



T BRUCE APPELGATE JR PHD  
ASSOCIATE DIRECTOR  
SCRIPPS INSTITUTION OF OCEANOGRAPHY  
SHIP OPERATIONS AND MARINE TECHNICAL SUPPORT  
TEL: 858.534.2220

9500 GILMAN DRIVE  
LA JOLLA, CALIFORNIA 92093-0210  
EMAIL: [TBA@UCSD.EDU](mailto:TBA@UCSD.EDU)  
URL: [SHIPSKED.UCSD.EDU](http://SHIPSKED.UCSD.EDU)  
FAX: 858.822.5811

**SUBJECT: SIO Questionnaire regarding physical ability to work at sea**

Please read, sign and return the attached medical questionnaire to your chief scientist.

**Who must file?** All members of scientific parties aboard SIO research vessels are required to complete this form. STS personnel sailing as part of the scientific party do not need to submit (their information is on file with SIO Ship Operations).

**When to file:** Two weeks prior to ship sailing, or as directed by your chief scientist.

**Where to file:** Provide your signed form to your chief scientist.

**Purpose:** To provide the chief scientist and ship's captain with information regarding your physical ability to work at sea so that they may understand the medical conditions of all personnel aboard that have implications for the health, safety, and welfare of all.

**How this information will be used.** Your information will be reviewed by the chief scientist and ship's captain. The captain has the authority to dismiss an individual on medical grounds related to safety at sea. The chief scientist has authority to dismiss an individual if the potential for medical diversion puts the planned scientific program at risk. Risk varies depending on the location and duration of each mission, and these factors will be taken into account when your information is reviewed. For instance, missions that operate close to shore, or for which rapid medical evacuation is possible, carry less risk than 50-day cruises across the Southern Ocean.

**Who will view this information?** The chief scientist and ship's captain. In some instances the SIO marine superintendent or SIO port captain may review the files to assist the ship's captain.

**What will happen to this information?** The captain will hold your signed form in confidence at sea, and will destroy it when you leave the ship (unless you specify to have it returned to you).

**Questions?** If you have questions regarding the use or disposition of this form, please contact your chief scientist or the SIO Ship Scheduling Office ([shipsked@ucsd.edu](mailto:shipsked@ucsd.edu)).

**Disputes.** Disputes will be referred to the SIO Associate Director for resolution.

We care about your health and safety at sea. If you have any concerns about health and safety on board, please discuss them with your chief scientist prior to your cruise, or while at sea with the chief scientist or ship's captain.

Regards,

Bruce Appelgate  
Associate Director, SIO



yes no

Do you have any serious communicable diseases? 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 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](http://wwwnc.cdc.gov)), the U.S. State Department ([www.travel.state.gov](http://www.travel.state.gov)), or your private physician.

n/a

yes no

Do you have any medical condition not noted above which has significant likelihood either of causing an emergency at sea, or of rendering you unable to do your work? An *emergency* means that, in order to safeguard your health, the ship must divert from its planned operations to seek 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 the attention of the chief scientist or captain in the interest of safeguarding your own health? If yes, please attach a written explanation, or discuss in person with the chief scientist or captain.

yes no

Do you have any food allergies, dietary preferences or dietary restrictions? If "yes", please describe:

---

---

yes no

Do you wish to have this form returned to you at the end of the cruise? If not, this form will be destroyed after your cruise is completed.

**Questions or comments? Please contact:**

SIO Ship Scheduling Office,  
Scripps Institution of Oceanography, 0705  
9500 Gilman Dr.  
La Jolla, CA 92093-0705

858-534-2841 (phone)  
858-534-1641 (alternate phone)  
[shipsked@ucsd.edu](mailto:shipsked@ucsd.edu)