

**APPLICATION FOR MERCHANT MARINER MEDICAL CERTIFICATE FOR ENTRY LEVEL RATINGS**

**----- Instructions -----**

***Remove Instructions before submitting Application***

Who must submit this form?

Entry level rating applicants seeking a Medical Certificate are required to complete this form and submit it to the U.S. Coast Guard. Guidance for required submission of this form can be found at the National Maritime Center website (<http://www.uscg.mil/nmc/medical/default.asp>).

**Section I: Applicant Information - To be completed by the Applicant**

- **Legal Name** - Enter complete legal name.
- **Reference Number** - If you have been credentialed by the Coast Guard in the past, enter your reference number.
- **Date of Birth** - If applicant is under 18 years of age, notarized statement from legal guardian is required. Attach a notarized statement, signed by a parent or guardian, authorizing the Coast Guard to issue a Medical Certificate.
- **Gender** - Enter your legal gender.
- **Home Address** - Principle place of residence. PO Box is not acceptable.
- **Delivery/Mailing Address** - The address to which you want all correspondence and issued certificates sent. If blank, correspondence and credentials will be sent to the Home Address.
- **Primary Phone Number** - Provide a primary phone number.
- **Alternate Phone Number** - Provide an alternate phone number (*optional*).
- **E-mail Address** - The National Maritime Center (NMC) may attempt to contact you via e-mail. You will receive automated updates regarding the status of your application (*optional*).
- **Other** - Please provide additional means of communicating with you (*satellite phone, work phone, etc.*) (*optional*).

**Section II: Applicant Certification - To be completed by the Applicant**

Self-explanatory

**Section III: Physical Information - To be completed by the Medical Practitioner**

Self-explanatory

**Section IV: Demonstration of Physical Ability - To be completed by the Medical Practitioner**

Title 46 of the Code of Federal Regulations (CFR) requires that ratings, including entry level, and food handler serving on vessels to which STCW applies must provide a demonstration of physical ability. The following is a list of activities the applicant shall be physically able to perform: For a vessel to be operated safely, it is essential that the crewmembers be physically fit and free of debilitating illness and injury. The seafaring life is arduous, often hazardous and the availability of medical assistance or treatment is generally minimal. As the international trend toward smaller crews continues, the ability of each crewmember to perform his or her routine duties and respond to emergencies becomes even more critical. All mariners should be capable of living and working in cramped spaces, frequently in adverse weather causing violent evolutions such as firefighting or launching lifeboats or life rafts. Members of the deck and engine department must be capable of physical labor, climbing, and handling moderate weights (from 30-60 pounds). Detailed guidance on the medical and physical evaluation guidelines for merchant mariner credentials is contained in Navigation and Vessel Inspection Circular (NVIC) 04-08. Additional information is also available at the National Maritime Center (NMC) website at: <http://www.uscg.mil/nmc/medical.asp>. Additional information can also be obtained from NMC at: Commanding Officer, National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404, 1-888-IASKNMC (1-888-427-5662).

## Section IV: Demonstration of Physical Ability - (continued)

### LISTS OF TASKS CONSIDERED NECESSARY FOR PERFORMING ORDINARY AND EMERGENCY RESPONSE SHIPBOARD FUNCTIONS

<i>Shipboard Tasks, Function, Event, or Condition</i>	<i>Related Physical Ability</i>	<i>Acceptable Demonstration</i>
Routine movement on slippery, uneven, and unstable surfaces	Maintain balance ( <i>equilibrium</i> )	Has no disturbance in sense of balance
Routine access between levels	Climb up and down vertical ladders and stairways	Is able, without assistance, to climb up and down vertical ladders and stairways
Routine movement between spaces and compartments	Step over high doorsills and coamings, and move through restricted accesses	Is able, without assistance, to step over a doorsill or coaming of 24 inches (600 millimeters) in height. Able to move through a restricted opening of 24 x 24 inches
Open and close watertight doors, hand cranking systems, open/close valve	Manipulate mechanical devices using manual and digital dexterity, and strength	Is able, without assistance, to open and close watertight doors that may weigh up to 55 pounds (25 kilograms); should be able to move hands/arms to open and close valve wheels in vertical and horizontal directions; rotate wrists to turn handles; able to reach above shoulder height
Handle ship's stores	Lift, pull, push, carry a load	Is able, without assistance, to lift at least a 40 pound (18.1 kilograms) load off the ground, and to carry, push, or pull the same load
General vessel maintenance	Crouch ( <i>lowering height by bending knees</i> ); kneel ( <i>placing knees on ground</i> ); stoop ( <i>lowering height by bending at the waist</i> ); use hand tools such as spanners, valve wrenches, hammers, screwdrivers, pliers	Is able, without assistance, to grasp, lift, and manipulate various common shipboard tools
Emergency response procedures including escape from smoke-filled spaces	Crawl ( <i>ability to move body using hands and knees</i> ); feel ( <i>ability to handle or touch to examine or determine differences in texture and temperature</i> )	Is able, without assistance, to crouch, kneel, and crawl, and to distinguish differences in texture and temperature by feel
Stand a routine watch	Stand a routine watch	Is able, without assistance, to intermittently stand on feet for up to four hours with minimal rest periods
React to visual alarms and instructions, emergency response procedures	Distinguish an object or shape at a certain distance	
React to audible alarms and instructions, emergency response procedures	Hear a specified decibel (dB) sound at a specified frequency	
Make verbal reports or call attention to suspicious or emergency conditions	Describe immediate surroundings and activities, and pronounce words clearly	Is capable of normal conversation
Participate in fire fighting activities	Be able to carry and handle fire hoses and fire extinguishers	Is able, without assistance, to pull an uncharged 1.5 inch diameter, 50' fire hose with nozzle to full extension, and to lift a charged 1.5 inch diameter fire hose to fire fighting position
Abandon ship	Use survival equipment	Has the agility, strength, and range of motion to put on a personal flotation device and exposure suit without assistance from another individual

## Section V: Food Handler Certification - To be completed by the Medical Practitioner

The Medical Practitioner shall complete this section for all applicants requiring Food Handler Certification. The Medical Practitioner need not perform any additional laboratory testing unless it is deemed clinically necessary. Applicants and currently employed food workers should report information about their health as it relates to diseases that are transmissible through food. The following issues should be considered by the Medical Practitioner when certifying an applicant:

- The applicant reports they have been diagnosed with an illness due to organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc.
- The applicant reports they have at least one symptom caused by illness, infection, or other source that is associated with an acute gastrointestinal illness such as diarrhea, fever, vomiting, jaundice, or sore throat with fever.
- The applicant reports they have a lesion containing pus, such as a boil or infected wound, which is open or draining and is on hands or wrists or on exposed portions of the arms.
- The applicant reports they have had Salmonella Typhi within the past three months, Shigella spp. within the past month, Shiga toxin producing Escherichia coli within the past month, or Hepatitis A virus ever.
- The applicant reports they are suspected of causing or being exposed to a confirmed disease outbreak caused by organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc. This would include outbreaks associated with events such as a family meal, church supper, or festival because the employee ate food implicated in the outbreak, or ate food at the event prepared by a person who is infected or who is suspected of being a shedder of the infectious agent.
- The applicant reports they live in the same household as, and have knowledge about, a person who is diagnosed with organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc.
- The applicant reports they live in the same household as, and have knowledge about, a person who attends or works in a setting where there is a confirmed disease outbreak caused by organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc.

**APPLICATION FOR MERCHANT MARINER MEDICAL CERTIFICATE FOR ENTRY LEVEL RATINGS**

**Section I: Applicant Information - To be completed by the Applicant**

Last Name	First Name	Middle Name	Suffix ( <i>Jr., Sr., III</i> )
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reference Number ( <i>if applicable</i> )	Gender:	Date of Birth (MM/DD/YYYY)
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>

Please indicate best method(s) of contact by checking the appropriate box(es). Optional if information is same as most recent CG-719B.

Home Address ( <b>PO Box NOT acceptable</b> )	<input type="checkbox"/>		
Street Address	Primary Phone Number		
<input type="text"/>	<input type="text"/>		
City	State	Zip Code	Alternate Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Delivery/Mailing Address, if different ( <b>PO Box acceptable</b> )	<input type="checkbox"/>	E-mail Address	<input type="checkbox"/>
<input type="text"/>		<input type="text"/>	
City	State	Zip Code	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**Section II: Applicant Certification - To be completed by the Applicant**

My signature below attests, subject to prosecution under 18 USC 1001, that all information provided by me on this form is complete and true to the best of my knowledge. I have also read and understand the Privacy Act Statement that accompanies this form.

Signature of Applicant	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

**Section III: Physical Information - To be completed by the Medical Practitioner**

Height ( <i>Inches Only</i> )	Weight ( <i>lbs</i> )	Body Mass Index ( <i>BMI</i> )
<input type="text"/>	<input type="text"/>	<input type="text"/>

Distinguishing Marks: (**Please Print**)

<input type="text"/>
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**Section IV: Demonstration of Physical Ability - To be completed by the Medical Practitioner**

An applicant for an Entry Level Rating [ordinary seaman, wiper, or steward's department (food handler)] serving on vessels to which STCW applies is not required to complete a physical examination, but must provide a demonstration of physical ability as described in Section IV of the Instructions.

Place an X in the appropriate block below:

Applicant has the physical strength, agility, and flexibility to perform all of the items in the instruction table.

Applicant does NOT have the physical strength, agility, and flexibility to perform all of the items in the instruction table.

Comments (**Please Print**)

<input type="text"/>
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**Section V: Food Handler Certification - To be completed by the Medical Practitioner**

If Food Handler Certificate is sought by the applicant, is applicant free from communicable disease:  Yes  No

**Medical Practitioner:**

This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the medical practitioner is true and correct to the best of his/her knowledge and that the medical practitioner has not knowingly omitted or falsified any material information relevant to this form.

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	M.I. <input style="width: 95%;" type="text"/>	License Number <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>		
Signature <input style="width: 95%;" type="text"/>			<i>(Place office address stamp here)</i>			
Date (MM/DD/YYYY) <input style="width: 95%;" type="text"/>						
MD/DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/>						
Street Address <input style="width: 95%;" type="text"/>						
City <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>	Zip Code <input style="width: 95%;" type="text"/>				
Phone Number: <input style="width: 95%;" type="text"/>						

**PRIVACY ACT STATEMENT**

**Authority:** 5 U.S.C. 301; 14 U.S.C. 632; 46 U.S.C. 2103, 7101, 7302, 7305, 7313, 7314, 7316, 7317, 7319, 7502, 7701, 8701, 8703, 9102; 46 C.F.R. 12.02; 49 C.F.R. 1.45, 1.46

**Purpose:** The principal purpose for which this information will be used is to determine domestic and international qualifications for the issuance of merchant mariner credentials. This includes establishing eligibility of a merchant mariner's credential, duplicate credentials, or additional endorsements issued by the Coast Guard and establishing and maintaining continuous records of the person's documentation transactions.

**Routine Uses:** The information will be used by authorized Coast Guard personnel with a need to know the information to determine whether an applicant is a safe and suitable person who is capable of performing the duties of the Merchant Mariner. The information will not be shared outside of DHS except in accordance with the provisions of DHS/USCG-030 Merchant Seamen's Records System of Records, 74 FR 30308 (June 25, 2009).

**Disclosure:** Furnishing this information is voluntary; however, failure to furnish the requested information may result in non-issuance of the requested credential.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for this form is 10 minutes. You may submit any comments concerning the accuracy of this burden or any suggestions for reducing the burden to the National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404.