

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_FORCEMEDICAL@us.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.

Mariner's signature _____
Date

Mariner's Phone _____
Email Address

****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 Name (Print or Stamp) _____
Medical/Dental Provider's Signature

Medical Speciality: _____ Date Signed: _____

Address: _____ Telephone: _____

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