



**USS ABRAHAM LINCOLN TIGER CRUISE 2008  
~ HEALTH SCREENING FORM ~**

COMPLETE BOTH PAGES 1 AND 2 AND RETURN TO YOUR DEPARTMENTAL TIGER  
COORDINATOR FOR SUBMISSION TO THE SHIP'S SENIOR MEDICAL OFFICER

**Tiger's Info:**

Name: LYON, CARSON BRUCE Age: 65

Address: 331 SW ANGELA TER, LAKE CITY, FL 32024

Phone #: 386-719-6902 Email: CBL3@CORNELL.EDU

**Sponsor's Info:**

Rank/Rate & Full Name: \_\_\_\_\_

Sponsor's Department/Division/Squadron: \_\_\_\_\_ phone \_\_\_\_\_

Name of parent or guardian completing this form for a minor: NA

**Please answer the following questions by circling YES or NO. Please explain YES answers. Use additional sheets as necessary.**

**Has the Tiger Cruise member ever had or is currently suffering from:**

- Yes /  No      Coronary Artery Disease, Heart Disease, High Blood Pressure, Chest pain, requiring medication, previous surgery, installation of a pacemaker or implanted defibrillator?
- Yes /  No      Insulin Dependent Diabetes?
- Yes /  No      Emphysema, Chronic Lung Disease, Asthma, Shortness of breath, or reactive Airway Disease requiring medications?
- Yes /  No      Severe Arthritis which cause restrictions of movement; artificial, paralyzed or absent limbs?
- Yes /  No      Epilepsy requiring current medications?
- Yes /  No      Active Communicable Disease (Tuberculosis, Hepatitis, etc.)?
- Yes /  No      Hemophilia/Bleeding disorder?
- Yes /  No      Blindness (legal definition), Deafness?
- Yes /  No      Claustrophobia, Motion Sickness, Dizziness?
- Yes /  No      Stroke?
- Yes /  No      Recent major surgery, illness, injuries, medications within 6 month of embarkation, or continued rehabilitation?
- Yes /  No      Disabilities requiring a cast or use of crutches or a cane? Must possess all natural limbs and have full use?
- Yes /  No      Renal failure requiring dialysis or history of Kidney Stones?
- Yes /  No      Pregnancy?
- Yes /  No      Dependence on anti-coagulant medications?
- Yes /  No      Epilepsy requiring current medications?

Tiger's Name: LYON, CARSON BRUCE Sponsor's Name: \_\_\_\_\_

Yes /  No History of Ulcers?

Yes /  No Gallbladder problems?

Yes /  No Severe Tooth or Gum Disease?

Yes /  No Liver Disease?

Yes /  No Migraine Headaches?

Yes /  No Has the Tiger Cruise member been hospitalized in the past 1 year?

Please list all allergies: Penicillin, Aspirin

Please list all current medications: DOXAZOSIN (mild hypertension)

FEXOFENADINE, FLUTICASONE (allergic rhinitis)

Please list all chronic health conditions and explain any of the conditions for which a "yes" answer has been provided to help us determine you can safely participate. A statement from your personal physician may be submitted: \_\_\_\_\_

mild hypertension - controlled by medication

Does the Tiger Cruise member have any physical limitations or handicaps which would restrict movement around the ship?  YES  NO. If yes, please explain:

X C. Bruce, CARSON BRUCE LYON 7/18/08  
Signature and Printed Name of Adult Guardian/Sponsor Date

**FOR MEDICAL DEPARTMENT USE ONLY:**

Medically Cleared: ( ) Yes ( ) No

Signature of Senior Medical Representative: \_\_\_\_\_

## USS ABRAHAM LINCOLN (CVN-72)

### WAIVER OF CLAIM AND CONSENT TO TREATMENT FORM RELATING TO EMERGENCY MEDICAL AND DENTAL CARE WHILE EMBARKED IN A U.S. NAVY SHIP

I, CARSON BRUCE LYON request permission for myself  
and/or the minor, —

to embark as a guest on board USS ABRAHAM LINCOLN (CVN 72) for a Tiger Cruise transit from Honolulu, Hawaii to San Diego, California or from San Diego, California to Everett, Washington. I understand that embarking on this cruise exposes me to certain dangers and risks, including being required to navigate steep stairs, over and under many obstacles, and other dangers of shipboard life. Knowing the dangers, events and circumstances of the premises, I consciously, knowingly and voluntarily accept the risk of injury or damage to property that may arise.

Further, I hereby consent to all emergency medical or dental treatment which may, in the professional judgment of the Medical or Dental Officer of USS Abraham Lincoln (CVN 72), become necessary while I and/or the above named minor are embarked aboard. I understand that emergency care is treatment to preserve life or prevent further injury, and is the only type of care available and authorized for me aboard this ship. Transportation to an extended care facility may be required as an adjunct to authorized emergency medical or dental care. I realize that there is a limited range of extended care available on board USS Abraham Lincoln (CVN 72) for people with chronic or incipient medical problems. I represent that I do not and/or above named minor does not require extended care, nor are we pregnant. I understand that if medical or dental care is received, and if the above minor or I is not otherwise eligible to receive such care, I may be obligated to reimburse the U.S. Government per applicable U.S. Navy instructions.



\_\_\_\_\_  
Signature of Adult Tiger or  
Legal Guardian of Minor Tiger

Date: 7/18/08