



UNITED STATES DEPARTMENT OF COMMERCE
National Oceanic and Atmospheric Administration
NATIONAL MARINE FISHERIES SERVICE
Northeast Fisheries Science Center
166 Water Street
Woods Hole, MA 02543-1026

PHYSICAL STANDARDS & ACKNOWLEDGEMENT OF RISK

Physical Standards

All At-sea monitor candidates must be certified by a physician to be physically fit to work as an at-sea monitor on a domestic commercial fishing vessel. The physician must understand the At-sea monitor's job and working conditions. Physical considerations include, but are not limited to:

1. Ability to swim 100 meters (tested during safety training)
2. Ability to tread water for three (3) minutes (tested during safety training)
3. Ability to don an immersion suit in 60 seconds or less (tested during safety training)
4. Ability to perform various water survival skills (i.e., boarding life raft, cold water skills, etc. (tested during safety training)
5. Ability to climb a ladder
6. Ability to lift and carry 50 pounds correctly
7. Susceptibility to chronic motion sickness
8. Ability to live in confined quarters

A licensed physician must certify not more than 12 months prior to the end of the At-sea monitor training that the At-sea monitor candidate is physically capable of serving as an At-sea monitor. Documentation must be provided to the program *prior* to the At-sea monitor candidate's completion of training. Any physical condition that could limit an At-sea monitor duties while at sea or ashore may be grounds for a failed medical certification. Though not limited to, some examples are: asthma, heart conditions, current pregnancy, diabetes, joint conditions, previous injuries that may affect work performance, inner ear injuries, head injuries, etc.

Disclosure of Existing Medical Conditions

If there are any medical conditions that may affect your ability to perform your duties as an At-sea monitor and/or Dockside Monitor, please inform the training staff immediately and list them in the provided space below. Though not limited to, some examples are: asthma, heart conditions, current pregnancy, diabetes, joint conditions, previous injuries that may affect work performance, inner ear injuries, head injuries, etc.

List any medical conditions here OR write in 'NONE'.

Emergency Contact Information:

Primary Contact: (Full Name) _____

Relationship (parent, spouse, etc.): _____

Contact Telephone Number: _____

Secondary Contact: (Full Name) _____

Relationship (parent, spouse, etc.): _____

Contact Telephone Number: _____

At-sea monitor Safety Training Acknowledgement of Risk

I, _____ (Print Name) recognize the activity in which I desire to participate involves risk of injury, which may include but are not limited to: striking objects when entering when entering water, cardiac arrest, ventricular fibrillation, inadvertent gasping and inhalation of water, sudden drowning syndrome, or drowning from other causes, hypothermia, falls from walking on slippery surfaces, and other injuries which may occur due to the use of safety and survival equipment such as distress flares, liferafts, personal floatation devices, dewatering pumps, fire extinguishers, etc.

Signature

Date