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| --- | --- | --- | --- |
| **Q#** | **Req** | **Question** | **Response** |
|  |  | Distinguished Visitor Embark Registration Form:  |  |
|  |  | 2021 (Date of Embark) |  |
| # | Req. | PRIVACY ACT STATEMENT : Distinguished Visitor Embark Registration FormAUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; DoD Instruction 5400.13, Public Affairs (PA) Operations; and OPNAV Instruction 5726.8, Outreach: Americas Navy. SORN # N05726-1 (<http://privacy.defense.gov/notices/usn/N05726-1.shtml>)NOTE: This system of records contains individually identifiable health information. The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974 or mentioned in this system of records notice.PURPOSE: To screen individuals who will be embarking Navy ships and submarines to participate in the Navy’s long standing Leaders to Sea public affairs program and to provide emergency contact and medical information which may become necessary if emergency care is required while embarked. Individuals submitting the information will also have the option to indicate whether they would like to receive future updates on Navy operations and events.ROUTINE USES: This information will be used by Navy Public Affairs Officers in the execution of the Navy’s Leaders to Sea Embark and Community Outreach Program.DISCLOSURE: Voluntary. However, failure to provide the requested information may result in denial of embark request. |
| 1 | Y | Date of Embark | Calendar |
| 2 | Y | Location of Embark | San Diego, CA |
| 3 | Y | Ship / Unit (Enter Ship Type abbreviation & Hull #: CVN-77, DDG-101, SSGN-788, etc.) |  |
| 4 | Y | Fleet of Embark | C3F - San Diego / Pacific Coast |
| 5 | Y | Embark Platform | Surface Ship |
| 6 | Y | O:AN Category (If Unknown, leave blank) | Options: Non-O:AN; SECNAV / CNO / OLA; CHINFO / NAVCO, CNIC; CNRC; COMPACFLT; DASN-Environment; CNRF; USFFC |
| 7 | Y | Hosting Command | CNSP |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PERSONAL INFORMATON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8 | Y | First Name |  |
| 9 | Y | Last Name |  |
| 10 | Y | Middle Name / Initial |  |
| 11 | N | Preferred Name / Nick Name |  |
| 12 | Y | Birth Year (enter 4 digits) | Calendar |
| 13 | Y | Birth Month (enter numeric month) | Calendar |
| 14 | Y | Birth Date | Calendar |
| 15 | Y | Are you a US Citizen | Yes, No, Green Card |
| 16 | Y | If No, List Nation of Origin |  |
| 17 | Y | If No, List Passport or Visa Number |  |
| 18 | Y | Gender: | Female, Male |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PERSONAL CONTACT INFORMATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 19 | Y | Are you open to future contact from the Navy? | Yes, No |
| 20 | Y | Personal Email Address: |   |
| 21 | Y | Personal Cell Phone number: |   |
| 22 | Y | Home Phone Number: |   |
| 23 | Y | Home City |   |
| 24 | Y | Home State (enter 2-letter Postal Abbreviation) |   |
| 25 | Y | Home Zip Code (5-, or 9-digit) |   |
| 26 | Y | What is your profession category? | Options: Business: CEO/President; Business: VP/Mgr/General; Civic, Non-Profit Org; Education (all levels); Government (non-military); Media/Entertainment/Sports; Medical (All Fields); Military/Defense Contractor; State/Local/Community Leader |
| 27 | Y | Current Position Title |   |
| 28 | Y | Firm / Company Name |   |
| 29 | Y | Business Phone Number |   |
| 30 | Y | Business City |   |
| 31 | Y | Business State (enter 2-letter Postal Abbreviation) |   |
| 32 | Y | Business ZIP Code |   |
| 33 | Y | Business Email Address |   |
| 34 | N | Enter Positions held in Civic, Professional, and Youth Organizations: |   |
| 35 | Y | Executive Biography: Please provide a biographic narrative: |   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMERGENCY NOTIFICATION INFORMATON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 36 | Y | In an Emergency, Please Notify: Last Name: |  |
| 37 | Y | In an Emergency, Please Notify: First Name: |  |
| 38 | Y | Relationship to Guest: |  |
| 39 | Y | Home Street Address |  |
| 40 | Y | Home City |  |
| 41 | Y | Home State |  |
| 42 | Y | Mobile Phone Number: |  |
| 43 | Y | Work Phone Number: |  |
| 44 | Y | Home Phone Number |  |
| 45 | Y | Email Address |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PREVIOUS EMBARKS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 46 | N | Date of any previous embark: | Calendar |
| 47 | N | Name of Previous Embark Ship / platform |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PERSONAL MEDICAL INFORMATON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 48 | Y | Please Enter Your Height (in inches) |  |
| 49 | Y | Please Enter Your Weight (in Pounds) |  |
| 50 | Y | List any Dietary Restrictions or Concerns. Enter "None," if you have no restrictions. |  |
| 51 | Y | If you wear a Medical Alert Tab: Provide details on your condition below, and information on any physical limitations you may have, or enter "No": |  |
| 52 | Y | If you are currently considered medically obese, or are diabetic: Provide details on your condition below, and information on any physical limitations you may have, or enter "No": |  |
| 53 | Y | If you have neurological issues, including a history of past Strokes, Migraine Headaches, Vertigo, or Dizzy Spells: Provide details on your condition(s) below, and information on any physical limitations you may have, or enter "No": |  |
| 54 | Y | If you have Respiratory Issues, including Lung Disease, Asthma or Shortness of Breath: Provide details on your condition below, and information on any physical limitations you may have, or enter "No": |  |
| 55 | Y | If you have Circulatory Issues, bleeding concerns, Uncontrolled High Blood Pressure, or Blood-Borne Diseases including Hepatitis: Provide details on your condition(s) below, and information on any physical limitations you may have, or enter "No": |  |
| 56 | Y | If you have had prior Heart-related Issues: Provide details on your condition below, and information on any physical limitations you may have, or enter "No": |  |
| 57 | Y | If you have any Structural, Back, Neck, and Bone issues; or Uncontrolled Joint Pain Issues that inhibit mobility: Provide details on your condition below, and information on any physical limitations you may have, or enter "No": |  |
| 58 | Y | If you have any Implanted Medical Devices: List the device, type, model, and details on your condition, and information on any physical limitations you may have in the block below: |  |
| 59 | Y | If you use or wear a Prosthetic Device (except hearing aids, glasses, or retainers): Provide details on those devices below, and information on any physical limitations you may have, or enter "No": |  |
| 60 | Y | If you are mobility restricted: Provide details on your condition below, and information on any physical limitations you may have, or enter "No": |  |
| 61 | Y | If you take daily injectable medications: Provide details on your medication, dosage, and times of daily use below, and information on any physical limitations you may have, or enter "No": |  |
| 62 | Y | If you have had an injury or illnesses within the past 60 days: Provide details on your injury/illness below, and information on any physical limitations you may have, or enter "No": |  |
| 63 | Y | If you have Kidney issues: Provide details on your condition below, and information on any physical limitations you may have, or enter "No": |  |
| 64 | Y | If you frequently experience Motion Sickness: Provide details on your condition below, and information on any physical limitations you may have, or enter "No": |  |
| 65 | Y | If you have any Impairing Phobias, or are OCD: Provide details on your condition below, and information on any physical limitations you may have, or enter "No": |  |
| 66 | Y | If you have Uncorrected Vision or experience Night Blindness: Provide details on your condition below, and information on any physical limitations you may have, or enter "No": |  |
| 67 | Y | Female Participants: Are you currently Pregnant | Yes; No |
| 68 | Y | If you have any Health Concerns that were not covered in the prior questions, provide details on your condition(s) below, and information on any physical limitations you may have, or enter "No": |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WAIVERS AND ACCEPTANCES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 69 | Y | Medical Concerns Statement: Certain medical conditions are not compatible with ship, watercraft, or aircraft environments and may be beyond the capabilities of the Medical Department if medical intervention is required. The information requested on this form is used for initial screening purposes only. If you answer 'yes' to any of the statements above, we will send you an additional medical screening form, which will need to be completed and returned, before you will be approved to participate on the embark. For safety reasons, anyone who requires the use of crutches, canes, wheel chairs, or have a medical condition that limits their ability to climb 10 flights of steps, will not be authorized to embark. In accordance with current Navy directives, pregnant females are not eligible for embarkation. You are required to bring all of your medications in sufficient quantities to cover your entire time aboard the ship. The Medical Department will only provide emergency medications.I certify that I have read and agree with Medical Concerns Statement (enter yes, or no) | Yes; No |
| 70 | Y | Consent to Treatment for Emergency Medical/Dental Care: I hereby grant my express, voluntary, and knowing consent to the rendering of all emergency medical and dental treatment that may, in the professional judgment of the Medical Officer or Dental Officer, become necessary while embarked. Emergency care is the only type of care authorized. Guests with chronic or incipient medical problems should be aware of the limitations of extended care available afloat. Transportation to a definitive care facility may be required as an adjunct to authorized emergency medical or dental care. Personnel receiving medical or dental care who are not otherwise eligible to receive such care may be obligated to reimburse the U.S. Government. I certify that I have read and Consent to Treatment for Emergency Medical/Dental Care (enter yes, or no) | Yes; No |
| 71 | Y | Risk Advisement: Travel aboard all models of U.S. Navy ships, watercraft, and aircraft involve a degree of risk. For example, catapult launches and arrested landings aboard aircraft carriers are inherently dangerous and involve substantial risk of injury or death. The Navy makes every effort to minimize risk through extensive training and meticulous maintenance. However, such risk cannot be completely eliminated. Naval ship, watercraft, and aircraft are designed for the typical age and physiological characteristics of military personnel, and may bear additional risk for personnel of other ages and physiological characteristics. Similarly, daily life onboard an operational ship has inherent risks. The shipboard environment is an industrial, operational area with unique hazards on the flight deck and below decks, such as: low overheads, steep ladders, knee-knockers, darkened passageways, airplane arresting cables, ropes or lines on the decks, wet and potentially slippery floors, rolling stairways or brows used to access the ship, and other hazards.I certify that I have read and fully understand the Hazards and associated Risk of injury while participating on a shipboard embark (enter yes, or no) | Yes; No |
| 72 | Y | Release of Liability: In consideration of being allowed to travel onboard a Navy ship, watercraft, or aircraft without having received the rigorous and intensive medical screening, with physiology and water survival training, I expressly assume all risks, including personal injury or death, arising out of my participation. I have been advised and recognize the risk inherent to an operational shipboard environment. I agree, for myself, my heirs, executors and administrators, to release, indemnify, and hold harmless the U.S. Navy, its personnel, equipment, and vessels from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this embark, whether it results from negligence or any other cause. This release and indemnification shall be as broad and inclusive as is permitted by pertinent federal and state law. If any portion of it is held invalid, the balance shall continue in full force and effect.I certify that I have read and agree with the Release of Liability statement (enter yes, or no) | Yes; No |
| 73 | Y | Embarks are subject to Cancellation: Completion of a Distinguished Visitor embark is NOT guaranteed. Successful completion of a Distinguished Visitor embark is contingent upon many factors: Ship’s movements, operational training schedules, and aircraft availability which are always subject to change. Embarks have the potential to be CANCELLED on VERY short notice – including the day of your embark. In the event that your embark must be cancelled, the Navy will notify you immediately. Should your scheduled embark be cancelled for whatever reason, you agree to release and indemnify the U.S. Navy, its personnel, equipment, and vessels, from any and all financial liability, claims, demands, and causes of action whatsoever. This release and indemnification shall be as broad and inclusive as is permitted by pertinent federal and state law. The Navy will make every reasonable effort to reschedule you on a future embark opportunity.I certify that I have read, and accept all financial responsibility for my travel and lodging expenses, should this embark be cancelled. (enter yes, or no) | Yes; No |
| 74 | Y | No Quid Pro Quo for participating: Individuals or organizations shall not, nor attempt to, sell, trade, auction, or barter, the opportunity to participate on a Distinguished Visitor embark. If you have been approached about making payments / contributions in conjunction with this embark opportunity, please contact the Commander, Naval Surfaces Forces, U.S. Pacific Fleet Public Affairs Office, by emailing: CNSP PAO at CRND\_CNSP\_PAO@navy.mil, or by calling: 619-522-3297; and provide details of the solicitation. I certify that I have not paid money, or promised to exchange goods, services, or a thing of value, to any individual or organization; nor have I made a ‘donation’ of any type to an individual or organization with the expressed or implied purpose of participating on a Distinguished Visitor embark. (enter yes, or no) | Yes; No |
| 75 | Y | Signature | Calendar |
|  | Y | Type name: | Date |
| **For Internal Use Only** |
| Signature: |  | Calendar |
| Name: |  | Date |
| Title: |  |  |