Instructions

If you are applying for:

1. **ORIGINAL LICENSE AND/OR QUALIFIED RATING DOCUMENT (i.e., *First Rating* of Able Seaman, Qualified Member of the Engine Department, and Tankerman) – Submit this report, completed by your physician.**

2. **RENEWAL OF LICENSE AND/OR QUALIFIED RATING DOCUMENT – You may:**
   - **Submit this report, completed by your physician; or**
   - **Submit a certification by a physician in accordance with Title 46, CFR, 10.209(d) or 12.02-27(d).**

3. **RAISE-IN-GRADE (LICENSES) – You may:**
   - **Submit this report, completed by your physician; or**
   - **Submit a certification by a physician in accordance with Title 46, CFR, 10.207(e).**

Instructions for Licensed Physician / Physician Assistant / Nurse Practitioner

The U. S. Coast Guard requires a physical examination / certification be completed to ensure that all holders of Licenses and Merchant Mariner Documents are physically fit and free of debilitating illness and injury. Physicians completing the examination should ensure that mariners:

- Are of sound health.
- Have no physical limitations that would hinder or prevent performance of duties.
- Are physically and mentally able to stay alert for 4 to 6-hour shifts.
- Are free from any medical conditions that pose a risk of sudden incapacitation, which would affect operating, or working on vessels.

Below is a partial list of physical demands for performing the duties of a merchant mariner in most segments of the maritime industry:

- Working in cramped spaces on rolling vessels.
- Maintaining balance on a moving deck.
- Rapidly donning an exposure suit.
- Stepping over doorsills of 24 inches in height.
- Opening and closing watertight doors that may weigh up to 56 pounds.
- Pulling heavy objects, up to 50 lbs. in weight, distances of up to 400 feet.
- Climbing steep stairs or vertical ladders without assistance.
- Participating in firefighting and lifesaving efforts, including wearing a self-contained breathing apparatus (SCBA), and lifting/controlling fully charged fire hoses.

1. Detailed guidelines on potentially disqualifying medical conditions are contained in Navigation and Vessel Inspection Circular (NVIC) 02-98. Physicians should be familiar with the guidelines contained within this document. NVIC 02-98 may be obtained from www.uscg.mil/hq/g-m/index or by calling the nearest USCG Regional Examination Center.

2. Examples of physical impairment or medical conditions that could lead to disqualification include impaired vision, color vision or hearing; poorly controlled diabetes; multiple or recent myocardial infarctions; psychiatric disorders; and convulsive disorders. In short, any condition that poses an inordinate risk of sudden incapacitation or debilitating complication, and any condition requiring medication that impairs judgment or reaction time are potentially disqualifying and will require a detailed evaluation.

3. Engineer Officer, Radio Officer, Offshore Installation Manager, Barge Supervisor, Ballast Control Operator, QMED and Tankerman applicants need only to have the ability to distinguish the colors **red**, **green**, **blue** and **yellow**. The physician should indicate in Section IV the method used to determine the applicant's ability to distinguish these colors.

4. This applicant should present photo identification before the physical examination/certification.

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 U. S. 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/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 the applicant is physically competent to hold a merchant mariner license or document.
   b. The information becomes part of the total license or document file and is subject to review by federal agency casualty investigators.
   c. This information may be used by the U. S. 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 license and/or merchant mariner's document.

Section I – Applicant Information

Name (Last, First, Middle) of Applicant

Date of Birth (Month, Day, Year)	Social Security Number

Section II - Physical Information

Eye Color	Hair Color	Weight	Distinguishing Marks
		_____lbs	

Height	Blood Pressure	Pulse Resting
_____ft _____in	Systolic _____ / Diastolic _____	_____ ☐ Regular ☐ Irregular

Section III - Vision (if you have corrected vision, BOTH uncorrected & corrected MUST be shown)

UNCORRECTED	CORRECTABLE TO	FIELD OF VISION
Right 20 / _____	Right 20 / _____	☐ Normal
Left 20 / _____	Left 20 / _____	☐ Abnormal

The applicant must have **100** degrees horizontal field of vision

Section IV – Color Vision

☐ **PASS** ☐ **FAIL**

Deck Officers/Ratings (masters, mates, pilots, operators, able-seaman) must be tested using one of the following tests. For all other licenses/ratings, see page 1, note 3.

Pseudoisochromatic Plates

- ☐ Divorine - 2nd Edition
- ☐ AOC
- ☐ AOC Revised Edition
- ☐ AOC - HRR
- ☐ Ishihara 16, 24, 38 Plate Edition
- ☐ Eldridge - Green Perception Lantern
- ☐ Farnsworth Lantern (FALANT)
- ☐ Keystone Orthoscope
- ☐ Keystone Telebinocular
- ☐ SAMCTT- School of Aviation Medicine
- ☐ Titmus Optical Vision Test
- ☐ Williams Lantern

Section V - Hearing

☐ **NORMAL** ☐ **IMPAIRED (If impaired, complete Audiometer and Functional Speech Discrimination Test)**

Audiometer (Threshold Value)	500 Hz	1000 Hz	2000 Hz	3000 Hz
Right Ear (Unaided)				
Left Ear (Unaided)				
Right Ear (Aided)				
Left Ear (Aided)				

Functional Speech Discrimination Test at 55 dB

Right Ear (Unaided) _____% **Left Ear (Unaided)** _____%

Right Ear (Aided) _____% **Left Ear (Aided)** _____%

Section VI - Medications

List all current medications, including dosage and possible side effects. State the condition(s) for which the medication(s) are taken.

☐ **NO PRESCRIPTION MEDICATIONS**

Section VII – Certification of Physical Impairment or Medical Conditions

Does the applicant have or ever suffered from any of the following?
If YES, PROVIDE TEST RESULTS, AS INDICATED.

If YES:
- **Identify the condition**
- **Any limitations**
- **Is condition controlled**
- **Date of diagnosis**
- **Prognosis**

Yes	No		Remarks (Please Print)
		1. Circulatory System	
		a. Heart disease **(Stress Test within the past year)**	
		b. Hypertension **(Recent BP reading)**	
		c. Chronic renal failure	
		d. Cardiac surgery **(Stress Test within the past year)**	
		e. Blood disorder/vascular disease	
		2. Digestive System	
		a. Severe digestive disorder	
		3. Endocrine System	
		a. Thyroid dysfunction **(TSH level within the past year)**	
		b. Diabetes **(State effects on vision & HgbAlc w/in 30 days)**	
		4. Infectious	
		a. Communicable disease	
		b. Hepatitis A, B or C	
		c. HIV	
		d. Tuberculosis	
		5. Mental System	
		a. Psychiatric disorder	
		b. Depression	
		c. Attempted suicide	
		d. Alcohol abuse	
		e. Drug abuse	
		f. Loss of memory	
		6. Musculoskeletal System	
		a. Amputations	
		b. Impaired range of motion	
		c. Impaired balance/coordination	
		7. Nervous System	
		a. Epilepsy/seizure	
		b. Dizziness/unconsciousness	
		c. Paralysis	
		8. Respiratory System	
		a. Asthma **(PFT results within the past year)**	
		b. Lung disease **(PFT results within the past year)**	
		9. Other	
		a. Debilitating allergies	
		b. Other eye disease **(Corrected/Uncorrected Visual acuity)**	
		c. Glaucoma **(Pressure test results within the past year)**	
		d. Recent or repetitive surgery	
		e. Sleepwalking	
		f. Severe speech impediment	
		g. Other illness or disability not listed	

Considering the findings in this examination, and noting the physical demands that may be placed upon the applicant, I consider the applicant **(please check one)**

☐ **Competent** ☐ **Not competent** ☐ **Needing further review**

Name of Physician/Physician Assistant/Nurse Practitioner	License Number	Telephone Number	Office Address, City, State, Zip

Signature of Physician/Physician Assistant/Nurse Practitioner **Date**

I certify that all information provided by me is complete and true to the best of my knowledge

X **Signature of Applicant** **Date**