

## 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.

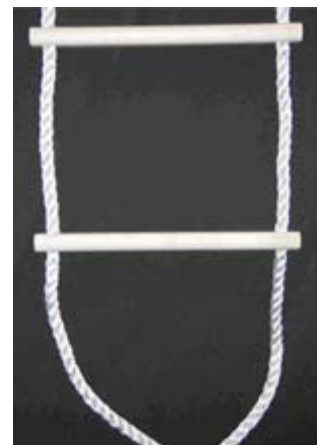
The Functional Abilities Screening section makes reference to a survival suit and a rope ladder. More detailed information can be found on these items by typing “survival suit” and “rope ladder” in to any internet search engine.

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 $\geq 20$ 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.

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**NOAA HEALTH SERVICES USE ONLY**

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Medically cleared for sea duty by history? \_\_\_ Yes    \_\_\_ No    \_\_\_ Need more info

\_\_\_\_\_  
NOAA Health Services Medical Officer

\_\_\_\_\_  
Date

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Name: \_\_\_\_\_  
                    Last                    First                    Middle

**NOAA HEALTH SERVICES QUESTIONNAIRE  
CONTINUATION PAGE**

Use this space for further documentation related to questions on the previous pages.