Personnel Data Sheet - MEDICAL HISTORY and will not be released to unauthorized persons.)
CT STATEMENT and e.o. 9397. If medical fitness, & facilitate treatment.
he information may result in delay or possible rejection of the individual's
prior to embarkation. om the Exective Officer at the above email address.
urn your form: <u>CG.MIL</u> 1519 Alaskan Way S, Seattle WA 98134 underway from Seattle, WA. Due to limited US Mail US Mail MUST arrive prior to HEALY's departure,
lso required to submit a physical exam conducted within the Screening for Embarking Civilian Personnel, _Y Medical Officer at the above e-mail address for information.
ns will be destroyed once the person departs.
TODAY'S DATE:
Emergency Contact (Last Name, First Name, MI):
Emergency Contact Address:
Emergency Contact Telephone (Include Area Code):
Formille De store
Family Doctor: Address:
Telephone Nr:
LIST ALL CHRONIC MEDICAL CONDITIONS

HAVE YOU EVER HAD OR DO YOU NOW HAVE: YES NO [Continued]) Tuberculosis Impaired use of arms, legs, hands or feet Coughed up blood Swollen or painful joint(s) Asthma or any breathing problems Knee trouble of any, kind Any knee or foot surgery Bronchills Any knee or foot surgery Bone, joint or other deformity A chronic cough or cough at night Sinusitis Brone, isoint or other deformity A chronic cough or cough at night Stotter deformity Sinusitis Broken bone(s), cracked or fractured Allergies/Hay fever Frequent indigestion or hearthburn Chronic or frequent colds Stomach, liver, intestinal trouble or ulcer Severe tooth or gum trouble Gallbladder trouble or gallstones Thyriod trouble or goiter Jaundice or hepatitis (live disease) Ear, nose or throat trouble Rupture/hernia Ear, nose or throat trouble Rupture/hernia East disease, encorthoids or blood stretum East Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Comments next page. HAVE YOU EVER HAD OR DO YOU NOW HAVE: YES Painful shoulder, elbow or wrist Adverse reaction to serum, food, insects or medicine Turmor, growth, cyst or cancer		
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Attempted suicide Do you have any current dental pain or gum		
Been a sleepwalker or been told you sleepwalk swelling?		
Suffered from hallucinations		L
Been diagnosed with Bipolar Disorder		
Used illegal drugs or abused prescription drugs		

EXPLANATION TO ANY 'YES' ANSWERS:

IMPORTANT: Due to the missions performed by HEALY crew and passengers and the locations to which HEALY travels, falsifying or concealing medical information may place you, the crew, and other passengers in **SERIOUS DANGER**. It is therefore IMPERATIVE that this form be as complete and accurate as possible.

If you answered "yes" to food or medication allergy, please provide the food/medication to which you are allergic and the reaction you experience if exposed:

Explain ALL other "Yes" answers:

Please list ANY special dietary needs:

Do you have an advanced directive (Do-Not-Resuscitate order, living will, etc.)? If "Yes," please specify: