

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: _____ DOB: _____

Position: _____ Phone: _____

In Case of Emergency, notify: _____

Relationship: _____ Phone: _____

Physician's name: _____ Phone: _____

City, State, Zip: _____

Are you presently under medical care? Y N

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 affect your suitability for sea duty: Y N

If yes, please explain:

Blood Type (if known): A AB B O