable embossing equipment for identification tags, references (b) and (c), are responsible for the preparation of medical warning tags. These tags will not be issued without a NAVMED 6150/5 signed by a physician or dentist. There is room on the tag for 5 lines of 18 spaces each. The top 2 lines are to be used for the name and social security number. For tags issued to dependents, use the sponsor's social security number preceded by the family member prefix. The lower 3 lines are for medical information. Tags will be returned by mail to the patient whose address is provided on the NAVMED 6150/5.

d. Wearing. Individuals issued a medical warning tag should wear it at all times.

e. Nonactive Duty. Individuals with special health problems are also encouraged to participate in private organizations such as MED Alert Services. MTF and DTF commanding officers must make procurement information readily available.

5. Supplies. Activities with suitable embossing equipment will maintain a supply of metal blanks (Tags, Medical, Warning, NSN 6530-00-142-8775). Local procurement is authorized if the Federal Supply System stock is depleted.

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6. Forms

a. NAVMED 6150/5 (11-90), Medical Warning Tag Order, S/N 0105-LF-011-2500, is available from the Navy Supply System and may be requisitioned per NPDF P-2002D.

b. SF 600 (5-84), Chronological Record of Medical Care, NSN 7540-00-634-4176, is available from the Federal Supply System through normal supply procurement procedures.

  
DONALD F. HAGEN

Distribution:

SNDL Parts 1 and 2

MARCORPS PCN 71000000000 and PCN 71000000100

Stocked:

Naval Publications and Forms Directorate

5801 Tabor Avenue

Philadelphia, PA 19120-5099 (500 copies)

<b>MEDICAL WARNING TAG ORDER</b>										<b>INSTRUCTIONS:</b> Medical/dental officer must complete this form. Use top 2 lines for name and social security number (for tags issued to dependents, use sponsor's social security number preceded by the family member prefix). Use lower 3 lines for medical data. Insert name and address of individual to whom tag will be sent in address space at bottom of form. Send form to nearest activity having embossing equipment.							
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C	O	N	T	A	C	T		L	E	N	S	E	S				
SIGNATURE OF MEDICAL DENTAL OFFICER <i>M.A. Bell</i>								ACTIVITY Naval Hospital				ADDRESS Groton, CT				DATE 11Oct90	
<b>INSTRUCTION TO ACTIVITY EMBOSSING TAG</b>		▶ Emboss tag with information on first 5 lines above. Tape tag in place indicated, detach this part of form and place in window envelope so address below is visible.															
<b>TAPE TAG HERE</b>																	
<div style="border: 1px solid black; width: 80%; margin: auto; padding: 10px;"> <p>TO: BM1 Kenneth C. Johnson, USN Naval Submarine Base, New London Box 000 Groton, CT 06349-5000</p> </div>																	