NOAA Form 57-10-01 (05-26)
OMB Control No. 0648-0824
Expiration Date 05-31-2029

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

NOAA HEALTH SERVICES QUESTIONNAIRE

Section I: Applicant Information

Applicant Name (Last, First, Middle)			Date of Birth / Today's Date
Office, Laboratory, or Institution Name			Cell Phone ☐
Work Address			Work 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 _____		

Have you sailed with NOAA before? ☐ Yes ☐ No If yes, list sail date(s) and ship(s) below?
Dates Ship

Section II: Current Health Information (Provide additional information on page 4 if needed.)

List all health problems/medical conditions.

☐ None	1.	5.
	2.	6.
	3.	7.
	4.	8.

List all medications (prescription and non-prescription) you currently take.

☐ None	1.	5.
	2.	6.
	3.	7.
	4.	8.

List major surgeries, hospitalizations, and emergency room visits.

☐ None	1.
	2.

Allergies

1. Do you have any medication, food (e.g., peanut, tree nut, shellfish, or egg), or contact (e.g., latex) allergies?
   ☐ Yes ☐ No
2. Do you carry an EpiPen and/or have you received treatment for anaphylaxis?
   ☐ Yes ☐ No

Note: *The applicant is required to bring their personal EpiPen with them when they report to the ship.*

List All Allergies	List Symptoms or Reactions
1.	1.
2.	2.
3.	3.
4.	4.

NOAA HEALTH SERVICES QUESTIONNAIRE

Applicant Name (Last, First, Middle)	Today's Date

Section III: General Screening

Indicate any past or current medical condition.

Yes	No		Yes	No	
☐	☐	Tuberculosis	☐	☐	Epilepsy/Seizure Disorder
☐	☐	Asthma	☐	☐	Impaired Mobility
☐	☐	Hepatitis	☐	☐	Severe Hearing Loss
☐	☐	Chronic Cough	☐	☐	Severe Visual Impairment Severe
☐	☐	Depression	☐	☐	Motion Sickness
☐	☐	Untreated Dental Issues	☐	☐	Fainting/Loss of Consciousness
☐	☐	Currently Pregnant	☐	☐	Unexplained Weight Loss >20 lbs
☐	☐	Muscle/Joint Conditions (e.g., back hip, knee)	☐	☐	Unexplained Weight Gain >20 lbs

Explain any positive response(s) below.

Section IV: Cardiac Screening

Indicate any cardiac condition experienced and the applicable test result.

Yes	No		Yes	No	
☐	☐	Abnormal EKG	☐	☐	Shortness of Breath
☐	☐	Pacemaker or AICD (implantable defibrillator)	☐	☐	Hypertension (list recent reading below)
☐	☐	Heart Disease (e.g., chest pain, blood vessel disease, irregular heartbeat, congenital heart defect, heart valve or muscle disease, heart attack)	☐	☐	Diabetes (list recent HbA1C reading below)

Explain any positive response(s) below.

Section V: Required Immunizations

All items below are required in order to be cleared for sailing.

1. MMR vaccination **Persons born before 1957 are exempt.** Dates Completed

2. Tetanus diphtheria (or tetanus, diphtheria, acellular pertussis) booster

Date Completed _____
(Must be within the last 10 years).

NOAA HEALTH SERVICES QUESTIONNAIRE

Applicant Name (Last, First, Middle)	Today's Date

Section VI: Functional Capacity 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 an immersion suit in less than 2 minutes
☐	☐	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 or physical limitation that may adversely affect functional capacity.

Section VII: Applicant Certification

I certify the information provided is true, accurate, and complete to the best of my knowledge.

Applicant's Signature

Date

For assistance completing this form, contact:

1. MOC-A Health Services in Norfolk, VA Phone: (757)441-6320 **or** Fax: (757) 441-3760
2. MOC-P Health Services in Newport, OR Phone: (541) 351-4697 marinemedicine@noaa.gov

MOC Health Services Use Only

☐ Applicant is medically qualified for sea duty aboard a NOAA ship.

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

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

MOC Health Services Medical Officer's Signature

Date

NOAA HEALTH SERVICES QUESTIONNAIRE

Applicant Name (Last, First, Middle)	Today's Date

Additional Comments

Use the space provided below to further explain any items on the previous pages.

Medical Officer Comments

_____ Request for Additional Information (RAI) sent.

NOAA HEALTH SERVICES QUESTIONNAIRE

INSTRUCTIONS

The NOAA 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 Additional Comments Page 4 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 complete the Annual Tuberculosis Screening form (NF 57-10-02) within the 12 months preceding the project end date. **MOC Health Services will notify you if you require one** of the three tests to detect exposure to the TB: the Purified Protein Derivative (PPD or TB skin test), the QuantiFERON-TB test (QFT or TB blood test), or the T-spot blood test. PPD results must be recorded in millimeters (mm) and not documented as positive or negative. QuantiFERON-TB and the T-spot results must be indicated as negative, positive, or indeterminate.

Any person who sails aboard a NOAA ship must be able to perform normal daily work functions. In addition, anyone who sails aboard a NOAA ship must be able to perform minimal personal safety and emergency response functions while the ship is underway. During an abandon ship event, personnel may be required 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 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 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 two minutes while fully clothed and without having to remove shoes. You will be trained on how to put on this suit before you sail as part of the safety brief.

Any negative responses in the Functional Capacity Screening section require further explanation on the Additional Comments Page 4.

Sign and date the form in Section VII. Do not write in the “MOC Health Services Use Only” section. Use the Additional Comments Page 4 to provide any additional information.

Please direct all questions regarding the information required on this form to the MOC Health Services at MOC-A (757) 441-6320 or MOC-P (541) 351-4697.

NOAA HEALTH SERVICES QUESTIONNAIRE

PRA Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0824. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the Office of Marine and Aviation Operations, 1315 East West Hwy, Silver Spring, MD 20910.

Privacy Act Statement

Authorities: Privacy Act of 1974, 5 CFR Part 293, Personnel Records and Part 297, Privacy Procedures for Personnel Records; Occupational Safety and Health Administration, 29 CFR 1910, Occupational Safety and Health Standards, Health Insurance Portability and Accountability Act, Pub. L. 104-191.

Purposes: The health services you receive through this program result in the gathering and recording of information that is personal and confidential. Your employing agency serves as a custodian of your records. Upon termination of employment the original documents or copies of your records will be transferred to your Employee Medical Folder (EMF) in the agency's Employee Medical File System (EMFS). These records are stored as a distinct and separate part of your Official Personnel Folder. Your records are collected and maintained for a variety of purposes, including:

- to meet the mandates of law, Executive order, or regulations;
- to provide data necessary for proper medical evaluations, treatment for the continuity of medical care;
- to provide an accurate medical history and treatment and/or hazard exposures and health monitoring;
- to enable the planning for further care;
- to provide a record of communications among members of the health care team;
- to provide a legal document describing the health care administered and exposure incidents;
- to provide a method of evaluating the quality of health care rendered as required by professional standards and legislative authority;
- to ensure that all relevant, necessary, accurate, and timely data are available to support any medically related employment decisions;
- to document claims filed with and the decisions reached in OWCP cases;
- to document employee's reporting of occupational injuries, unhealthy and/or unsafe working conditions;
- to ensure proper and accurate operation of the agency's employee drug testing program under Executive Order 12564.

Routine Uses: Information is collected to manage medical care and to maintain accurate and current medical records on employees. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a), to be shared with applicable entities related to the purposes described above. Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice, COMMERCE/NOAA–22, NOAA Health Services Questionnaire (NHSQ) and Tuberculosis Screening Document (TSD).

Disclosure: Collection of this information is voluntary. If you do not wish to participate in these services, or to provide the requested information, you are not required to do so. Non-NOAA personnel may decline to provide this information, but the absence of documented medical clearances may prevent you from being cleared to embark on NOAA vessels or aircraft. For NOAA personnel choosing to decline the health services required for job-related clearances, the absence of documented medical clearances in will impact the employer's authority to permit you to perform certain functions of your position. You should consult with your supervisor in this matter.