

**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>NEUROLOGIC</b>		
143	History of Cerebral Thrombosis	Neurology consultation to include brain MRI, bilateral carotid ultrasound, and cerebral angiography.
144	History of Intracerebral or Subarachnoid Hemorrhage	Neurosurgical consultation and confirmation of successful obliteration of the vascular anomaly, neurologic and neuropsychologic evaluations, reports of MRI or CT scan to confirm absence of hydrocephalus.
145	History of Transient Ischemic Attack	Neurology consultation to include brain MRI, bilateral carotid ultrasound, echocardiogram to include bubble-contrast and cerebral angiography.
146	History of Intracranial Aneurysm	Neurosurgical consultation and confirmation of successful obliteration of the vascular anomaly, neurologic and neuropsychologic evaluations, reports of MRI or CT scan to confirm absence of hydrocephalus.
147	History of Arteriovenous Malformation	Neurosurgical consultation and confirmation of successful obliteration of the vascular anomaly, neurologic and neuropsychologic evaluations, reports of MRI or CT scan to confirm absence of hydrocephalus.
148	Intracranial Tumor within the last 5 years	Oncologist / hematologist consultation documenting staging, histology, past and present treatment(s) report of CT scans and post-operative reports and radiation treatment(s) if applicable. Pituitary tumors also require endocrinology consultation.
149	History of Pseudotumor Cerebri	Submit all pertinent medical records, neurologic report, name and dosage of medication(s) and side effects. <b>Note:</b> An applicant with a history of benign supratentorial tumors may be considered favorably for a waiver after a minimum satisfactory convalescence of 1 year.
150	DELETED	INTENTIONALLY BLANK
151	Landry-Guillain-Barre Syndrome	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies as indicated including documentation of extremity functional status (degree of impairment as measured by strength, range of motion, pain).
152	Myasthenia Gravis	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies as indicated including documentation of extremity functional status (degree of impairment as measured by strength, range of motion, pain).
153	Multiple Sclerosis	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies, including recent MRI, as indicated including documentation of extremity functional status (degree of impairment as measured by strength, range of motion, pain). Functional testing as indicated in enclosure (2).
154	Dystonia Musculorum Deformans	Obtain medical records and neurology consultation, complete neurological evaluation with appropriate laboratory and imaging studies, as indicated including neuro-psychological testing. Functional testing as indicated in enclosure (2).
155	Huntington's Disease	Neurology consultation with complete neurological evaluation and

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

		appropriate laboratory and imaging studies, as indicated including neuro-psychological testing. Functional testing as indicated in enclosure (2).
156	Parkinson's Disease	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies, as indicated including neuro-psychological testing. Functional testing as indicated in enclosure (2).
157	Wilson's Disease	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies, as indicated including neuro-psychological testing. Functional testing as indicated in enclosure (2).
158	Gilles de la Tourette Syndrome	Obtain medical records and neurology consultation, complete neurological evaluation with appropriate laboratory and imaging studies, as indicated including neuro-psychological testing. Functional testing as indicated in enclosure (2).
159	Alzheimer's Disease	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies, as indicated including neuro-psychological testing.
160	Dementia	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies, as indicated including neuro-psychological testing.
161	Slow viral diseases i.e., Creutzfeldt - Jakob's Disease	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies, as indicated including neuro-psychological testing.
162	History of recurrent headaches of any type that have associated symptoms which can cause sudden incapacitation such as visual disturbances, photophobia, difficulty concentrating, nausea/vomiting, ataxia, paresis, or vertigo	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies to include characteristics, frequency, severity, associated with neurologic phenomena, name and dosage of medication(s) and side effects.
163	Hydrocephalus, secondary to a known injury or disease process; or normal pressure	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies, as indicated including neuro-psychological testing.
164	History of Brain Abscess	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies, as indicated including neuro-psychological testing.
165	History of Encephalitis	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies, as indicated including neuro-psychological testing.
166	History of Bacterial Meningitis within the last 5 years	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies, as indicated including neuro-psychological testing.
167	Neurosyphilis	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies, as indicated including neuro-psychological testing.
168	History of disturbance of consciousness without identifiable cause within the last 5 years	Neurology consultation with complete neurological evaluation and appropriate laboratory and CT, MRI, and EEG studies, as indicated.
169	History of Seizure Disorder, excluding Febrile Seizures prior to age 5	Submit all pertinent medical records, neurology consultation, to include characteristics, frequency, severity, associated with neurologic phenomena, name and dosage of medication(s) and side effects.

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

		Note: Contact NMC for guidance._
170	DELETED	INTENTIONALLY BLANK.
171	History of transient loss of nervous system function(s) without identifiable cause, e.g. transient global amnesia	Neurology consultation with complete neurological evaluation and appropriate laboratory and CT, MRI, and EEG studies, as indicated including neuro-psychological testing.
172	Trigeminal Neuralgia	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies to include characteristics, frequency, severity, associated with neurologic phenomena, name and dosage of medication(s) and side effects.
173	History of Head Trauma within the last 10 years associated with:Epidural or Subdural Hematoma; Focal Neurologic Deficit; Depressed Skull Fracture; or Unconsciousness or disorientation of more than one hour following injury	Neurology consultation with complete neurological evaluation and appropriate laboratory and imaging studies, as indicated including neuro-psychological testing. Submit all pertinent medical records, current status report, to include pre-hospital and emergency department records, operative reports, neurosurgical evaluation, name and dosage of medication(s) and side effects.
174	Meniere's Disease	Neurology consultation, to include characteristics, frequency, severity, associated with neurologic phenomena, name and dosage of medication(s) and side effects, otolaryngology and audiology consults.
175	Acute Peripheral Vestibulopathy	Neurology and otolaryngology consultations, to include characteristics, frequency, severity, associated with neurologic phenomena, name and dosage of medication(s) and side effects.
176	Nonfunctioning Labyrinths	Neurology and otolaryngology consultations, to include characteristics, frequency, severity, associated with neurologic phenomena, name and dosage of medication(s) and side effects.
177	Vertigo or Disequilibrium	Neurology and otolaryngology consultations, to include characteristics, frequency, severity, associated with neurologic phenomena, name and dosage of medication(s) and side effects.
178	Orthostatic Hypotension causing Vertigo or Disequilibrium	Neurology and otolaryngology consultations, to include characteristics, frequency, severity, associated with neurologic phenomena, name and dosage of medication(s) and side effects.
179	Sleep Apnea, Central Sleep Apnea, Narcolepsy, Periodic Limb Movement, Restless Leg Syndrome or other sleep disorders	Submit all pertinent medical information and status report. Include sleep study with a polysomnogram, use of medications and titration study results. If surgically treated, should have post operative polysomnogram to document cure or need for further treatment.

Condition #	Comments:

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_