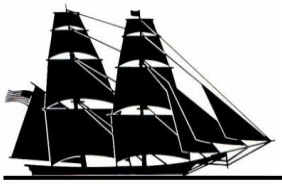
Student Name: _____

Class Number: _____



US Brig NIAGARA Sailing Program

Flagship Niagara League, Inc. ♦ 150 East Front Street, Suite 100, Erie, PA 16507 ♦ 814.452.2744 ♦ www.flagshipniagara.org

CONFIDENTIAL

FNL STUDENT MEDICAL RECORD

Instructions: Applicants must have a thorough history and physical exam not more than 3 months prior to shipboard participation. Applicant completes and signs Section 1 and 2. Examining physician completes and signs Section 3. Final determination for medical clearance will be by the Flagship Niagara League Medical Review Officer.

SECTION 1: General Information (Completed by Applicant)

Name: _____ Male: _____ Female: _____

Home Address: _____

Home Phone: ( )_____ Age: _____ Date of Birth: _____

Family Physician: _____ Telephone: ( )_____

Physician's Address: _____

Person to be notified in case of illness or injury:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Business Phone: _____

Medical Insurance

You MUST be covered by a sickness and accident policy. Please complete the information below and sign **confirming this policy will be in effect during your entire program.**

Insurance Company: _____ Policy Number: _____

Subscriber: _____ Relationship to you: _____

Signature: _____

How would we reach this company if necessary?

Phone Number: ( ) _____

SECTION 1: Release

I hereby authorize the medical practitioner who has signed the physical certification to release to or discuss with the Flagship Niagara Medical Review Officer any pertinent information in his/her possession regarding any medical condition that may require review by the Flagship Niagara League Medical Review Officer.

Applicant Name (Print): _____

Applicant Signature: _____ Date: _____

*** Parent/Guardian must cosign for applicants who will be less than 18 years of age at time of enrollment.**

Name: _____ Signature: _____

Date: _____

ARRIVAL DATE: _____

FIRST NAME: _____

LAST NAME: _____

Authorization

I certify that this medical history, and all information on it, is **complete and accurate**, and that I am physically and emotionally fit to participate in an extended offshore voyage. In the event I cannot make a decision in an emergency, I hereby authorize The Flagship Niagara League, its Doctor(s), ship's Captain or Medical Officer to administer emergency medical treatment and to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for me. I give permission for staff to share information from this form if needed for medical purposes. I understand that I am responsible for notifying immediately of any injury, illness, or other medical condition or **change** to the medical information here provided. I certify that I am at least 18 years of age. (If not, parent/guardian must also sign.)

Date: _____ Printed Name: _____

Applicant Signature (required): _____

***Parent/Guardian must cosign for applicant who will be less than 18 years of age at time of enrollment.**

_____

(Parent/Guardian name and signature)

SECTION 2: Medical History (Completed by Applicant)

	YES	NO	
1.	☐	☐	Hearing aid
2.	☐	☐	Hearing loss
3.	☐	☐	Impaired speech or stuttering
4.	☐	☐	Poor vision
5.	☐	☐	History of eye disease or injury
6.	☐	☐	Asthma
7.	☐	☐	Emphysema or COPD
8.	☐	☐	Collapsed lung/pneumothorax
9.	☐	☐	Irregular heartbeat
10.	☐	☐	Heart murmur or valve replacement
11.	☐	☐	Chest pain or angina
12.	☐	☐	Heart attack/myocardial infarction
13.	☐	☐	Heart surgery/stent/angioplasty
14.	☐	☐	Pacemaker or defibrillator
15.	☐	☐	Any other heart condition
16.	☐	☐	High blood pressure/hypertension
17.	☐	☐	Aneurysm or blockages
18.	☐	☐	Pulmonary embolus or blood clots
19.	☐	☐	Gastrointestinal bleeding or ulcers
20.	☐	☐	Hepatitis or jaundice
21.	☐	☐	Dietary restrictions
22.	☐	☐	Intestinal surgery
23.	☐	☐	Any form of cancer
24.	☐	☐	Anemia
25.	☐	☐	Hemophilia or polycythemia
26.	☐	☐	Any other blood disorders
27.	☐	☐	Thyroid disease
28.	☐	☐	Diabetes - Last Hgb/A1C _____
29.	☐	☐	HIV or AIDS
30.	☐	☐	Lymphoma or leukemia
31.	☐	☐	Tuberculosis
32.	☐	☐	Kidney transplant or dialysis
33.	☐	☐	Kidney disease or cancer
34.	☐	☐	Back surgery or injury
35.	☐	☐	Ruptured/herniated disc
36.	☐	☐	Limitation of any major joint
37.	☐	☐	Bone or joint surgery

	YES	NO	
38.	☐	☐	Recurrent neck or back pain
39.	☐	☐	Swollen/painful joint or dislocation
40.	☐	☐	Arthritis or bursitis
41.	☐	☐	Amputation or prosthesis
42.	☐	☐	Carpal tunnel
43.	☐	☐	Difficulty walking or climbing
44.	☐	☐	Sciatica or nerve pain
45.	☐	☐	Other bone/joint disorder
46.	☐	☐	Motion/sea sickness
47.	☐	☐	Impaired balance or balance disorder or difficulty
48.	☐	☐	Vertigo or dizziness
49.	☐	☐	Numbness or paralysis
50.	☐	☐	Head injury or skull fracture
51.	☐	☐	Seizures or epilepsy
52.	☐	☐	Recurrent headaches
53.	☐	☐	Narcolepsy
54.	☐	☐	Sleep apnea Use CPAP? Y ☐ N☐
55.	☐	☐	Current pregnancy
56.	☐	☐	Fainting spells/loss of consciousness
57.	☐	☐	Stroke or TIA
58.	☐	☐	Brain tumor
59.	☐	☐	Other brain or nerve disease
60.	☐	☐	ADD, ADHD, or bipolar
61.	☐	☐	Depression
62.	☐	☐	History of suicide attempt
63.	☐	☐	Schizophrenia
64.	☐	☐	Anxiety
65.	☐	☐	Alcohol or substance abuse
66.	☐	☐	Loss of memory or amnesia
67.	☐	☐	Other psychiatric disease/counseling
68.	☐	☐	Sleepwalking
69.	☐	☐	Claustrophobia
70.	☐	☐	Fear of heights
71.	☐	☐	Allergic reactions
72.	☐	☐	Any other disease, surgery or hospitalization

Condition #	Comment (Explain all YES responses. Use reverse side if more space is necessary)

ARRIVAL DATE: _____

FIRST NAME: _____

LAST NAME: _____

Medications: List All Medications (and dosages/frequency) currently taking

Medication	Dosage/Frequency

ALLERGIES:

Medications: _____

_____

_____

Foods: _____

_____

_____

Insect bites/other: _____

_____

_____

If any allergies are documented, describe the reaction: : _____

_____

_____

Swimming Ability:

For your safety, it is critical that the captain of the vessel be **aware** of your swimming/floating ability. Please let us know if you can remain afloat, unassisted, for 30 minutes: **Yes:** ☐ **No:** ☐

ARRIVAL DATE: _____

FIRST NAME: _____

LAST NAME: _____

Information for the Physician: (Please read carefully)

The US Brig *Niagara* is a 198ft. long, wooden-hulled authentic replica of an 1813-era US Naval warship. While sailing upon the expansive Great Lakes, participants aboard the vessel may be away from harbors offering medical services for extended periods and will have access to fundamental medical care only. Medical evacuation may not be possible. Participants will be in an environment which is physically and emotionally demanding.

In light of these circumstances, a full disclosure of medical conditions is required. A listing of required physical abilities is attached.

SECTION 3: Physical Examination (Completed by Physician)

Height (inches only):	**Weight (lbs):**	**Body Mass Index (BMI):**	**Gender:**
Pulse Resting:	**Initial Blood Pressure:**	**Repeat Blood Pressure (if needed):**	
Vision (with/without correction) **Right:** **Left:**		**Hearing: Capable of hearing whisper at 5 ft.** **Right: Y N** **Left: Y N**	

#	Normal	Abnormal	System/Organ	#	Normal	Abnormal	System/Organ
1.			**Head, Face, Neck, Scalp**	**10.**			**Skin**
2.			**Eyes/Pupils/EOM**	**11.**			**Lymphatic**
3.			**Mouth and Throat**	**12.**			**Neurologic**
4.			**Ears/Drums**	**13.**			**Vascular System**
5.			**Lungs and Chest**	**14.**			**Genitourinary System**
6.			**Heart**	**15.**			**Hernia**
7.			**Abdomen**	**16.**			**Missing Extremities/Digits**
8.			**Upper/Lower Extremities**	**17.**			**General/Systemic**
9.			**Spine/Musculoskeletal**				

Explanation of abnormalities above: _____

_____

_____

_____

Required Immunization:

Tetanus Booster (must be within last 7 years): **Yes:** ☐ **No:** ☐

ARRIVAL DATE: _____

FIRST NAME: _____

LAST NAME: _____

List of tasks considered necessary for performing ordinary and emergency response shipboard functions:		
Shipboard Tasks, function, event or condition:	***Related Physical Ability:***	***The examiner should be satisfied that the applicant:***
Routine movement on slippery, uneven, and unstable surfaces.	**Maintain balance (equilibrium).**	**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 door sills and coamings, and move through restricted accesses.**	**Is able, without assistance, to step over a door sill or coaming of 24 in. (61 cm) in height. Able to move through a restricted opening of 24 in.**
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 weight 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. Reach above shoulder height.**
Handle ship's stores.	**Lift, pull, push, and carry a load.**	**Is able, without assistance, to lift at least a 40 pound (18.1 kilogram) load off the ground, and to carry, push or pull the same load.**
General vessel maintenance.	**Crouch (lowering height by bending knees); feel (the ability to handle or touch to examine or determine differences in texture and temperature).**	**Is able, without assistance, to grasp, lift and manipulate various common shipboard tools.**
Emergency response procedures, including escape from smoke-filled spaces.	**Crawl (the ability to move the body with hands and knees; feel (the ability to handle or touch to examine or determine differences in texture and temperature).**	**Is able, without assistance, to crouch, keel 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.**	**Visual acuity of at least 20/40 with or without correction.**
React to audible arms and instructions, emergency response procedures.	**Adequate hearing.**	**Hear a whisper at 5 feet bilaterally.**
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 firefighting 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.**

ARRIVAL DATE: _____

FIRST NAME: _____

LAST NAME: _____

Examining Physician Certification

I have reviewed the applicant's medical history, performed a physical examination, and with knowledge of the physical abilities required for participation on the Sailing School Vessel *Niagara*, I make the following determination:

- ☐ Recommend participation
- ☐ Do not recommend participation
- ☐ Recommend participation with the following restrictions:

_____

_____

_____

_____ _____ _____

Physician Name | Physician Signature | Date

(For Flagship Niagara League MRO Use Only)

FNL Medical Review Officer's Certification

I have reviewed the applicant's medical history and physical examination forms, and with knowledge of the physical abilities required for participation on the Sailing School Vessel Niagara, I make the following determination:

- ☐ Recommend participation
- ☐ Do not recommend participation
- ☐ Recommend participation with the following restrictions:

_____

_____

_____

_____ _____ _____

Medical Review Officer's Name | M.R.O's Signature | Date

ARRIVAL DATE: _____

FIRST NAME: _____

LAST NAME: _____