NOAA HEALTH SERVICES QUESTIONNAIRE

(NO nicknames)
Name (print): ___________________________________ Birth Year: __________
Last First Middle
Work Address: ______________________________ Work Phone: ___________
______________________________ Cell Phone: ___________
______________________________ Home Phone: ___________
E-mail Address: _____________________________
Preferred contact number: ___ Work ___ Cell ___ Home
Current position: ___ Scientist ___ Teacher-at-Sea ___Volunteer Contractor
___ Other: (specify) _____________________________________
Emergency contact: _________________________ Relationship: ___________
Address: __________________________________ Phone: _______________
____
Cruise dates: ____
Forward to the following ships: ____

Health Information
Supply additional information on last page of this form if needed.

At the present time, do you regularly see a doctor for any reason? ___ No ___ Yes
If yes, explain: ____
____

Please list ALL the medications that you currently take (prescription and non-prescription):

1. ________________________ 4. ________________________
None ___ 2. ________________________ 5. ________________________
3. ________________________ 6. ________________________

List any known allergy: Allergy Reaction
1. ____________________ ______________________________
None ___ 2. ____________________ ______________________________
3. ____________________ ______________________________

List ALL current health problems/conditions (even if you are not taking medication for them):
1. ____
None ___ 2. ____
3. ____
4. ____

List major surgeries/hospitalizations/emergency room visits:
1. ____
None ___ 2. ____
3. ____
4. ____

Name: ____
Last First Middle

General Screening

As an adult, have you had or currently have any of the following:

No	Yes		No	Yes	
___	___	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
___	___	Are you pregnant?	___	___	Recent unexplained weight gain/loss of $\geq$ 20 pounds
___	___	Untreated dental issues			

Explain: ____
____
____
____

Cardiac Screening

As an adult, have you had or currently have any of the following:

No	Yes		No	Yes	
___	___	Abnormal EKG	___	___	Hypertension
___	___	Heart attack			Recent BP reading: _________
___	___	Shortness of breath	___	___	Diabetes
___	___	Chest pain			Recent HgA1C: ____________

Explain: ____
____
____
____

Immunization Screening

Please list the date(s) you obtained immunization/prophylaxis against:

1. TB (must have one of the following within the past 12 months; test cannot expire before the end of the desired cruise):
   a. PPD: Date: __________ Results: __________ (must be noted in millimeters only)
   b. Quantiferon: Date: ____________
   Results (circle one): Negative Indeterminate Positive
2. Tetanus booster: Date: _________

Name: ____
Last First Middle

Functional Abilities Screening

Are you able to perform the following (explain all “no” answers below)?

Yes	No	
___	___	Walking on steel decks for hours
___	___	Standing on steel decks for hours
___	___	Step over 24 inch high door sill
___	___	Climbing stairs
___	___	Carry exposure suit (<15 pounds) up/down stairs
___	___	Don an exposure suit in 1 minute
___	___	Can hear alarms (hearing aid permitted)
___	___	Descend/ascend a rope ladder with rigid rungs a distance of 10 feet
___	___	Walking on slippery, uneven, and/or moving surfaces

Explain: ____
____
____
____

Are you aware of any other medical condition(s) that may affect your suitability for sea duty? ___ No ___ Yes – Explain: ________________________________
____

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I acknowledge that falsification of information on this government document is punishable by fine and/or imprisonment.

____ ______________
Signature of Applicant Date

For assistance contact: (1) Marine Operations Atlantic at (757)441-6320, fax (757)441-3760, or (2) Marine Operations Pacific at (206)553-8704, fax (206)553-1112.

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Medically cleared for sea duty by history? ___ Yes ___ No ___ Need more info

____ ______________
NOAA Health Services Medical Officer Date

Name: ______________________________________
Last First Middle

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CONTINUATION PAGE

Use this space for further documentation related to questions on the previous pages.