



HEALYINST 6100.B
26 Feb 2018

USCGC HEALY INSTRUCTION 6100.IB

Subj: MEDICAL SCREENING FOR EMBARKING CIVILIAN PERSONNEL

Ref: (a) Medical Manual, COMDTINST M6000.1 (series)
(b) Personnel Manual, COMDTINST MI000.6 (series)

1. PURPOSE. This instruction is to provide guidance regarding medical screening of civilians deploying on CGC HEALY. This applies to civilian scientists, dependents, contractors, and other riders.

2. ACTION. CGC HEALY's Executive Officer and Physician's Assistant shall oversee and ensure compliance with this instruction. Any HEALY crewmember intending to have a dependent embark onboard HEALY shall comply with the guidance herein. HEALY's berthing officer is an integration point for personnel involved in science mission-related deployment.

3. BACKGROUND. HEALY deploys to some of the most austere and remote locales on the globe, including the Bering Sea and Arctic Ocean. If a crewmember or passenger were to become ill or injured and require MEDEVAC, it could take several days to get the ship into helicopter range, followed by at least another day to reach advanced medical care. Though HEALY is staffed with a Physician Assistant and an Independent Duty Health Services Technician, and has the best equipped sickbay in the Coast Guard fleet, medical services are still limited when compared to those found ashore, thus, all personnel must be in good physical condition to deploy. Per 2.F.6 of reference (a), emergency medical care may be provided to civilians aboard Coast Guard vessels, but routine care may not. Commanding Officers of vessels deployed for extended periods shall ensure that civilians who are carried aboard Coast Guard vessels under their cognizance are physically capable of withstanding the trip and that they are free from medical conditions which could cause an interruption of the vessel's mission. Civilians must furnish such evidence from a physician at no expense to the Coast Guard.

4. DISCUSSION. HEALY's Executive Officer and medical staff will make recommendations to the Commanding Officer on who is fit to deploy.

a. For all civilians, that recommendation will be based on responses to the HEALY Scientific Mission Personnel Data Sheet - Medical History Form (see Enclosure 1). This form shall be submitted to HEALY, by each science party member, no later than three (3) months prior to the member's mission sail date. Depending upon the information provided through the Medical History Form, the Coast Guard may require further documentation and medical information from the prospective science party member at the member's expense. The member will be notified of these additional requirements by HEALY's Physician's Assistant as soon as

possible. In general, personnel sailing aboard HEALY must be healthy and free from needing foreseeable medical treatment during the deployment.

b. In addition to the Medical History Form, all prospective riders 62 years of age (as of scheduled deployment date) and older are required to submit the results of a full physical with an Electrocardiogram (EKG) and lab work (complete Metabolic Panel, CBC with Differential, TSH/T4, Hemoglobin A1C and Lipid Panel tests). The exam must be completed within 12 months of scheduled embarkation and submitted no later than three (3) months prior to the member's mission sail date. See the Notes Section of Enclosure 1 for guidance on how to submit this medical information to the Coast Guard.

5. DIRECTIVES AFFECTED. Medical Screening for Embarking Civilian Personnel, HEALYINST 6100.A is cancelled.

6. PROCEDURE. The following are guidelines regarding health issues:

a. Chronic disease. Chronic conditions such as type 2 diabetes, hypertension, hyperlipidemia, autoimmune disease, epilepsy, etc. should be stable without recent changes in medication. Embarking civilian personnel are obligated to disclose these conditions and deploy with an adequate supply of medicine for the trip, plus 14 days extra in case the deployment is extended.

b. Acute injuries. Injuries which require casting are disqualifying for deployment, as are those that significantly restrict movement of limbs or spine. Those that require supervised physical or occupational therapy are also disqualifying. Injuries which require only self-provided therapy shall be disclosed, but may not be disqualifying.

c. Acute infections. Active infections (e.g. cellulitis, pneumonia, UTI) are not disqualifying so long as the patient has been on appropriate antibiotic therapy for at least 48 hours, is improving, and does not require follow-up laboratory or radiological testing. Active communicable disease infections are generally disqualifying for deployment, due to the close living quarters aboard ship.

d. Allergies. Personnel with medically managed allergies may deploy. Recent (past 30 days) or undiagnosed severe anaphylactic reactions may be disqualifying.

e. Immunizations. HEALY does not routinely deploy to areas that require specific immunizations, but annual influenza immunization is recommended, as is an up to date TDaP.

f. Pregnancy. Restrictions regarding pregnant civilians deploying with HEALY mirrors policy set forth in 9.A of reference (b). Specifically, pregnant women will not be allowed to deploy on HEALY. If during a deployment a woman is found to be pregnant, she may remain onboard, with appropriate restrictions to protect her health and that of the fetus, until she can be safely transported home. Any obstetric emergency would require an immediate MEDEVAC.

g. Dental health. Dental disease can quickly degrade into an emergency, but is often overlooked when screening prior to deployment. All members shall have a thorough dental examination within one year of deployment, and be free of active disease.

h. Post-surgical/procedural period. Member must have completed all post-surgical examinations and be free of complications prior to deployment. The requirement for routine follow-up care with the surgeon to evaluate the efficacy of the procedure is not considered disqualifying.

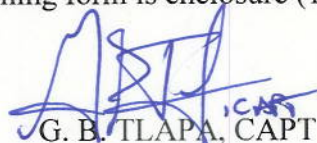
i. Mental health. History of psychosis is disqualifying from deployment, even if currently stable with or without medication. Anti-depressant or anti-anxiety medication use is not disqualifying so long as the type and dosage has been stable for at least 30 days, and the crewmember has been improving.

j. Disabilities. In general, HEALY seeks to accommodate all embarked personnel safely. Each case will be evaluated independently, and personnel with hearing, sight, or mobility impairments should consult HEALY's medical staff early in the planning process for guidance. In general, personnel must be able to hear alarms, meet the sight requirements for driving, and be able to independently move along the steep ladders found throughout the ship.

k. Other medical conditions. The number of other potentially disqualifying conditions is too broad to completely address in this instruction. This guidance will be used as a baseline. Based on the information gathered from the Scientific Mission Personnel Data Sheet and physicals, HEALY's medical staff may require additional information or testing prior to qualifying an individual to sail.

7. ENVIRONMENTAL CONCERNS. These were analyzed and determined not applicable.

8. FORMS/REPORTS. The medical screening form is enclosure (1).


G. B. TLAPA, CAPT
Commanding Officer
USCGC HEALY

Encl: (1) Scientific Mission Personnel Data Sheet – Medical History.

U. S. Coast Guard - Scientific Mission Personnel Data Sheet - MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

PRIVACY ACT STATEMENT

AUTHORITY: 10USC 504, 505, 507, 532, 978, 1201, 1202 and 4346; and e.o. 9397.

PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness, & facilitate treatment.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application.

Forms must be received **no later than three (3) months prior to embarkation.**

You are encouraged to get a receipt acknowledgement from the Executive Officer at the above email address.

When completed use one of the following methods to return your form:

EMAIL (preferred): D13-DG-CGCHEALY-Medical@USCG.MIL

US MAIL: Medical Officer, USCGC HEALY (WAGB 20), 1519 Alaskan Way S, Seattle WA 98134

Note: Mailed forms must arrive before the ship gets underway from Seattle, WA. Due to limited US Mail availability while deployed, forms submitted via US Mail MUST arrive prior to HEALY's departure, irregardless of your embarkation date.

Note: All personnel, **62** years of age and older, are also required to submit a physical exam conducted within the previous 12 months as outlined in the Medical Screening for Embarking Civilian Personnel, HEALYINST 6100.B. Please contact the HEALY Medical Officer at the above e-mail address for direction on how to submit your physical exam information.

The information submitted will be confidential, and all forms will be destroyed once the person departs.

Mission Number:	TODAY'S DATE:
LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	Emergency Contact (Last Name, First Name, MI):
HOME ADDRESS (Street, Apartment No., City, State & ZIP Code)	Emergency Contact Address:
Phone Number:	Emergency Contact Telephone (Include Area Code):
Date of Birth:	
Sex (M/F):	Family Doctor:
Present Health: Excellent <input type="checkbox"/>	Address:
Good <input type="checkbox"/>	
Fair/Poor* <input type="checkbox"/>	Telephone Nr:
<small>*if Fair/Poor must make comment on next page</small>	

CURRENT MEDICATIONS (Prescription and Over-the-Counter, including herbals & supplements)	LIST ALL CHRONIC MEDICAL CONDITIONS

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	NO	(Continued)	YES	NO
Tuberculosis			Foot trouble (e.g., pain, corn, bunions, etc.)		
Lived with someone who had 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		
Shortness of breath			Any knee or foot surgery		
Bronchitis			Any need for corrective devices, braces, etc.		
Wheezing or problems with wheezing			Bone, joint or other deformity		
A chronic cough or cough at night			Plate(s), screw(s), rod(s) or pin(s) in any bone		
Sinusitis			Broken bone(s), cracked or fractured		
Allergies/Hay fever			Frequent indigestion or heartburn		
Chronic or frequent colds			Stomach, liver, intestinal trouble or ulcer		
Severe tooth or gum trouble			Gallbladder trouble or gallstones		
Thyroid trouble or goiter			Jaundice or hepatitis (live disease)		
Eye disorder or trouble			Rupture/hernia		
Ear, nose or throat trouble			Rectal disease, hemorrhoids or blood at rectum		
Loss of vision in either eye			Skin diseases (e.g. acne, eczema, etc.)		
			Frequent or painful urination		
			High or low blood sugar		
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	NO		YES	NO
Painful shoulder, elbow or wrist			Adverse reaction to serum, food, insects or medicine		
Arthritis, rheumatism or bursitis			Tumor, growth, cyst or cancer		
Recurrent back pain or any back problem					
Numbness or tingling			Have you ever been treated in the Emergency Room?		
Dizziness or fainting spells			Have you ever been a patient in a hospital?		
A stroke, TIA, or a "mini stroke"					
Frequent or severe headache			Have you ever had, or have you been advised to have any operations or surgery?		
A head injury, memory loss or amnesia					
Paralysis					
Seizures, convulsions, epilepsy or fits					
Car, train, sea or air sickness					
A period of unconsciousness or concussion			Have you had the following immunizations:		
Meningitis, encephalitis or other neurologic problem			Hepatitis A		
Prolonged bleeding (such as after surgery, etc.)			Hepatitis B		
Pain or pressure in the chest			Influenza date of last shot:		
Palpitation, pounding heart or abnormal heartbeat			Tetanus date of last shot:		
Heart trouble or murmur			Have you ever had any illness or injury other than those already noted?		
Had a heart attack, stent, or bypass			Do you have any allergies to medicine, food or latex gloves? (If yes, see amp info below)		
Been prescribed blood thinners					
High or low blood pressure					
Nervous trouble of any sort (anxiety or panic attacks)					
Loss of memory or amnesia, or neurologic problems					
Frequent trouble sleeping			DENTAL		
Received counseling of any type			Last Exam:		
Depression or excessive worry					
Been evaluated or treated for a mental condition			Any dental conditions needing treatment within the next 12 months?		
Attempted suicide			Do you have any current dental pain or gum swelling?		
Been a sleepwalker or been told you sleepwalk					
Suffered from hallucinations					
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: