U.S. DEPARTMENT OF HOMELAND SECURITY

U.S. COAST GUARD

NARRATIVE OF CHANGES FOR FORM CG-719K

DESCRIPTION	PREVIOUS	CURRENT
PG. 1 Intro BLOCK 6	Text Read: Applicants seeking an original, renewal or raise- in-grade credential are required to complete this form or its equivalent, containing the same information, submit it to the U.S. Coast Guard.	Applicants seeking an original, renewal or raise-in- grade credential are required to complete this form (if a previous medical evaluation is not submitted within the past 3 years) and submit it to the U.S. Coast Guard.
PG. 4 SECT III BLOCK 1	Text Read: Credential applicants who are required to complete a general medical exam are required to report all prescription medications prescribed, filled or refilled and/or taken within 30 days prior to the date that the applicant signs the CG719K or approved equivalent form . In addition, all prescription medications, and all non-prescription (over- the-counter) medications including dietary supplements and vitamins, that were used for a period of 30 or more days within the last 90 days prior to the date that the applicant signs the CG-719K or approved equivalent form, must also be reported.	Deleted Bold Text in Previous: Credential applicants who are required to complete a general medical exam are required to report all prescription medications prescribed, filled or refilled and/or taken within 30 days prior to the date that the applicant signs the CG719K . In addition, all prescription medications, and all non-prescription (over-the-counter) medications including dietary supplements and vitamins, that were used for a period of 30 or more days within the last 90 days prior to the date that the applicant signs the CG-719K, must also be reported.
PG. 6 SECT VI BLOCK 4	Text Read: The frequency responses for each ear are averaged to determine the measure of an applicants hearing ability. The Applicant should demonstrate an unaided threshold of 30dB (regulation) in each ear.	Changed: 30 dB to 20 dB
PG. 9 SECT IX BLOCK 11	Move Text to bottom of form U.S. Dept. of Homeland Security, USCG, CG-719K, Rev. 01-09	Insert Block 11 and added text: License Number
PG. 9 SECT IX BLOCK 12	N/A	Insert Block 12 and added text: Office Telephone
PG.9 SECT IX BLOCK 13	N/A	Insert Block 13 and added text: Office Address, City, State, Zip Code