

## IODP Employee Physical Examination Packet

Employees should review the following documents for information regarding IODP medical exam policies:

- IODP Physical Examination Policy and Procedures for Employees (pages 2–5)
- IODP New Employee Physical Examination Policy (page 6)

**Employees are required to submit a physical examination report signed by a licensed physician stating that they are physically fit to participate in the expedition.**

**New employees:** All completed materials should be returned as soon after completion as possible (translated into English, if applicable), **prior** to the new employee's first working day.

**Existing employees:** Annual or pre-expedition examinations should be returned no later than **4 months prior to departure** to join the ship in port.

The following documents should be shared with the **physician**:

- IODP Medical History Questionnaire for Employees (pages 7–10)
- Information for the examining physician (page 12)
- IODP Employee Physical Examination Requirements (pages 13–14)
- IODP Employee Job Duties and Physical Requirements (page 15)
- **IODP Physical Examination Form (to be completed by the physician; pages 16–17)**
- **Certification of Eligibility (to be completed by the physician; page 18)**
- **Mental Health Treatment Disclosure; if applicable (page 20)**
- **Covid-19 Assessment (page 21)**
- OSHA Training Eligibility/OSHA Respirator Medical Evaluation Questionnaire (separate attachment)

The following items must be submitted to **IODP HR**:

- ☐ IODP Medical History Questionnaire for Employees (pages 7–10)
- ☐ IODP Employee Emergency Contact Form (page 11)/**OR** update information in Workday
- ☐ IODP Employee Physical Examination Form (pages 16–17)
- ☐ Certification of Eligibility (page 18)
- ☐ Mental Health Treatment Disclosure; if applicable (page 20)
- ☐ Covid-19 Assessment (page 21)
- ☐ OSHA Evaluation and Eligibility for Curation and TAS employees only/Optional for all other volunteer firefighters aboard JRSO
- ☐ Copy of immunization history records (to be **submitted by the employee with each medical submission**)
- ☐ Laboratory/results for the following tests: (continued on page 2)
  - ☐ Complete blood count with differential



- Including but not limited to red blood cells, white blood cells, platelets, Hemoglobin and Hematocrit
- ☐ Blood chemistry profile
- ☐ Audiogram
- ☐ HgbA1C for those with diabetes
- ☐ TB skin/TB QuantiFERON® blood test for **New Employees Only**
- ☐ Chest X-rays (PA and lateral); if applicable
- ☐ Bruce Protocol Stress Test; if applicable

Please submit your completed packet to:

IODP Human Resources Department  
CONFIDENTIAL  
International Ocean Discovery Program  
1000 Discovery Drive  
College Station, TX 77845-3469  
USA  
Phone: (979) 845-2583  
Fax: (979) 845-1026  
Email: [humanresources@iodp.tamu.edu](mailto:humanresources@iodp.tamu.edu)

# IODP Physical Examination Policy and Procedures for Employees

The purpose of the International Ocean Discovery Program (IODP) physical exam requirement is to protect the health and safety of all employees and to minimize interference with successful completion of the scientific objectives of each expedition. Physical examination results will determine eligibility for employment and/or expedition participation.

All persons offered employment in seagoing positions are required to complete a comprehensive physical examination by a licensed physician according to the terms detailed in the following pages. Furthermore, IODP may require specific medical or psychological tests and/or evaluations of employees at any time medical conditions warrant. IODP also strongly recommends routine dental exams.

For all IODP physical exams, all completed materials are to be submitted to IODP Human Resources, who will review the documents for completeness and the physician's recommendation. The final decision to allow an employee to sail rests with IODP/JRSO management.

IODP maintains protocols to ensure the security and confidentiality of your personal information. Your information is limited to those who need it to evaluate your physical/mental health. IODP is committed to using protected health information (PHI) about you responsibly. The Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can access this information online:

<http://assets.system.tamus.edu/files/benefits/pdf/HIPAAprivacy.pdf>

## General Health Considerations

### Medical History

Employees must complete the IODP Medical History Questionnaire for *Employees*. The IODP Employee Physical Examination Packet lists all medical tests required as part of the physical exam. If an employee is unable to provide a medical record evidencing blood type or immunizations, then blood typing and immunizations will be completed as part of the exam. Employees are responsible for reporting any serious illness or injury, physical and/or emotional, that is overlooked during the medical examination or that develops after the exam and prior to boarding the ship. In such a situation, a follow up medical evaluation may be necessary to determine fitness for sea duty.

### Immunizations

Prior to each expedition, IODP Human Resources will obtain current information on immunizations needed for ports or areas of operations. This information will be found in the packet specific to each expedition. Employees will be responsible for discussing with their physician all immunization

requirements and/or changes for ports or areas of operation. **Proof of updated immunizations will need to be provided to HR with each annual/biennial medical submission, as applicable.**

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### Medical Supplies

Medical supplies and medication on board the drillship are limited. Each employee is responsible for bringing an adequate supply of medication or medical supplies for treating an existing condition for the duration of an expedition.

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### Sea/Motion Sickness

Each employee should discuss the possibility of sea/motion sickness with their physician. The physician may be able to provide information and/or prescribe medications to prevent or control the symptoms. Employees with concerns about sea/motion sickness should also discuss their situation with the ship's physician as soon as possible after boarding.

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### Pregnancy

If an employee suspects they are pregnant, they are required to see a licensed obstetrician/gynecologist. An employee who is pregnant must provide their obstetrician/gynecologist with a written job description for the employee's position and obtain a certification from the obstetrician/gynecologist that states the employee is capable of performing their duties and explaining any physical restrictions or limitations. This information is required to determine whether the employee is eligible to sail on the specified expedition.

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### Allergies

To minimize the occurrence of an allergy problem that may arise during an expedition, each employee is asked to bring non-perfumed, non-allergenic hygiene products on the ship.

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### Cabins

While on board, employees must share a cabin.

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### Regular Seagoing Positions

Employees in regular seagoing positions are required to pass a physical exam at least once per year or more often if medical conditions warrant. Regular seagoing positions are those which require working at sea on a rotating basis of 2 months at sea and 2–4 months onshore (approximately 4 to 6 months at sea each year, depending on the position).

If a regular seagoing employee's physical exam expires while the employee is at sea, the employee will be required to successfully complete the IODP physical exam prior to participation in a



subsequent expedition. If an employee's physical exam expires any time before an upcoming expedition, the employee is required to provide an updated physical.

Failure to pass the IODP physical exam will result in the employee's restriction from participation in the scheduled expedition and will result in evaluation of continued employment.

### **Positions Requiring Occasional Sea Duty**

Employees in positions which may require occasional sea duty must pass the IODP physical exam prior to sailing (but not more than once every 12 months) unless medical conditions warrant additional testing. Failure to pass the IODP physical exam will result in the employee's restriction from participation in the scheduled expedition.

### **Responsibility for Exam Expense**

The cost of the IODP physical exam, up to \$400, the maximum amount established for IODP physical exams, will be paid for by IODP. **Health insurance should always be presented at time of services rendered.**

The cost of *required* immunizations will be paid for by IODP. If required immunizations result in a total exam cost that exceeds \$400, the cost of required immunizations will be paid for by IODP. Required immunizations are defined as those required to enter the country of operation. If the employee has not received a required immunization or has an expired immunization, then the injections will be given as part of the IODP physical exam.

If additional testing is required by the examining physician in order to decide the employee's health status after any of the initial tests listed are inconclusive, those additional tests must be preapproved by IODP. This also includes any psychological testing or evaluations the examining physician might require to make a determination of being fit to sail.

In the event IODP requests any additional tests after the examining physician has determined the employee is fit to sail, these costs will be paid for by IODP. The cost of any treatment that may be required because of a medical or psychological condition will be paid by the employee.

### **Wellness Exams**

The IODP HR department cannot ensure that the seagoing annual exam will be applied as a TAMU Wellness Incentive physical. Employees who use their private primary care physician (PCP) for completion of/compliance with the seagoing annual exam are encouraged to speak to their PCP regarding this matter. Those employees who use the IODP St. Joseph program are encouraged to make a separate appointment with their PCP to complete an annual TAMU wellness exam.

If you have any questions, see IODP HR.

## IODP New Employee Physical Examination Policy

All job offers for seagoing positions will be contingent upon the new employee passing the IODP Employee Physical Exam. The exam must be given by a licensed physician; IODP reserves the right to request a second opinion from another physician. New employees are encouraged to first consult with IODP Human Resources regarding the various tests so as to avoid unnecessary out-of-pocket expenses that might result from the physical exam.

The exam should be scheduled, completed, and returned to IODP Human Resources prior to the new employee's first day of work. IODP has the option to request additional medical information or tests that may be taken into consideration if appropriate.

IODP Human Resources will inform the hiring supervisor and the prospective employee as to whether the individual has successfully completed all the physical exam requirements and is eligible for sea duty participation.

### Responsibility for Exam Expense

IODP will reimburse the new employee up to the maximum amount established for the cost of the physical exam providing

1. The examination is performed according to IODP requirements.
2. The new employee passes the exam.

Any cost above \$400 will be paid for by the new employee. However, if required immunizations result in a total exam cost that exceeds \$400, the cost of required immunizations will be paid for by IODP. In addition, charges for procedures not required by IODP will be paid for by the new employee. If an employee does not pass the physical exam and pursues further testing/treatment to pass, the employee will be responsible for the expense of these tests or treatment. If the employee fails the physical exam, the total cost of the exam will be paid for by the employee. The hiring supervisor will inform the new employee of this expense responsibility. The employment offer may be withdrawn from a new employee who fails the physical exam.

Employees seeking reimbursement must fill out the IODP Physical Examination Reimbursement Form.

### Medical History Records

All employees are required to provide copies of medical history records for immunizations and blood type. If no records are provided or records are incomplete, immunizations and blood typing will be done as part of the employee exam. IODP will cover the costs of these procedures.



## IODP Employee Medical History Questionnaire

**\*To be completed by Patient\***

Date: \_\_\_\_\_

Age: \_\_\_\_\_

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

What is your gender? ☐ M / ☐ F

Your present job title: \_\_\_\_\_

Other, please specify \_\_\_\_\_

Expedition: \_\_\_\_\_

Do you identify as trans? ☐ Yes / ☐ No

Please read and sign the following statement:

I certify that the answers given by me on this questionnaire are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false statements or omissions may void this physical exam and may result in the withdrawal of an offer of employment or denial of sea duty participation.

I agree that prior to participating on an IODP expedition I will undergo a complete, comprehensive examination by a duly licensed physician and that all of the required medical examination forms and test results will be submitted to the assigned IODP official, who will in turn forward these documents to the shipboard doctor. I agree that if the physician performing said evaluation has reservations, in any way whatsoever, the assigned IODP official shall make the final determination as to my eligibility for shipboard service. I further agree that the assigned IODP official's decision shall be final. Successfully completing and passing this exam does not in any way obligate IODP.

I agree that I am responsible for providing all medication, including psychotropic medication and medical supplies that I may need for the treatment of existing conditions for the duration of the expedition.

I understand that my medical information will be kept confidential; however, if an injury, abnormality, or illness is discovered such that my fitness for sea duty is in question, I understand that it may be necessary to inform my manager and/or supervisor so that staffing decisions can be made.

I further agree that if I am subjected to injury or illness after the date of my physical exam and prior to the beginning of the expedition I will notify the assigned IODP officials so that eligibility for shipboard service may be determined.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IODP Employee Medical History Questionnaire

**\* To be completed by Patient\***

How would you rate your present physical condition?

☐ Poor ☐ Fair ☐ Good ☐ Excellent

\*Blood type: \_\_\_\_\_

**\*Attach a copy of a medical record indicating your blood type, such as blood donor card, previous blood type results, or physician statement of your blood type.**

**All employees are required to attach a copy of their immunization history records with each medical submission.**

Dates of latest immunizations: (attach copy of immunization record yearly)

Tetanus: \_\_\_\_\_

Diphtheria: \_\_\_\_\_

Measles, mumps, rubella: \_\_\_\_\_

Polio: \_\_\_\_\_

Chicken Pox: \_\_\_\_\_

COVID-19: \_\_\_\_\_

Hepatitis B: \_\_\_\_\_

Haemophilus influenzae B (Hib): \_\_\_\_\_

\*BCG: \_\_\_\_\_

*\*if applicable*

1. Please check if any of the following factors have been or are present in your history:

☐ Smoker: # of packs a day \_\_\_\_\_

☐ Sedentary lifestyle coupled with a physically demanding job

☐ High blood pressure

☐ History of heart attack or sudden cardiac death in a first degree relative less than 60 years of age

☐ Overweight

☐ Elevated cholesterol

☐ None apply

2. Do you have any special dietary needs (i.e., vegetarian, etc.)? Please explain. There is no guarantee your request can be accommodated, but if we know about them 30 days or more before the expedition starts, notification to the ship's operator will be made. Yes ☐ No ☐





3. To the best of your knowledge, have you ever had or now have symptoms or a diagnosis of any of the following? Please check all that apply.

- ☐ Hernia, skin disorder, or fungus infections
- ☐ Problems with the stomach, intestine, throat, esophagus, ulcers, or digestive disorder
- ☐ Gallbladder disease, hepatitis, jaundice, or other liver disease
- ☐ Asthma, allergies, bronchitis, pneumonia, emphysema, sinus, nasal, tonsils, adenoids, bronchi, trachea, lung, or other respiratory symptoms
- ☐ Abnormal growth or function of thyroid, pancreas, adrenal, or lymph glands
- ☐ Diabetes, anemia, or other blood disorders

**\*Diabetic employees are required to submit an annual ophthalmologist report**

- ☐ Problems with the kidneys, bladder, prostate, reproductive organs, menstrual disturbance, or other male/female disorder
- ☐ Arthritis, rheumatism, polio, rheumatic fever
- ☐ Cancer, leukemia, Hodgkin's disease, or Kaposi's Sarcoma
- ☐ Injury or problem with the back, muscle, bone, joint, spine, neck; fracture or deformity
- ☐ Tumor, cyst, or growth (benign/malignant); disease or lump(s) in breast
- ☐ Impairment of sight or hearing, cataracts, or ear infections
- ☐ Gain or loss of more than 10–15 pounds in the past year or obesity
- ☐ Any past or present complications of pregnancy (prior history of miscarriage, infertility, toxemia, C-section) or currently pregnant
- ☐ Any other medical or surgical advice, treatment, or hospitalization
- ☐ Any chronic or recurring minor ailments, injuries, or other departures from good health, regardless of whether or not a practitioner was consulted
- ☐ High or low blood pressure, stroke, heart trouble, heart defect, murmur, or other circulatory impairment of blood, arteries

☐ None apply

4. For each condition you checked on questions 1 and 3, please describe the medical or surgical care advised or performed, the date of illness or treatment, and your present condition in the space provided below or select N/A. (Attach additional sheets if needed.)

N/A ☐



5. Have you been ill, injured, hospitalized, or under the care of a physician within the past six months? Please explain or select N/A.

N/A ☐

6. Have you been treated for or under the care of a physician/psychologist for depression, mental illness, and/or emotional problems in the last 12 months? If yes, please explain and provide details including dates, medications prescribed for condition, and prognosis. **\*Additional documentation will be required\*** Select N/A if applicable.

N/A ☐

7. Are you presently taking any medication, including psychotropic medication? Please explain or select N/A.

N/A ☐

8. Do you have a history of sea sickness or other types of motion sickness? Please explain or select not applicable.

N/A ☐

## IODP Employee Emergency Contact Form

**New employees** should fill out this section. **Current employees** should make sure their information is correct and updated in Workday.

☐ Workday Emergency Contacts are up to date.

### Employee Information

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_

### Emergency Contact Information

In an emergency you may contact the following people. (Add additional addresses on separate page).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

You have my permission to use this information in an emergency situation.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Information for the Examining Physician

The enclosed medical exam is required for participation on a research expedition aboard the research vessel *JOIDES Resolution*. The purpose of this examination is to protect the health and safety of this individual, their fellow co-workers, and the scientific objectives of the expedition.

Although a licensed M.D. accompanies all expeditions, medical facilities on board are limited. Medical evacuation (medivac) by helicopter or alternate vessel is only available within a certain distance from a port, and the research vessel most commonly operates outside of this distance. In the event of an emergency, 5 or more days' travel by sea are commonly required to reach port. Escape during an emergency may require navigating several flights of stairs and watertight doors.

Please bear this in mind as you evaluate your patient's ability to withstand 8 weeks at sea working 12 hours a day, 7 days a week, in close quarters with other shipboard participants.

This packet includes the medical exam requirements for the IODP Physical Examination, information regarding the physical requirements of the expedition, and the following forms for you **to complete**:

- **IODP Employee Physical Examination Form (page 16-17)**
- **Certification of Eligibility (page 18)**
- **Mental Health Treatment Disclosure; if applicable (page 20)**
- **Covid-19 Assessment (page 21)**

In addition, please attach the laboratory results for the following tests:

- Complete blood count
  - Blood typing; if applicable
- Blood chemistry profile
- Audiogram
- HgbA1C for those with diabetes
- TB skin/TB QuantiFERON® blood test; if applicable
- Chest X-rays (PA and Lateral); if applicable
- Bruce Protocol Stress Test; if applicable

Please provide all of the above materials to the employee, who will return them to IODP Human Resources.

Please submit the completed packet to:

IODP Human Resources Department  
CONFIDENTIAL  
International Ocean Discovery Program  
1000 Discovery Drive  
College Station, TX 77845-3469  
Phone: (979) 845-2583/Fax: (979) 845-1026

## IODP Employee Physical Examination Requirements

The following tests and inoculations should be completed for the annual physical exam required for IODP employees.

### Required tests (Checklist)

- ☐ Complete Blood Count (fasting)
- ☐ Blood Chemistry Profile (fasting)
- ☐ Blood type
- ☐ Audiogram (annually)
- ☐ HgbA1c (for individuals with diabetes)
  - Annual ophthalmologist report must also be submitted
- ☐ TB skin/TB QuantiFERON® blood test (for NEW EMPLOYEES; current employees will be required to submit their most current test result)
  - Yes, unless employee received BCG inoculation in the past.
  - If individual received BCG in past, **physician statement** indicating the individual has had a BCG inoculation and a chest X-ray is required.
  - If individual is symptomatic or if TB skin test results are “positive,” then perform chest X-rays (PA and lateral).
- ☐ Bruce Protocol Stress Test Results \* (if applicable)
  - Males over the age of 40/Women over the age of 50 with one or more risk factors should undergo treadmill stress testing according to the Bruce Protocol.
  - The Bruce Protocol Stress Test should not be conducted more often than once every 4 years, unless indicated by symptoms or changes in cardiac medical history.
- ☐ **Date of previous stress test:** \_\_\_\_\_

***\*Results to be submitted with annual physical every year***

Risk factors for the purpose of this test:

- Cholesterol greater than 240 mg/dl
- Smoking
- Diabetes Mellitus
- Systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg
- History of heart attack or sudden cardiac death in a first-degree relative less than 60 years of age

## Required inoculations

The following inoculations should be completed for IODP Expedition 390 departing from Cape Town and returning to Cape Town, South Africa.

Immunizations:	Required:
Tetanus/Diphtheria/Pertussis (Tdap)	Required if more than 10 years since last immunization
Measles, Mumps, Rubella (MMR)	Required
Polio	Required
Chicken Pox	Required
COVID-19	Recommended
Influenza	Recommended
Typhoid/Typhus	Recommended
Hepatitis A, Hepatitis B	Recommended
Anti-Malaria precaution	No
Cholera	No
Yellow Fever	No

***\*Please discuss with the patient the need for all required and recommended inoculations.***

If you are unable to provide proof of childhood vaccinations including but not limited to MMR, Diphtheria, Pertussis, Chicken Pox, or Polio, you will be **required** to have a titer (blood) test to prove immunity to these vaccinations **or** receive the vaccination.

## IODP Employee Job Duties and Physical Requirements

The duties of this position involve fine motor skills for delicate tasks, as well as frequent strenuous physical activity including, but not limited to, moving, lifting, and carrying objects weighing as much as **50 pounds** and occasionally more.

The work also requires reaching, standing long hours, walking, bending, and maintaining balance on a moving ship while carrying a load. Walking up and down several flights of stairs many times during the day is required. The elevator is **only** accessible for freight.

The work is performed under confined conditions, with **frequent** exposure to noise, vibration, and potential allergens and **occasional** exposure to outdoor, **extreme** environments. **Rarely**, exposure to toxic gases requires donning full body protective gear and breathing apparatus while performing other duties as listed above.

This work is performed in port and at sea on a research vessel, working 12 hours per day, 7 days per week, for as long as 2 months without a break. The ship does not return to port during a 2-month expedition.

On the job, the employee must perform the following tasks:

Activity	Per Work Day
Bend, climb, push/pull, sit, stand, walk	Frequently
Reach above shoulder level	Frequently
Handle objects, fine finger movement	Frequently
Squat, kneel	Occasionally
Crawl	Rarely

On the job, this employee must be able to lift:

Up to 10 pounds	Frequently
11-50 pounds	Frequently
51-74 pounds	Occasionally
75-100 pounds, over 100 pounds	Only with assistance

On the job, the employee:

Operates foot controls	Occasionally
Is around moving machinery	Frequently
Is exposed to marked changes in temperature and/or humidity	Frequently
Drives automotive equipment in port	Occasionally
Is exposed to dust, fumes and gases	Frequently
Works in confined quarters	Frequently

## IODP Employee Physical Examination Form

**\*To be completed by Physician\***

**Physician, please indicate whether observations/results are within normal limits. If not, please provide an explanation.**

Height in centimeters (cm) / Feet (ft.)

Weight in kilograms (kg) / Pounds (lbs.)

Pulse rate per minute

Blood pressure (sys/dias)

Pulse Character		Hands and Arms	
Temperature (F)		Skin	
Eyes		Lungs	
Ears		Cardiac Sounds	
Speech		Cardiac Size	
Teeth		Abdomen	
Gums		Varicocele	
Throat		Hydrocele	
Nasal Passages		Hemorrhoids	
Head		Hernia	
Neck		Legs	
Glands		Feet	
Varicose Veins		Ruptured Ear Drum (Y/N)	

Please provide explanations below.





**Indicate any treatment given, including immunizations. Include any comments on the laboratory results attached to this form.**

## Certification of Eligibility

**\*To be completed by Examining Physician\***

**Patient name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Date of exam:** \_\_\_\_\_

The individual named above has undergone a medical examination in preparation for sailing on an IODP expedition.

The patient has been evaluated based on the medical examination and a review of their medical history questionnaire and a description of their job duties and/or the physical requirements of the expedition.

- ☐ This patient **is physically capable** of performing their duties.
- ☐ This patient **is not physically capable** of performing their duties. Please explain below.
- ☐ This patient **is not cleared to sail** (pending tests and/or further review). Please explain below.

**I performed this physical exam and hereby certify that I am a duly licensed physician.**

Signature of examining physician: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Physician's license number: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Physician's office telephone number: \_\_\_\_\_ Physician's office fax number: \_\_\_\_\_

Physician's office email address: \_\_\_\_\_

## Additional Physical Exam Requirements for Employees with Depression and/or Mental Health Disorders

It is IODP's policy to request additional information if an employee indicates they are currently under the care of a physician/psychologist for depression, mental illness, and/or emotional problems within the last 12 months. If applicable, additional items are required:

- A statement from the physician who is/was treating you for depression, mental illness, and/or emotional problems indicating their professional opinion that you are fit to sail for 2 months.

**OR**

- A statement from the physician who performs the physical indicating that they are aware that the employee is/was being treated for mental illness, depression, and/or emotional problems and in their professional opinion that the employee can sail for 2 months.

Please provide the letter on the following page to your physician. This letter explains the working conditions and environment on the ship. This letter requests the physician's professional opinion on how sailing for two months may affect your fitness for sea duty in regards to your recent depression, mental illness, and/or emotional problems diagnosis.

Until this information is received and is reviewed, a decision cannot be made regarding your fitness for sea duty.

Please feel free to call Human Resources at 979-845-2583 if you have any questions regarding this matter.

## Mental Health Treatment Disclosure

\_\_\_\_\_  
(Date)

To whom it may concern,

\_\_\_\_\_ (Name) is scheduled to sail aboard the *JOIDES Resolution* for 2 months starting in \_\_\_\_\_ (Date). \_\_\_\_\_ (Name) indicated on the medical history of their seagoing physical examination that they are currently being treated for OR have been treated for depression, mental illness, and/or emotional problems.

The location of the ship will be several days from the nearest port. The ship is a closed environment with close quarters and shared accommodations and in an industrial environment. The employee's work will involve 12-hour shifts 7 days a week for the entire deployment (~60) days. IODP is concerned about this employee sailing due to their treatment for depression, mental illness, and/or emotional problems in relation to shipboard conditions.

Please provide a statement indicating your professional opinion regarding the impact shipboard conditions may have on this employee in relation to their condition and your opinion on the employee's fitness to participate in a 2-month expedition. You may fax this statement to Human Resources at 979-845-1026.

IODP is requesting this statement to ensure that this employee or others are not going to be put at risk if allowed to sail.

Sincerely,

Human Resources Representative

International Ocean Discovery Program  
1000 Discovery Drive  
College Station, TX 77845-3469  
Phone: (979) 845-2583  
Fax: (979) 845-1026  
Email: [humanresources@iodp.tamu.edu](mailto:humanresources@iodp.tamu.edu)

Please mark if not applicable.

N/A ☐

## COVID-19 Assessment

### Additional Physician Assessment For IODP Employees

The purpose of this form is to assess the COVID-19 risk of those who seek to work on the Research Vessel *JOIDES Resolution*. The ship has a medical doctor and facilities for treating many injuries and illnesses but it does not have the hospital healthcare level capabilities commonly required for treating severely ill COVID-19 patients. If a patient becomes sick with COVID-19 while at sea and requires advanced life-saving intervention, the ship will be diverted to the nearest port where the patient will be evacuated to a hospital. However, if the patient becomes severely ill with COVID-19, the additional time required to reach a hospital could result in death. Hence, it is important to identify those with high risk factors and make informed decisions regarding participation.

In light of this information, the risk assessment should carefully consider the patient's medical history, current medical condition, vaccine/booster status, and the guidelines provided by the Centers for Disease Control and Protection (CDC) for people who are at higher risk for severe illness from COVID-19. See the box below or go to the CDC source: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html> and <https://www.cdc.gov/mmwr/volumes/71/wr/mm7101a4.htm>

#### People Who Are at Higher Risk for Severe Illness

Based on currently available information, **older adults** and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. For all ages, higher risks are associated for with the following underlying medical conditions, particularly if not well controlled:

- People with chronic lung, kidney, liver, or neurologic disease
- People who have serious heart conditions
- People who are immunocompromised
- People with overweight to obese
- People with diabetes
- People with cancer

#### Based on the physician's assessment:

- ☐ The patient has a significant risk factor or multiple risk factors that would be considered high risk.
- ☐ The patient does not have high risk factors.

Signature of examining physician: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Physician's license number: \_\_\_\_\_

Transmit this form to: IODP Human Resources, [humanresources@iodp.tamu.edu](mailto:humanresources@iodp.tamu.edu), (979) 845-1026



# IODP Physical Examination Reimbursement Form (For Employee use only)

To: IODP Human Resources Department

Date: \_\_\_\_\_ Claimant: \_\_\_\_\_ Expedition: \_\_\_\_\_

The following is required for all physical examination reimbursements:

- All exams must be paid by the employee before submitting a reimbursement form
- Submit proof of payment/receipt for expenses incurred
- An itemized statement of charges MAY BE REQUESTED before claim is submitted for processing

***\*Payment cannot be made to the provider from IODP.***

*To be completed by HR Staff only*

**Total Due to Claimant \$** \_\_\_\_\_

Requisition # \_\_\_\_\_

Charge to Cost Center: \_\_\_\_\_

Subcode: \_\_\_\_\_

***\*\*I certify that the attached expenses were incurred for the physical medical exam requested by the International Ocean Discovery Program as a sea-going employee.***

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Delegate Signature: \_\_\_\_\_ Date: \_\_\_\_\_