PAPERWORK REDUCTION ACT
CHANGE WORKSHEET

Agency/subagency	OMB Control Number
DHS/UNITED STATES COAST GUARD (USCG)	1625 - 0040

	Enter only items that change Current record	New record
Agency form number (s)		
CG-719K		
Annual reporting and recordkeeping hour burden		
Number of respondents	65,299	65,299
Total annual responses	65,299	65,299
Percent of these responses collected electronically	0 %	0 %
Total annual hours	10,885	10,885
Difference		0
Explanation of difference		
Program change Adjustment		0
Annual reporting and recordkeeping cost burden (in thousands of dollars)		
Total annualized Capital/Startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference		
Program change Adjustment		

Other changes**

DHS/USCG is submitting this change request due to modification in form CG-719K. This modification to the form will NOT increase the burden hours, the number of respondents, or the number of responses. The final version and requested changes are submitted for comparison purposes.

Signature of Senior Official or designee:	Date:	For OIRA Use
ARTHUR A. REQUINA, COI MANAGER	09/02/2009	

** This form cannot be used to extend an expiration date.

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-719K Rev. (01-09)	**Merchant Mariner Credential Medical Evaluation Report**	OMB-1625-0040 Expires 6/30/2012

- Detailed guidance on the medical and physical evaluation guidelines for merchant mariner credentials is contained in Navigational and Vessel Inspection Circular (NVIC) 4-08.
- Additional information is also available at the National Maritime Center (NMC) Homeport website at: http://homeport.uscg.mil/mmcmedical
- Additional information can also be obtained from NMC at: Commanding Officer, National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404 or 1-888-I-ASK-NMC (1-888-427-5662)

Who must submit this form?

▶ Applicants seeking an original, renewal or raise-in-grade credential are required to complete this form ~~or its equivalent, containing the same information~~, and submit it to the U.S. Coast Guard. insert following text: "(if a previous medical evaluation is not submitted within past 3 years)"

▶ Guidance for required submission of this form is contained in Enclosure (1) of NVIC 4-08.

Instructions for Applicants

▶ Applicants are required to provide the applicant information in section I, medication information in Section III, and certification of medical conditions in Section IV.

▶ Applicants are required to sign and date the certification in section I of this form attesting, subject to criminal prosecution under 18 USC § 1001, that all information reported is true and correct to the best of their knowledge and that they have not knowingly omitted or falsified any material information relevant to this form.

▶ Applicants should also complete the release in section II of this form.

Privacy Act Statement

As required by Title 5 United States Code (U.S.C) 552a(e)(3), the following information is provided when supplying personal information to the United States Coast Guard.

1. Authority for solicitation of the information: 46 U.S.C. 2104(a), 7101[c]-(e), 7306(a)(4), 7313[c](3), 7317(a), 8703(b), 9102(a)(5).

2. Principal purposes for which information is used:
   a. To determine if an applicant is physically capable of performing their duties.
   b. To ensure that a duly licensed or certified Physician (MD or DO) / Physician Assistant / Nurse Practitioner conducts the applicant's physical examination/certification and to verify the information as needed.

3. The routine uses which may be made of this information:
   a. This form becomes a part of the applicant's file as documentary evidence that regulatory physical requirements have been satisfied and that the applicant is physically competent to hold a credential.
   b. The information becomes part of the total credential file and is subject to review by Federal agency casualty investigators.
   c. This information may be used by the United States Coast Guard and an Administrative Law Judge in determining causation of marine casualties and appropriate suspension and revocation action.

4. Disclosure of this information is voluntary, but failure to provide this information will result in non-issuance of a credential.

Applicant Name: _____ Date of Birth: _____

General Instructions for Medical Practitioner

1. The Coast Guard requires a physical examination and certification be completed to ensure that mariners:
   - ▶ Are of sound health.
   - ▶ Have no physical limitations that would hinder or prevent performance of duties (see below).
   - ▶ Are free from any medical conditions that pose a risk of sudden incapacitation, which would affect operating, or working on vessels.
2. The medical practitioner must ensure a complete history and physical are conducted and make recommendations as to the fitness of the applicant. Final approval of the mariner's status rests with the U.S. Coast Guard.
3. All examinations, tests and demonstrations must be performed, witnessed or reviewed by a physician (Medical Doctor (MD) or Doctor of Osteopathy (DO)) or nurse practitioner or a certified physician assistant licensed by a State in the U.S., a U.S. possession, or a U.S. territory. The verifying medical practitioner (VMP) who performed the examination must complete sections III, IV, VII, VIII, and IX of this form.
4. Detailed guidelines on medical conditions subject to further review are contained in NVIC 4-08 encl (3). Medical practitioners should be familiar with the guidelines contained within this document. NVIC 4-08 may be obtained from http://www.uscg.mil/hq/cg5/nvic/2000s.asp#2008 or by calling the nearest USCG Regional Examination Center, or the National Maritime Center (http://homeport.uscg.mil/mmcmedical) at 1-888-IASKNMC (1-888-427-5662).
5. Verification of medications in section III of this form includes questioning the applicant about any medications or other substances reported, reviewing relevant medical conditions to determine if the applicant has omitted any medications or other substances, and affirmatively reporting any omitted current medications or other substances where required.
6. All applicants who require a general medical examination must be physically examined by the verifying medical practitioner.
7. The verifying medical practitioner is not required to perform or witness every examination, test or demonstration. These may be referred to other qualified practitioners; however, they must be reviewed to the satisfaction of the verifying medical practitioner. The last page of this form contains a certification that the general medical examination, vision and hearing tests, as well as the physical demonstration of competence as appropriate, have been performed, witnessed or reviewed to the satisfaction of the verifying medical practitioner. Applicants who are required to complete a general medical examination are also required to complete vision tests, and they may be required to complete hearing tests and/or demonstrations of physical competence as appropriate. The verifying medical practitioner must sign and date the certification where indicated. This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the verifying medical practitioner is true and correct to the best of his/her knowledge and that the verifying medical practitioner has not knowingly omitted or falsified any material information relevant to this form.
8. If the verifying medical practitioner is unable to determine the applicant's physical ability, the applicant should be referred to another healthcare provider who can properly evaluate and test physical abilities.

Instructions for Providing Proof of Identity

- ▶ **Applicants** shall present acceptable proof of identity to the medical practitioner conducting examinations.
- ▶ **Medical practitioners** must verify the identity of applicants before conducting examinations.
- ▶ Proof of identity shall consist of one current form of valid government issued photo identification.
- ▶ The following credentials are examples of acceptable proof of identity:

  Unexpired official identification issued by a federal, State, or local government or by a territory or possession of the United States, such as a passport, U.S. driver's license, U.S. military ID card or Merchant Mariner's Document/Merchant Mariner Credential.

Applicant Name: _____ Date of Birth: _____

Section I - Applicant Information

Last Name:	First Name:	Middle Name:	Suffix: *(Jr., Sr., III)*
Age:	Date of Birth *(MM/DD/YYYY)*:	Social Security Number:	

Applicant Certification *(to be signed by applicant)*

My signature below attests, subject to prosecution under 18 USC 1001, that all information that I have reported is true and correct to the best of my knowledge, and that I have not knowingly omitted to report any material information relevant to this form.

Date:	Printed Name:
	Signature:

How do you wish to be contacted? *(phone, e-mail, letter, fax)* Please include contact information below:

Section II – Release

I hereby authorize the verifying medical practitioner (VMP), who has signed the certification on page 9 of this form, to release to, or discuss with authorized Coast Guard personnel, any pertinent information in his/her possession regarding any physical or medical condition that may require review by the Coast Guard prior to determining whether the Coast Guard should issue a credential(s) for maritime service.

I understand that this authorization is voluntary. I also understand that failure to provide authorization could affect the Coast Guard's ability to make a timely determination as to whether the Coast Guard should issue me a credential(s) for maritime service. This authorization will remain in effect until the Coast Guard determines whether to issue me the requested credential(s) for maritime service, but no longer than one year.

I have read and understand the following statement about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the verifying medical practitioner in writing, but the revocation will not have any effect on any actions taken before they received the notification.
- Upon request, I may see or copy the information described in this release.
- I am not required to sign this release to receive my medical evaluation.

Applicant:

Name *(Printed)*:	Signature:	Date:

Section III - Medications *(must be completed by applicant and reviewed by verifying medical practitioner)*

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 CG-719K ~~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.

The information reported by the applicant must be verified by the verifying medical practitioner or other qualified medical practitioner to the satisfaction of the verifying medical practitioner to include the following two items.

1. Report all medications (prescription and non-prescription), dietary supplements, and vitamins.
2. Include dosages of every substance reported on this form, as well as the condition for which each substance is taken.

Additional sheets may be added by the applicant and/or qualified medical practitioner if needed to complete this section *(include applicant name and date of birth on each additional sheet).*

If none, check "NONE."

☐ NONE

Section IV - Certification of Medical Conditions *(must be completed by applicant and reviewed by verifying medical practitioner)*

Applicants must report their relevant medical conditions to the best of their knowledge, and the verifying medical practitioner must verify the medical conditions, using the table below. Check "yes" if the applicant has had a previous diagnosis or treatment of the condition by a healthcare provider, or if the applicant is currently under treatment or observation for the condition, or if the condition is present regardless of treatment.

If the verifying medical practitioner, or any other health care provider to the satisfaction of the verifying medical practitioner, discovers a condition not reported by the applicant, he/she must check "yes" in the appropriate block and explain in the remarks.

The verifying medical practitioner must address all reported relevant conditions in detail in this Section. This detailed explanation should include, at a minimum, identification of the condition, approximate date of diagnosis, any limitations, whether the condition is controlled, the prognosis and any additional information as appropriate, referring to the evaluation data listed in enclosure (3) of NVIC 4-08 for each condition.

Additional sheets may be added by the applicant and/or verifying medical practitioner if needed to complete this section of the form. *(include applicant name and DOB on each additional sheet).*

To the best of the applicant's knowledge, does the applicant have, or have ever suffered from, any of the following?

If YES, the applicant must **PROVIDE THE TEST RESULTS AND/OR RECORDS AS INDICATED**, referring to the evaluation data listed in enclosure (3) of NVIC 4-08 for each condition. Documentation of evaluation data specified in this table for all applicable medical conditions potentially requiring further review should be submitted with each application, unless otherwise specified by the NMC. Mariners, including first class pilots and those individuals "serving as" pilots (as well as Great Lakes pilots) who are required to submit annual physical examinations to the Coast Guard, may be issued a letter by the NMC specifying the extent of the evaluation data, if any, that should be submitted to the Coast Guard for any medical conditions that have been previously reported to, and evaluated by, the NMC.

The verifying medical practitioner shall make comments on all answers marked "yes" on the following page for which no evaluation data has been submitted. If known to the VMP, the VMP may comment that a condition has been previously reported on a prior CG-719K, but only for those CG-719Ks submitted after December 31, 2008, and only for those conditions which have not changed since the condition was previously reported on a prior CG-719K

Applicant Name: _____ Date of Birth: _____

1. **Identify the Condition**
2. **List Any Limitations**
3. **Is Condition Controlled?**
4. **Approximate Date of Diagnosis**
5. **Prognosis**
6. **Additional Information**

	YES	NO	
1.	☐	☐	Ear surgery,
2.	☐	☐	Hearing loss, hearing aid
3.	☐	☐	Impaired speech or stuttering
4.	☐	☐	Deformities of face
5.	☐	☐	Open tracheostomy
6.	☐	☐	Poor vision
7.	☐	☐	History of eye disease or injury
8.	☐	☐	History of eye surgery
9.	☐	☐	Abnormal color vision
10.	☐	☐	Glaucoma
11.	☐	☐	Asthma
12.	☐	☐	Emphysema or COPD
13.	☐	☐	Collapsed lung/pneumothorax
14.	☐	☐	Irregular heart beat
15.	☐	☐	Heart murmur or valve replacement
16.	☐	☐	Chest pain or angina
17.	☐	☐	Heart attack/ myocardial infarction
18.	☐	☐	Congestive heart failure
19.	☐	☐	Heart surgery/stent/angioplasty
20.	☐	☐	Pacemaker or defibrillator
21.	☐	☐	Any other heart condition
22.	☐	☐	High blood pressure/hypertension
23.	☐	☐	Aneurysm or blockages
24.	☐	☐	Pulmonary embolus or blood clots
25.	☐	☐	Gastrointestinal bleeding or ulcers
26.	☐	☐	Crohn's disease or ulcerative colitis
27.	☐	☐	Hepatitis or jaundice
28.	☐	☐	Gallbladder problems or stones
29.	☐	☐	Intestinal surgery
30.	☐	☐	Any form of cancer
31.	☐	☐	Anemia
32.	☐	☐	Hemophilia or polycythemia
33.	☐	☐	Any other blood disorders
34.	☐	☐	Thyroid disease
35.	☐	☐	Diabetes
36.	☐	☐	HIV or AIDS
37.	☐	☐	Lymphoma or leukemia
38.	☐	☐	Tuberculosis
39.	☐	☐	Neurofibromatosis
40.	☐	☐	Skin tumors or cancer
41.	☐	☐	Scleroderma
42.	☐	☐	Lupus
43.	☐	☐	Kidney transplant or dialysis
44.	☐	☐	Kidney disease or cancer
45.	☐	☐	Kidney stones
46.	☐	☐	Protein/sugar/blood in urine
47.	☐	☐	Back surgery or injury
48.	☐	☐	Ruptured/herniated disc
49.	☐	☐	Fractures requiring surgery
50.	☐	☐	Limitation of any major joint
51.	☐	☐	Bone or joint surgery
52.	☐	☐	Dislocated joint
53.	☐	☐	Recurrent neck or back pain
54.	☐	☐	Swollen or painful joint
55.	☐	☐	Arthritis or bursitis
56.	☐	☐	Trick or locked knee
57.	☐	☐	Amputation or prosthesis
58.	☐	☐	Carpal tunnel
59.	☐	☐	Difficulty walking or climbing
60.	☐	☐	Sciatica or nerve pain
61.	☐	☐	Other bone/joint disorder
62.	☐	☐	Motion/sea sickness
63.	☐	☐	Impaired balance, or balance disorder or difficulty
64.	☐	☐	Vertigo or dizziness
65.	☐	☐	Numbness or paralysis
66.	☐	☐	Head injury or skull fracture
67.	☐	☐	Seizures or epilepsy
68.	☐	☐	Recurrent headaches
69.	☐	☐	Narcolepsy
70.	☐	☐	Sleep apnea
71.	☐	☐	Restless leg
72.	☐	☐	Fainting spells or loss of consciousness
73.	☐	☐	Stroke or TIA
74.	☐	☐	Brain tumor
75.	☐	☐	Other brain or nerve disease
76.	☐	☐	ADD, ADHD, or bipolar
77.	☐	☐	Depression
78.	☐	☐	History of suicide attempt
79.	☐	☐	Schizophrenia
80.	☐	☐	Anxiety
81.	☐	☐	Alcohol or substance abuse
82.	☐	☐	Loss of memory or amnesia
83.	☐	☐	Other psychiatric disease or counseling
84.	☐	☐	Sleepwalking
85.	☐	☐	Bedwetting since age 12
86.	☐	☐	Sex change
87.	☐	☐	Allergic reactions
88.	☐	☐	Any other disease, surgery or hospitalization

Condition #	Comment

Applicant Name: _____ Date of Birth: _____

Section V (a) – Visual Acuity

This section must be completed by the verifying medical practitioner, or any other healthcare provider to the satisfaction of the verifying medical practitioner see encl 5 of NVIC 4-08. Additional information must be reported in Section VII. If corrective lenses are required to meet the standard, both corrected and uncorrected vision must be tested.

Distant Uncorrected	Distant Corrected To	Field of Vision	
Right: 20 /	Right: 20 /	This applicant must have a **100**-degree horizontal field of vision.	☐ Normal
Left: 20 /	Left: 20 /		☐ Abnormal

Section V (b) – Color Vision

The following color sense testing methodologies are acceptable:

- ☐ AOC (1965) – (6 or fewer errors on plates 1-15)
- ☐ AOC-HRR (2nd Edition) – (No errors in test plates 7-11)
- ☐ Richmond (1983) – (6 or fewer errors)
- ☐ Ishihara pseudoisochromatic plates test, 14 plate (5 or less errors), 24 plate (6 or less errors) 38 plate (8 or less errors)
- ☐ Titmus Vision Tester / OPTEC 2000 – (No errors on six plates)
- ☐ Farnsworth Lantern (colored lights) Test per instruction booklet.
- ☐ Optec 900 (colored lights) Test per instruction booklet.
- ☐ An alternative test approved by the Coast Guard (indicate test) _____

The verifying medical practitioner must indicate test used and results (number of errors). Additional information must be reported in Section VII. Color sensing lenses (e.g. X-Chrome) are prohibited.

Color Vision: Normal Color Vision ☐ Abnormal Color Vision ☐

Number of Errors _____

Section VI – Hearing

Normal	Abnormal Hearing	Hearing Aid Required
☐	☐	☐

If abnormal hearing or hearing aid required, perform audiogram or functional speech discrimination test.

An applicant with normal hearing does not need to complete either the audiometer test or the functional speech discrimination test. The verifying medical practitioner, in consultation with any other healthcare provider he/she deems appropriate, determines whether the audiometer and/or functional speech discrimination tests are necessary. If hearing is abnormal or a hearing aid is required, refer to enclosure (5) of NVIC 4-08 for guidance.

If audiometric testing is required, the audiometer test should include testing at the following thresholds, 500Hz, 1,000 Hz, 2,000 Hz and 3000 Hz. 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~~ 20dB in each ear.

Additional information must be reported in Section VII.

Audiometer Threshold Value		500Hz	1,000Hz	2,000Hz	3,000Hz			
	Right Ear (Unaided)							
	Left Ear (Unaided)							
	Right Ear (Aided)							
	Left Ear (Aided)							

Functional Speech Discrimination Test @ 55dB	Right Ear (Unaided):	%	Right Ear (Aided)	%
	Left Ear (Unaided):	%	Left Ear (Aided)	%

Applicant Name: _____ Date of Birth: _____

Section VII (a) - Physical Information

This section to be completed by the verifying medical practitioner, or other medical staff to the satisfaction of the verifying medical practitioner. Additional information must be reported in Section VII.

Height *(inches only):*	Weight *(lbs):*	Body Mass Index *(BMI):*	Gender:

Pulse Resting:	Initial Blood Pressure:	Repeat Blood Pressure *(if needed):*

Section VII (b)– Physical Exam *(must be completed by verifying medical practitioner)*

#	Normal	Abnormal	System/Organ	#	Normal	Abnormal	System/Organ
1.			Head, Face, Neck, Scalp	10.			Skin
2.			Eyes / Pupils / EOM	11.			Lymphatic
3.			Mouth And Throat	12.			Neurologic
4.			Ears / Drums	13.			Vascular System
5.			Lungs And Chest	14.			Genital-Urinary System
6.			Heart	15.			Hernia
7.			Abdomen	16.			Missing extremities / Digits
8.			Upper / Lower Extremities	17.			General / Systemic
9.			Spine / Musculoskeletal				

Please make numbered comments on abnormal systems/organs:

Section VIII - Demonstration of Physical Ability *(to be completed by the verifying medical practitioner)*

- If the examining medical practitioner doubts the applicant's ability to meet the guidelines contained within this table, and for all applicants with a Body Mass Index (BMI) of 40.0 or higher, the practitioner shall require that the applicant demonstrate the ability to meet the guidelines. This does not mean, for example, that the applicant must actually don an exposure suit, pull an uncharged 1.5 inch diameter 50' fire hose with nozzle to full extension, or lift a charged 1.5 inch diameter fire hose to fire fighting position. Rather, the medical practitioner may utilize alternative measures to satisfy himself or herself that the applicant possesses the ability to meet the guidelines in the third column. A description of the methods utilized by the medical practitioner should be reported in Section IX.

- All practical demonstrations, if required, should be performed by the applicant without assistance. Any prosthesis normally worn by the applicant, and other aid devices, may be used by the applicant in all practical demonstrations except when the use of such items would prevent the proper wearing of mandated personal protection equipment (PPE).

Applicant Name: _____ Date of Birth: _____

- If the verifying medical practitioner is unable to conduct the practical demonstration, the applicant should be referred to a competent evaluator of physical ability. The Coast Guard recognizes that all medical practitioners may not have the equipment necessary to test all of the tasks as listed. Equivalent alternate testing methodologies may be used. For further information, see enclosure (2) of NVIC 4-08.
- If the applicant is unable to perform any of the following functions, the examining practitioner should provide information on the degree or the severity of the applicant's inability to meet the standards. The results of any practical demonstration or attendant physical evaluation should be recorded in the Section IX.

List of tasks considered necessary for performing ordinary and emergency response shipboard functions:

Shipboard Tasks, function, event or condition:	*Related Physical Ability:*	*The examiner should be satisfied that the applicant:*
Routine Movement on slippery, uneven, and unstable surfaces.	Maintain Balance (equilibrium).	Has no disturbance in sense of balance.
Routine access between levels.	Climb up and down vertical ladders and stairways.	Is able, without assistance, to climb up and down vertical ladders and stairways.
Routine movement between spaces and compartments.	Step over high door sills and coamings, and move through restricted accesses.	Is able without assistance, to step over a door sill or coaming of 24 inches (61 centimeters) in height. Able to move through a restricted opening of 24 inches.
Open and close watertight doors, hand cranking systems, open/close valve.	Manipulate mechanical devices using manual and digital dexterity, and strength.	Is able, without assistance, to open and close watertight doors that may weigh up to 55 pounds (25 kilograms). Should be able to move hands/arms to open and close valve wheels in vertical and horizontal directions; rotate wrists to turn handles. Reach above shoulder height.
Handle ship's stores.	Lift, pull, push, and carry a load.	Is able, without assistance, to lift at least a 40 pound (18.1 kilogram) load off the ground, and to carry, push or pull the same load.
General vessel maintenance.	Crouch (lowering height by bending knees); kneel (placing knees on ground); and stoop (lowering height by bending at the waist). Use hand tools such as spanners, valve wrenches, hammers, screwdrivers, pliers.	Is able, without assistance, to grasp, lift and manipulate various common shipboard tools.
Emergency response procedures, including escape from smoke-filled spaces.	Crawl (the ability to move the body with hands and knees); feel (the ability to handle or touch to examine or determine differences in texture and temperature).	Is able, without assistance, to crouch, keel and crawl, and to distinguish differences in texture and temperature by feel.
Stand a routine watch.	Stand a routine watch.	Is able, without assistance, to intermittently stand on feet for up to four hours with minimal rest periods.
React to visual alarms and instructions, emergency response procedures.	Distinguish an object or shape at a certain distance.	Fulfills the eyesight standards for the merchant mariner credential(s) applied for. *See footnote 1 of this table & enclosure (5) of NVIC 4-08.*
React to audible alarms and instructions, emergency response procedures.	Hear a specified decibel (dB) sound at a specified frequency.	Fulfills the hearing capacity standards for the merchant mariner credential(s) applied for.
Make verbal reports or call attention to suspicious or emergency conditions.	Describe immediate surroundings and activities, and pronounce words clearly.	Is capable of normal conversation.
Participate in firefighting activities.	Be able to carry and handle fire hoses and fire extinguishers.	Is able, without assistance, to pull an uncharged 1.5 inch diameter, 50' fire hose with nozzle to full extension, and to lift a charged 1.5 inch diameter fire hose to fire fighting position.
Abandon ship.	Use survival equipment.	Has the agility, strength and range of motion to put on a personal flotation device and exposure suit without assistance from another individual.

Applicant Name: _____ Date of Birth: _____

Section IX – Verifying Medical Practitioner Recommendation

☐ Recommended Competent	☐ Not Recommended Competent *(explain in comments)*	☐ Needing Further Review *(explain in comments)*
Comments on Recommendation:		

Verifying Medical Practitioner:

This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the verifying medical practitioner is true and correct to the best of his/her knowledge and that the verifying medical practitioner has not knowingly omitted or falsified any material information relevant to this form.

Name *(Printed)*:	Signature:
	Date:
~~U.S. Dept. of Homeland Security, USCG, CG-719K, Rev. 01-09~~ License Number	Office Address, City, State, Zip Code
Office Telephone	

Applicant Name: _____ Date of Birth: _____