



# Embark DV/Influencer Database

Welcome, rnewell

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  - Key Organizations
  - System Administrator
  - Logout
- 

Apply for a Fleet Embark:

- Aircraft Carrier
- Surface Ship
- Submarine



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## Privacy Act Statement

Authority to request this information is derived from 5 U.S.C. 301 and departmental regulations. The principal purpose of the information requested is to facilitate embark on a U.S. Navy surface ship or submarine, including notification of next of kin in the event of death or serious injury, and to permit transmission of public affairs information from the Navy to the individual concerned. Completion of the information is completely voluntary: failure to provide required information may result in denial of embark request.

### Request Form for Aircraft Carrier Embark

Date Form Submitted

Date of Embark

Fleet of Embark \*\* Please Select \*\*

First Name

Last Name

Preferred Name

Gender \*\* Please Select \*\*

Date of Birth

Are you a U.S. Citizen? \*\* Please Select \*\*

Social Security Number

Rank \*\* Please Select \*\*

Firm Name

Position/Title

Home Phone

Business Phone

Cell Phone

Other Phone

Fax Number

Email

Authorize Contact  Check if you are open to future contact from Chinfo

Home Address		Business Mailing Address	
Street Address		Street Address	
City		City	
State <b>** Please Select **</b>		State <b>** Please Select **</b>	
Zip Code		Zip Code	

Positions in Civic, Professional and Youth Organizations (max 500 chars)

Biographical Information (max 2000 chars)

Military Service (Date / Rank / Rate)

Previous Embarks (Date / Ship Name)

Date  
Ship Name  
Sponsor  
Sponsor's Telephone Number

Distinguished Visitor Medical Information

Check here to certify that you have read and agree with the following statement:

**Certain medical conditions are not compatible with the aircraft carrier environment and may be beyond the capabilities of the Medical Department if medical intervention is required. The information requested below will help the**

Medical Department make recommendations to the ship's Command Officer concerning which medical conditions are compatible with embarkation aboard the aircraft carrier.

For safety reasons, those who require the use of crutches, canes or wheel chairs or have a medical condition that limits their ability to climb three flights of steps without assistance will not be authorized to embark aboard the carrier.

Additionally, in accordance with current Navy directives, pregnant females are not eligible for embarkation.

You are required to **bring all of your medications** in sufficient quantities to cover your entire time aboard the ship. Unfortunately, the Medical Department will only provide emergency medications.

Medical / Food Restrictions (max 500 chars)

Current Medications / Dosage (max 500 chars)

Do you wear a medical alert tab?  Yes  No

Reason (max 500 characters)

#### Drug Allergies

Have you ever had or do you have any of the following (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Shortness of Breath   |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Bleeding Problems     |
| <input type="checkbox"/> Stroke        | <input type="checkbox"/> High Blood Pressure   |
| <input type="checkbox"/> Ulcers        | <input type="checkbox"/> Communicable Diseases |
| <input type="checkbox"/> Pacemaker     | <input type="checkbox"/> Kidney Disease        |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Chronic Lung Disease  |
| <input type="checkbox"/> Hepatitis     | <input type="checkbox"/> Recent injury/illness |

- Dizzy Spells       Migraine Headaches
- Cancer               Seizure Disorders
- Chest Pains         Severe Motion Sickness

Please explain any of the items to which you have answered yes (max 500 chars)

Have you had any other major medical conditions not listed above?  
If so, please explain (max 500 chars):

Next of Kin

In case of emergency, please notify

Relationship

Address

Permanent Duty Station

If travelling on orders changing permanent duty station,  
give station to which you are ordered to report

Current permanent duty station  
(or station to which ordered to report)

Consent to Treatment Relating to Emergency Medical/Dental Care

Check here to certify that you have read and agree with the following  
statement:

I hereby grant my express, voluntary, and knowing consent to the rendering of all emergency medical and dental treatment that may, in the professional judgement of the Medical Officer or Dental Officer, become necessary while embarked. Emergency care is the only type of care authorized. Guests with chronic or incipient medical problems should be aware of the limitations of extended care available afloat. Transportation to a definitive care facility may be required as an adjunct to authorized emergency medical or dental care.

Personnel receiving medical or dental care who are not otherwise eligible to receive such care may be obligated to reimburse the U.S. Government.

Risk Advicement and Release of Liability

Check here to certify that you have read, understand, and agree to the following provisions:

Flight aboard all models of U.S. Navy aircraft involves a degree of risk. Catapult launches of aircraft from, and arrested landings aboard aircraft carriers at sea are inherently dangerous and involve substantial risk of injury or death. The Navy makes every effort to minimize risk through extensive aircrew training and meticulous aircraft maintenance. However, such risk can never be completely eliminated. Naval aircraft are designed for the typical age and physiological characteristics of Naval Aviation personnel, and may involve additional risk for personnel of other ages and physiological characteristics.

Similarly, daily life onboard an operational aircraft carrier at sea entails inherent risks. The shipboard environment is an industrial and operational area and includes unique hazards both on the flight deck and below decks, such as low overheads, steep ladders, knee-knockers, darkened passageways, airplane arresting cables, ropes or lines on the decks, wet and potentially slippery floors or decks, rolling stairways or brows used to access the ship, and other hazards.

In consideration of being allowed to receive a flight onboard a Navy aircraft without having received the rigorous and time intensive aircrew medical screening, physiology training, and water survival training, I expressly assume all risks, including personal injury or death, arising out of my participation in the flight.

I have also been advised of and recognize the risk of the hazards inherent to an operational shipboard environment. I expressly assume all risks, including personal injury or death, arising out of my presence aboard the ship.

I agree, for myself, my heirs, executors and administrators, to release, indemnify, and hold harmless the U.S. Navy, its personnel, equipment, and vessels from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this flight, whether it results from negligence or any other cause.

This release and indemnification shall be as broad and inclusive as is permitted by pertinent federal and state law. If any portion of it is held invalid, the balance shall continue in full force and effect.