

### 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):

- |            |          |          |
|------------|----------|----------|
| None _____ | 1. _____ | 4. _____ |
|            | 2. _____ | 5. _____ |
|            | 3. _____ | 6. _____ |

List any known allergy: Allergy Reaction

- |            |          |       |
|------------|----------|-------|
| None _____ | 1. _____ | _____ |
|            | 2. _____ | _____ |
|            | 3. _____ | _____ |

List ALL current health problems/conditions (even if you are not taking medication for them):

- |            |          |
|------------|----------|
| None _____ | 1. _____ |
|            | 2. _____ |
|            | 3. _____ |
|            | 4. _____ |

List major surgeries/hospitalizations/emergency room visits:

- |            |          |
|------------|----------|
| None _____ | 1. _____ |
|            | 2. _____ |
|            | 3. _____ |
|            | 4. _____ |



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.

**NOAA HEALTH SERVICES USE ONLY**

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

\_\_\_\_\_  
NOAA Health Services Medical Officer Date

Name: \_\_\_\_\_  
                    Last                    First                    Middle

**NOAA HEALTH SERVICES QUESTIONNAIRE  
CONTINUATION PAGE**

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