

JSC FORM 1830 - REPORT OF MEDICAL EXAMINATION – PAGE 1 of 3

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this collection is 2700-XXXX and this information collection expires on MM/DD/YYYY. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: (jsh-tsgad@mail.nasa.gov) Send only comments relating to our time estimate to this address.

Applicant Must Complete This Page
PLEASE TYPE OR PRINT CLEARLY IN DARK INK

1. Application For:		2. Last Name		First Name		Middle Name		
3. E-mail				Telephone: Work:		Other:		
4. Street Address			City			State	Zip	
5. DOB(M/D/Y)	6. Sex	7. Hair Color	8. Eyes Color	9. Type: <input type="checkbox"/> NASA : <input type="checkbox"/> Federal Employee <input type="checkbox"/> Commercial Other _____			10. Employer:	

11. Do you Currently Use Any Medication (Prescription or Nonprescription)? Yes No
 If yes, give name, purpose, dosage, and frequency.

12. Medical History - Have you ever had or do you now have any of the following? Answer "yes" for every condition you have ever had in your life. Describe the condition and the approximate date of occurrence in the explanation box provided below.

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
a. <input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headaches	i. <input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble	q. <input type="checkbox"/>	<input type="checkbox"/>	Motion sickness requiring medication
b. <input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spell	j. <input type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine	r. <input type="checkbox"/>	<input type="checkbox"/>	Military medical discharge
c. <input type="checkbox"/>	<input type="checkbox"/>	Unconsciousness for any reason	k. <input type="checkbox"/>	<input type="checkbox"/>	Diabetes	s. <input type="checkbox"/>	<input type="checkbox"/>	Medical rejection by military service
d. <input type="checkbox"/>	<input type="checkbox"/>	Eye or vision trouble (except glasses)	l. <input type="checkbox"/>	<input type="checkbox"/>	Neurological disorders; epliepsy, seizures, stroke, paralysis, etc.	t. <input type="checkbox"/>	<input type="checkbox"/>	Rejection for life or health insurance
e. <input type="checkbox"/>	<input type="checkbox"/>	Hay fever or allergy	m. <input type="checkbox"/>	<input type="checkbox"/>	Mental disorders of any sort depression, anxiety, etc.	u. <input type="checkbox"/>	<input type="checkbox"/>	Admission to hospital
f. <input type="checkbox"/>	<input type="checkbox"/>	Asthma or lung disease	n. <input type="checkbox"/>	<input type="checkbox"/>	Substance dependence or failed a drug test (ever), or substance abuse or use of illegal substance in the last five years	v. <input type="checkbox"/>	<input type="checkbox"/>	Other illness, disability, or surgery
g. <input type="checkbox"/>	<input type="checkbox"/>	Heart or vascular trouble	o. <input type="checkbox"/>	<input type="checkbox"/>	Alcohol dependence or abuse			
h. <input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	p. <input type="checkbox"/>	<input type="checkbox"/>	Suicide attempt			

12 A. Explanations: If you answered YES to any of the above items, describe the condition and the approximate date of occurrence. Use additional page if needed.

13. Visits to Health Professional Within Last 3 Years. Yes (explain below) No

Date	Name, Address, and Type of Health Professional Consulted	Reason For Visit

NOTE: I declare under penalty of perjury that I have examined all the information on this form, and on the accompanying physician form, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

14. Signature of Applicant	15. Date
----------------------------	----------

Examiner Must Complete and Sign This Page
Please Type or Print Clearly in Dark Ink

JSC FORM 1830 - REPORT OF MEDICAL EXAMINATION – PAGE 2 of 3

CHECK EACH ITEM IN APPR. COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPR. COLUMN	Normal	Abnormal
16. Head, face, neck, and scalp	<input type="checkbox"/>	<input type="checkbox"/>	28. Vascular system (Pulse, amplitude and character, arms, legs, others)	<input type="checkbox"/>	<input type="checkbox"/>
17. Nose	<input type="checkbox"/>	<input type="checkbox"/>	29. Abdomen and viscera (Including hernia)	<input type="checkbox"/>	<input type="checkbox"/>
18. Sinuses	<input type="checkbox"/>	<input type="checkbox"/>	30. Anus (Not including digital examination)	<input type="checkbox"/>	<input type="checkbox"/>
19. Mouth and throat	<input type="checkbox"/>	<input type="checkbox"/>	31. Skin	<input type="checkbox"/>	<input type="checkbox"/>
20. Ears, general (internal and external canals: Hearing under item 49)	<input type="checkbox"/>	<input type="checkbox"/>	32. G-U system (Not including pelvic examination)	<input type="checkbox"/>	<input type="checkbox"/>
21. Ear Drums (Perforation)	<input type="checkbox"/>	<input type="checkbox"/>	33. Upper and lower extremities (Strength and range of motion)	<input type="checkbox"/>	<input type="checkbox"/>
22. Eyes, general (Vision under items 50 to 54)	<input type="checkbox"/>	<input type="checkbox"/>	34. Spine, other musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
23. Ophthalmoscopic	<input type="checkbox"/>	<input type="checkbox"/>	35. Identifying body marks, scars, tattoos (Size & location)	<input type="checkbox"/>	<input type="checkbox"/>
24. Pupils (Equality and reaction)	<input type="checkbox"/>	<input type="checkbox"/>	36. Lymphatics	<input type="checkbox"/>	<input type="checkbox"/>
25. Ocular motility (Associated parallel movement, nystagmus)	<input type="checkbox"/>	<input type="checkbox"/>	37. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
26. Lungs and chest (Not including breasts examination)	<input type="checkbox"/>	<input type="checkbox"/>	38. Psychiatric (Appearance, behavior, mood, communication, and memory)	<input type="checkbox"/>	<input type="checkbox"/>
27. Heart (Precordial activity, rhythm, sounds, and murmurs)	<input type="checkbox"/>	<input type="checkbox"/>	39. General systemic	<input type="checkbox"/>	<input type="checkbox"/>

NOTES: Describe any above items checked "Abnormal" in detail. Enter item number before each comment. Use additional sheets if necessary.

40. Height	41. Weight	42. Hearing	Voice Test		Audiometer Threshold in Decibels									
			Right Ear	Left Ear	Right Ear					Left Ear				
					500	1000	2000	3000	4000	500	1000	2000	3000	4000

43. Distant Vision			44. Near Vision			45. Color Vision	
Right	20/	Corrected	Right	20/	Corrected to 20/	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Left	20/	Corrected	Left	20/	Corrected to 20/		
Both	20/	Corrected	Both	20/	Corrected to 20/		

46. Field of Vision		47. Heterophoria 20' (in prism diopters)				45. Color Vision	
<input type="checkbox"/> Normal		Esophoria		Exophoria		Right Hyperphoria	Left Hyperphoria
<input type="checkbox"/> Abnormal							

48. Blood Pressure (sitting mm of Mercury)		49. Pulse (Resting)	50. Urinalysis <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (give results)		51. EKG (Date)		
Systolic	Diastolic		Albumin	Sugar	MM	DD	YY

52. Other Tests Given	EKG Results:
-----------------------	--------------

53. Significant Medical History Yes No Abnormal Physical Findings Yes No
 Physician shall elaborate on all pertinent data; comment on all "YES" answers in the Medical History (pg 1, #12) and any abnormal findings of the exam. Physician may develop, by interview, any additional medical history deemed important, and record any significant findings here. ATTACH ADDITIONAL COMMENTS ON HISTORY & FINDINGS.

54. Applicant's Name	55. Disqualifying Defects (List by item number)
----------------------	---

56. Medical Examiner's Declaration - I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report, with any attachment, embodies my findings completely and correctly.

Exam Date			57. PHYSICIAN'S FULL NAME / ADDRESS / CITY / STATE / ZIP		
MM	DD	YY			

Physician's Signature	Physician Telephone
	()

JSC FORM 1830 - REPORT OF MEDICAL EXAMINATION – PAGE 3 of 3

Privacy Act Notification

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the following statement is furnished to individuals supplying information for inclusion in the NASA Health Information Management System.

AUTHORITY. The collection of this information is authorized by 5 USC §7901; 51 U.S.C. § 20113(a); 44 U.S.C. §3101; 42 CFR Part 2.

PURPOSE. Information in this system of records is maintained on anyone receiving health care or health clearance through a NASA clinic or healthcare activity. The information will be used to assess the health of potential divers seeking clearance for use of NASA's Neutral Buoyancy Laboratory.

EFFECTS OF NOT PROVIDING. Failure to provide the requested information may result in denial of NASA facility use.

ROUTINE USES. Any disclosures of information from this system of records will be compatible with the purpose for which the Agency collected the information. The records and information in this system may be disclosed:

(1) to external medical professionals and independent entities to support internal and external reviews for purposes of medical quality assurance; (2) to the Office of Personnel Management, Occupational Safety and Health Administration, and other Federal or State agencies as required in accordance with the Federal agency's special program responsibilities; (3) to insurers for referrals or reimbursement; (4) to employers of non-NASA personnel in support of the Mission Critical Space Systems Personnel Reliability Program; (5) to international partners for mission support and continuity of care for their employees pursuant to NASA Space Act agreements; (6) to non-NASA personnel performing research, studies, or other activities through arrangements or agreements with NASA and for mutual benefit; (7) to the public of pre-space flight information having mission impact concerning an individual crewmember, limited to the crewmember's name and the fact that a medical condition exists; (8) to the public, limited to the crewmember's name and the fact that a medical condition exists, if a flight crewmember is, for medical reasons, unable to perform a scheduled public event following a space flight mission/landing; (9) to the public to advise of medical conditions arising from accidents, consistent with NASA regulations; and (10) in accordance with the following standard routine uses.

Standard Routine Use No. 1—In the event this system of records indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule or order issued pursuant thereto, the records in the SOR may be referred to the appropriate agency, whether Federal, State, local or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation or order issued pursuant thereto.

Standard Routine Use No. 2—A record from this SOR may be disclosed to a Federal, State, or local agency maintaining civil, criminal, or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to an agency decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant, or other benefit.

Standard Routine Use No. 3—A record from this SOR may be disclosed to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.

Standard Routine Use No. 4—A record from this system may be disclosed to the Department of Justice when a) the Agency, or any component thereof; or b) any employee of the Agency in his or her official capacity; or c) any employee of the Agency in his or her individual capacity where the Department of Justice or the Agency has agreed to represent the employee; or d) the United States, where the Agency determines that litigation is likely to affect the Agency or any of its components, is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or the Agency is deemed by the Agency to be relevant and necessary to the litigation provided, however, that in each case it has been determined that the disclosure is compatible with the purpose for which the records were collected.

Standard Routine Use No. 5: A record from this system may be disclosed in a proceeding before a court or adjudicative body before which the agency is authorized to appear, when: a) The Agency, or any component thereof; or b) any employee of the Agency in his or her official capacity; or c) any employee of the Agency in his or her individual capacity where the Agency has agreed to represent the employee; or d) the United States, where the Agency determines that litigation is likely to affect the Agency or any of its components, is a party to litigation or has an interest in such litigation, and the use of such records by the Agency is deemed to be relevant and necessary to the litigation, provided, however, that in each case, the Agency has determined that the disclosure is compatible with the purpose for which the records were collected.

Standard Routine Use No. 6—A record from this SOR may be disclosed to appropriate agencies, entities, and persons when (1) NASA suspects or has confirmed that the security or confidentiality of information in the system of records has been compromised; (2) NASA has determined that as a result of the suspected or confirmed compromise there is a risk of harm to economic or property interests, identity theft or fraud, or harm to the security or integrity of this system or other systems or programs (whether maintained by NASA or another agency or entity) that rely upon the compromised information; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with NASA's efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm.

Standard Routine Use No. 7—A record from this system may be disclosed to contractors, grantees, experts, consultants, students, and others performing or working on a contract, service, grant, cooperative agreement, or other assignment for the federal government, when necessary to accomplish an Agency function related to this system of records.

Standard Routine Use No. 8—A record from this system may be disclosed to a Member of Congress or staff acting upon the Member's behalf when the Member or staff requests the information on behalf of, and at the request of, the individual who is the subject of the record.