

Medical Hours and Contact Information

Sickbay: In house extension 7347 or 718-409-7347

Sick Call: Monday-Thursday 0700-0750 & 1100-1200 & 11600-2200

Nurse's Hours: Monday: 1100-1200 & 1600-1900
Tuesday-Thursday 0700-0750 & 1100-1200 & 1600-1900
Friday: 0700-0750

Corpsman Hours: Monday-Thursday 0700-0750 & 1600-2200
Friday: 0700-0750
Saturday: On Call On campus
Sunday: On Call On campus

IN AN EMERGENCY STAY CALM!!

Call Sickbay (Ext 7347 or 718-409-7347) if no answer

- ❑ **IDENTIFY Yourself and State the Nature of the Situation, Illness, and or injury.**
 - ❑ **Include the following information:**
 - ❑ The Location: Building or area where the problem is located
 - ❑ Floor or in the vicinity of a land mark and how far away from it
 - ❑ Room Number where the problem is

DON'T HANG UP UNTIL THE DISPATCHER DOES!!

Notify the Regimental Duty Officer at ext: 7452 or the Captain's Secretary at ext: 7352

**SUNY Maritime College
Medical Department
Refusal of Medical Treatment Wavier**

This form has been presented to you because you have refused treatment and or transport by the SUNY Maritime Medical Department/ NYM EMS. Your health and safety are our primary concern, so even though you have decided not to accept our advice, please read and understand the following:

1. The evaluation and or treatment provided to you by the SUNY Maritime College Sickbay is **NOT** a substitute for medical evaluation and treatment by a doctor. We advise you to get medical evaluation and treatment
2. Your condition may not seem as bad as it actually is. Without treatment, your condition or problem could become worse. If you are planning to get medical treatment, a decision to refuse treatment or transport by SUNY Maritime College Sickbay/NYM EMS may result in a delay which could make your condition or problem worse.
3. Medical evaluation and or treatment may be obtained by calling your doctor, if you have one, or by going to any hospital Emergency Department in this area, all of which are staffed 24 hours a day by Emergency Physicians. You may be seen at these Emergency Departments without an appointment.
4. If you change your mind or your condition becomes worse and you decide to accept treatment and or transport by SUNY Maritime College Sickbay/NYM EMS, please do not hesitate to call us back. We will do our best to help you.
5. **DON'T WAIT!** When medical treatment is needed, it is better to get it right away.
6. We reserve the right to electronically record your refusal of medical treatment by SUNY Maritime College Sickbay.

I have read and UNDERSTAND the information provided to me on this sheet:

PATIENT PRINT & SIGN:

DATE:

X _____

CORPSMEN/RN PRINT & SIGN:

DATE:

X _____

WITNESS PRINT & SIGN:

DATE:

X _____

SUNY MARITIME COLLEGE
SICKBAY CONTACT REPORT
INDOCTRINATION
CLASS OF 2005

Name _____ Date _____

Section _____ Room No. _____

Chief Complaint _____

Time in Sickbay _____ Time out _____

BP / Pulse _____ Temp _____

Treatment _____

Duty Status _____

Treated by _____

SUNY Maritime College

Patient Bill of Rights

As a patient, you have the right to:

1. Considerate, respectful care with suitable attendants consistent with the health care resources available and the accepted standard of care.
2. Impartial access to treatment regardless of race, sex, religion, or national origin.
3. Utmost safety, comfort, and privacy within the clinic.
4. The identity and professional status of the health care providers and professionals primarily responsible for your care.
5. Full disclosure from the provider of care about your condition, treatment, prognosis, significant complications, risks, benefits, alternative treatments available, and any additional information required to give informed consent prior to procedures.
6. Personal and information privacy within the limits of the law. That is to:
 - a. Refuse to talk with or see anyone not directly involved in your care.
 - b. Be interviewed and examined in surroundings that assure reasonable privacy;
 - c. Expect that any discussion or consultation involving your care will be conducted confidentially;
 - d. Have your health records read only by individuals who are directly involved in your treatment or the monitoring of its quality or have other legal authority to review your record.
7. Expect reasonable continuity of care.
8. Be advised if the facility proposes to engage in, or perform research associated with your treatment. You have a right to refuse to participate in any research project.
9. Refuse treatment to the extent permitted by law and government regulations, and to be informed of the consequences of your refusal.
10. Be informed of facility rules and regulations which relate to your conduct.
11. Receive information concerning the medical or dental treatment facility mechanism to initiate, review, and resolve potential complaints.

Cadet Rules and Regulations

3206 Medical and Dental Liberty Procedures

- 3206.1 Routine medical and/or dental liberty shall be granted only after a cadet has consulted with the College Nurse and the College Nurse approves the request, indicating the need for the treatment and that an appointment has been made.
- 3206.2 While it is appreciated that medical and/or dental appointments are frequently difficult to obtain at the time desired by the patient, cadets will avoid making appointments, or having appointments made for them, that will involve absence from the Tuesday Regimental Activity period, the Friday Regimental Review, watch assignment or Saturday Ship Work. In no case, except emergencies, will medical or dental liberty be granted which will in effect cause early departure or late return from scheduled leave or extended liberty periods.
- 3206.3 Except for emergencies, medical or dental liberty must be submitted for approval **forty-eight (48) hours in advance**. All other procedures of Article 3205.2 will be followed
- 4202.4 All cadets are reminded that conviction on a charge of drug abuse or failing the required drug test normally precludes licensing as an officer in the Merchant Marine. Each cadet is **required** to post a copy of The American Marine Engineer drug statement “**Drug Possession Means Loss of Seaman’s Papers – forever**” in his/her room. The statement lists penalties for conviction of use/possession of illegal drugs.

SUNY MARITIME COLLEGE MEDICAL DEPARTMENT

DATE: _____

TIME: _____

FROM: Sickbay
TO: Regimental Duty Officer
RE: Light Duty/ No Duty

It is recommended that cadet: _____
be excused from:

(Please note that cadet is to be excused from activities marked by an "X")

All Classes _____

Running _____

All Duties _____

Double

Watch _____

Time _____

Formation _____

Squaring

Gym _____

Corners _____

Other _____

All Physical

Complete Bed Rest _____

Activities _____

Other _____

Period of excused duty _____ to _____

Michael Brady, R.N.
Medical Officer

RDO Initials

*It is the responsibility of
the aboved named cadet
to have this form signed
by an RDO, this form is
void until done so.

Health and Physical Examinations

The State University of New York requires a health report and physicians certificate to be maintained for every student in the system.

Accepted students are required to complete a physical examination by a physician of their choice and at their expense. Upon completion of the entire physical examination, the forms are to be given to the Admissions Department by the entry date. Applicants who have applied for ROTC scholarship or admission to a service academy, may request a copy of their physical examination report from the Department of Defense Medical Review Board. **Please note that certain required items are not found on the DODMER, and we therefore strongly suggest that you use the form provided. It is especially important that a current immunization record is included.**

In no case will a student be allowed to participate in the Indoctrination Program without a physical examination report on file at the college. Failure to complete the Indoctrination Program will prevent a student from enrolling at the college.

The general physical requirements for the Coast Guard License are found in the College catalog. Questions regarding these requirements may be made to the College Nurse. Applicants who do not meet the physical requirements for licensure as an officer for the Merchant Marine, are otherwise fully capable of participating in all facets of the program without endangering themselves or others may attend the Maritime College.

It is encouraged that Accepted students with past medical history that require the use of prosthetics have same available due to the physical demands of the Indoctrination program.

New York State Law requires college students to be immunized against measles, mumps and rubella. The law applies to all students born on or after January 1, 1957. All undergraduate and graduate students have to show proof of immunity. Immunization requires two doses of vaccine. Exemption from this requirement is possible for those documenting valid religious or medical reasons. **It is Important that a tuberculin skin test be recorded within six months of entry date. A tetanus inoculation must be recorded within the last five years.**

Female Patient Consent Form

Sick Bay Policy

Prior to treatment by any member of the medical staff of the Maritime College, any female patient should be informed of their right to request representation of another female prior to and or during treatment. The requested female should be of a competent medical background (duty corpsman, nurse, physician, EMT, etc). In the event that the patient does not wish to have another female present while undergoing examination, the patient then will give their expressed consent. This states that the patient will see the doctor and or nurse without having another female present for assessment or treatment. In the event that a patient is unable to give expressed consent implied consent is assumed and the patient will be treated accordingly.

I _____ , understand my rights as a female patient and (ACCEPT, WAVE) my right to have a female present prior to and or during my examination.

SIGNATURE OF PATIENT

DATE

SIGNATURE OF WITNESS (if available)

DATE

SIGNATURE OF CARE PROVIDER

DATE

Emergency Phone Numbers

Ambulance

Throggs Neck VAC

Emergency Line (718) 430-9500

Non-Emergency Line (718) 430-9501

Hospitals

Einstein

Emergency (718) 904-2000

Jacobi

Adult Emergency (718) 918-5800

Pediatric Emergency (718) 918-5875

Mental Health (718) 918-5875

Westchester Square

Emergency (718) 430-7300

Corpsman Documentation Information

1. Sick Bay has many documents that are used for official purposes. Some of them are used for legal, or insurance purposes and others are for regimental purposes.

Log Book- It is necessary for Sick Bay to keep an official record of who comes in and what they are there for. It can also be subpoenaed to a court of law. Every day is to begin with a new line that clearly shows what the date is. The date is to be written: Day of the week, Number day, Month, Year. For example it should be written as: Monday 1 January 2004 then draw a line to fill out the rest of the space.

Sign in as "Corpsman _____ /c logs in" and put the time in the left hand column. Do not skip any lines in the log book. The first column is the time which is written using Military time- after 12:00 pm you add 12 to the hour that it currently is. In the second column write the persons Last name then First initial. The next column is the company that they live in, or D/S for day student or N/R for Non-Reg. Then Next Column is their class. 4, 3, 2, or 1. The Next Column is their chief complaint. Keep this short and to the point. For example if a person has a cut on their right index finger you would write "Laceration R #1 Finger" and circle the "R." The Last column is their status. If they are diagnosed and can be returned to duty in the regiment you would write "RTD." If they are given Light Duty, abbreviate it and put how long they will have light duty "LDx2D" (for light duty for 2 days). Bed rest is similar to light duty as in "BRx2D." People sent to the Hospital can be abbreviated as "To Hosp."

Light Duty Chit- Corpsmen are not allowed to sign Light Duty Chits. Only the CHC, Nurse, and Doctor can sign them. Corpsmen can fill them out according to the nurses orders but then must have it signed when ready. Remember to use the 24 hour time when filling it out (military time). Include cadet's name class and what they have light duty for.

Drug Log- A Non-Prescription Drug Log is to be kept when ever a corpsman gives out over-the-counter drugs. You must log in who you gave whatever drug to and how much at what time. Corpsmen can not diagnose or prescribe drugs but may offer information about the drug and side-effects.

Med Libs.- Med lib is only to be signed by the Nurse, CHC or RDO for emergency medical liberty. Cadets need to contact Nurse, CHC, or RDO and log out in the Regimental Affairs Office.

Refusal of treatment- Any patient can refuse medical treatment if they do not feel they should be treated by the Nurse, doctor and/or corpsman. There are official waivers posted in Sick Bay in case a patient refuses to be treated at the school's facilities.

SUNY Maritime College Corpsman **Confidentiality Statement**

As a Corpsman at SUNY Maritime College, it is part of your duty to maintain the confidentiality of cadets' medical records and treatment. Maintaining confidentiality includes but is not limited to:

1. Accessing cadet's files **only** for reasons of documenting treatment.
2. Re-filing the cadet's file as soon as possible after treatment is documented.
3. Assuring you or the relief Corpsman is always physically present in Sickbay.
4. Assuring other non-Corpsman cadets do not read or access Sickbay files or logbook.
5. Not reading any cadet's file that is not presenting for treatment. (Note: A cadet has the right to read their medical records at any time.)
6. **Not discussing the reason for a cadet's visit to Sickbay with anyone other than the Doctor, Nurse, CHC, AHC, or the Corpsman for the next watch, if the patient requires a follow appointment.** People that you are not allowed to discuss patient's visits with include Ships officers, Regimental Staff, Cadet Officers, shipmates, roommates, etc.

When a person in command has a need to know about a cadet's medical information, it is the responsibility of the Nurse to inform them of the cadet's condition.

If you know medical information about someone, because of your Corpsman status it is confidential.

I have read the above confidentiality statement. By my signature, I agree to maintain confidentiality in my duties as a Corpsman. I further understand that confirmed violation of confidentiality of medical information is subject to disciplinary action.

Signature

SUNY Maritime College

Medical Department

Contact Notification

This form has been presented to you as a suggestion because you need advanced care that can not be supplied at our facility. The college staff feels that it would be in your best interest to notify a parent or legal guardian of your medical status due to your current situation. Please know that in the event that you are 18 or older, the college is not responsible for any notifications to your parents. It is now your responsibility to make the necessary calls. Please keep in mind that:

1. The evaluation and or treatment provided to you by the SUNY Maritime College Sickbay is **NOT** a substitute for medical evaluation and treatment by a doctor. We advise you to get medical evaluation and treatment. You are advised to contact your parent or legal guardian.
2. Medical evaluation and or treatment may be obtained by calling your doctor, if you have one, or by going to any hospital Emergency Department in this area, all of which are staffed 24 hours a day by Emergency Physicians. You may be seen at these Emergency Departments without an appointment.

I have read and UNDERSTAND the information provided to me on this sheet:

PATIENT SIGNATURE:

DATE:

X _____

PATIENT NAME (PRINT)

CORPSMEN/RN SIGNATURE:

DATE:

X _____

CORPSMEN/RN NAME (PRINT)

SUNY Maritime College Sickbay
6 Pennyfield Avenue Ft. Schuyler Bronx NY 10465.

Medical Test / Immunization / Vaccination

Provider name: _____
Address: _____

Name of Test: _____
Patient name: _____ Social Security Number: _____
Date Given: _____ Site and Route: _____
Administered By: _____ Title: _____
Manufacturer: _____ Lot # _____ Expiration Date: _____

Date Read: _____	Read By: _____	Title: _____
Reaction: _____		
Result:		