

CUI (when filled in)

OMB Approval Expires 09/30/2026

DISTINGUISHED VISITOR/FRIENDS OF THE NAVY EMBARK REQUEST**PRIVACY ACT STATEMENT**

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 Distinguished Visitor /Friends of the Navy 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 Distinguished Visitor/Friends of the Navy Embark and Community Outreach Program.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in denial of embark request. Additional information can be found here: <https://dpcl.dod.mil/Privacy/SORNIndex/DOD-wide-SORN-Article-View/Article/570367/n05726-1/>

AGENCY DISCLOSURE STATEMENT

The public reporting burden for this collection of information, OMB 0703-0060, is estimated to average .25 hours (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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

All fields marked with an * must be completed before submitting the form.

If required data is not available, you can Save the form and return to complete and submit later.

SECTION A - SHIP INFORMATION

1. Submission Date:	2. * Request for: ☐ Aircraft Carrier ☐ Surface Ship ☐ Submarine
3. * Embarkation Date:	4. * Disembarkation Date:
5. * Fleet: ☐ Second Fleet (HQ Norfolk, Virginia) - North Atlantic ☐ Fourth Fleet (HQ Mayport, Florida) - South Atlantic ☐ Sixth Fleet (HQ Naples, Italy) - Europe	☐ Third Fleet (HQ San Diego, California) - East Pacific ☐ Fifth Fleet (HQ Manama, Bahrain) - Middle East ☐ Seventh Fleet (HQ Yokosuka, Japan) - West Pacific
6. * Ship Name:	

SECTION B - REQUESTOR CONTACT INFORMATION

7. * First Name:		8. * Last Name:	
9. Preferred Name:		10. * Sex ☐ Male ☐ Female	
12. * Birth Date:	11. * U.S. Citizen: ☐ Yes ☐ No	If No, list country:	
13. Rank (if applicable):		14. * Email Address:	
15. * Firm Name:		16. * Position/Title:	
17. * Home Phone:	18. Business Phone:	19. Cell Phone:	
20. Other Phone:	21. Fax Number:		
22. Authorized Contact: ☐ Check if you are open to future contact from Navy, Chief of Information.			
23. Home Address		24. Business Mailing Address	
a. * Street:		a. Street:	
b. * City:		b. City:	
c. * State:		c. State:	
d. * Zip:		d. Zip:	

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SECTION C - REQUESTOR PROFILE

25. Positions in Civic, Professional and Youth Organizations (*limited to 2000 characters*):

26. Biographical Information (*limited to 5000 characters*):

27. Military Service (*Date/Rank/Rate/Branch*):

28. Previous Embarks (Date/Ship Name)

	a. Date:	b. Ship Name:	
	c. Sponsor:	d. Sponsor's Phone:	
	a. Date:	b. Ship Name:	
	c. Sponsor:	d. Sponsor's Phone:	
	a. Date:	b. Ship Name:	
	c. Sponsor:	d. Sponsor's Phone:	

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a. Date:	b. Ship Name:
c. Sponsor:	d. Sponsor's Phone:

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SECTION D - DISTINGUISHED VISITOR MEDICAL INFORMATION

29. ☐ * Click here to certify that you have read and agree with the following statement:

Certain medical conditions are not compatible with Navy vessel environment and may be beyond the capabilities of the onboard 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 Navy vessel.

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/stairs without assistance will not be authorized to embark aboard.
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 vessel, including travel to and from embarkation. Unfortunately, the Medical Department will only provide emergency medications (if on hand).

30. Medical/Food Restrictions (including food allergies - limited to 500 characters):

31. Current Medications/Dosage (limited to 500 characters):

32. Do you wear a medical alert tab/bracelet? ☐ Yes** ☐ No

**Reason (limited to 500 characters):

33. Any Drug Allergies? ☐ Yes** ☐ No

**Reason (limited to 500 characters):

34. * Have you ever had or do you have any of the following medical conditions? Check all that apply:

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

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Please explain any of the items to which you have answered yes (*limited to 500 characters*):

35. Have you had any other major medical conditions not listed above? If so, please explain (*limited to 500 characters*):

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36. * In case of emergency, please notify:

37. *
Relationship:

38. * Phone:

39. * Address:

PERMANENT DUTY STATION

40. If traveling on orders changing permanent duty station, give station to which you are ordered to report:

41. Current permanent duty station (*station to which you report*):

RISK ADVISEMENT AND RELEASE OF LIABILITY

42. ☐ * Check here to certify that you have read, understand, and agree with the following provisions:

I hereby grant my express, voluntary, and knowing consent to the rendering of all emergency medical and dental treatment that may, in the professional judgment 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 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.

CONSENT TO TREATMENT RELATING TO EMERGENCY MEDICAL/DENTAL CARE

43. ☐ * Check here to certify that you have read and agree with the following statement:

Flight aboard all models of U.S. Navy aircraft involves a degree of risk. Catapults launches of aircraft from, and arresting 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 their ages and physiological characteristics.

Similarly, daily life onboard an operational Navy vessel 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 risk, including personal injury or death, arising out of my presence aboard the ship or submarine.

I agree, for myself, my heirs, executors and administrators, to release, indemnify, and hold harmless of 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 laws. If any portion of it is held invalid, the balance shall continue in full force and effect.

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44. Comments (*limited to 500 characters*):