

**U.S. COAST GUARD ISC SEATTLE, WA  
SPECIAL NEEDS MEDICAL FORM**

\_\_\_\_\_  
Name of Family Member

\_\_\_\_\_  
Relationship to Sponsor (i.e., wife, son, etc)

\_\_\_\_\_  
Name of Sponsor

\_\_\_\_\_  
Unit

*To be completed by medical professional involved in above named family member's care.  
Continue on reverse side if necessary.*

**Current Active Diagnosis:** *Include degree of severity (from mild to severe)*

**Medications:**

**Treatment Plan:** *Include minimum health care services required for care, durable medical equipment needed, environmental considerations, as well as needed frequency of services.*

**Prognosis:** *Include expected length of condition*

**Other Pertinent Information:** *(i.e., other services needed, etc.)*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number to include area code

*Return form to: Commanding Officer (pw),  
USCG Integrated Support Command Seattle,  
Work-Life Staff (frs)  
1519 Alaskan Way South,  
Seattle, Washington 98134-1192.  
phone: (206) 217-6612,  
fax (206) 217-6619*

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