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Homeland Security

United States
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Instruction Guide to the Merchant Mariner Physical Examination Report (CG-719K & K/E)

Background: The Coast Guard is releasing a new version of the Merchant Mariner Credential Medical Evaluation Report (CG-719 K) and the Merchant Mariner Evaluation of Fitness for Entry Level Ratings (CG-719 K/E) forms to facilitate obtaining objective medical information which will enable the Coast Guard to make a more accurate assessment of mariner fitness for duty with the overall goal of reducing risk to maritime and public safety.

The revised CG 719K and 719K/E forms more clearly align the Merchant Mariner Credentialing process with the guidelines set forth by Navigation and Vessel Inspection Circular 04-08 (NVIC), MEDICAL AND PHYSICAL EVALUATION GUIDELINES FOR MERCHANT MARINER CREDENTIALS.

This NVIC provides guidance for evaluating the physical and medical conditions of applicants for merchant mariner credentials. The new CG 719K and 719K/E forms are designed to be used primarily in conjunction with Enclosure (3) of the NVIC. Enclosure (3) contains a non-exhaustive list of medical conditions subject to further review and supplemental medical data that should be submitted for such medical review. The use of NVIC 04-08 will serve to facilitate obtaining objective medical evidence of an applicant's physical condition as it relates to the ability to safely perform their Merchant Mariner duties. Without this supporting documentation, the medical evaluation process is delayed due to the need to solicit additional medical information. To prevent delays in processing credential applications, mariners and physicians are highly encouraged to use NVIC 04-08 in conjunction with the new physical examination forms. If these forms are properly completed and the additional relevant medical documentation indicated by NVIC 04-08 encl (3) is provided, even those mariner applicants with significant medical conditions should expect to see reduced processing times for their applications.

General instructions are provided through out the form in order to assist both the examiner and the mariner in providing the correct information.

Which form to use? The CG-719 K/E should be used only by mariners seeking an entry level credential. This form is limited to applicants for the following rating endorsements: Ordinary Seaman, Wiper, or Steward's Department (food handler). The CG-719K should be used for all other endorsement applications.

Mariner physical exams completed on or after January 1, 2010 must be on the new CG719K or K/E (Rev 01/09). Physicals completed and signed on previous versions of the form prior to January 1, 2010 will continue to be accepted provided they are dated within one year of the application.

Sincerely,
David C. Stalfort
Captain, U. S. Coast Guard

Encl: (1) 719K/E Instructions
(2) 719K Instructions

719K/E Instructions

Section I and II should be filled in entirely. The examiner should fill in weight and body mass index. The BMI calculation is discussed on the Centers for Disease Control and Prevention website and may be calculated based on height and weight. A useful link to an adult BMI calculator can be found at: http://www.cdc.gov/nccdphp/dnpa/bmi/adult_BMI/about_adult_BMI.htm

Section III Physical Ability Certification must be completed:

1. Credential applicants should be physically able to perform assigned shipboard functions and meet the physical demands that would reasonably arise during an emergency response. As used in this context, an *"emergency response"* refers to emergency evolutions such as abandon ship and firefighting, and the basic procedures to be followed by each mariner.
2. If the examining medical practitioner doubts the applicant's ability to meet the guidelines contained within this table, and for all applicants with a Body Mass Index (BMI) of 40.0 or higher, the practitioner should require that the applicant demonstrate the ability to meet the guidelines. This does not mean, for example, that the applicant must actually don an exposure suit, pull an uncharged 1.5 inch diameter 50' fire hose with nozzle to full extension, or lift a charged 1.5 inch diameter fire hose to fire fighting position. Rather, the medical practitioner may utilize alternative measures to satisfy himself or herself that the applicant possesses the ability to meet the guidelines in the third column. A description of the methods utilized by the medical practitioner should be reported on the CG-719K/E as appropriate. All demonstrations of ability should be performed by the applicant without assistance. Any prosthesis normally worn by the applicant and other aid devices such as prescription glasses may be used by the applicant in all practical demonstrations except when the use of such would prevent the proper wearing of mandated personal protective equipment (PPE).

The examiner must check the box certifying whether the mariner does or does not have the physical strength, agility, and flexibility to perform the listed tasks. The examiner should check the **"Competent"** box if the applicant is able to complete all Physical Ability tests satisfactorily, or there are no physical impairments that would preclude such completion.

The examiner should check the **"Not Competent"** box if any one of the listed items was not completed satisfactorily. If the applicant is unable to perform any of the following functions, the examiner should provide information on the degree or the severity of the applicant's inability to meet the standards.

The examiner should check **"Needing Further Review"** in the event that the Physical Ability cannot be assessed (e.g. equipment or opportunity to complete equivalent tasks not available).

The examiner must provide their name, office address, License Number, telephone numbers, and signature with date.

Section IV: The applicant must sign and date Section IV

719K Instructions

Pages 1- 2: Provide general instructions for both the applicant and the medical practitioner completing this form. The applicant must print their name and date of birth on the bottom of each page of the CG 719K.

Page 3:

Section I – Applicant Information: The applicant must complete **Section I** entirely, including their signature. An Alien Registration Number may be entered in lieu of a Social Security Number. It is recommended that mariners provide good telephone contact information (home, work, cell) as our medical evaluators may be able to resolve simple issues over the phone.

Section II - Release: Completion of **Section II** is voluntary. Mariners may be able to avoid potential delays in the medical evaluation process by authorizing their verifying medical practitioner to release or discuss pertinent information directly with the Coast Guard Mariners wishing to authorize release need to print their name, sign and date this section.

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Section III - Medications: The applicant must either check “NONE” if not taking any medications or provide the names of the medications, dosage, and the reason the medication has been prescribed for medications used within 30 days prior to the date of the 719K, or medications used for a period of 30 or more days within the last 90 days prior to the date of the 719K. The (VMP) should review the list of medications for accuracy. See the example below.

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Section III - Medications <i>(must be completed by applicant and reviewed by verifying medical practitioner)</i>
Credential applicants who are required to complete a general medical exam are required to report all prescription medications prescribed, filled or refilled and/or taken within 30 days prior to the date that the applicant signs the CG-719K or approved equivalent form. In addition, all prescription medications, and all non-prescription (over-the-counter) medications including dietary supplements and vitamins, that were used for a period of 30 or more days within the last 90 days prior to the date that the applicant signs the CG-719K or approved equivalent form, must also be reported.
The information reported by the applicant must be verified by the verifying medical practitioner or other qualified medical practitioner to the satisfaction of the verifying medical practitioner to include the following two items.
1. Report all medications (prescription and non-prescription), dietary supplements, and vitamins.
2. Include dosages of every substance reported on this form, as well as the condition for which each substance is taken.
Additional sheets may be added by the applicant and/or qualified medical practitioner if needed to complete this section <i>(include applicant name and date of birth on each additional sheet)</i> .
If none, check “NONE.” <input type="checkbox"/> NONE
Lisinopril 10mg, one pill a day for high blood pressure
Atenolol 50 mg; one pill a day for heart rate control and blood pressure
Glucophage 500mg, 1 pill twice a day for my diabetes
Aspirin 325 mg, one tab a day for blood thinning
Colace 500 mg, one as needed for regularity
Multivitamin, one a day for dietary supplementation