## **DEPARTMENT OF THE NAVY**

Commander, Navy Region Mid-Atlantic 1510 Gilbert Street, Norfolk, VA 23511-2737

Office: (757) 322-2853 Fax: (757) 445-1953



Date:		Embark Type:			Service:		
FLEET WEE	K NEW Y	YORK '18 YO	OUTH G	ROUP NO	MINAT	ION F	<u>ORM</u>
Full Name:			Pa	rent/Guardian	:		
Preferred Name:			C	ell Phone:			
Home Address:							
Gender:	DOB:		Citizenshi	p:		Age:	
Youth Group Orga	anization:						
Youth Group Add	ress:						
Email:							
Biographical Info: (Biography may be attached)							
Civic, professional, and other organizations:							
Military Service: (Date / Rank / Rate)							
Previous Embarks: (Date / Ship Name)							
Medical/Food Restrictions:							
Sponsor:				Sponsor's	s Tel.# :		
HEALTH STATEM embarking a U.S. N climbing many fligl to accepting an emb	MENT: I certi avy ship. I re ats of stairs ar	cognize that shipb nd understand it m	ealth and ab	le to withstand arduous, invol	lving consid	lerable wa	alking and
		Signatu	ure:				
Please return to:			(Physica	al Signature of Y	outh Group	Member	or Guardian)

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(Attn: Code 00PA)

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# FOR MEDICAL/OFFICIAL USE ONLY COMNAVREGMIDLANT DISTINGUISHED VISITOR MEDICAL INFORMATION



Certain medical conditions are not compatible with a shipboard environment and may be beyond the capabilities of the Medical Department if medical intervention is required. The information requested below will help the Medical Department make recommendations to the ship's Commanding Officer concerning which medical conditions are compatible with embarkation aboard the aircraft carrier.

For safety reasons, those who require the use of crutches, canes or wheel chairs or have a medical condition that limits their ability to climb three flights of steps without assistance will not be authorized to embark aboard the ship.

Additionally, in accordance with current Navy directives, pregnant females are not eligible for embarkation.

You are required to bring all of your medications in sufficient quantities to cover your entire time aboard the ship.

Unfortunately, the Medical Department will only provide emergency medications.

Parent/Guardian name:

Name:		Age:	DOB:	
Current Medications & Dosage:				
Do you wear a medical alert tag?	☐ YES ☐ 1	NO Reason:		
Drug Allergies:				
☐ Asthma         ☐           ☐ Diabetes         ☐           ☐ Stroke         ☐           ☐ Ulcers         ☐           ☐ Pacemaker         ☐	Heart Disease Hepatitis Dizzy Spells Cancer Chest Pains	<ul><li>Shortness of Breath</li><li>Bleeding Problems</li><li>High Blood Pressure</li><li>Communicable Disea</li><li>Kidney Disease</li></ul>		ry/Illness eadaches
Please explain any of t which you have answe				
Have you had any other medical conditions not above? If so, please except TO TRE	: listed kplain:	TO EMEDGENCY N	MEDICAL/DENTAL C	ADE
I hereby grant my express professional judgment of Emergency care is the onl limitations of extended ca	, voluntary, and knowing co the Medical Officer or Dent y type of care authorized. Of re available afloat. Transpontal care. Personnel receiving	onsent to the rendering of al cal Officer, become necessar Guests with chronic or inciportation to a definitive care	l emergency medical or dentary while embarked aboard the pient medical problems should facility may be required as an an are not otherwise eligible.	al treatment that may, in the aircraft carrier. I be aware of the adjunct to authorized
cipant name:		Participant signature	e:	Date:

THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN TITLE 10 OF THE UNITED STATES CODE.

Parent/Guardian signature:

Date:

	Regulation notify the of the for	ons. The principa e next of kin in th rm is completely	ne event of death or voluntary: failure to	ormation requeste serious injury prio provide required i	d is to enable r to arrival at o nformation m	1. Departmental competent authority to destination. Completion nay result in deletion of art of your financial
PL	EASE CHEC	K YOUR BAGG	AGE. THE FOLLO	WING ITEMS AR	E PROHIBIT	TED:
	L	NFLAMMABLES LIGHTER FLUID MATCHES	EXPLOSIVES AMMUNITION MAGNETRONS	PETS NARCOTICS RADIOACTIVES		
NEXT OF KIN INFO	)MATION (F	ill out comple	tely)	Date:		
Name (Last, First, Middle	e):			<u> </u>		
Rank or Rate:			Branch o	f Service:		
Next of Kin (Full I	Name):			Relationsh	nip:	
NOK Address:				NOK Phone:		
			or guardian must		, and I h	nereby icipant to its terms.

## **GUEST INFORMATION SHEET**

**BACKGROUND:** Embarkations are instrumental in increasing public awareness of the Navy and its missions, and are conducted within the framework of regularly scheduled operations. Examples of embarkation include, but are not limited to, civilian orientation groups, community service clubs, civic groups, the Navy League, trade and professional associations, and authorized youth groups such as the National Scouting Program, Naval Junior Reserve Officer Training Corps and Naval Sea Cadet Corps. All guest visits authorized are on an unclassified basis. Space aboard all naval vessels is limited and regardless of how safety conscious a command may be, there is always an element of risk, particularly to young children; therefore, embarkation of children under age 15 is prohibited.

**SCHEDULING:** Our ship schedules are always subject to change on short notice and plans may be changed or canceled. In the event this occurs, we will let you know immediately to avoid any inconvenience to you. Also, if you learn that you cannot join us for a visit as planned, please let us know as soon as possible so we may offer this opportunity to someone else. If you must cancel your trip for any reason, we will place you on our list for a future visit. For those embarking in Norfolk, VA, please arrive the night before embark.

**EXPENSES: Overnight guests are responsible for covering travel expenses.** Guests will be asked to cover the cost of meals and incidentals. Cash or check will be acceptable.

## CREDIT CARDS ARE NOT ACCEPTED.

<u>CLOTHING AND PERSONAL ITEMS:</u> Aboard ship, dress casually for a working environment. Bring wash-and-wear slacks, sport shirts and windbreakers or sweaters for wear in the evening. Please <u>NO SKIRTS or SHORTS</u>.

You will find that comfortable shoes are a must for standing and walking on steel deck plating – flat, soft-soled shoes are recommended and tennis or running shoes are ideal. Please **NO HIGH HEELS, OPEN-TOE SHOES OR SANDALS**. On the next page, please find a checklist of allowable items.

**BAGGAGE:** Please limit luggage to one carry-on sized bag.

<u>CAMERAS</u>: There will be opportunities for photos and guests will certainly want to take pictures to share the experience with friends and family. Bring lots of film/SD cards and batteries. Video cameras are also allowed. Use a protective carrying case for equipment and it will have to be stowed with your luggage if flying to the ship. The ship escort will always advise guests in advance of the few areas where photography might be restricted.

**MEDICAL:** Shipboard life is arduous and guests will be doing considerable walking, including many flights of stairs. Be sure you are in the best possible health for your visit. A check-up by your physician would be wise. Remember to bring eyeglasses. Bring any medications you take with you. In an emergency, medical and dental treatment is available aboard ship or at shore stations. **Please advise us of any special medical condition you may have so we can take into consideration.** Warships and Navy aircraft present certain dangers inherent to shipboard life, and your personal safety is important to us. It is vitally important to be alert and cautious at all times.

<u>SLEEP:</u> Please expect a busy schedule while you are aboard the ship. We strongly recommend you **GET A FULL NIGHT OF SLEEP**, and make sure you are in the best of health before you arrive at the ship.

**ALCOHOL:** Unlike the British Navy, our ships are "dry:" Alcohol is **NOT** permitted aboard and will be confiscated.

**IN CASE OF EMERGENCY:** In the event of an emergency at home, please contact the CNRMA Public Affairs Office at (757) 322-2853.

## **Guest Check List:**

Reg	uired Items:
	Casual Clothing (slacks/pants)
	Long-sleeved shirt or jacket
	<u>Comfortable</u> Tennis Shoes or Work Boots (NO High Heels)
	Robe/Towels
	Shower Shoes
	Toiletries/linens/sleeping bag
	Medicine
	Cash for meals (Specific amount needed will be addressed closer to the embark date)
<u>Opt</u>	tional Items:
	Camera/Film
	Video Camera
	Batteries
	Alarm Clock
	Sunglasses

## PROHIBITED ITEMS ON MILITARY SHIPS:

**Materials:** Banners, posters or signs; defensive sprays or chemicals (including mace or pepper spray); weapons or contraband; illegal drugs or paraphernalia; flammable liquids or aerosol cans.

**Clothing:** Open-toed shoes; shorts/skirts.

### DIRECTIONS TO NAVAL STATION NORFOLK TOUR AND INFORMATION OFFICE:

## From the highway:

- 1. Take I-64 (East/West) to I-564
- 2. Pass off-ramp for Terminal Blvd.
- 3. Pass off-ramp for Gate 3A
- 4. I-564 turns into Admiral Taussig Blvd.
- 5. Pass the Navy Exchange on left.
- 6. Turn left onto Hampton Blvd. at the last lighted intersection in front of Gates 1 and 2.
- 7. Turn right into Tour and Information Office just before next lighted intersection at Gate 5.

#### From Norfolk:

- 1. Drive northbound on Hampton Blvd.
- 2. Pass Gate 5 on the left while continuing through lighted intersection.
- 3. Make a U-turn and the Tour and Information Office will be immediately on the right before Gate 5.