

**U.S. COAST GUARD
HEALTH, SAFETY, AND WORK-LIFE FIELD OFFICE BOSTON
SPECIAL NEEDS MEDICAL FORM**

Name of Family Member

Relationship to Sponsor (i.e., wife, son, etc)

Name of Sponsor/Rank

Unit

*To be completed by medical professional involved in above named family member's care.
Continue on reverse side if necessary.*

Current Active Diagnosis:

Medications:

Treatment Plan:

Prognosis: *Include expected length of condition.*

Other Pertinent Information: *(i.e., other services needed, etc.)*

Printed Name

Signature/Date

Address

Phone Number to include area code

Return form to:

Attention: Family Resource Specialist
U.S. Coast Guard
Health, Safety, and Work-Life Field Office Boston
427 Commercial St.
Boston, MA 02109-1027
Fax # (617) 223-3464