



Embark DV/Friends of the Navy Database

OMB Control # 0703-0060

Welcome, embarkpaos

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PRIVACY ACT STATEMENT

SORN = N05726-1 (<http://privacy.defense.gov/notices/usn/N05726-1.shtml>)

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; DoD Instruction 5400.13, Public Affairs (PA) Operations; and OPNAV Instruction 5726.8, Outreach: Americas Navy.

NOTE: This system of records contains individually identifiable health information. The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974 or mentioned in this system of records notice.

PURPOSE: To vet individuals who will be embarking Navy ships and submarines to participate in the Navy's long standing Leaders to Sea public affairs program and to provide emergency contact and medical information which may become necessary if emergency care is required while embarked. Individuals submitting the information will also have the option to indicate whether they would like to receive future updates on Navy operations and events.

ROUTINE USES: This information will be used by Navy Public Affairs Officers in the execution of the Navy's Leaders to Sea Embark and Community Outreach Program.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in denial of embark request.

All fields with an * must be completed before submitting the form. If all required data is not available, you can Save the form and return to complete and submit it later.

Applicant User Name: testuser

Request Form for Aircraft Carrier Embark

Date Form Submitted: 5/20/2011

Date of Embark: *

Date of Disembark: *

Fleet of Embark: *

Ship Name: *

First Name: *

Last Name: *

Preferred Name:

Gender: *

Date of Birth: *

Are you a U.S. Citizen?: *

Rank: *

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 the Navy

<p>Home Address</p> <p>Street Address: <input type="text"/> *</p> <p>City: <input type="text"/> *</p> <p>State: <input type="text" value="** Please Select **"/> *</p> <p>Zip Code: <input type="text"/> *</p>	<p>Business Mailing Address</p> <p>Street Address: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="text" value="** Please Select **"/> *</p> <p>Zip Code: <input type="text"/></p>
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Positions in Civic, Professional and Youth Organizations (max 2000 chars)

Biographical Information (max 5000 chars)

Military Service (Date / Rank / Rate)

Previous Embarks (Date / Ship Name)

Distinguished Visitor Medical Information

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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)

Text input field for Medical / Food Restrictions

Current Medications / Dosage (max 500 chars)

Text input field for Current Medications / Dosage

Do you wear a medical alert tab? Yes No

Reason (max 500 characters)

Text input field for Reason

Drug Allergies

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

- Asthma
- Diabetes
- Stroke
- Ulcers
- Pacemaker
- Heart Disease
- Hepatitis
- Dizzy Spells
- Cancer
- Chest Pains
- Shortness of Breath
- Bleeding Problems
- High Blood Pressure
- Communicable Diseases
- Kidney Disease
- Chronic Lung Disease
- Recent injury/illness
- Migraine Headaches
- Seizure Disorders
- Severe Motion Sickness

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

Text input field for explanation of items answered yes

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

Text input field for other major medical conditions

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 Advisement 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.

Comments (max 500 chars)

You can Save or Submit your Embark request form at this time. A confirmation message will be displayed after selecting Save or Submit. Click 'ok' to be returned to the Homepage.