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

- 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.

► 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:_____

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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:_____

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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:_____

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

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

Condition #	Comment

Applicant Name: _____ Date of Birth:_____

Reset

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 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:_____

Reset

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:_____

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- 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:_____

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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:

Applicant Name: _____ Date of Birth:_____

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