



U.S. Department of Transportation
Maritime Administration

SEAFARER'S STATEMENT OF PHYSICAL CONDITION

OMB Control No. 9000-0077

Public reporting burden of this collection of information is estimated to average one hour per response. Send comments regarding this burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management Services, 400 Seventh Street, S.W., Room 7225, Washington, DC 20590, and to the Office of Management and Budget, Paperwork Reduction Project (9000-0077), Washington, DC 20503.

Seafarer's Name: _____ SSN: _____ Date of Birth: _____

Height: _____ Weight: _____ Color hair: _____ Color eyes: _____ Rating: _____

Company: _____ Vessel: _____ Date of Hire: _____

NOTE: The vessel to which you are assigned is owned and operated by the U.S. Government through the U.S. Department of Transportation, Maritime Administration. The U.S. Criminal Code makes it a criminal offense for any person knowingly to make a false statement or representation to, or to conceal a material fact from, any department or agency of the United States as to any matter within its jurisdiction (18 U.S.C. 1001) or to file a false, fictitious or fraudulent claim against the United States (18 U.S.C. 287).

Medical History.

For each question, please check appropriate box; provide details on additional blank page for any "Yes" answers.

Within the last 3 yrs have you ever:	No	Yes	Have you ever:	No	Yes
Been operated on	<input type="checkbox"/>	<input type="checkbox"/>	Received compensation for a work-related injury	<input type="checkbox"/>	<input type="checkbox"/>
Been advised to have an operation	<input type="checkbox"/>	<input type="checkbox"/>	Received any pension or payment for any disability	<input type="checkbox"/>	<input type="checkbox"/>
Been a patient in a hospital or other institution	<input type="checkbox"/>	<input type="checkbox"/>	Been rejected for military service for health reasons	<input type="checkbox"/>	<input type="checkbox"/>
Been seriously injured	<input type="checkbox"/>	<input type="checkbox"/>	Been discharged from military service for health reasons	<input type="checkbox"/>	<input type="checkbox"/>
Been refused employment for health reasons	<input type="checkbox"/>	<input type="checkbox"/>	Been refused life insurance	<input type="checkbox"/>	<input type="checkbox"/>
Been forced to give up a job for health reasons	<input type="checkbox"/>	<input type="checkbox"/>	Been refused a driver's license for health reasons	<input type="checkbox"/>	<input type="checkbox"/>
			Been rejected for an inoculation/immunization for health reasons	<input type="checkbox"/>	<input type="checkbox"/>
			Refused to take an inoculation/immunization	<input type="checkbox"/>	<input type="checkbox"/>

Do you ever have:	No	Yes	Do you ever have:	No	Yes	Have you ever had:	No	Yes
Reaction to medicines	<input type="checkbox"/>	<input type="checkbox"/>	Stomach ulcer	<input type="checkbox"/>	<input type="checkbox"/>	Surgery on/in the ear	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to oils	<input type="checkbox"/>	<input type="checkbox"/>	Frequent nausea	<input type="checkbox"/>	<input type="checkbox"/>	Chronic ringing of ears	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Frequent bowel trouble	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty hearing	<input type="checkbox"/>	<input type="checkbox"/>
Skin rashes or eczema	<input type="checkbox"/>	<input type="checkbox"/>	Frequent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty with balance	<input type="checkbox"/>	<input type="checkbox"/>
			Hernia or rupture	<input type="checkbox"/>	<input type="checkbox"/>			

Have you ever had:	No	Yes	Have you ever had:	No	Yes	Have you ever had:	No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Fits or convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Blood in urine	<input type="checkbox"/>	<input type="checkbox"/>
Hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input type="checkbox"/>	Kidney trouble	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Urination difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Bladder trouble	<input type="checkbox"/>	<input type="checkbox"/>
Tightness of chest	<input type="checkbox"/>	<input type="checkbox"/>	Numbness-hands/feet	<input type="checkbox"/>	<input type="checkbox"/>			
Frequent or chronic cough	<input type="checkbox"/>	<input type="checkbox"/>	Double vision	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had:		
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	Liver trouble	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	Migraine headaches	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Packs per day: _____			Nervous breakdown	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder trouble	<input type="checkbox"/>	<input type="checkbox"/>
How many years: _____								

Have you ever had:	No	Yes	Have you ever had:	No	Yes	Do you have:	No	Yes
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Back trouble	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or sugar in urine	<input type="checkbox"/>	<input type="checkbox"/>
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Back injury	<input type="checkbox"/>	<input type="checkbox"/>	Type _____		
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	Back surgery	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble or goiter	<input type="checkbox"/>	<input type="checkbox"/>
Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	Back pain on lifting	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder trouble	<input type="checkbox"/>	<input type="checkbox"/>
Swelling of ankles	<input type="checkbox"/>	<input type="checkbox"/>	Knee injury/surgery	<input type="checkbox"/>	<input type="checkbox"/>			
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Swollen joints	<input type="checkbox"/>	<input type="checkbox"/>	Do you take pain relievers regularly	<input type="checkbox"/>	<input type="checkbox"/>
Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder injury/surgery	<input type="checkbox"/>	<input type="checkbox"/>	Are you using prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>
			Rheumatism or arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Do you use alcohol regularly	<input type="checkbox"/>	<input type="checkbox"/>
Do you have anemia	<input type="checkbox"/>	<input type="checkbox"/>	Fracture of bone	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how much _____		
Do you bleed easily	<input type="checkbox"/>	<input type="checkbox"/>				If yes, how often _____		
			Do you use glasses:	<input type="checkbox"/>	<input type="checkbox"/>			
Do you use contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	For reading	<input type="checkbox"/>	<input type="checkbox"/>	If female, do you have:		
Are you color blind	<input type="checkbox"/>	<input type="checkbox"/>	For distance	<input type="checkbox"/>	<input type="checkbox"/>	Frequent/severe menstrual pain	<input type="checkbox"/>	<input type="checkbox"/>
						Are you pregnant	<input type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE INFORMATION IS TRUE AND COMPLETE AND THAT I AM PHYSICALLY AND MENTALLY FIT FOR SEA DUTY.

Seafarer's Signature: _____

Date: _____

PRIVACY ACT ADVISORY STATEMENT

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with (a) The request for information solicited on form Seafarer's Statement of Physical Condition and (b) This request for your Social Security Number. Accordingly, pursuant to the requirements of the Act, please be advised:

1. The authority for the collection of this data is (cite U.S. Code, Public Law, or Executive Order):
42 U.S.C. 201; 42 CFR Sec. 32.14; 57 Stat 45; 50 U.S.C. App. 1291(a) amended
2. Furnishing the information solicited is:
 Mandatory Voluntary
3. The principal purpose(s) for which the data will be used is:
(a) to establish what accommodations (if any) must be made in assigning shipboard duties;
(b) to make appropriate determinations regarding medical disposition in event of illness/injury.
4. *Other routine uses of the data are (if any):
(a) to determine whether the seafarer is able to perform the essential duties of the position assigned or
(b) ascertain whether the seafarer has fully and accurately disclosed all medical conditions which could affect the seafarer's ability to perform the essential duties of the position assigned.
5. *The effects on you, if any, of not furnishing the requested information are:
(a) you may prejudice any right to receive accommodation in working environment,
(b) you may risk prejudicing any claim you may have for compensation due to shipboard illness/injury, or
(c) you may be subject to termination of your employment.

*Items 4 and 5 do not apply to requests for SSNs.

PREFATORY STATEMENT OF GENERAL ROUTINE USES

The following routine uses apply to, and are incorporated by reference into, each system of records set forth below:

1. In the event that a system of records maintained by the Department to carry out its functions indicates a violation or potential violation of law or contract, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute or contract, or rule, regulation, or order issued pursuant thereto, or the necessity to protect an interest of the Department, the relevant records in the system of records may be referred, as a routine use, to the appropriate agency, whether federal, state, local or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute or contract, or rule, regulation or order issued pursuant thereto, or protecting the interest of the Department.
2. A record from this system of records may be disclosed, as a routine use, to a federal, state or local agency maintaining civil, criminal or other relevant enforcement information or other pertinent information, such as current licenses if necessary to obtain information relevant to a Department decision concerning the nature of hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant or other benefit.
3. A record from this system of records may be disclosed, as a routine use, to a federal, state, local or international agency, in response to its request, in connection with the assignment, hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.
4. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
5. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual when the individual has requested assistance from the Member with respect to the subject matter of the record.
6. A record in this system of records which contains medical information may be disclosed, as a routine use, to the medical advisor of any individual submitting a request for access to the record under the Act and 15 CFR Part 4b if, in the sole judgment of the Department, disclosure could have an adverse effect upon the individual, under the provision of 5 U.S.C. 552a (f) (3) and implementing regulations at 15 CFR 4b.6.
7. (Deleted, Reserved)
8. A record in this system of records may be disclosed, as a routine use, to the Office of Management and Budget in connection with the review of private relief legislation as set forth in OMB Circular No. A-19 at any state of the legislative coordination and clearance process as set forth in that Circular.
9. A record in this system of records may be disclosed, as a routine use, to the Department of Justice in connection with determining whether disclosure thereof is required by the Freedom of Information Act (5 U.S.C 552).
10. A record in this system of records may be disclosed, as a routine use, to a contractor of the Department having need for the information in the performance of the contract, but not operating a system of records within the meaning of 5 U.S.C. 552a(m).
11. (Deleted, Reserved)
12. A record in this system may be transferred, as a routine use, to the Office of Personnel Management for personnel research purposes; as a data source for management information; for the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained; or for related workforce studies.
13. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of the agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations government inspection of records for this purpose, and any other relevant (i.e., GSA or Transportation) directive. Such disclosure shall not be used to make determination about individuals.