



UNITED STATES MARINE CORPS
MARINE CORPS BASE
QUANTICO, VIRGINIA 22134-5001
and
NAVAL HEALTH CLINIC
QUANTICO, VIRGINIA 22134-6050

MCBO 6000.1B
NHCLQINST 6000.1B
MCB (B 03)
NHCL (B 103)
5 Jun 06

MARINE CORPS BASE ORDER 6000.1B
NAVAL HEALTH CLINIC QUANTICO INSTRUCTION 6000.1B

From: Commander
Commanding Officer, Naval Health Clinic
To: Distribution List

Subj: REQUESTS FOR MEDICAL SUPPORT ABOARD MCB QUANTICO

Ref: (a) MCBO P3550.1

Encl: (1) Hold Harmless Agreement (Waiver and Release from
Liability)
(2) Wavier of Liability (For Minor Child)

1. Purpose. Establish a single policy and procedures for on-site medical coverage for units aboard MCB Quantico. This will ensure all support demands placed on Naval Health Clinic, Quantico are valid, realistic, and appropriate.

2. Cancellation. MCBO 6000.1A and NMCLQUANTINST 6000.1A.

3. Information. The reference establishes requirements for on-site medical support for training and range areas aboard the base. The numerous training exercises conducted aboard the base can generate significant demand for such medical support.

4. Discussion

a. Manning shortfalls and military to civilian billet conversions in the Navy Medical Department make it imperative that on-site medical support requests submitted to the clinic be valid, realistic and appropriate. In addition, the new DoD directed health care quality assurance program, known as TRICARE, necessitates the need for the clinic to maintain medical assets in-house to meet the daily patient care needs of its beneficiary population. As a result activities, to include but not limited to, routine physical training, official physical fitness tests, battalion runs, change of command,

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post and relief, and retirement ceremonies are provided adequate medical support by the existence of the "911" ambulance service provided by MCB Federal Fire Service.

b. Appropriate on-site medical support will be provided per the reference. An emergency medical technician/corpsman/medic and a government safety vehicle is accorded to live-fire exercises, night movements, EOD range sweeps, Dynamic Entry (Breacher) Course during explosives use, parachute operations, gas chamber exercises (standby provided by Ray Hall), Military Operations in Urban Terrain (Combat Town) Course, obstacle courses, North Atlantic Treaty Organization courses, pugil stick use during Marine Corps Martial Arts Program training, and range and training area use by units of 25 personnel or more.

c. All other medical support requests will be evaluated on a case-by-case basis and may be supported as clinic staffing allows. Age groups involved and weather conditions are determining factors. All foreign and civilian visiting groups aboard the base must bring a basic life saving trained individual to use or participate in the obstacle courses, North Atlantic Treaty Organization Course, Endurance Course, Land Navigation Course, humps or terrain walks.

5. Responsibilities. To ensure the availability of staff to support required base training exercises, it is imperative that units requesting on-site medical support follow the timelines specified in this directive.

a. Officer Candidates School, Noncommissioned Officer Leadership School, Staff Noncommissioned Officer Academy, The Basic School, and all other MCB Quantico activities will submit their request 30 days in advance of requirement. Medical support requests with less than 30 days advance notice will be considered as clinic staffing allows.

b. External activities (military and other government agencies) will submit their request 60 days in advance of requirement. Medical coverage will be provided as staffing permits. Activities will be notified immediately if the clinic is unable to provide requested support.

6. Action. Requests for medical support must be in writing and forwarded by e-mail or memorandum from the requesting unit to the Medical Support Coordinator at The Ray Hall Branch Health Clinic at medicalsupport@quantico.med.navy.mil. The Officer Candidate School will submit requests to the scheduling petty officer at the Bradley Branch Health Clinic at ocsmedicalsupport@quantico.med.navy.mil.

Activities requesting medical support will specify date(s), time(s), destination, type of exercise/operation, number of participants, transportation arrangements, and fully justify if more than one corpsman is required. The request will justify any other special or unique requirements. A point of contact and telephone number must be included.

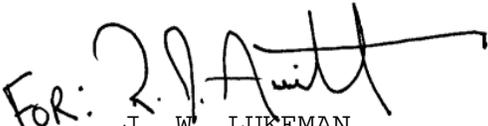
a. The Medical Support Coordinator will review all requests received by the clinic for medical priority and necessity of support. Commands aboard the base have priority over other military units and other government organizations.

b. All non-military units will provide their own medical support and participating members will complete enclosure (1), or enclosure (2), as appropriate, prior to commencing any training aboard MCB Quantico.

c. Units Requesting Medical Support. Requesting units will:

- * (1) Provide transportation of clinic staff member(s) from David R. Ray Branch Clinic to the training areas, unless previous arrangements have been made.
- (2) Inform the Medical Support Coordinator and assigned staff member(s) immediately in the event an exercise is cancelled.
- (3) Adequately acclimatize participating personnel prior to conducting strenuous physical activities during extreme weather conditions.
- (4) Confirm medical support 5 working days prior to commencement of exercise/operation via the Medical Support Coordinator.
- * (5) Meals will be supplied to clinic staff. If clinic staff is on COMRATS they will pay the MRE cost.
- * d. It is recommended that staff responsible for developing letters of instructions where medical support is being considered contact the Medical Support Coordinator at (703) 784-5541 for information on availability of support, which could be affected by other support requirements.


J. PRZYBYL
Commanding Officer
Naval Health Clinic, Quantico

For: 
J. W. LUKEMAN
Chief of Staff
Marine Corps Base, Quantico

DISTRIBUTION: A

Ch 1 (15 June 10)



UNITED STATES MARINE CORPS
MARINE CORPS BASE
QUANTICO, VIRGINIA 22134-5001
and
NAVAL HEALTH CLINIC
QUANTICO, VIRGINIA 22134-6050

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15 June 10

MARINE CORPS BASE ORDER 6000.1B Ch 1
NAVAL HEALTH CLINIC QUANTICO INSTRUCTION 6000.1B Ch 1

From: Commander
To: Distribution List

Subj: REQUESTS FOR MEDICAL SUPPORT ABOARD MCB QUANTICO

Encl: (1) New page insert to MCBO 6000.1B

1. Purpose. To transmit a new page insert to the basic Order.
2. Action. Remove and replace the corresponding page contained in the enclosure.
3. Change Notation. Paragraphs denoted by an asterisk (*) symbol contain changes not previously published.
4. Filing Instructions. File this Change transmittal immediately following the signature page of the basic Order.

/s/
D. J. CHOIKE

DISTRIBUTION: A

HOLD HARMLESS AGREEMENT
(Waiver and Release from Liability)

Please read and sign. (If under 18 years of age, parent or guardian must sign.)

I, _____ SSN: _____-____-_____,
(Print Full Name)

freely and voluntarily accept the opportunity to come aboard Marine Corps Base, Quantico, Virginia, on

_____ to _____, with _____
(Time & Date) (Time & Date) (Unit/Group)

per Marine Corps Order: _____.

I hereby assume all risks associated with this event and shall indemnify, waive, release, and forever discharge the United States Marine Corps and any other individuals or entities connected in any way with the event from any and all claims for damages, death, personal injury or property damage and litigation cost/attorney/fees, arising from or contributed to, in whole or in part, by an act, omission, fault or mistake of the above named persons or entities and their employees or agents, resulting from my participation in this event. This waiver and release shall be binding on my heirs and assigns and shall run in favor of the above named persons or entities and any individuals in any way connected with the aforementioned event.

Print: _____ Relationship: (circle one)
(Print Full Name) Self/Parent/Legal Guardian

Signature: _____ Date: _____

Unit/Senior Representative: _____ Date: _____
(Sign)

Indicate your health insurance coverage by initialing the appropriate box. Yes ___ No ___

Name of Insurance Provider: _____

Policy Number: _____

WAIVER OF LIABILITY
(For Minor Child)

We hereby request that our child, _____, be permitted to take part in the _____ to be held at Marine Corps Base, Quantico, Virginia, during the dates of _____. I understand that participation in this training will involve access to Marine Corps training areas. I further understand that this activity includes the inherent dangers associated with physical exertion, for example: Injuries associated with physical fitness training like muscle sprains or strains, tendon pulls, dislocation of joints, broken bones; the inherent dangers associated with environmental conditions in a swimming pool such as drowning, head injuries, and any other condition associated with the water or a swimming pool.

Nonetheless, and in spite of my full knowledge of the risks involved in this event, I EXPRESSLY AND KNOWINGLY, FREELY AND VOLUNTARILY, ACCEPT AND ASSUME ALL RISKS INVOLVED IN AND ASSOCIATED WITH ALL ASPECTS OF THIS _____, TO INCLUDE BUT NOT LIMITED TO, TRANSPORTATION TO AND FROM THIS EVENT. I EXPRESSLY AND KNOWINGLY FREELY AND VOLUNTARILY WAIVE ANY AND ALL RIGHTS I OR MY CHILD MAY HAVE TO RECOVER FOR ANY INJURY MY CHILD SUSTAINS, OR FOR THE DEATH OF MY CHILD, AND I AGREE TO HOLD HARMLESS THE UNITED STATES GOVERNMENT, THE DEPARTMENT OF DEFENSE, THE DEPARTMENT OF THE NAVY, THE UNITED STATES MARINE CORPS, THE MARINE CORPS COMBAT DEVELOPMENT COMMAND, AND MARINE CORPS BASE, QUANTICO.

Therefore, in consideration of the privilege to participate in the _____, to be held at Marine Corps Base, Quantico, I the undersigned person, do hereby freely and voluntarily, and intending to be legally bound, accept all risks associated with this _____, and waive any and all rights to any claims or demands or any other actions whatsoever, including those attributable to simple negligence, for damages, due to accident, injury, or my child's death, resulting from his/her participation in _____, or any use I may make of Marine Corps Base, Quantico, or government equipment or facilities in furtherance of his/her participation in this _____, for myself, my spouse, my parents or guardians, my heirs, executors, administrators, or legal representatives of my estate, or anyone else on my behalf, which I may have against any of the following: the United States of America; the Department of Defense; the Department of the Navy; the United States Marine Corps; Marine Corps Combat Development Command; Marine Corps Base, Quantico; or any and all individuals assigned to

ENCLOSURE (2)

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or employed by the United States, to include but not limited to, the Secretary of the Navy; the Commandant of the Marine Corps; the Commanding General, Marine Corps Combat Development Command; or the Commander, Marine Corps Base, Quantico, in both their official and personal capacities, or any medical personnel assigned thereto, or their representatives, successors, or assigns.

I understand that the above language means I have abandoned any rights I may have, or any rights anyone associated with me may have, through legal or friendship or family ties, to sue the Federal government for any injury my child may sustain because of his/her participation in or attendance at _____ that results in any damage whatsoever to my property, to my son/daughter, or in his/her death. By signing this document, I acknowledge that the Federal government, or any agency or employee thereof, is not liable for any injury my son/daughter may sustain, to include death, as a result of his/her participation in _____. By signing this document, I effectively and completely assume all risk associated with the _____. This document shall remain in effect and be held until notice of cancellation is received by the Commander, Marine Corps Base, Quantico.

Lastly, I understand that should I decline to execute this waiver of liability and agreement to indemnify (i.e., not to sue for damages and reimburse the Federal government for costs associated with a suit should anyone else so sue), my son/daughter will not be permitted to participate in the _____ to be held aboard Marine Corps Base, Quantico.

(Signature of Parent/Guardian) (Date)

(Printed Name of Parent/Legal Guardian (Circle One))

On behalf of

(Printed Name of Minor) (Date)

ENCLOSURE (2)

Indicate your health insurance coverage by initialing the appropriate box. Yes No

Name of Insurance Provider: _____

Policy Number: _____

Unit/Senior Representative: _____ Date: _____
(Sign)