

## VOLUNTARY HEALTH QUESTIONNAIRE

In the event you become incapacitated while aboard a NOAA small boat it could be critical that the captain have some basic medical information. The information will remain confidential and only be used in a medical emergency. The questionnaire is based on many of the items the Coast Guard will request during a medical emergency or evacuation.

Name \_\_\_\_\_ Date \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

Presently under medical care? Y N

Physician's name \_\_\_\_\_ Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

List current medications (prescription and non-prescription):

List any drug or food allergies:

List all active health problems:

Major surgeries and date:

Are you aware of any other medical condition(s) that may effect you suitability for sea duty?

Y N

If yes please explain: