HEALTH SERVICES QUESTIONNAIRE

Application for Medical Qualification to Embark a NOAA Ship

Section I: Applicant Information					
Applicant Name (Last, First Middle)				Year of Birth	Today's Date
Office, Laboratory or Institution Name				Work Phone ☐	
Work Address				Cell Phone ☐	
City		State	Zip Code	Home Phone ☐	
E-mail Address				(Check one preferred contact phone number above)	
Emergency Contact Name			Relationship	Cell Phone	
Address	City	State	Zip Code	Home Phone	
Project Dates	Start		End		
Project Ship(s)					
Position	☐ Scientist ☐ Contractor ☐ Other (specify below) ☐ Teacher at Sea ☐ Volunteer _____				

Section II: Current Health Information – (provide additional information on page 4 if needed)		
List all health problems / medical conditions which regularly require a physician's attention.		
☐ None	1.	
	2.	
	3.	
	4.	
List all medications (prescription and non-prescription) you currently take.		
☐ None	1.	5.
	2.	6.
	3.	7.
	4.	8.
List all health problems / medical conditions which do not require a physician's attention or medication.		
☐ None	1.	
	2.	
	3.	
	4.	
List major surgeries, hospitalizations, and emergency room visits.		
☐ None	1.	
	2.	
	3.	
	4.	
List all known allergies and subsequent reactions.		
☐ None	Allergy	Reaction
	1.	1.
	2.	2.
	3.	3.

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Section III: General Screening

Indicate any medical condition experienced during adulthood.

Yes	No		Yes	No	
☐	☐	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
☐	☐	Untreated Dental Issues	☐	☐	Recent unexplained weight gain > 20 lbs
☐	☐	Currently Pregnant	☐	☐	Recent unexplained weight loss > 20 lbs

Explain any positive response(s) below.

Section IV: Cardiac Screening

Indicate any cardiac condition experienced during adulthood and the applicable test result.

Yes	No		Yes	No	
☐	☐	Abnormal EKG	☐	☐	Hypertension
☐	☐	Heart Attack	_____		Recent Blood Pressure Reading
☐	☐	Shortness of Breath	☐	☐	Diabetes
☐	☐	Chest Pain	_____		Recent HbA1c Reading

Explain any positive response(s) below.

Section V: Immunization Screening

Indicate the applicable test result and the dates for the following screening and immunization;

1. Tuberculosis (TB) – A or B is required within the 12 months preceding the project end date.
   - A. Purified Protein Derivative-(PPD) — Result in mm _____ Date _____
   - B. QuantiFERON-TB — ☐ Negative ☐ Indeterminate ☐ Positive Date _____
2. Tetanus booster — Date _____

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Section VI: Functional Abilities Screening

Indicate the ability to perform the following tasks.

Yes	No	
☐	☐	Step over a 24 inch high door sill
☐	☐	Walk on a steel deck for 4-8 hours per day
☐	☐	Stand on a steel deck for 4-8 hours per day
☐	☐	Walk on slippery or uneven walking surfaces
☐	☐	Climb stairs
☐	☐	Carry 15 lbs
☐	☐	Don a survival suit in less than one (1) minute
☐	☐	Ascend a rope ladder with rigid rungs
☐	☐	Descend a rope ladder with rigid rungs
☐	☐	Hear a ship's general alarm (hearing aid permitted)

Explain any negative response(s) below and indicate any medical condition or physical limitation which may adversely affect qualification for sea duty.

Section VII: Applicant Certification

I certify the information provided is true, accurate, and complete to the best of my knowledge. I acknowledge that falsification of any information on this government document is punishable by fine, imprisonment, or both.

Applicant Signature _____ Date _____

For assistance completing this form, contact;

1.	MOC-A Health Services in Norfolk, VA	Phone: (757) 441-6320	Fax: (757) 441-3760
2.	MOC-P Health Services in Newport, OR	Phone: (541) 867-8820	Fax: (541) 867-8856

MOC Health Services Use Only

☐ Applicant is medically cleared for sea duty aboard a NOAA ship by history.

☐ Applicant is medically disqualified for sea duty aboard a NOAA ship by history.

☐ Additional information is needed to determine medical clearance for sea duty.

MOC Health Services Medical Officer Signature _____ Date _____

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Continuation Page

Use the space provided below to further explain any medical condition indicated on the previous pages.

Reset Print

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INSTRUCTIONS

The Health Services Questionnaire must be submitted to MOC Health Services 30 days in advance of the 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 of sea duty past the project start date.

All positive responses in the General Screening and Cardiac Screening sections require a detailed explanation in the space provided. The Continuation Page may be used if more space is needed. An indication of hypertension requires the most recent blood pressure reading. An indication of diabetes requires the most recent glycated hemoglobin (HbA1c) reading.

All persons embarked aboard a NOAA ship must have a test for tuberculosis (TB) within the 12 months preceding the project end date. MOC Health Services accepts two tests to detect exposure to the TB bacteria; the Purified Protein Derivative (PPD or TB skin test) and the QuantiFERON-TB test (QFT or TB blood test). PPD results must be recorded in millimeters (mm) and not documented as positive or negative. QuantiFERON-TB results must be indicated as negative, positive, or indeterminate.

All persons embarked on a NOAA ship must be able to perform normal work functions and minimal personal emergency response functions while the ship is underway. During an abandon ship event, personnel may have to don a survival suit and/or descend a rope ladder to a life raft or rescue craft. Personnel deploying in small boats for operations may have to ascend and descend a rope ladder. A rope ladder (as pictured to the right) is a heavy duty ladder with rigid rungs that hangs over the side of the ship used for underway embarkation and disembarkation of personnel. A survival suit (as pictured to the right) is a full-body single-piece coverall designed to provide thermal protection to personnel immersed in water. A person at sea should be able to don a survival suit in one minute while fully clothed and without having to remove shoes. All negative responses in the Functional Abilities Screening section require additional explanation on the Continuation Page.

Sign and date the form in Section VII. Do not write in the "MOC Health Services Use Only" section. Use the Continuation Page to provide any additional information. Direct all questions regarding the information required on this form to the MOC Health Services Medical Officer at MOC-Atlantic (757) 441-6320 or MOC-Pacific (541) 867-8820.