- Detailed guidance on the medical and physical evaluation guidelines for merchant mariner credentials is contained in Navigational and Vessel Inspection Circular (NVIC) XX-08.
- Additional information is also available at the National Maritime Center (NMC) Homeport website at: http://homeport.uscg.mil/mmcmedical
- Additional information can also be obtained from NMC at: [insert NMC address and phone number].

Who must submit this form?

- Applicants seeking an original, renewal or raise-in-grade credential are required to complete this form or its equivalent, containing the same information, and submit it to the U.S. Coast Guard.
- Guidance for who is required to submit this form is contained in Enclosure (1) of NVIC XX-08.

Applicant Information

- Applicants are required to provide the applicant information in section I, and to report all current medications, known physical impairments and medical conditions in sections IIa and IIb at the time this form is signed by the applicant.
- Applicants are required to sign and date the certification in section VIII of this form attesting, subject to criminal prosecution under 18 USC § 1001, that all information reported is true and correct to the best of their knowledge and that they have not knowingly omitted or falsified any material information relevant to this form.
- Applicants must also complete the release in section X of this form.

Instructions for Providing Proof of Identity

- **Applicants** shall present acceptable proof of identity to the medical practitioner conducting examinations.
- **Medical practitioners** must verify the identity of applicants before conducting examinations.
- Proof of identity shall consist of one current form of valid government issued photo identification.

The following credentials are acceptable proof of identity: (check NVIC XX-08 for complete list)

Unexpired official identification issued by a federal, State, or local government or by a territory or possession of the United States, such as a TWIC, passport, U.S. driver's license, U.S. military ID card or MMD/MMC.

General Instructions for Medical Practitioner

1. The Coast Guard requires a physical examination and certification be completed to ensure that mariners:
   - Are of sound health.
   - Have no physical limitations that would hinder or prevent performance of duties (see below).
   - Are free from any medical conditions that pose a risk of sudden incapacitation, which would affect operating, or working on vessels.
2. All examinations, tests and demonstrations must be performed, witnessed or reviewed by a physician (MD or DO) or nurse practitioner or a certified physician assistant licensed by a State in the U.S., a U.S. possession, or a U.S. territory. The verifying medical practitioner must complete sections III, IV, V, VI, VII& IX of this form.
3. Detailed guidelines on potentially disqualifying medical conditions are contained in NVIC XX-08. Medical practitioners should be familiar with the guidelines contained within this document. NVIC XX-08 may be obtained from http://www.uscg.mil/hq/g-m/index/ or by calling the nearest USCG Regional Examination

Center, or the National Maritime Center (http://homeport.uscg.mil/mmcmedical) at 1-888-IASKNMC (1-888-427-5662).

4. Verification of medications in section II(a) of this form includes questioning the applicant about any medications or other substances reported, reviewing relevant medical conditions to determine if the applicant has omitted any current medications or other substances, and affirmatively reporting any omitted current medications or other substances where required.

General Instructions for Medical Practitioner Continued

5. All applicants who require a general medical examination must be physically examined by the verifying medical practitioner. Medical examinations based solely on patient history review, and/or documentary review, are unacceptable.
6. The verifying medical practitioner is not required to perform or witness every examination, test or demonstration. These may be referred to other qualified practitioners; however, they must be reviewed to the satisfaction of the verifying medical practitioner. The last page of this form contains a certification that the general medical examination, vision and hearing tests, as well as the physical demonstration of competence as appropriate, have been performed, witnessed or reviewed to the satisfaction of the verifying medical practitioner. Applicants who are required to complete a general medical examination are also required to complete vision tests, and they may be required to complete hearing tests and/or demonstrations of physical competence as appropriate. The verifying medical practitioner must sign and date the certification where indicated. This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the verifying medical practitioner is true and correct to the best of his/her knowledge and that the verifying medical practitioner has not knowingly omitted or falsified any material information relevant to this form.
7. If the verifying medical practitioner is unable to determine the applicant's physical ability, the applicant should be referred to another healthcare provider who can properly evaluate and test physical abilities.

Privacy Act Statement

As required by Title 5 United States Code (U.S.C) 552a(e)(3), the following information is provided when supplying personal information to the United States Coast Guard.

1. Authority for solicitation of the information: 46 U.S.C. 2104(a), 7101[c]-(e), 7306(a)(4), 7313[c](3), 7317(a), 8703(b), 9102(a)(5).
2. Principal purposes for which information is used:
   a. To determine if an applicant is physically capable of performing shipboard duties.
   b. To ensure that a duly licensed Physician (MD or DO) / Physician Assistant / Nurse Practitioner conducts the applicant's physical examination/certification and to verify the information as needed.
3. The routine uses which may be made of this information:
   a. This form becomes a part of the applicant's file as documentary evidence that regulatory physical requirements have been satisfied and that the applicant is physically competent to hold a credential.
   b. The information becomes part of the total credential file and is subject to review by Federal agency casualty investigators.
   c. This information may be used by the United States Coast Guard and an Administrative Law Judge in determining causation of marine casualties and appropriate suspension and revocation action.
4. Disclosure of this information is voluntary, but failure to provide this information will result in non-issuance of a credential.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average

burden for completing this form is XX minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the Commandant (G-CIM) United States Coast Guard. 2100 2nd Street SW. Washington, DC 20593-0001

Section I - Application Information			
Last Name:	First Name:	Middle Name:	Suffix:
Age:	Date of Birth (MM/DD/YYYY):	Social Security Number:	

Section II(a) - Medications (must be completed by applicant and reviewed by verifying medical practitioner)

Applicants are required to report **all** active, daily or as-needed prescription medications, and all current non-prescription (over-the-counter) medications, including dietary supplements and vitamins, at the time the applicant signs this form. Include dosages of every substance reported, as well as the condition for which each substance is taken. The information reported by the applicant must be verified by the verifying medical practitioner, or by any other qualified medical practitioner to the satisfaction of the verifying medical practitioner. This includes assisting the applicant in reporting dosages and the condition(s) for which he/she takes each substance.

Additional sheets may be added by the applicant and/or qualified medical practitioner if needed to complete this section (include applicant name and DOB on each additional sheet).

Applicant must list all current medications (prescription and non-prescription) including dosage and the condition(s) for which the medication(s) are taken. If none, check "NONE."

☐ NONE

Section II(b) - Certification of Medical Conditions (must be completed by applicant and reviewed by verifying medical practitioner)

Applicants must report their relevant medical conditions to the best of their knowledge, and the verifying medical practitioner must verify the medical conditions, using the table below. Check "yes" if the applicant has had a previous diagnosis or treatment of the condition by a healthcare provider, or if the applicant is currently under treatment or observation for the condition, or if the condition is present regardless of treatment.

If the verifying medical practitioner, or any other health care provider to the satisfaction of the verifying medical practitioner, discovers a condition not reported by the applicant, he/she must check "yes" in the appropriate block and explain in the remarks.

The verifying medical practitioner must address all reported relevant conditions in detail in Section VII. This detailed explanation should include, at a minimum, identification of the condition, approximate date of diagnosis, any limitations, whether the condition is controlled, the prognosis and any additional information as appropriate, referring to the evaluation data listed in enclosure (3) of NVIC XX-08 for each condition.

Additional sheets may be added by the applicant and/or verifying medical practitioner if needed to complete this section of the form.

To the best of the applicant's knowledge, does the applicant have, or have ever suffered from, any of the following?

If YES, the applicant must **PROVIDE THE TEST RESULTS AND/OR RECORDS AS INDICATED**, referring to the evaluation data listed in enclosure (3) of NVIC XX-08 for each condition.

	YES	NO	
1.	☐	☐	Ear surgery,
2.	☐	☐	Hearing loss, hearing aid
	☐	☐	
3.	☐	☐	Impaired speech or stuttering
4.	☐	☐	Deformities of face
5.	☐	☐	Open tracheostomy
	☐	☐	
6.	☐	☐	Poor vision
7.	☐	☐	History of eye disease or injury
8.	☐	☐	History of eye surgery
9.	☐	☐	Abnormal color vision
10.	☐	☐	Glaucoma
11.	☐	☐	Asthma
12.	☐	☐	Emphysema or COPD
13.	☐	☐	Collapsed lung/pneumothorax
14.	☐	☐	Irregular heart beat
15.	☐	☐	Heart murmur or valve replacement
16.	☐	☐	Chest pain or angina
17.	☐	☐	Heart attack/ myocardial infarction
18.	☐	☐	Congestive heart failure
19.	☐	☐	Heart surgery/stent/angioplasty
20.	☐	☐	Pacemaker or defibrillator
21.	☐	☐	Any other heart condition
22.	☐	☐	High blood pressure/hypertension
23.	☐	☐	Aneurysm or blockages
24.	☐	☐	Pulmonary embolus or blood clots
25.	☐	☐	Gastrointestinal bleeding or ulcers
26.	☐	☐	Crohn's disease or ulcerative colitis
27.	☐	☐	Hepatitis or jaundice
	☐	☐	
28.	☐	☐	Gallbladder problems or stones
29.	☐	☐	Intestinal surgery
30.	☐	☐	Any form of cancer
31.	☐	☐	Anemia
32.	☐	☐	Hemophilia or polycythemia
33.	☐	☐	Any other blood disorders
34.	☐	☐	Thyroid disease
35.	☐	☐	Diabetes
36.	☐	☐	HIV or AIDS
37.	☐	☐	Lymphoma or leukemia
38.	☐	☐	Tuberculosis
39.	☐	☐	Neurofibromatosis
40.	☐	☐	Skin tumors or cancer
41.	☐	☐	Scleroderma
42.	☐	☐	Lupus
43.	☐	☐	Kidney transplant or dialysis
44.	☐	☐	Kidney disease or cancer
45.	☐	☐	Kidney stones
	☐	☐	
46.	☐	☐	Protein/sugar/blood in urine

	YES	NO	
47.	☐	☐	Back surgery or injury
48.	☐	☐	Ruptured/herniated disc
49.	☐	☐	Fractures requiring surgery
50.	☐	☐	Limitation of any major joint
51.	☐	☐	Bone or joint surgery
52.	☐	☐	Dislocated joint
53.	☐	☐	Recurrent neck or back pain
54.	☐	☐	Swollen or painful joint
55.	☐	☐	Arthritis or bursitis
56.	☐	☐	Trick or locked knee
57.	☐	☐	Amputation or prosthesis
58.	☐	☐	Carpal tunnel
59.	☐	☐	Difficulty walking or climbing
60.	☐	☐	Sciatica or nerve pain
61.	☐	☐	Other bone/joint disorder
62.	☐	☐	Motion/sea sickness
63.	☐	☐	Impaired balance, or balance disorder or difficulty
64.	☐	☐	Vertigo or dizziness
65.	☐	☐	Numbness or paralysis
66.	☐	☐	Head injury or skull fracture
67.	☐	☐	Seizures or epilepsy
68.	☐	☐	Recurrent headaches
69.	☐	☐	Narcolepsy
70.	☐	☐	Sleep apnea
71.	☐	☐	Restless leg
	☐	☐	
72.	☐	☐	Fainting spells or loss of consciousness
73.	☐	☐	Stroke or TIA
74.	☐	☐	Brain tumor
75.	☐	☐	Other brain or nerve disease
76.	☐	☐	ADD, ADHD, or bipolar
77.	☐	☐	Depression
78.	☐	☐	History of suicide attempt
79.	☐	☐	Schizophrenia
80.	☐	☐	Anxiety
81.	☐	☐	Alcohol or substance abuse
	☐	☐	
82.	☐	☐	Loss of memory or amnesia
83.	☐	☐	Other psychiatric disease or counseling
84.	☐	☐	Sleepwalking
85.	☐	☐	Bedwetting since age 12
	☐	☐	
86.	☐	☐	Sex change
87.	☐	☐	Allergic reactions
	☐	☐	
	☐	☐	
88.	☐	☐	Medical disability
89.	☐	☐	Any other disease, surgery or hospitalization
	☐	☐	
	☐	☐	

The verifying medical practitioner shall make comments on all answers marked "yes" above:

1. **Identify the Condition**
2. **List Any Limitations**
3. **Is Condition Controlled?**
4. **Approximate Date of Diagnosis**
5. **Prognosis**
6. **Additional Information**

Section III(a) – Visual Acuity			
This section must be completed by the verifying medical practitioner, or any other healthcare provider to the satisfaction of the verifying medical practitioner. Additional information must be reported in Section VII. If corrective lenses are required to meet the standard, both corrected and uncorrected vision must be tested.			
Distant Uncorrected	**Distant Corrected To**	**Field of Vision**	
Right: 20 /	Right: 20 /	This applicant must have a **100** degree horizontal field of vision.	☐ Normal
Left: 20 /	Left: 20 /		☐ Abnormal

Section III(b) – Color Vision	
The following color sense testing methodologies are acceptable: ☐ AOC (1965) – (6 or fewer errors on plates 1-15) ☐ AOC-HRR (2nd Edition) – (No errors in test plates 7-11) ☐ Richmond (1983) – (6 or fewer errors) ☐ Ishihara pseudoisochromatic plates test, 14 plate (5 or less errors), 24 plate (6 or less errors) 38 plate (8 or less errors)	☐ Titmus Vision Tester / OPTEC 2000 – (No errors on six plates) ☐ Farnsworth Lantern (colored lights) Test per instruction booklet. ☐ Optec 900 (colored lights) Test per instruction booklet. ☐ An alternative test approved by the Coast Guard (indicate test) _____
The verifying medical practitioner must indicate test used and results (number of errors). Additional information must be reported in Section VII. Color sensing lenses (e.g. X-Chrome) are prohibited.	
Color Vision: Normal Color Vision ☐ Abnormal Color Vision ☐	

Section IV – Hearing

☐ Normal Hearing ☐ Abnormal Hearing ☐ Hearing Aid Required

☐ If abnormal hearing or hearing aid required, perform audiogram or functional speech discrimination test.

An applicant with normal hearing does not need to complete either the audiometer test or the functional speech discrimination test. The verifying medical practitioner, in consultation with any other

healthcare provider he/she deems appropriate, determines whether the audiometer and/or functional speech discrimination test are necessary. If hearing is abnormal or hearing aid is required, refer to enclosure (5) of NVIC XX-08 for guidance.

If audiometric testing is required, the audiometer test should include testing at the following thresholds, 500Hz, 1,000Hz, 2,000Hz and 3,000 Hz. The frequency responses for each ear are averaged to determine the measure of an applicant's hearing ability. Applicant should demonstrate an unaided threshold of 30db or less in each ear.

Additional information must be reported in Section VII.

Audiometer Threshold Value	**500Hz**	**1,000Hz**	**2,000Hz**	**3,000Hz**			
Right Ear (Unaided)							
Left Ear (Unaided)							
Right Ear (Aided)							
Left Ear (Aided)							

Functional Speech Discrimination Test @ 55dB	Right Ear (Unaided):	%	Right Ear (Aided):	%
	Left Ear (Unaided):	%	Left Ear (Aided):	%

Section V(a). - Physical Information			
This section to be completed by the verifying medical practitioner, or other medical staff to the satisfaction of the verifying medical practitioner. Additional information must be reported in Section VII.			
Height (inches only):	Weight (lbs):	Body Mass Index (BMI):	Sex: Male ☐ Female ☐
Pulse Resting:	Initial Blood Pressure:	Repeat Blood Pressure (if needed):	

Section V(b) – Physical Exam (must be completed by verifying medical practitioner)							
#	**Normal**	**Abnormal**	**System / Organ**	**#**	**Normal**	**Abnormal**	**System / Organ**
1.			Head, Face, Neck, Scalp	10.			Skin
2.			Eyes / Pupils / EOM	11.			Lymphatics
3.			Mouth And Throat	12.			Neurologic
4.			Ears / Drums	13.			Vascular System
5.			Lungs And Chest	14.			Genital-Urinary System
6.			Heart	15.			Hernia
7.			Abdomen	16.			Missing extremities / Digits
8.			Upper / Lower Extremities	17.			General / Systemic
9.			Spine / Musculoskeletal				

Please make numbered comments on positive answers above:

Section VI - Demonstration of Physical Ability (to be completed by the verifying medical practitioner)

- If the applicant has a Body Mass Index (BMI) of 40.0 or higher, or if the verifying medical practitioner doubts the applicant's ability to successfully perform any of the following functions, a suitable practical demonstration is required for those functions. The verifying medical practitioner, in consultation with any other qualified practitioners he/she deems appropriate, determines whether a practical demonstration is necessary, and whether the applicant is physically competent or not physically competent.
- All practical demonstrations, if required, should be performed by the applicant without assistance. Any prosthesis normally worn by the applicant, and other aid devices, may be used by the applicant in all practical demonstrations except when the use of such items would prevent the proper wearing of mandated personal protection equipment (PPE).
- If the verifying medical practitioner is unable to conduct the practical demonstration, the applicant should be referred to a competent evaluator of physical ability. The Coast Guard recgognizes that all medical practitioners may not have the equipment necessary to test all of the tasks as listed. Equivalent alternate testing methodologies may be used. For further information, see enclosure (2) of NVIC XX-08.
- If the applicant is unable to perform any of the following functions, the examining practitioner should provide information on the degree or the severity of the applicant's inability to meet the standards. The results of any practical demonstration or attendant physical evaluation should be recorded in the Section VII.

List of tasks considered necessary for performing ordinary and emergency response shipboard functions:

1. Is able to maintain a sense of balance without disturbance while walking and standing
2. Is able to climb up and down vertical ladders and stairways
3. Is able to step over a door sill or coaming up to 24 inches in height
4. Is able to move through a restricted opening of 24 inches by 24 inches
5. Is able to open and close watertight doors that weigh up to 55 pounds. Must be able to move hands/arms in vertical and horizontal directions, rotate wrists and reach above shoulder height to turn handles
6. Is able to lift at least a 40 pound load off the ground, and to carry, push, or pull the same load
7. Is able to grasp and manipulate common tools such as wrenches, hammers, screwdrivers and pliers
8. Is able to crouch, kneel and crawl
9. Is able to distinguish differences in texture and temperature by feel
10. Is able to intermittenty stand on feet for up to four hours with minimal rest periods
11. Is able to react to visual alarms and instructions
12. Is able to react to audible alarms and instructions
13. Is capable of normal conversation
14. Is able to pull an uncharged 1.5-inch diameter, 50’ fire hose with nozzle to full extension , and to lift a charged 1.5-inch diameter fire hose to firefighting position
15. Is physically able to put on a Personal Flotation Device (PFD) without assistance from another individual
16. Has no physical limitations that would hinder or prevent the performance of duties

Section VII(a) – Verifying Medical Practitioner Recommendation

Competent	**Not Competent (explain in comments)**	**Needing Further Review (explain in comments)**
☐	☐	☐

Comments: _____

_____

_____

_____

Section VII(b)- Certification (to be signed by verifying medical practitioner)		
I hereby certify that the general medical history, physical examination and vision test, as well as the hearing and physical demonstration of competence as appropriate, have been performed, witnessed or reviewed to my satisfaction. To the extent that there are any physical or medical conditions that may preclude the applicant from performing his/her duties, all relevant information has been reported on this form (and any attached sheets) to the best of my knowledge. My signature below attests, subject to criminal prosecution under 18 USC 1001, that all information reported by me is true and correct to the best of my knowledge, and that I have not knowingly omitted to report any material information relevant to the form.		
Signature:	Date:	National Provider Identifier: _ _ _ _ _ _ _ _ _ _

Name:	Phone:	Fax:
Street:	City:	State:
Zip:	Email:	

Section VIII - Applicant Certification (to be signed by applicant)		
My signature below attests, subject to prosecution under 18 USC 1001, that all information that I have reported is true and correct to the best of my knowledge, and that I have not knowingly omitted to report any material information relevant to this form.		
Name (Printed):	Signature:	Date:

Section IX - Release (to be signed by applicant and verifying medical practitioner)

I hereby authorize the verifying medical practitioner provider, who has signed the certification on page X of this form, to release to, or discuss with authorized Coast Guard personnel, any pertinent information in his/her possession regarding any physical or medical condition that may require review by the Coast Guard prior to determining whether the Coast Guard should issue a credential(s) for maritime service.

I understand that this authorization is voluntary. I also understand that failure to provide authorization could affect the Coast Guard's ability to make a timely determination as to whether the Coast Guard should issue me a credential(s) for maritime service. This authorization will remain in effect until the Coast Guard determines whether to issue me the requested credential(s) for maritime service, but no longer than one year.

I have read and understand the following statement about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the verifying medical practitioner in writing, but the revocation will not have any effect on any actions taken before they received the notification.
- Upon request, I may see or copy the information described in this release.
- I am not required to sign this release to receive my medical evaluation.

Applicant:

Name (Printed):	Signature:	Date:

Verifying Medical Practitioner:

Name (Printed):	Signature:	Date: