

MEDICAL SUMMARY**N02.2H.6110.2-Q****PRIVACY ACT STATEMENT**

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MILITARY SEALIFT COMMAND**Medical Department (Code: N02H)****Building SP-64, 471 East C Street, Norfolk, VA 23511-2419****E-mail: msc_forcemedical@us.navy.mil**

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SUBMITTED DATE:	MARINER'S FULL NAME:	DOD ID NUMBER:

MSC vessels operate remotely from medical care for up to 180 days. Deployments are physically demanding and are exposed to many hazards and extreme conditions. The mariner must meet the following minimum standards to be fit for full duty (this listing is not complete contact Force Medical if additional details are required):

Minimum physical standards:

1. Ability to lift and carry at least 40 pounds.
2. Ability to crouch and crawl, climb vertical ladders, step over a door sill of 24 inches, fit through a restricted opening of 24 x 24 inches, and stand for up to 4 hours.
3. Walk on uneven, crowded, or rolling decks.

Physically fit to respond to and operate ship's emergency equipment including the ability to:

1. Pull a 1.5-inch uncharged fire hose 50 feet.
2. Lift a charged fire hose.
3. Wear Self-Contained Breathing Apparatus (SCBA).
4. Don flotation devices and exposure suits without assistance.

Potential Environmental Factors:

1. Exposure to temperature extremes both inside and outside the ship.
2. Exposure to noise, fumes, smoke, gases, grease, oils, and solvents.

General medical requirements but not limited to:

1. Blood pressure below 179/119
2. HbA1c below 8%
3. Required follow-up care/visits should be every 6 months or longer

MEDICAL SPECIALTY REQUIRED (left blank when there is no specific requirement):**1. MEDICAL PROBLEMS TO BE ADDRESSED:****2. RELEVANT HISTORY, PHYSICAL FINDINGS, AND/OR TESTING RESULTS: (HPI, Vital signs, PE, Imaging, Testing, Labs).****3. DIAGNOSIS/DIAGNOSES:**

MEDICAL SUMMARY		N02.2H.6110.2-Q	
MARINER FULL NAME:		DOD ID NUMBER:	
4. TREATMENT PLAN: <i>(List <u>ALL</u> medications (including over the counter and supplements), referrals, AND/OR other treatments)</i> Treatment(s) Completed:			
Treatment(s) Planned/Undergoing:			
Note: For medications, please provide a 6-month supply.			
5. RECOMMENDED WORK RESTRICTIONS/LIMITATIONS AND/OR FOLLOW UP REQUIREMENTS: <i>(list <u>specific</u> limitations if applicable – see page 1)</i>			
If applicable, estimated date of Maximum Medical Improvement and/or follow up dates:			
MSC Medical has <u>FINAL</u> authority for MSC Mariner sea-duty medical status determination			
MSC MARINER: AUTHORITY TO RELEASE PRIVILEGED MEDICAL INFORMATION: I hereby authorize release to the Military Sealift Command Medical Department and the Department of Defense Medical Treatment Facilities, privileged medical correspondence and records in my case.			
MARINER'S PHONE NUMBER:	MARINER'S EMAIL ADDRESS:	MARINER'S SIGNATURE:	DATE:
Notice to Mariners: Administrative action including, but not limited to, progressive discipline or termination may be applied to any MSC MARINER that fails to provide medical documentation in accordance with N02.2H.6110.2-Q, CIVMAR Medical and Physical Standards. It is the Mariner's responsibility to keep Force Medical informed of the status of all medical conditions. If you are NFFD for multiple conditions, you must keep Force Medical informed on all of them to remain in an unexpired NFFD status. If you are experiencing delays or issues getting the required information, please inform Force Medical, we may be able to assist and/or grant an extension. Failure to communicate may result in administrative or disciplinary action. Force Medical DOES NOT approve or deny leave , that is handled by your Marine Placement Specialist (MPS). Your MPS may require you to be in an unexpired NFFD status to grant your leave and may, at their discretion, mark you AWOL if your NFFD expires. Please communicate with Force Medical early and often to keep your NFFD status current.			
MEDICAL SPECIALTY:		FACILITY PHONE NUMBER:	
FACILITY NAME AND ADDRESS:		MEDICAL / DENTAL PROVIDER'S NAME <i>(Print or Stamp)</i>	
		MEDICAL / DENTAL PROVIDER SIGNATURE:	DATE SIGNED: