DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

GUEST CREW MEMBER HEALTH QUESTIONNAIRE

SECTION I: APPLICANT INFORMATION

Applicant Name (Last, First, Middle)			Year of Birth	Today's Date
Office, Laboratory, Agency or Institution			Work Phone	☐
Work Address			Cell Phone	☐
City	State	Zip Code	Home Phone	☐
E-mail Address			*(Check the preferred contact phone number above)*	
Emergency Contact Name	Relationship		Cell Phone	
Address	City	State / Zip Code	Home Phone	

Project Dates: Start: End:

CG Cutter(s):

Position

☐ Scientist ☐ Contractor ☐ Federal Civilian Employee ☐ Non-CG PHS Officer ☐ Other *(specify)* _____

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.
2.
3.
4.

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 with dates.

☐ **NONE**

1.
2.
3.
4.

List all known allergies and subsequent reactions.

☐ **NONE**

Allergy	Reaction
1.	
2.	
3.	

Reset

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

SECTION III: GENERAL SCREENING

Indicate with a check mark 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 with a check mark any cardiac condition experienced during adulthood and the applicable test result.

YES	NO		YES	NO	
☐	☐	Abnormal EKG	☐	☐	Hypertension: If YES, provide recent blood pressure reading.
☐	☐	Heart Attack	Reading:		
☐	☐	Shortness of Breath	☐	☐	Diabetes: If YES, provide recent HbA1c result.
☐	☐	Chest Pain	Result:		

Explain any positive response(s) below.

SECTION V: IMMUNIZATION SCREENING

Indicate the date of the last Tetanus booster:

Reset

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

SECTION VI: FUNCTIONAL ABILITIES SCREENING

Indicate with a check mark your 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 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 interfere with your ability to perform the functional abilities.

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 CG-1121, Chief of Occupational Medicine *(or his/her designee).*

Chief of Occupational Medicine *(or his/her designee)* Use Only

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

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

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

Medical Officer Signature:	Date

Reset

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

CONTINUATION PAGE

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

Privacy Act Statement

The collection and use of this information is authorized by 5 U.S.C. 7901, 5 U.S.C. 339, 5 U.S.C. 301, 10 U.S.C. §1074, 14 U.S.C. § 93 (a) (17), 29 C.F.R. § 1630.14, and Executive order 12196. The information will become part of the official Employee Medical File, and will be used to assist the Coast Guard in carrying out its occupational health services responsibilities and for other official purposes and routine uses as described in Privacy Act systems notice OPM/ GOVT-10. Mandatory for Military Personnel. Providing the requested information is voluntary for civilian employees. Not providing the information may affect the availability and quality of the health services rendered to the employee and may also affect the completeness of information used in making determinations of medically-related employment decisions.

Reset

INSTRUCTIONS

The Guest Crew Member Questionnaire must be submitted to the Chief of Occupational Medicine *(or his/her designee)* 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. The questionnaire must be completed by all guest crew members who are not Coast Guard military members and who will be berthing *(whether at sea or in port)* on a Coast Guard cutter.

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 test *(hemoglobin A1c)* result.

All persons embarked on a CG cutter 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 below) 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 below)* 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 a detailed explanation in the space provided.

Sign and date the form in Section VII. Do not write in the “Chief of Occupational Medicine *(or his/her designee)* Use Only” section. Use the Continuation Page to provide any additional information. Direct all questions regarding the information required on this form to the Chief of Occupational Medicine *(or his/her designee)*.

Survival Suit

Rope Ladder

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