



UNIVERSITY OF WASHINGTON
Individual Science Party Member
Personal Data Form

You must complete this form in its entirety to participate in a cruise aboard our vessels. Your submittal of this form indicates your agreement with terms stated herein.

School of Oceanography • (206) 543-5060 • Fax (206) 543-6073

Chief Scientist: _____ Dates of your cruise: _____

Your name [as it appears on passport]: _____

Gender: M F Complete **residence** mailing address: _____

School or Employer: _____ Your cell phone: _____

Function on cruise: PI SciTech/Engr Grad Student Undergrad Student Other _____

A clear, legible copy of the photo page of your passport MUST accompany this form for all cruises unless instructed otherwise. If in doubt, check with your Chief Scientist. Passports must be valid for the duration of the voyage plus six months for most countries.

If non-U.S. and required, you must have a valid multiple-re-entry U.S. visa. You may need a valid visa if the planned cruise goes to other countries.

Coronavirus (2019n-CoV) screening questions:

Will you have traveled to or had a layover in any of the countries listed as Widespread Sustained (Ongoing) Transmission with or without travel restrictions on the CDC website <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html> within 14 days of meeting the ship? Yes No

Have you yourself been either (1) in close contact with anyone who has been confirmed to have 2019n-CoV or (2) quarantined for exposure to 2019n-CoV? Yes No

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Relationship: _____ Phone: _____

Email (to be used in emergency only): _____

City & State (or Country): _____

UW Marine Operations is committed to ENVIRONMENTAL STEWARDSHIP AND SAFETY. At a minimum, go to and read “What you need to know before sailing on a UW vessel” at:
<http://www.ocean.washington.edu/story/What+you+need+to+know+before+sailing+on+a+UW+vessel>

**ACKNOWLEDGEMENT OF RISK AND CONSENT FOR TREATMENT FOR
FIELD OCEANOGRAPHY RESEARCH TRIP PARTICIPANTS**

I acknowledge that I have read the above referenced web posting and there are certain risks inherent in field oceanography research aboard ocean going vessels. I acknowledge that all risks cannot be prevented and I assume those risks beyond the control of the University of Washington staff. I represent that I am able, with or without accommodation, to participate in this field research, am able to use the equipment and/or supplies described by the field research trip leader, and have obtained all required immunizations.

Should I require emergency medical treatment as a result of accident or illness arising during the field research trip, I consent to such treatment. I acknowledge that the University of Washington does not provide health and accident insurance for field research trip participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I have provided in this form any medical conditions about which emergency medical personnel should be aware.

MEDICAL INFORMATION AND ABILITY TO WORK AT SEA:

Submittal of this form constitutes acknowledgement that you have no physical defects or ailments which would prevent the performance of duties at sea for extended periods of time. There is limited medical service available on board. The Chief Mate and/or the Captain have limited training, and are qualified as a "Medical Person in Charge" (MEDPIC). To supplement their skills, UW subscribes to a medical advisory service called MedAire. MedAire provides 24X7 phone and email advice to the MEDPIC during a medical emergency at sea. While answering the below questions, please provide all information you would want emergency response personnel both on board and at MedAire to know about you if you are incapacitated. THIS INFORMATION WILL BE KEPT CONFIDENTIAL with the Chief Scientist, Master, and shore personnel that need to know.

If you use over the counter (OTC) medications such as pain relievers, ointments, etc, bring enough to last the duration of the cruise, plus travel time. The ship does not provide these.

Please provide your doctor's contact information that the ship board MEDPIC and/or shoreside MedAire professionals can interact with if necessary during an emergency at sea.

Doctor's full name: _____ Phone: _____



yes no Do you use any medicines regularly? If yes, list them below with where they are stored, and rules for dosage and administration if you are incapacitated. Also ensure that you have a sufficient supply for the entire trip plus a liberal allowance in the event of a delayed arrival back to port, personal travel, and other unforeseen delay.

yes no Do you have any medical conditions that could flare up and require prompt administration of special medications or other therapies? For example diabetes, heart problems, ulcers, asthma, etc. If "yes", please describe:

yes no Do you have any condition that might lead to sudden unconsciousness or loss of motor control or normal coordination? For example, epilepsy or fainting spells. If "yes", please describe:

yes no Do you have any impairments of normal coordination and agility? For example, an artificial limb or partial paralysis. If "yes", please describe:

yes no Do you have any uncorrectable impairments of normal sensory perception (sight, hearing, etc.)? If "yes", please describe:

yes no Have you received any medical advice, pertinent to the time you are scheduled to be at sea, to the effect that you should not travel far away from full medical care facilities? If "yes", please describe:

- yes no Do you have enough experience at sea to know if you are subject to chronic seasickness?
- yes no If you answered Yes to the above, are you subject to chronic seasickness to an extent that may threaten your health and/or impair your ability to complete your planned tasks?
- yes no Have you had, or will you obtain before embarking, all of the vaccinations required for entry into any foreign countries in which the ship will call while you are aboard or through which you will travel in the course of joining and leaving the ship? Information about vaccination requirements may be obtained from the U.S. Centers for Disease Control (wwwnc.cdc.gov), the U.S. State Department (www.travel.state.gov), or your private physician.
- n/a
- yes no Do you have any medical condition not noted above which could cause an emergency at sea? An *emergency* means that the ship may be required to divert from its planned operations to seek or coordinate medical attention for you. If "yes", please describe:
- _____
- _____
- _____
- yes no Do you have any other medical concerns or medical information that you would like to bring to our attention in the interest of safeguarding your own health? If you need more space, you may attach a written explanation, or discuss in person with the chief scientist or captain.
- _____
- _____
- _____
- _____

Summarized Drug & Alcohol Policy

To help ensure the safety and well-being of faculty, staff, students, and the general public, the School is committed to maintaining a shipboard environment that is free of illegal drugs. The School also prohibits the unlawful possession, use, distribution, or manufacture of alcohol, marijuana, or controlled substances (as defined in Chapter 69.50 RCW) on School vessels. Violation of the School's drug and alcohol policy is cause for disciplinary or other appropriate action.

Summarized Smoking Policy

In accordance with the Washington State Clean Indoor Air Act, and the ship's fire protection alarm system's sensitivity to smoke, smoking is not permitted within the ship.

Summarized Footwear Policy

Proper closed toed and heeled footwear is required to be worn on board in common work areas or lab spaces without exception. Off duty, closed toed sandals are acceptable away from work areas. Additionally, safety boots/shoes are required when working on deck with any weight handling gear; a limited supply of boots will be available. No flip-flops or sandal style shoes shall be worn anywhere on the ship other than in the personal berthing rooms.

Summary of Harassment & Personal Relationships Policy

UW School of Oceanography is committed to maintaining a positive working, research and learning environment free of illegal discrimination, harassment, intimidation and the perception thereof. All personnel, including crew, scientists, students, marine technicians, and anyone else involved, both shoreside and on board, are expected to support this goal. It is important that a professional atmosphere is maintained at all times through mutual respect for all your shipmates.

I agree to all of the preceding conditions.

Signature

Date

I agree to all of the preceding conditions for my Minor.

Signature of Parent or Guardian

Date

IMPORTANT: The Chief Scientist must collect **ALL THREE** pages of this form and a passport copy from each Science Party member and then deliver them to the School's Administrative Assistant no later than **14 days** before the date of the cruise. Note that most countries require your passport expiration to be at least 6 months beyond all travel.

