

## HEALTH SERVICES QUESTIONNAIRE

Application for Medical Qualification to Embark Onboard TAMUG Vessels

**Section I: Applicant Information**

Applicant Name (Last, First Middle)				Year of Birth	Today's Date
Office, Laboratory or Institution Name				Work Phone	<input type="checkbox"/>
Work Address				Cell Phone	<input type="checkbox"/>
City		State	Zip Code	Home Phone	<input type="checkbox"/>
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	<input type="checkbox"/> Scientist		<input type="checkbox"/> Contractor		<input type="checkbox"/> Other (specify below)
	<input type="checkbox"/> Teacher at Sea		<input type="checkbox"/> Volunteer		_____

**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.

 None1.  
2.  
3.  
4.

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

 None1. 5.  
2. 6.  
3. 7.  
4. 8.

List all health problems / medical conditions which do not require a physician's attention or medication.

 None1.  
2.  
3.  
4.

List major surgeries, hospitalizations, and emergency room visits.

 None1.  
2.  
3.  
4.

List all known allergies and subsequent reactions.

 None

Allergy	Reaction
1.	1.
2.	2.
3.	3.

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**Section III: General Screening**

Indicate any medical condition experienced during adulthood.

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy / Seizures
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Impaired Mobility
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Severe Hearing Loss
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Severe Visual Impairment
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Cough	<input type="checkbox"/>	<input type="checkbox"/>	Severe Motion Sickness
<input type="checkbox"/>	<input type="checkbox"/>	Severe Depression	<input type="checkbox"/>	<input type="checkbox"/>	Fainting / Loss of Consciousness
<input type="checkbox"/>	<input type="checkbox"/>	Untreated Dental Issues	<input type="checkbox"/>	<input type="checkbox"/>	Recent unexplained weight gain > 20 lbs
<input type="checkbox"/>	<input type="checkbox"/>	Currently Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	Recent unexplained weight loss > 20 lbs

Explain any positive response(s) below.

**Section IV: Cardiac Screening**

Indicate any cardiac condition experienced during adulthood and the applicable test result.

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal EKG	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack	_____	_____	Recent Blood Pressure Reading
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Chest Pain	_____	_____	Recent HbA1c Reading

Explain any positive response(s) below.

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**Section V: Functional Abilities Screening**

Indicate the ability to perform the following tasks.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Step over a 24 inch high door sill
<input type="checkbox"/>	<input type="checkbox"/>	Walk on a steel deck for 4-8 hours per day
<input type="checkbox"/>	<input type="checkbox"/>	Stand on a steel deck for 4-8 hours per day
<input type="checkbox"/>	<input type="checkbox"/>	Walk on slippery or uneven walking surfaces
<input type="checkbox"/>	<input type="checkbox"/>	Climb stairs
<input type="checkbox"/>	<input type="checkbox"/>	Carry 15 lbs
<input type="checkbox"/>	<input type="checkbox"/>	Don a survival suit in less than one (1) minute
<input type="checkbox"/>	<input type="checkbox"/>	Ascend a rope ladder with rigid rungs
<input type="checkbox"/>	<input type="checkbox"/>	Descend a rope ladder with rigid rungs
<input type="checkbox"/>	<input type="checkbox"/>	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 adversely affect qualification for sea duty.

**Section VI: 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

**HEALTH SERVICES QUESTIONNAIRE**  
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**Continuation Page**

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

Large empty rectangular area for providing further explanation of medical conditions.

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**INSTRUCTIONS**

The Health Services Questionnaire must be submitted to Vessel Operations no less than 17 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 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 (HbA1c) reading.

All persons embarked on a TAMUG ship 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 to the right) 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 to the right) 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 additional explanation on the Continuation Page.

Sign and date the form in Section VII. Use the Continuation Page to provide any additional information. Direct all questions regarding the information required on this form to the Vessel Operations Manager (409) 740-4964.

