

AWO has worked with the U.S. Coast Guard's National Maritime Center (NMC) to develop at-a-glance guides to the information that must be submitted when a mariner has one of several common medical conditions that frequently cause delays in the NMC's Merchant Mariner Credential (MMC) application process. The NMC has identified cardiac difficulties; diabetes; psychiatric disorders; and, sleep disorders as the conditions most likely to cause delays for mariners. During 2009, AWO worked with the NMC to develop the new documents in order to help mariners and their physicians to provide the NMC with the required information as soon as possible. The documents are intended to assist this process, but are not substitutes for the guidance found in the Navigation and Vessel Inspection Circular 04-08, or in federal regulations.

Sleep Disorder Patient Summary Checklist

(To be filled out by Mariner)

Mariner Name: _____

Social Security Number (last 4 digits): _____

Mariner Identification Number: _____

Type of Credential Seeking to Obtain: _____

(To be provided by the mariner and filled out by the Examining Physician)

Dear Doctor:

Your patient is applying for issuance or renewal of a U.S. Coast Guard Merchant Mariner Credential. He/she will be reviewed using guidance from Coast Guard Navigation and Vessel Inspection Circular (NVIC) 04-08, available at <http://www.americanwaterways.com/index/NVIC-04a.pdf>. To help avoid delays, we seek your help in gathering the Coast Guard-required information on the subsequent page.

A history of sleep disorders prompts a series of questions that usually can only be answered by the treating physician. In order for you to get a better sense of the duties that your patient engages in, please take a few moments to ask him/her what his/her job entails. After submission of this document, it is possible that more information on the mariner's medical status will be requested of you. Your time is greatly appreciated.

NOTE: The information on the next page is required for mariners/patients with a history of one of the following:

- a) Sleep Apnea;
- b) Central Sleep Apnea;
- c) Narcolepsy;
- d) Periodic Limb Movement;
- e) Restless Leg Syndrome; or
- f) Other sleep disorders

Requirements	Physician's Actions/Findings
Sleep Study (with Polysomnogram)	Date Conducted: _____ Forward Complete Report: _____ _____ _____ _____
Medications Taken	List of all Medications: _____ _____ _____ _____
Titration Study	Date Conducted: _____ Forward Complete Report: _____ _____ _____ _____
MWT or MSLT-Objective Evidence that Daytime Sleepiness Problem Has Been Resolved	Date(s) Prepared: _____ Forward Complete Report: _____ _____ _____ _____

Please list below any other information or observations you feel are important to convey, but did not have adequate space for:

Treating Provider's Printed Name:
Treating Provider's Signature:
Treating Provider's Address:
Treating Provider's Phone Number:
Treating Provider's Fax Number:
Date:

**Heart Condition Patient Summary Checklist
(Includes Hypertension)**

(To be filled out by Mariner)

Mariner Name: _____

Social Security Number (last 4 digits): _____

Mariner Identification Number: _____

Type of Credential Seeking to Obtain: _____

Note: Undergoing a heart transplant or having anti-tachycardia devices or implantable defibrillators are generally not waivable conditions. Contact the National Maritime Center for further guidance on these conditions.

(To be provided by the mariner and filled out by the Examining Physician)

Dear Doctor:

Your patient is applying for issuance or renewal of a U.S. Coast Guard Merchant Mariner Credential. He/she will be reviewed using guidance from Coast Guard Navigation and Vessel Inspection Circular (NVIC) 04-08, available at <http://www.americanwaterways.com/index/NVIC-04a.pdf>. To help avoid delays, we seek your help in gathering information from the tests/procedures on subsequent pages.

A heart condition prompts a series of questions that usually can only be answered by the treating physician. In order for you to get a better sense of the duties that your patient engages in, please take a few moments to ask him/her what his/her job entails. Please provide the results from the tests or procedures you performed as an attachment to this packet. After submission of this document, it is possible that more information on the mariner's medical status will be requested of you. Your time is greatly appreciated.

Condition	Required Tests/Procedures
<p>Hypertension, systolic BP > 160 or diastolic BP > 100, with or without medication</p>	<p>Primary care evaluation confirming greater than 160/100, and documented treatment plan indicating all medications used to treat the hypertension. ECG, serum chemistries, lipid profile, and UA should be included if clinically indicated.</p> <p>Note: <u>An initial reading exceeding 160/100 should be confirmed by three blood pressure readings separated by at least 24 hours each. Acceptable treatment of applicants includes all Food and Drug Administration-approved diuretics, alpha-adrenergic blocking agents, beta-adrenergic blocking agents, calcium channel blocking agents, angiotension converting enzyme (ACE inhibitors) agents, and direct vasodilators. Centrally acting agents (e.g. reserpine, guanethidine, guanadrel, guanabenz, and methyldopa) are usually not acceptable.</u></p>
<p>Symptomatic Bradycardia (<50 bpm)</p>	<p>Exercise rhythm strip. If unable to achieve HR >100 BPM or double resting HR then cardiology evaluation to include GXT and 24-hour Holter monitor is required.</p> <p>Note: <u>GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u></p>
<p>Left Bundle Branch Block</p>	<p>Cardiology consultation; evaluate underlying heart disease. PA and lateral CXR, GXT, echocardiogram, and exercise radionuclide scan are required if clinically indicated.</p> <p>Note: <u>GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u></p>
<p>Acquired Right Bundle Branch Block</p>	<p>New onset RBB requires cardiology consultation. PA and lateral CXR, GXT, echocardiogram, and exercise radionuclide scan required, if clinically indicated.</p> <p>Note: <u>GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u></p>
<p>Implanted Pacemaker</p>	<p>Cardiology consultation to include history of the cardiac condition which prompted pacemaker insertion. GXT is required. Detailed reports of surgical procedures as well as cerebral and coronary arteriography and other major diagnostic studies are of prime importance; evaluation of pacemaker function to include description and documentation of underlying rate and rhythm with the pacer disabled or at its lowest setting, programmed pacemaker parameters, surveillance record, and exclusion of myopotential inhibition and pacemaker induced hypotension, powerpack data including beginning of life (BOL) and elective replacement indicator/end of life (ERI/EOL).</p> <p>Note: <u>GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u></p>

Condition	Required Tests/Procedures
Premature Atrial Contractions	<p>If PAC frequency of occurrence is > 10 of any 50 beats, 10% of any one hour, or 1% of 24 hours of monitoring, or applicant is symptomatic cardiology consultation, 24-hour Holter monitor, echocardiogram, and GXT are required.</p> <p>Note: <u>GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u></p>
Premature Ventricular Contractions	<p>If PVC frequency of occurrence is > 10 of any 50 beats, 10% of any one hour, or 1% of 24 hours of monitoring, or applicant is symptomatic cardiology consultation, 24-hour Holter monitor, echocardiogram, and GXT are required.</p> <p>Note: <u>GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u></p>
2nd Degree AV Block Mobitz I	<p>Cardiology consultation, PA and lateral CXR, GXT, and exercise radionuclide scan.</p> <p>Note: <u>GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u></p>
2nd Degree AV Block Mobitz II	<p>Cardiology consultation, PA and lateral CXR, GXT, and exercise radionuclide scan.</p> <p>Note: <u>GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u></p>
3rd Degree AV Block	<p>Cardiology consultation, PA and lateral CXR, GXT, and exercise radionuclide scan.</p> <p>Note: <u>GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u></p>
Preexcitation Syndrome	<p>Cardiology consultation, 24-hour Holter monitor, GXT and echocardiogram.</p> <p>Note: <u>GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u></p>
History of Radio Frequency Ablation	<p>3-month wait, then cardiology consultation, 24-hour Holter monitor, GXT and echocardiogram.</p> <p>Note: <u>GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u></p>
History of Supraventricular Tachycardia (3 or more consecutive non-ventricular ectopic beats)	<p>Cardiology consultation, 24-hour Holter monitor, GXT, TFTs, and echocardiogram. If evidence of abnormalities exercise radionuclide scan and cardiac catheterization are required and surgical/ablative procedure reports if performed.</p> <p>Note: <u>GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u></p>

Condition	Required Tests/Procedures
History of syncope, greater than one episode, within the last 5 years	Cardiology consultation, neurology consultation, 24-hour Holter; bilateral carotid US.
History of Atrial Fibrillation within the last 5 years	Document previous workup for CAD and structural heart disease, to include cardiology consultation addressing use of anticoagulants and functional capacity, 24-hour Holter monitor, GXT and echocardiogram. <u>Note: GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u>
Chronic Atrial Fibrillation	Cardiology consultation addressing use of anticoagulants and functional capacity, 24-hour Holter monitor (if clinically indicated), GXT and echocardiogram. <u>Note: GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u>
Paroxysmal/Lone Atrial Fibrillation	Cardiology consultation addressing use of anticoagulants and functional capacity, 24-hour Holter monitor, GXT and echocardiogram. <u>Note: GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u>
History of Angina Pectoris	Cardiology consultation, hospital admission summaries if applicable, coronary catheterization report, statement of functional capacity, blood chemistries, including total cholesterol, HDL, LDL, and triglycerides, echocardiogram with Doppler flow study, maximal myocardial perfusion exercise stress test (Bruce protocol to at least 8 METS) no sooner than 6-months post-event.
History of Myocardial Infarction	Cardiology consultation, hospital admission summaries if applicable, coronary catheterization report, statement of functional capacity, blood chemistries, including total cholesterol, HDL, LDL, and triglycerides, echocardiogram with Doppler flow study, maximal myocardial perfusion exercise stress test (Bruce protocol to at least 8 METS) no sooner than 1 month post-event. <u>Note: Acceptable treatment of applicants includes all Food and Drug Administration-approved diuretics, alpha-adrenergic blocking agents, beta-adrenergic blocking agents, calcium channel blocking agents, angiotension converting enzyme (ACE inhibitors) agents, and direct vasodilators. Centrally acting agents (e.g. reserpine, guanethidine, guanadrel, guanabenz, and methyldopa) are usually not acceptable. The use of flecainide is unacceptable when there is evidence of left ventricular dysfunction or recent myocardial infarction.</u>
History of Atherectomy; CABG; PTCA; Rotoblation; or stent	Cardiology consultation, hospital admission summaries if applicable, coronary catheterization report, statement of functional capacity, blood chemistries, including total cholesterol, HDL, LDL, and triglycerides, echocardiogram with Doppler flow study, maximal myocardial perfusion exercise stress test (Bruce protocol to at least 8 METS) no sooner than 1 month post event, 6 months for CABG.

Condition	Required Tests/Procedures
History of Valvular Disease, non-specified	Cardiology consultation, GXT, 2-D M-mode echocardiogram with Doppler flow study and 24-hour Holter monitor. Note: <u>GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u>
Aortic and Mitral Insufficiency	Cardiology consultation, GXT, 2-D M-mode echocardiogram with Doppler flow study and 24-hour Holter monitor. Note: <u>GXT should be Bruce Protocol to at least 8 METS with a functional cardiac stress test. Pharmacologic stress tests are not acceptable.</u>
History of Valve Replacement	Cardiology consultation addressing cardiac function, evidence of embolic phenomena, arrhythmias, structural abnormalities, or ischemia. GXT, 2-D M-mode echocardiogram with Doppler flow study and 24-hour Holter, monitor INR values for 6 months prior to application, copy of operative report.
History of Valvuloplasty	Cardiology consultation, GXT, 2-D M-mode echocardiogram with Doppler flow study, 24-hour Holter monitor, and copy of operative report.
Cardiac decompensation or cardiomyopathy	Cardiology consultation, GXT, 2-D M-mode echocardiogram with Doppler flow study and 24-hour Holter monitor (if clinically indicated).
Congenital heart disease accompanied by: 1) cardiac enlargement; 2) ECG Abnormality; 3) or, evidence of inadequate oxygenation	Cardiology consultation addressing cardiac function, evidence of embolic phenomena, arrhythmias, structural abnormalities, or ischemia. GXT, 2-D M-mode echocardiogram with Doppler flow study and 24-hour Holter monitor (if clinically indicated).
CHF, Hypertrophy or dilatation of the heart	Cardiology consultation, GXT, 2-D M-mode echocardiogram with Doppler flow study and 24-hour Holter monitor (if clinically indicated).
Pericarditis, endocarditis, or myocarditis	Cardiology consultation addressing cardiac function, GXT, 2-D M-mode echocardiogram with Doppler flow study and 24-hour Holter monitor, and documentation of resolution or stability of the condition.

Please fill out spaces below

Treating Provider's Printed Name:
Treating Provider's Signature:
Treating Provider's Address:
Treating Provider's Phone Number:
Treating Provider's Fax Number:
Date:

Diabetes Patient Summary Checklist

(To be filled out by Mariner)

Mariner Name: _____

Social Security Number (last 4 digits): _____

Mariner Identification Number: _____

Type of Credential Seeking to Obtain: _____

(To be provided by the mariner and filled out by the Examining Physician)

Dear Doctor:

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A history of diabetes prompts a series of questions that usually can only be answered by the treating physician. In order for you to get a better sense of the duties that your patient engages in, please take a few moments to ask him/her what his/her job entails. Please provide the results from the tests or procedures you performed as an attachment to this packet. After submission of this document, it is possible that more information on the mariner's medical status will be requested of you. Your time is greatly appreciated.

Condition	Required Tests/Procedures
Diabetes Mellitus requiring Insulin or history of DKA	Internal Medicine consultation documenting interval history; evaluation of fasting plasma glucose; any episodes of symptomatic hypoglycemia; and, two current HgA1C's (<8.0) separated by at least 90 days old; the most recent no more than 90 days old, ophthalmology consultation; graded exercise test.

Condition	Required Tests/Procedures
Diabetes requiring Oral Medication	Internal Medicine consultation documenting interval history; evaluation of fasting plasma glucose; and, two current HgA1C's (<8.0) separated by at least 90 days, the most recent no more than 90 days old; ophthalmology consultation.
Hypoglycemia, whether functional or a result of pancreatic tumor	Internal Medicine consultation documenting interval history and GTT to document response to glucose load (Blood glucose and symptoms).

Please fill out spaces below

Treating Provider's Printed Name:
Treating Provider's Signature:
Treating Provider's Address:
Treating Provider's Phone Number:
Treating Provider's Fax Number:
Date:

Psychiatric Disorder Patient Summary Checklist

(To be filled out by Mariner)

Mariner Name: _____

Social Security Number (last 4 digits): _____

Mariner Identification Number: _____

Type of Credential Seeking to Obtain: _____

(To be provided by the mariner and filled out by the Examining Physician)

Dear Doctor:

Your patient is applying for issuance or renewal of a U.S. Coast Guard Merchant Mariner Credential. He/she will be reviewed using guidance from Coast Guard Navigation and Vessel Inspection Circular (NVIC) 04-08, available at <http://www.americanwaterways.com/index/NVIC-04a.pdf>. To help avoid delays, we seek your help in gathering the Coast Guard-required information on this and subsequent pages.

A history of psychiatric disorders prompts a series of questions that usually can only be answered by the treating medical health care provider. In order for you to get a better sense of the duties that your patient engages in, please take a few moments to ask him/her what his/her job entails. Please provide the results of your evaluation as an attachment to this packet. After submission of this document, it is possible that more information on the mariner's medical status will be requested of you. Your time is greatly appreciated.

Condition	Required Tests/Procedures
Adjustment Disorders	Psychiatrist's, clinical psychologist's, or other treating mental health care provider's clinical status report documenting the diagnosis, (DSM Axis I) history of any hospitalizations for psychiatric symptoms, and addressing any disturbances of thought, recurrent episodes, and psychotropic medication(s), to include documenting the period of use, name and dosage of any medication(s) and side effects.

Condition	Required Tests/Procedures
Attention Deficit Disorder	Psychiatrist's or clinical psychologist's, or other treating mental health care provider's clinical status report documenting the diagnosis (DSM Axis I), method of diagnosis, and addressing any disturbances of thought, recurrent episodes, and psychotropic or stimulant medication(s) to include documenting the period of use, name and dosage of any medication(s) and side effects.
Bipolar Disorder	Psychiatrist's or clinical psychologist's thorough clinical status report documenting the diagnosis, (DSM Axis I) history of any hospitalizations for psychiatric symptoms, (include admission and discharge notes) and addressing any disturbances of thought, recurrent episodes, and psychotropic medication(s) to include documenting the period of use, name and dosage of any medication(s) and side effects. Evaluation must address compliance with medications and prognosis for ability to work safely in the maritime environment.
Dysthymic or Bereavement Disorder	Psychiatrist's, clinical psychologist's, or other treating mental health care provider's clinical status report documenting the diagnosis, (DSM Axis I or II) history of any hospitalizations for psychiatric symptoms, and addressing of any disturbances of thought, recurrent episodes, and psychotropic medication(s) to include documenting the period of use, name and dosage of any medication(s) and side effects.
Clinical Depression	Psychiatrist's, clinical psychologist's, or other treating mental health care provider's clinical status report documenting the diagnosis, (DSM Axis I) history of any hospitalizations for psychiatric symptoms, and addressing of any disturbances of thought, recurrent episodes, and psychotropic medication(s), to include documenting the period of use, name and dosage of any medication(s) and side effects.

Condition	Required Tests/Procedures
Anxiety	Psychiatrist's, clinical psychologist's, or other treating mental health care provider's clinical status report documenting the diagnosis, (DSM Axis I) history of any hospitalizations for psychiatric symptoms, and addressing of any disturbances of thought, recurrent episodes, and psychotropic medication(s), to include documenting the period of use, name and dosage of any medication(s) and side effects.
Psychotic Disorder	Contact NMC for guidance
History of substance or alcohol abuse, as defined in current DSM, within the last 5 years	<p>a) For issuance of credentials, an evaluation report completed within the last year, including a determination that the individual is safe to work, from a DOT-qualified SAP, physician certified by American Society of Addiction Medicine, or any other addiction specialist accepted by the Coast Guard, and reports from the rehabilitation clinic/center (if any). Contact NMC if you have any questions regarding acceptable addiction specialists.</p> <p>b) For applicants with a history of substance abuse within the last 5 years, if they are renewal and/or raise in grade applicants who have been subject to the dangerous drug testing requirements in 46 CFR Part 16 for at least three years prior to the date of application, and if they have no verified non-negative test results (i.e. positive, adulterated, substituted, or refusal) for the entire time that they have held the credential being renewed and/or raised in grade, no evaluation data should be submitted.</p> <p>c) If a non-negative test result has been reported to the Coast Guard at any time that the applicant has held the credential being renewed and/or raised in grade, the applicant should submit the evaluation data specified for issuance of credentials.</p>

Condition	Required Tests/Procedures
History of substance or alcohol dependence as defined in current DSM	For issuance of credentials, an evaluation report completed within the last year, including a determination that the individual is safe to work, from a DOT-qualified SAP, physician certified by American Society of Addiction Medicine, or any other addiction specialist accepted by the Coast Guard, and reports from the rehabilitation clinic/center (if any). Should have at least 90 days of documented abstinence before applying for a credential. Contact NMC if you have any questions regarding acceptable addiction specialists.

Please fill out spaces below

Treating Provider's Printed Name:
Treating Provider's Signature:
Treating Provider's Address:
Treating Provider's Phone Number:
Treating Provider's Fax Number:
Date: