

**PRIVACY ACT STATEMENT:** This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provided to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique identifier to distinguish between employees with the same names and birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed.

**MILITARY SEALIFT COMMAND**  
**Medical Department (CODE: N02H)**  
**Bldg. SP-64, 471 C Street, Norfolk, VA 23511-2419**  
**E-mail address to submit forms: MSC\_Medical@navy.mil**  
**VOICE: 1-866-827-4955      FAX: 1-866-324-4955**  
**(757) 443-5760                      (757) 443- 5767**

Mariner Name / Last 4 SSN

**MEDICAL SUMMARY FORM**

(ALTERNATIVELY, A NARRATIVE SUMMARY ADDRESSING THE ELEMENTS BELOW MAY BE PROVIDED)

**Note to examining provider:** The seafaring environment is arduous and exposes personnel to many environmental and physical hazards. It is essential that crew members be physically fit to perform the duties of their position worldwide. They may work long shifts, be required to engage in strenuous activity, be exposed to temperature extremes for long periods, don emergency gear including respirators, and serve for up to 6-months at sea remote from medical care.

**MEDICAL SPECIALTY REQUIRED:**

**1. MEDICAL PROBLEMS TO BE ADDRESSED:**

If applicable, minimum MSC acceptable standards are:  
**BP < 140/90**  
**HbA1c < 8.0%**  
**LDL < 160ml/dl**  
**Triglycerides < 400mg/dl.**  
**OSA – 70% compliance (must provide data)**  
**LVEF 40% or higher**  
**Stress Test at least 8 METS**

**2. SIGNIFICANT HISTORY AND PHYSICAL FINDINGS: (HPI, Vital signs, PE results)**

**3. SIGNIFICANT ANCILLARY TESTING: (Please provide results of labs, imaging, PFT, EKG, audio, etc.)**

**4. DIAGNOSIS/DIAGNOSES:**

**CONTINUE ON REVERSE OF FORM**

Mariner Name / Last 4 SSN

**5. TREATMENT: (LIST ALL MEDICATIONS INCLUDING PRESCRIPTION, HERBAL, SUPPLEMENTS AND OTC), PHYSICAL THERAPY, AND OTHER TREATMENTS**

Note: For chronic medications, please provide a 6-month supply.

**6. WORK RESTRICTIONS/LIMITATIONS AND RECOMMENDATIONS FOR FOLLOW UP:**

**FOLLOW UP MUST NOT BE LESS THAN EVERY 6 MONTHS DUE TO LENGTH OF SHIPBOARD ASSIGNMENT.**

Recommended follow up interval: \_\_\_\_\_.

**7. CHECK ONE OF THE FOLLOWING REGARDING DUTY STATUS:**

- Fit for sea duty.** (Refer to work conditions on top of page one)
- Not fit for sea duty** → If made not fit for sea duty: **Fit to travel?**  Yes  No  N/A  
**Needs escort?**  Yes  No  N/A

**If Not Fit; Estimated Return to Work date:** \_\_\_\_\_

**Estimated date of Maximum Medical Improvement (MMI):** \_\_\_\_\_

**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.**

\_\_\_\_\_ Date  
 Mariner's signature

\_\_\_\_\_ Email Address  
 Mariner's Phone

**\*\*Notice to CIVMARS: MSC Medical Staff must follow all stated guidance in processing and assessing FFD matters, and that pursuant to the QMS instruction (N02HL6000.2-Q), MSC Medical will report for administrative action any mariner that fails to provide medical documentation within 30 days as required.\*\***

\_\_\_\_\_ Medical/Dental Provider's Signature  
 Medical/Dental Provider's Name (Print or Stamp)

\_\_\_\_\_ Date Signed:  
 Medical Speciality: \_\_\_\_\_

\_\_\_\_\_ Telephone:  
 Address: \_\_\_\_\_

**\*\*MSC Medical has final authority for duty status determination\*\***