

NOAA HEALTH SERVICES QUESTIONNAIRE

Application for Medical Qualification to Embark a NOAA Ship

Section I: Applicant Information

Applicant Name (Last, First, Middle)				Date of Birth	Today's Date
Office, Laboratory, or Institution Name				Work Phone	☐
Work Address				Cell Phone	☐
City		State	Zip Code	Home Phone	☐
E-mail Address				**Check one preferred contact phone number above. **	
Emergency Contact Name			Relationship	Cell Phone	
Address		City	State	Zip Code	Home Phone
Project Dates	Start		End		
Project Ship(s)					
Position	☐ Scientist		☐ Contractor		☐ Other (specify below)
	☐ Teacher at Sea		☐ Volunteer		_____

Section II: Current Health Information (Provide additional information on page 4 if needed.)

Have you sailed with NOAA before? Yes No		
☐	If so when & which ship?	
	1.	
	2.	
	3.	
List all health problems/medical conditions.		
☐ None	1.	5.
	2.	6.
	3.	7.
	4.	8.
List all medications (Prescription and Non-Prescription) you currently take.		
☐ None	1.	
	2.	
	3.	
	4.	
List major surgeries, hospitalizations, and emergency room visits with dates.		
☐ None	1.	
	2.	
	3.	
	4.	
List all known allergies and subsequent reactions.		
☐ None	Allergy	Reaction
	1.	1.
	2.	2.
	3.	3.

NOAA HEALTH SERVICES QUESTIONNAIRE

Applicant Name (Last, First, Middle)

Today's Date

Section III: General Screening

Indicate any medical condition experienced during adulthood.

Yes	No		Yes	No	
☐	☐	Cancer	☐	☐	Epilepsy/Seizures
☐	☐	Tuberculosis	☐	☐	Impaired Mobility
☐	☐	Asthma	☐	☐	Severe Hearing Loss
☐	☐	Hepatitis	☐	☐	Severe Visual Impairment
☐	☐	Chronic Cough	☐	☐	Severe Motion Sickness
☐	☐	Severe Depression	☐	☐	Fainting/Loss of Consciousness Recent
☐	☐	Untreated Dental Issues	☐	☐	Unexplained weight gain >20 lbs Recent
☐	☐	Currently Pregnant	☐	☐	Unexplained weight loss >20 lbs

Explain any positive response(s) below.

Section IV: Cardiac Screening

Indicate any cardiac condition experienced during adulthood and the applicable test result.

Yes	No		Yes	No	
☐	☐	Abnormal EKG	☐	☐	Hypertension
☐	☐	Heart Attack	_____		Recent Blood Pressure Reading
☐	☐	Shortness of Breath	☐	☐	Diabetes
☐	☐	Chest Pain	_____		Recent HbA1c Reading

Explain any positive response(s) below.

Section V: Required Immunizations

****All items below are required order to be cleared for sailing.****

1. Annual Tuberculosis Screening Document ****Form below, page 6****

2. MMR Vaccination ****Persons born before 1957 are exempt.****

Date Completed _____

3. Tetanus Booster

Date Completed _____

NOAA HEALTH SERVICES QUESTIONNAIRE

Applicant Name (Last, First, Middle)

Today's Date

Section VI: Functional Abilities Screening

Indicate the ability to perform the following tasks.

Yes	No	
☐	☐	Step over a 24-inch high door sill
☐	☐	Walk on a steel deck for 4–8 hours per day
☐	☐	Stand on a steel deck for 4–8 hours per day
☐	☐	Walk on slippery or uneven walking surfaces
☐	☐	Climb stairs
☐	☐	Carry up to 50 lbs
☐	☐	Don a survival suit in less than one (1) minute
☐	☐	Ascend a rope ladder with rigid rungs
☐	☐	Descend a rope ladder with rigid rungs
☐	☐	Hear a ship's general alarm (hearing aid permitted)

Explain any negative response(s) below and indicate any medical condition or physical limitation which may adversely affect qualification for sea duty.

Section VII: Applicant Certification

I certify the information provided is true, accurate, and complete to the best of my knowledge. I acknowledge that falsification of any information on this government document is punishable by fine, imprisonment, or both.

Applicant Signature

Date

For assistance completing this form, contact:

- | | | | |
|----|--------------------------------------|----------------------|--------------------|
| 1. | MOC-A Health Services in Norfolk, VA | Phone (757) 441-6320 | Fax (757) 441-3760 |
| 2. | MOC-P Health Services in Newport, OR | Phone (541) 867-8820 | Fax (541) 867-8856 |

MOC Health Services Use Only

- ☐ Applicant is medically cleared for sea duty aboard a NOAA ship by history.
- ☐ Applicant is medically disqualified for sea duty aboard a NOAA ship by history.
- ☐ Additional information is needed to determine medical clearance for sea duty.

MOC Health Services Medical Officer Signature

Date

NOAA HEALTH SERVICES QUESTIONNAIRE

Applicant Name (Last, First, Middle)

Today's Date

Continuation Page

Use the space provided below to further explain any medical condition indicated on the previous pages.

Medical Officer Comments

Request for Additional Information sent (RAI)

HEALTH SERVICES QUESTIONNAIRE

Application for Medical Qualification to Embark a NOAA Ship

INSTRUCTIONS

The Health Services Questionnaire must be submitted to MOC Health Services **30 days** in advance of the project start date. The form must be legible and complete. Unreadable or incomplete forms will be returned to the applicant. Late submissions may result in delayed qualification of sea duty past the project start date.

All positive responses in the General Screening and Cardiac Screening sections require a detailed explanation in the space provided. The Continuation Page may be used if more space is needed. An indication of hypertension requires the most recent blood pressure reading. An indication of diabetes requires the most recent glycated hemoglobin (HbA1c) reading.

All persons embarking aboard a NOAA ship must complete the Annual Tuberculosis Screening Document, submit the date of your last tetanus & MMR vaccines.

All of this must be received by MOC-A or MOC-P before you can be cleared to board a ship.

All persons embarked on a NOAA ship must be able to perform normal work functions and minimal personal emergency response functions while the ship is underway. During an abandon ship event, personnel may have to don a survival suit and/or descend a rope ladder to a life raft or rescue craft. Personnel deploying in small boats for operations may have to ascend and descend a rope ladder. A rope ladder (as pictured to the right) is a heavy duty ladder with rigid rungs that hangs over the side of the ship used for underway embarkation and disembarkation of personnel. A survival suit (as pictured to the right) is a full-body single-piece coverall designed to provide thermal protection to personnel immersed in water. A person at sea should be able to don a survival suit in one minute while fully clothed and without having to remove shoes. All negative responses in the Functional Abilities Screening section require additional explanation on the Continuation Page.

Sign and date the form in Section VII. Do not write in the "MOC Health Services Use Only" section. Use the Continuation Page to provide any additional information. Direct all questions regarding the information required on this form to the MOC Health Services Medical Officer at MOC-Atlantic (757) 441-6320 or MOC-Pacific (541) 867-8820.



PRA Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0824. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the Office of Marine and Aviation Operations, 1315 East West Hwy, Silver Spring, MD 20910.

Privacy Act Statement

Authorities: Privacy Act of 1974, 5 CFR Part 293, Personnel Records and Part 297, Privacy Procedures for Personnel Records; Occupational Safety and Health Administration, 29 CFR 1910, Occupational Safety and Health Standards, Health Insurance Portability and Accountability Act, Pub. L. 104-191.

Purposes: The health services you receive through this program result in the gathering and recording of information that is personal and confidential. Your employing agency serves as a custodian of your records. Upon termination of employment the original documents or copies of your records will be transferred to your Employee Medical Folder (EMF) in the agency's Employee Medical File System (EMFS). These records are stored as a distinct and separate part of your Official Personnel Folder. Your records are collected and maintained for a variety of purposes, including:

- to meet the mandates of law, Executive order, or regulations;
- to provide data necessary for proper medical evaluations, treatment for the continuity of medical care;
- to provide an accurate medical history and treatment and/or hazard exposures and health monitoring;
- to enable the planning for further care;
- to provide a record of communications among members of the health care team;
- to provide a legal document describing the health care administered and exposure incidents;
- to provide a method of evaluating the quality of health care rendered as required by professional standards and legislative authority;
- to ensure that all relevant, necessary, accurate, and timely data are available to support any medically related employment decisions;
- to document claims filed with and the decisions reached in OWCP cases;
- to document employee's reporting of occupational injuries, unhealthy and/or unsafe working conditions;
- to ensure proper and accurate operation of the agency's employee drug testing program under Executive Order 2564.

Routine Uses: Information is collected to manage medical care and to maintain accurate and current medical records on employees. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a), to be shared with applicable entities related to the purposes described above. 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/NOAA-22, NOAA Health Services Questionnaire (NHSQ) and Tuberculosis Screening Document (TSD).

Disclosure: Collection of this information is voluntary. If you do not wish to participate in these services, or to provide the requested information, you are not required to do so. Non-NOAA personnel may decline to provide this information, but the absence of documented medical clearances may prevent you from being cleared to embark on NOAA vessels or aircraft. For NOAA personnel choosing to decline the health services required for job-related clearances, the absence of documented medical clearances will impact the employer's authority to permit you to perform certain functions of your position. You should consult with your supervisor in this matter.