


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.

BOAT DUNKER FITNESS FOR DUTY SCREENING (SF 600-BOATDUNK)				
Subjective	Yes	No		
Illness in past 2 weeks?				
Has medication been taken in the past 24 hours?			- If yes, what type?	
Does member have significant medical hx? a. Recent surgery/procedure b. h/o barotraumas c. fear of dark/confined space or water d. other			- If yes, what hx?	
Does member have sinus pressure or congestion?				
Does member have ear pressure, discomfort, or muffled hearing?				
Females: pregnant				
Objective	Value	Units	Yes	No
Temperature			Sinuses non-tender to palpation	
Pulse			Sinus/nares free of discharge	
Respirations			Nasal mucosa free of erythema/edema	
Blood Pressure			TMs normal in appearance	
Weight			TMs observed to visibly shift with Valsalva maneuver	
Limitations: Extremities _____ Psychological _____ Neck/spine _____ (i.e. anxiety, phobias)				
Notes (if applicable):				

Do Not Fax, Scan, or Email this page to any person(s) other than an appropriate healthcare provider/entity.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	ID NO.	RELATIONSHIP	
PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle; ID NUMBER or Social Security Number; Gender; Date of Birth; Rank/Grade.)</i>			 * B O A T D U N K *

CHRONOLOGICAL RECORD OF MEDICAL CARE

Name: _____ EMPLID: _____

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For medical providers with questions regarding completion of the below Recommendation, please contact:

**USCG Base Elizabeth City
 USCG Stephen C. Pugh Memorial Clinic
 Elizabeth City, NC 27909
 252-335-6460
 Fax: 252-335-6255
 Email: D05-SMB-MEDTEAMELIZABETHCITY (USCG Global Address Book Only)**


Duty Status Recommendation (print only this page for member)

Fit for Full Duty Not Fit for Full Duty – should not participate in Boat Dunker training

I certify that I have been notified of the recommendations above and that I MAY/MAY NOT (circle one) perform boat dunker training as of: _____ (date).

Member's Signature: _____

Name & Rank of Medical Provider	Signature	Date
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HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT
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PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle; ID NUMBER or Social Security Number; Gender; Date of Birth; Rank/Grade.)</i>			

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record

Name: _____ EMPLID: _____