

**SUPPORTING STATEMENT**  
**U.S. Department of Commerce**  
**National Oceanic & Atmospheric Administration**  
**Office of Marine and Aviation Operations: Occupational Health, Safety, and Readiness Forms**  
**OMB Control No. 0648-0824**

**Abstract**

This is a request for revision and extension of an existing collection currently in use with OMB approval. The NOAA Health Services Questionnaire *NF 57-10-01* is being revised to include supportive questions to document previous sailing dates and clarifying medical information within *NF 57-10-01* to ensure OMAO has a complete medical history for all personnel aboard NOAA vessels. These changes are minimal and not expected to increase the burden for completing this form.

The National Oceanic and Atmospheric Administration's (NOAA) Office of Marine and Aviation Operations (OMAO) manages and operates NOAA's fleet of 15 [research and survey ships](#)<sup>1</sup> and nine specialized environmental data-collecting [aircraft](#)<sup>2</sup>. Comprised of civilians and officers of the [NOAA Commissioned Officer Corps](#)<sup>3</sup>, OMAO also manages the [NOAA Diving Program](#)<sup>4</sup>, [NOAA Small Boat Program](#)<sup>5</sup>, and [NOAA Uncrewed Systems Operations Center](#)<sup>6</sup>.

The research and survey ships operated, managed, and maintained by OMAO comprise the largest fleet of federal research ships in the nation. Ranging from large oceanographic research vessels capable of exploring the world's deepest ocean, to smaller ships responsible for charting the shallow bays and inlets of the United States, the fleet supports a wide range of marine activities including fisheries surveys, nautical charting, and ocean and climate studies. This collection covers the forms that are required to make medical readiness recommendations.

**Justification**

**1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.**

The National Oceanic and Atmospheric Administration's (NOAA) Office of Marine and Aviation Operations (OMAO) manages and operates NOAA's fleet of 15 [research and survey ships](#) and nine specialized environmental data-collecting [aircraft](#). Comprising civilian employees and [NOAA Commissioned Officer Corps](#) officers, OMAO also manages the [NOAA Diving Program](#), [NOAA Small Boat Program](#), and [NOAA Uncrewed Systems Operations Center](#).

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<sup>1</sup> <https://www.oma.noaa.gov/marine-operations>

<sup>2</sup> <https://www.oma.noaa.gov/aircraft-operations>

<sup>3</sup> <https://www.oma.noaa.gov/noaa-corps>

<sup>4</sup> <https://www.oma.noaa.gov/noaa-diving-program>

<sup>5</sup> <https://www.oma.noaa.gov/small-boat-program/noaa-small-boat-program>

<sup>6</sup> <https://www.oma.noaa.gov/uncrewed-systems>

NOAA aircraft operate throughout the world providing a wide range of capabilities including [hurricane reconnaissance and research](#)<sup>7</sup>, marine mammal and fisheries assessment, and coastal mapping. NOAA aircraft carry scientists and specialized instrument packages to conduct research for NOAA's missions.

Housed within the NOAA Office of Marine and Aviation Operations and staffed by the [U.S. Public Health Service](#)<sup>8</sup> (USPHS) Commissioned Corps officers, the Office of Health Services (OHS) is charged with directly supporting all personnel within the National Oceanic and Atmospheric Administration (NOAA).

NOAA medical officers work to maximize deployment readiness (employees) and minimize medically related disruptions (non-employees) to fleet, aircraft, and diving operations. OHS programs review medical history, assess for risk in austere hazardous conditions while promoting safety and well-being for all, regardless of employment status. Given the austere and geographically remote operational environments OHS supports, our officers are also responsible for preventing and containing disease in operational environments as subject matter experts in travel medicine. The forms contained in this collection are used to make medical clearance recommendations for individuals and to key leadership in operational environments.

Related Policies providing the justification for this collection of information:

- NOAA Policy 1006, v. 3 – *Immunizations, Communicable Disease Protection, and Chemoprophylaxis*
- NOAA Policy 1008 – *Tuberculosis Protection Program*
- NOAA Marine Medical Manual (in progress) Section 9.3(b) General Physical and Medical Requirements: Non-crew members, scientists, and volunteers must meet the requirements in the NOAA Form 57-10-01: NOAA Health Services Questionnaire (NHSQ)
- NOAA Manual 209-10, Section 10
- NAO 205-1, NOAA Records Management Program
- 33 U.S.C. 941

**2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.**

#### How the Office of Health Services Collects Data

The Health Services Questionnaire (NHSQ) must be submitted to the Marine Office of Health Services 30 days in advance of each project start date. The form must be legible and complete. Unreadable or incomplete forms will be returned to the applicant. Late submissions may result in delayed qualification past the project start date. The NHSQ expires every 365 days.

The Annual Tuberculosis (TB) Screening form, *NF 57-10-02*, must be completed at the same time as the NHSQ and be submitted 30 days in advance of each project start date. The form must be legible and complete. Unreadable or incomplete forms will be returned to the applicant. Late submissions may result in delayed qualification past the project start date. These expire every 365 days.

Additionally, respondents do not generally have options for providing information. NOAA prefers standardized electronic forms be transmitted via secure email, faxed, or directly input into NOAA

<sup>7</sup> <https://www.oma.noaa.gov/aircraft-operations/noaa-hurricane-hunters>

<sup>8</sup> <https://www.usphs.gov/>

databases. If a unique situation arises that prevents use of the standardized electronic forms, NOAA will develop individualized methods to transmit and record the data, but there is no standard procedure for this.

### Respondents

The information will be collected through these forms only from researchers, scientists, teachers, students, and guests/visitors, (e.g., employee family member(s)).

The information is not shared with any other Agencies. Data will be used to monitor compliance with NOAA medical policies. All data on individuals is only used internally by the NOAA Office of Health Services.

### What Data Will Be Collected

The following information will be collected. See specifically *NF-57-10-01* for clarification.

- Applicant information: name, address, phone number, organization, emergency contact, project dates, position;
- Past and current medical history; allergies; current medication list; and
- The indication of any cardiac condition experienced during adulthood and the applicable test result and a cardiac screen. Respondent shall explain/elaborate on any outlier issues.

The following information will be collected from *NOAA Form 57-10-02*. This form must be used to document the requirement for an annual tuberculosis screening required by NOAA Policy 1008 – *Tuberculosis Protection Program*, of all persons seeking medical clearance by NOAA Health Services. TB screening helps in the early detection of the infection, allowing for timely treatment and preventing the spread of the disease to others. Screening is especially crucial in high-risk populations. This ensures the safety of sailing personnel.

- Section A: Tuberculosis History Screening
- Section B: Tuberculosis Testing
- Section C: Latent Tuberculosis Screening and Recommendations

Section A is required to be filled out by any individual seeking clearance. (Name, date of birth, email address, phone number, employment type, and duty station). Section B and Section C are only required if the healthcare professional performing the screening deems them necessary. (If sections B and C have been completed and submitted to NOAA previously, there is no need to resend this documentation unless a new risk is disclosed).

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also, describe any consideration of using information technology to reduce burden.**

Information will be collected electronically via email or electronic form. Paper forms are available upon request and can be faxed or sent through secure email.

**4. Describe efforts to identify duplication. Show specifically why any similar information already**

**available cannot be used or modified for use for the purposes described in Question 2**

This collection is unique to NOAA, and there is no duplication with other efforts.

**5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.**

This collection of information does not involve any small business or other small entities.

**6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

The information collected is used to assess and promote mental and physical readiness of fleet and aircraft personnel. Reducing the frequency of collection or eliminating the collection would severely hinder the ability of NOAA to ensure the qualifications and medical health of personnel boarding NOAA vessels and aircraft.

**7. Explain any special circumstances that would cause an information collection to be conducted in a manner inconsistent with OMB guidelines.**

This collection will be conducted in a manner consistent with OMB guidelines.

**8. If applicable, provide a copy and identify the date and page number of publications in the Federal Register of the agency's notice, required by 5 CFR 1320.8 (d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.**

A *Federal Register* notice published on November 12, 2024 (89 FR 88975), solicited public comment on this collection. No comments were received.

NOAA will continue to seek comment from respondents regarding appropriate burden times and need for the collection and will update future submissions.

NOAA consulted with three individuals to obtain their views on the following: availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

The following responses were received: Looks good! Very clear and concise; I have reviewed this form and have no comment on any of it. It appears to be pretty straightforward; Everything looks great.

**9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.**

No payments or gifts will be provided to respondents.

**10. Describe any assurance of confidentiality provided to respondents and the basis for the**

**assurance in statute, regulation, or agency policy. If the collection requires a systems of records notice (SORN) or privacy impact assessment (PIA), those should be cited and described here.**

This information is collected in accordance with Privacy Act Systems of Records, [COMMERCE/NOAA-22, NOAA Health Services Questionnaire \(NHSQ\) and Tuberculosis Screening Document \(TSD\)](#)<sup>9</sup>. A current Privacy Impact Assessment for [NOAA2200](#)<sup>10</sup> is on file. All HIPAA rules are adhered to with this collection. No other questions of a sensitive nature are asked.

**11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior or attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.**

No questions of a sensitive nature are asked in relation to sexual behavior or attitudes or religious beliefs. Background medical questions are asked to assure crew safety. These are questions that are applied across the board to all crew; therefore, they are not sensitive in that they are required.

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<sup>9</sup> <https://www.commerce.gov/node/4994>

<sup>10</sup> [https://www.commerce.gov/sites/default/files/2024-04/NOAA2220-PIA-FY24\\_SAOP\\_Approved\\_0.pdf](https://www.commerce.gov/sites/default/files/2024-04/NOAA2220-PIA-FY24_SAOP_Approved_0.pdf)

12. Provide estimates of the hour burden of the collection of information.

Information Collection	Type of Respondent (e.g., Occupational Title)	# of Respondents/year (a)	Annual # of Responses / Respondent (b)	Total # of Annual Responses (c) = (a) x (b)	Burden Hrs / Response (d)	Total Annual Burden Hrs (e) = (c) x (d)	Hourly Wage Rate (for Type of Respondent) (f)	Total Annual Wage Burden Costs (g) = (e) x (f)
NOAA Form 57-10-01 (NHSQ)	Researchers/ Scientists, Students, Teachers, Visitors/Guests, Volunteers, Contractors	500	1	500	15 min	125 hours	\$31.48	\$3,935
NOAA Form 57-10-02 (TB)	Researchers/ Scientists, Students, Teachers, Visitors/Guests, Volunteers, Contractors	500	1	500	5 min	41.6 hours	\$31.48	\$1,310
<b>Totals</b>				<b>1000</b>		<b>166.60</b>		<b>\$5,245</b>

The mean hourly wage for All Occupations 00-0000 was used to obtain an hourly wage rate since the information could be submitted by different types of respondents.

<https://www.bls.gov/bls/blswage.htm>

**13. Provide an estimate for the total annual cost burden to respondents or record keepers resulting from the collection of information. (Do not include the cost of any hour burden already reflected on the burden worksheet).**

Almost all forms (~99%) are submitted electronically. The completion of these forms does not require a medical appointment/attestation; these are self-reported medical histories. In some instances, it may be necessary for an individual to obtain a statement from their medical professional, but these are occasional so no costs for medical treatment is included.

**14. Provide estimates of annualized cost to the Federal government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information.**

Cost Descriptions	Grade/Step	Loaded Salary /Cost	% of Effort	Fringe (if Applicable)	Total Cost to Government
<b>Federal Oversight</b>					
Other Federal Positions	ZS-3 (x2)	\$86,031	25% (x2)		\$43,015.50
	USPHS PA-C	\$215,318	25% (x9)		\$484,465.50
<b>Contractor Cost</b>		\$100,000	1%		\$1,000.00
<b>Travel</b>					
<b>Other Costs:</b>					
<b>TOTAL</b>					<b>\$528,481</b>

The Commerce Alternate Personnel System (CAPS) pay tables ([https://www.commerce.gov/sites/default/files/2024-01/CAPS\\_rpStandard\\_2024.pdf](https://www.commerce.gov/sites/default/files/2024-01/CAPS_rpStandard_2024.pdf)) were used to determine the base salary. The Rest of U.S. locality rate was used since NOAA employees are geographically dispersed. The upper bound rate for a ZS-III, Interval 3, was used to determine the base salary and a multiplier of 1.5 was used to calculate the loaded salary.

The estimated total pay for a Physician Assistant at US Public Health Service is \$143,545 per year. This number represents the median, which is the midpoint of the ranges from our proprietary Total Pay Estimate model and based on salaries collected from our users. The estimated base pay is \$143,545 per year. The "Most Likely Range" represents values that exist within the 25th and 75th percentile of all pay data available for this role. The loaded salary reflects the base salary plus benefits calculated at 50%. [https://www.glassdoor.com/Salary/US-Public-Health-Service-Physician-Assistant-Salaries-E591048\\_D\\_KO25,44.htm](https://www.glassdoor.com/Salary/US-Public-Health-Service-Physician-Assistant-Salaries-E591048_D_KO25,44.htm)

**15. Explain the reasons for any program changes or adjustments reported in ROCIS.**

This is a revised collection of information. Clarification is required to ensure OMAO has a complete

medical history for all personnel aboard NOAA vessels. This clarification includes requesting dates for a vaccine (MMR series) and whether or not allergy support is noted. These changes will not have an effect on the total time needed to complete the questionnaire. The deletion of Tuberculosis screening was deleted from NF 57-10-01 because it has been substantiated on NF 57-10-02, Tuberculosis Screening Document.

**16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.**

The results of this collection will not be published.

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

The agency plans to display the expiration date for OMB approval of the information collection on all instruments.

**18. Explain each exception to the certification statement identified in "Certification for Paperwork Reduction Act Submissions."**

The agency certifies compliance with 5 CFR 1320.9 and the related provisions of 5 CFR 1320.8(b)(3).