

OMB CONTROL NO. 0648-0283

Expiration Date: 06/30/2013

OMAO NHSQ Medical form

PAPERWORK REDUCTION ACT INFORMATION

NOAA conducts the Teacher at Sea Program in order to promote oceanographic and related education. The information obtained from the application will be used to select the teachers who will be accepted for participation in the program, and an application is required for acceptance. Once selected, the teacher will complete an OMAO NHSQ medical form. The information submitted on this form will be treated confidentially. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NOAA's Teacher at Sea Program, 1315 East West Hwy, Division F, Silver Spring, MD 20910 Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection displays a currently valid OMB Control Number.

INSTRUCTIONS FOR COMPLETING THE NOAA HEALTH SERVICES QUESTIONNAIRE (NHSQ, Revised 08/08, Implementation date 01/01/09)

Please print clearly if you are not submitting this form electronically. Make sure your name appears at the top of each page. Fill out **ALL** questions completely to avoid a delay in processing.

Any questions answered “yes” on this form will require further explanation in the space provided. If additional space is needed, please use page 4 of the form. If you answered “yes” to hypertension or diabetes in the “Cardiac Screening” section, you must provide the most recent blood pressure or HbA1c reading.

In the Immunization Screening section, everyone who sails on a NOAA vessel must have a test for tuberculosis (TB) within the last 12 months. There are two tests that NOAA accepts to detect exposure to the TB germ: the PPD (or TB skin test) or the Quantiferon test (a blood test). If you have a PPD test done for TB, the results must be **recorded in millimeters only**. **PPD tests are not read as positive or negative**. The Quantiferon test is a blood test as is read as negative, positive, or indeterminate.

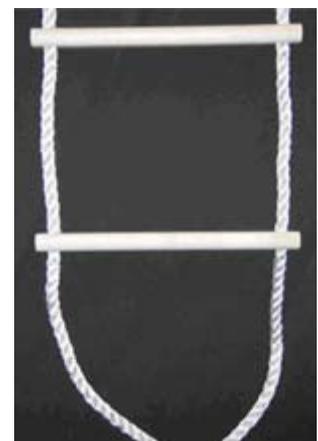
The Functional Abilities Screening section makes reference to a survival suit and a rope ladder. More detailed information can be found on these items by typing “survival suit” and “rope ladder” in to any internet search engine.

An adult survival suit is often a large bulky one-size-fits-all design meant to fit a wide range of sizes. It is made of neoprene and typically has large oversize booties and gloves built into the suit. This allows the user to quickly don it on while fully clothed and without having to remove shoes. It typically has a waterproof zipper up the front, and a face flap to seal water out around the neck and protect the wearer from ocean spray. In the event of an emergency, it should be possible to put on a survival suit and abandon ship in about one minute.



Survival suit

A rope ladder is a flexible ladder made by attaching rope to both ends of wooden rungs. It hangs down over the side of the ship and is used to enter a small boat or to get back on the ship’s deck from a small boat. The rope ladder is anchored to the ship at one end but the other end hangs freely and is not attached. A free hanging rope ladder is more difficult to climb than one that is firmly moored at the bottom.



Rope ladder

Sign and date this form near the bottom of page 3. Do not write in the NOAA Health Services Use Only section. Use page 4 to provide any additional information.

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 below:

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

General Screening

As an adult, have you had or currently have any of the following:

No	Yes		No	Yes	
___	___	Cancer	___	___	Epilepsy/seizures
___	___	Tuberculosis	___	___	Impaired mobility
___	___	Asthma	___	___	Severe hearing loss
___	___	Hepatitis	___	___	Severe visual impairment
___	___	Chronic cough	___	___	Severe motion sickness
___	___	Severe depression	___	___	Fainting/loss of consciousness
___	___	Are you pregnant?	___	___	Recent unexplained weight gain/loss of ≥ 20 pounds
___	___	Untreated dental issues			

Explain:

Cardiac Screening

As an adult, have you had or currently have any of the following:

No	Yes		No	Yes	
___	___	Abnormal EKG	___	___	Hypertension
___	___	Heart attack	___	___	Recent BP reading: _____
___	___	Shortness of breath	___	___	Diabetes
___	___	Chest pain			Recent HgA1C: _____

Explain:

Immunization Screening

Please list the date(s) you obtained immunization/prophylaxis against:

1. TB (must have one of the following within the past 12 months; test cannot expire before the end of the desired cruise):
 - a. PPD: Date: _____ Results: _____ (must be noted in millimeters only)
 - b. Quantiferon: Date: _____
Results (circle one): Negative Indeterminate Positive
2. Tetanus booster: Date: _____

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 survival suit (<15 pounds) up/down stairs
___	___	Don an survival 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.