

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 11/19/2008

Department of Commerce
National Oceanic and Atmospheric Administration
FOR CERTIFYING OFFICIAL: Suzanne Hilding
FOR CLEARANCE OFFICER: Diana Hynek

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 09/10/2008

ACTION REQUESTED: No material or nonsubstantive change to a currently approved collection
TYPE OF REVIEW REQUESTED: Regular
ICR REFERENCE NUMBER: 200809-0648-005
AGENCY ICR TRACKING NUMBER:
TITLE: NOAA Teacher-At-Sea Program
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved with change
OMB CONTROL NUMBER: 0648-0283

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 06/30/2010

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	420	309	660
New	420	309	660
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	0	0	0
Change Due to Potential Violation of the PRA	0	0	0

TERMS OF CLEARANCE: Terms of the previous clearance remain in effect.

OMB Authorizing Official: Kevin F. Neyland
Deputy Administrator,
Office Of Information And Regulatory Affairs

**CHANGE JUSTIFICATION FOR
NOAA HEALTH SERVICES QUESTIONNAIRE
OMB CONTROL NO. 0648-0283, NOAA'S TEACHER AT SEA PROGRAM**

NOAA's Teacher at Sea program requires completion of the health services questionnaire for teachers applying for this program (as well as scientists, other staff and other volunteers sailing on our research vessels). This revised version of the web-based questionnaire contains only the pertinent medical information for determining fitness to sail, with the minimum of personally identifiable information (PII).

The following questions will **no longer** be on the form:

SSN, birthdate (year of birth only is now asked), sex, citizenship, passport number, next of kin, relationship and address, medical insurance company and policy number.

Medical and lifestyle questions no longer asked: general state of health (excellent, good, fair, poor), month/year of most recent physical exam and chest x-ray, dietary restrictions coughed up blood, paralysis, sedentary lifestyle, family history of heart attack before age 45, high cholesterol, tobacco use; immunizations: hepatitis A series, dose 1 and 2, hepatitis B series, dose 1, 2, and 3, cholera, diphtheria, influenza (most recent), immunoglobulin (IG), malaria, polio, measles, mumps, rubella (MMR), typhoid fever, yellow fever.

This statement is no longer on the form: "I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

The revised form is highlighted to show the few new questions, e.g. additional detail on one vaccination and revised contact information questions. Also, a short section has been added to include questions related to functional abilities for residing aboard a ship at sea.

The revised form may take slightly less time to complete, but at this time we are not requesting a change in burden.

Note: a Privacy Act System of Records Notice is under review at the Department of Commerce.

NOAA HEALTH SERVICES QUESTIONNAIRE

(NO nicknames)

Name (print): _____ Birth Year: _____
Last First Middle

Work Address: _____ Work Phone: _____
_____ Cell Phone: _____
_____ Home Phone: _____

E-mail Address: _____

Preferred contact number: _____ Work _____ Cell _____ Home

Current position: _____ Scientist _____ Teacher-at-Sea _____ Volunteer Contractor
_____ Other: (specify) _____

Emergency contact: _____ Relationship: _____

Address: _____ Phone: _____

Cruise dates: _____

Forward to the following ships: _____

Health Information

Supply additional information on last page of this form if needed.

At the present time, do you regularly see a doctor for any reason? _____ No _____ Yes

If yes, explain: _____

Please list ALL the medications that you currently take (prescription and non-prescription):

- | | | |
|------------|----------|----------|
| None _____ | 1. _____ | 4. _____ |
| | 2. _____ | 5. _____ |
| | 3. _____ | 6. _____ |

List any known allergy: Allergy Reaction

- | | | |
|------------|----------|-------|
| None _____ | 1. _____ | _____ |
| | 2. _____ | _____ |
| | 3. _____ | _____ |

List ALL current health problems/conditions (even if you are not taking medication for them):

- | | |
|------------|----------|
| None _____ | 1. _____ |
| | 2. _____ |
| | 3. _____ |
| | 4. _____ |

List major surgeries/hospitalizations/emergency room visits:

- | | |
|------------|----------|
| None _____ | 1. _____ |
| | 2. _____ |
| | 3. _____ |
| | 4. _____ |

Name: _____
Last First Middle

Functional Abilities Screening

Are you able to perform the following (explain all "no" answers below)?

Yes	No	
___	___	Walking on steel decks for hours
___	___	Standing on steel decks for hours
___	___	Step over 24 inch high door sill
___	___	Climbing stairs
___	___	Carry exposure suit (<15 pounds) up/down stairs
___	___	Don an exposure suit in 1 minute
___	___	Can hear alarms (hearing aid permitted)
___	___	Descend/ascend a rope ladder with rigid rungs a distance of 10 feet
___	___	Walking on slippery, uneven, and/or moving surfaces

Explain: _____

Are you aware of any other medical condition(s) that may affect your suitability for sea duty? ___ No ___ Yes – Explain: _____

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I acknowledge that falsification of information on this government document is punishable by fine and/or imprisonment.

Signature of Applicant Date

For assistance contact: (1) Marine Operations Atlantic at (757)441-6320, fax (757)441-3760, or (2) Marine Operations Pacific at (206)553-8704, fax (206)553-1112.

NOAA HEALTH SERVICES USE ONLY

Medically cleared for sea duty by history? ___ Yes ___ No ___ Need more info

NOAA Health Services Medical Officer Date

Name: _____
 Last First Middle

**NOAA HEALTH SERVICES QUESTIONNAIRE
CONTINUATION PAGE**

Use this space for further documentation related to questions on the previous pages.

**INSTRUCTIONS FOR COMPLETING THE
NOAA HEALTH SERVICES QUESTIONNAIRE
(NHSQ, REVISED 10/08)**

Please print clearly if you are not submitting this form electronically. Make sure your name appears at the top of each page. Fill out **ALL** questions completely to avoid a delay in processing.

Any questions answered “yes” on this form will require further explanation in the space provided. If additional space is needed, please use page 4 of the form. If you answered “yes” to hypertension or diabetes in the “Cardiac Screening” section, you must provide the most recent blood pressure or HbA1c reading.

In the Immunization Screening section, everyone who sails on a NOAA vessel must have a test for tuberculosis (TB) within the last 12 months. If you have a PPD test done for TB, the results must be **recorded in millimeters only**. PPD tests are not read as positive or negative.

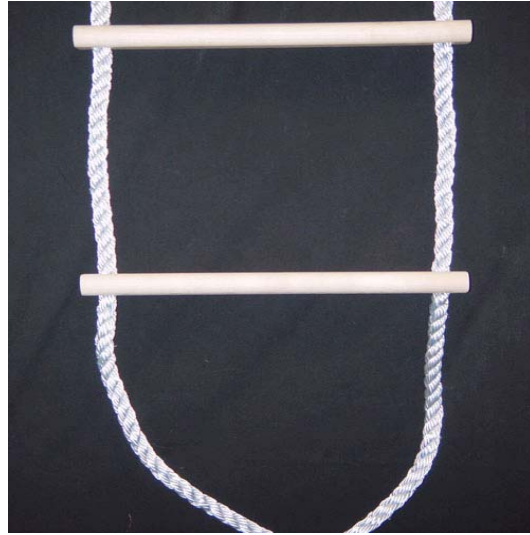
The Functional Abilities Screening section makes reference to a survival suit and a rope ladder. More detailed information can be found on these items by typing “survival suit” and “rope ladder” in to any internet search engine.

An adult survival suit is often a large bulky one-size-fits-all design meant to fit a wide range of sizes. It is made of neoprene and typically has large oversize booties and gloves built into the suit. This allows the user to quickly don it on while fully clothed and without having to remove shoes. It typically has a waterproof zipper up the front, and a face flap to seal water out around the neck and protect the wearer from ocean spray. In the event of an emergency, it should be possible to put on a survival suit and abandon ship in about one minute.



Survival Suit

A rope ladder is a flexible ladder made by attaching rope to both ends of wooden rungs. It hangs down over the side of the ship and is used to enter a small boat or to get back on the ship's deck from a small boat. The rope ladder is anchored to the ship at one end but the other end hangs freely and is not attached. A free hanging rope ladder is more difficult to climb than one that is firmly moored at the bottom.



Rope Ladder

Sign and date this form near the bottom of page 3. Do not write in the NOAA Health Services Use Only section. Use page 4 to provide any additional information.

List of ICs

IC Title	Form No.	Form Name	CFR Citation
NOAA Teacher-At-Sea Program Participant Application and Health Services Questionnaire	NA, NA	NOAA Teacher At Sea Program Participant Application, NOAA Health Services Questionnaire	
NOAA Teacher At Sea Recommendations	NA, NA	NOAA Teacher At Sea Colleague's Recommendation, NOAA Teacher At Sea Administrator's Recommendation	
NOAA Teacher At Sea Follow-up Reports			16 CFR USC 32 1440