

Privacy Act Statement

Authority: 10USC 504, 505, 507, 532, 978, 1201, 1202, 4346; and E.O. 9397 (SSAN)

PRINCIPAL PURPOSE (S): Embarkation aboard a United States Navy Vessel is a strenuous and possibly dangerous activity requiring all participants to be in good health and able to cope with extreme environments including temperature fluctuations, frequent activities such as climbing ladders, and transiting long passageways. Extremely limited medical facilities are available for emergencies only. Civilians (including retired military personnel) are not eligible for Sick Call or non-emergency medical care, nor is the military medical facility aboard able to provide refills for prescriptions. All participants embarking with the ship shall ensure they possess all prescription medicines and other non-prescription items required (e.g. spare contact lenses, eyeglasses, sunscreen, vitamins). The purpose of this screening is to obtain medical data for determination of medical fitness for embarkation aboard a United States Navy Vessel. Information will be used specifically by the ship's Senior Medical Authority for the period of embarkation to assist in emergency medical care should the need arise.

DISCLOSURE: Disclosure is voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to embark aboard a United States Navy Vessel. **This screening sheet will be destroyed at the conclusion of said embarkation.**

Instructions

It is imperative that this form is filled in as completely as possible. Individual is responsible for completion of items (1) through (3). Any questions left blank may be cause for denial for embarkation. All items should be self-explanatory. Average time of completion of this form is estimated to be ten minutes. Supporting documentation is not required but may expedite final determination for questionable conditions. When complete, this form should be returned to the Senior Medical Authority aboard the ship.

1. APPLICANT

a. LAST NAME – FIRST NAME – MIDDLE INITIAL - SUFFIX			b. DOB (MMDDYYYY)		c. DATE COMPLETED	
d. HEIGHT Inches	e. WEIGHT Pounds	f. PURPOSE OF SCREENING NNS/HII Government/SOS		g. LAST TETANUS VACCINE Vendor Other		
h. BLOOD TYPE		i. G6PD STATUS Negative Positive Unsure		j. SICKLE CELL STATUS Negative Trait (Carrier) Sickle Cell Disease Unsure		
k. ALLERGIES (To medication, common foods or other)			l. CURRENT MEDICATIONS			

2. Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in item 2b.

a. HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO			YES	NO
(1)	Double or blurry vision			(38)	Pain or swelling at the site of an old broken bone		
(2)	Blindness or night blindness			(39)	Any loss of finger, toe, or other amputation		
(3)	Wear contact lenses or glasses			(40)	Any splint, cast or fracture within six weeks of embarkation		
(4)	Current or recent eye infection			(41)	Head injury, concussion or loss of consciousness		
(5)	Any other eye condition, injury or surgery			(42)	Stroke		
(6)	Deafness or any other hearing problem			(43)	Epilepsy, fits, seizures or convulsions		
(7)	Absence or disturbance of sense of smell			(44)	Frequent or severe headache causing loss of time from work or use of headache medication		
(8)	Dental disease			(45)	Dizziness, fainting spells or passing out		
(9)	Asthma, wheezing, shortness of breath or inhaler use.			(46)	Heat stroke, exhaustion or tendency.		
(10)	Collapsed lung or other lung condition			(47)	Motion sickness (car, boat, air)		
(11)	Pneumonia or bronchitis			(48)	Medication, herbs, supplements, or any other substance to improve attention, behavior or physical performance		
(12)	Tuberculosis or lived with anybody with tuberculosis			(49)	Any skin disease, i.e. eczema, psoriasis, or atopic dermatitis		
(13)	Irregular heartbeat or abnormally rapid or slow heart rate			(50)	Any allergy causing swelling of skin or shortness of breath		
(14)	Heart murmur, valve problem, or mitral valve prolapse			(51)	Thyroid condition or taking medication for thyroid disease		
(15)	Angina or chest pain			(52)	Diabetes, hypoglycemia or other blood sugar condition		
(16)	Heart disease or heart attack			(53)	Any type of anemia or bleeding disorder		
(17)	Heart surgery or pacemaker			(54)	Sleepwalking or bedwetting after the age of twelve		
(18)	High blood pressure			(55)	Seen a psychiatrist, psychologist, social worker or counselor for any condition.		
(19)	Any other heart or cardiovascular problem			(56)	Claustrophobia		
(20)	Stomach or intestinal ulcer			(57)	Any handicap or disability		
(21)	Hepatitis or adult jaundice			(58)	Any surgery scheduled within 30 days of embarkation		
(22)	HIV or AIDS			(59)	Presently under care of a physician/health care provider		
(23)	Gall bladder trouble or gallstones			(60)	Change in medical condition since last physical exam		
(24)	Intestinal obstruction			(61)	Female only: If there any chance you are pregnant?		
(25)	Any type of hernia: inguinal, femoral, umbilical, hiatal, etc.						
(26)	Any other intestinal problem, i.e. Crohn's disease or colitis						
(27)	Absence or removal of the spleen, or other spleen injury						
(28)	Missing a kidney or kidney malfunction						
(29)	Kidney stones			(62)	Any illness, surgery, or hospitalization not listed above (Explain in section 2.b)		
(30)	Dislocated joint including knee, hip, shoulder or other			(63)	Tobacco use:		
(31)	Limited motion of any joint, including knee, hip, shoulder or other			(a)	Type: cigarettes cigars pipe smokeless tobacco		
(32)	Locking or giving way of the knee or other joint			(b)	How many per day? _____ How many years: _____		
(33)	Knee, neck or back brace			(64)	Alcohol use:		
(34)	Recurrent neck or back pain			(a)	How many drinks per day? _____ OR per week? _____		
(35)	Ruptured, slipped, or bulging disk in neck or back			(b)	For how many years? _____		
(36)	Neck or back surgery						
(37)	Foot pain						

2.b EXPLAIN ALL "YES" ANSWERS TO QUESTIONS (1) THROUGH (62) ABOVE. (Describe answer(s), give date(s), of problems, name doctor(s), clinic(s), hospital(s), treatment given and current medical status. Attach additional sheet(s) if necessary.

By signing this form I certify the information on this form is true and complete to the best of my knowledge and belief, and that no person has advised me to conceal or falsify any information about my physical and mental history. I certify that I have no potentially disqualifying medical conditions other than those specified above, and that if I have any medical concerns that I have consulted my physician prior to embarkation. I further understand that I may be requested to provide further clarification regarding issues within my medical history to the Senior Medical Authority aboard. I also acknowledge that under NAVMEDCOMINST 6230.3B the United States Government will require reimbursement of any cost associated with my use of the military medical facility aboard, or any emergency air ambulance services. I acknowledge that the final determination of my fitness for embarkation resides solely with the Commanding Officer of the vessel.

3. APPLICANT

a. SIGNATURE	b. DATE SIGNED	c. TELEPHONE
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4. MEDICAL SCREENER'S ELABORATION OF ALL PERTINENT DATA AND RECOMMENDATION FOR EMBARKATION

a. NOTES:

b. SCREENER'S RECOMMENDATION	c. NAME OF SCREENER	d. SIGNATURE	e. DATE SIGNED
Individual cleared for embarkation			
Individual NOT cleared for embarkation			

5.

a. MEDICAL DETERMINATION	b. NAME OF SMO/SMDR	c. SIGNATURE	d. DATE SIGNED
Individual cleared for embarkation			
Individual NOT cleared for embarkation			

6. COMMANDING OFFICER'S DECISION (Required if SMO/SMDR does not recommend the individual for embarkation)

a. DECISION	b. NAME OF CO	c. SIGNATURE	d. DATE SIGNED
Individual cleared for embarkation			
Individual NOT cleared for embarkation			