

**Recommended Evaluation Data Excerpt from NVIC 04-08**

**Purpose:** This document is an excerpt from the Medical and Physical Evaluations Guidelines for Merchant Mariner Credentials, contained in enclosure 3 of NVIC 04-08. It addresses evaluation data for specific conditions that *may* be requested upon evaluation of the physical examination report (CG-719K).

No.	MEDICAL CONDITION	RECOMMENDED EVALUATION DATA
<b>HEAD, FACE, NECK, AND SCALP</b>		
1	Fistula of neck, either congenital or acquired, including tracheotomy	Copies of all pertinent consultations, CT/MRI reports (and films, if available); plus if surgery has been done, copies of the operative and pathology reports; if malignant, an oncology evaluation as well.
2	Deformities of the face or head that may interfere with the proper fitting and wearing of respiratory protection	Copies of all pertinent consultations, CT/MRI reports (and films, if available) and quantitative respiratory fit testing; plus if surgery has been done, copies of the operative and pathology reports; if malignant, an oncology evaluation as well.
3	History of tumor within the last 5 years	Local expansion and impingement on adjacent structures is the initial manifestation of most of these tumors. The extensive resection and resultant loss of structures vital for speech, swallowing (and control of secretions) and equipment fit will be important post-therapy concerns in medical certification of affected mariners. Appropriate candidates for waiver are those mariners whose tumors have been completely removed in a manner that has not disturbed the surrounding structures needed to perform duties. Impairment of speech, secretion control, and equipment fit are not considered favorably for waiver. Confirmation of the histology is necessary. In addition, documentation of return of function of "quality" speech, swallowing/control of secretions, and equipment fit are required. Basal cell carcinomas with only local excisions do not require this evaluation.

Condition #:	Comments:

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_