



**REPUBLIC OF
THE MARSHALL ISLANDS**

**OFFICE OF THE
MARITIME ADMINISTRATOR**

Marine Guideline

No. 7-47-1

Rev. 8/13

**TO: ALL SHIPOWNERS, OPERATORS, MASTERS AND OFFICERS OF
MERCHANT SHIPS, AND RECOGNIZED ORGANIZATIONS**

SUBJECT: Guidance on Medical Exams and Certificates for Seafarers.

References:

- (a) **Maritime Labour Convention, 2006, Standard A1.2**
- (b) **STCW regulation 1/9 and STCW Code section A-1/9**
- (c) **Guidelines on the Medical Examination of Seafarers, STCW.7/Circ.19, dated 9 January 2013**
- (d) **Maritime Act, 1990, as amended (MI-107) § 825**
- (e) **Maritime Regulations (MI-108) § 7.47.4**
- (f) **Requirements for Seafarer Certification (MI-118)**

PURPOSE:

Both the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers Convention (STCW), 1978, as amended, and the Maritime Labour Convention, 2006 (MLC 2006), require a seafarer to hold a valid medical certificate. In an effort to provide an internationally recognized set of criteria in the conduct of medical fitness examinations for seafarers, the International Maritime Organization (IMO) recently published guidelines on this subject (reference (c), above). These guidelines revise and replace the *Guidelines for Conducting Pre-Sea and Periodic Medical Fitness Examinations for Seafarer* that were issued by the World Health Organization (WHO) and International Labour Organization (ILO) in 1997 (ILO/WHO/D.2/1997). Consideration of guidance on seafarer medical exams stems from STCW Section B-1/9 and MLC, 2006 Guideline B1.2.1.

The IMO guidelines consist of four parts:

- Part 1: Purpose and scope;
- Part 2: Information relevant to competent authorities;
- Part 3: Information relevant to persons conducting seafarer medical assessments;
- Part 4: Appendices:
 - Appendix A: Vision standards
 - Appendix B: Hearing standards
 - Appendix C: Physical capability requirements
 - Appendix D: Fitness criteria for medication use

- Appendix E: Fitness criteria for common medical conditions
- Appendix F: Suggested format for recording medical examinations of seafarers
- Appendix G. Medical certificate for service at sea
- Appendix J: Extracts from MLC, 2006 and STCW Convention

This publication of Marine Guideline 7-47-1 provides an overview of the new IMO guidelines and Republic of Marshall Islands (RMI) Maritime Administrator (the “Administrator”) recommendations, highlighting the information most relevant to RMI flag ships and seafarers and supplements requirements for seafarer personnel certification contained in MI-107, § 825, MI-108, § 7.47.4 and in MI-118 (references (d), (e) and (f) above). This Guideline supersedes Rev. 4/13 and reflects the updating of Attachment 1 (RMI form MI-105M).

Certified Recruitment Placement Services (RPSs) and seafarers are encouraged to provide a copy of the IMO guidelines to their medical practitioner prior to and for use during medical examinations. It should be noted that emerging data is showing that seafarers are increasingly experiencing serious health issues on board vessels and that some of these issues are resulting in deaths. Thus, the importance of a thorough medical examination of seafarers prior to employment, and periodically thereafter, cannot be overemphasized.

1.0 Medical Practitioners

1.1 The competent authority of the country **in which the medical practitioner is located** is responsible for regulating and recognizing the medical practitioner in accordance with national laws and regulations. The competent authority should maintain a list of medical practitioners that it recognizes and this list should be made available to competent authorities in other countries, companies and seafarers’ organizations on request.

1.2 A medical practitioner used by a seafarer, among other things, should:

- be a qualified medical practitioner currently accredited by the medical registration authority for the place where they are working;
- be experienced in general and occupational medicine or maritime occupational medicine;
- have knowledge of the living and working conditions on board ships and the job demands on seafarers in so far as they relate to the effects of health problems on fitness for work;
- be familiar with the IMO/WHO publication, *International Medical Guide for Ships*;
- refer any medical problems found, when appropriate, for further investigation and treatment, whether or not a seafarer is issued with a medical certificate; and
- enjoy professional independence from shipowners, seafarers, and their representatives in exercising their medical judgment in terms of the medical examination procedures. Those employed by, or contracted to, a maritime employer or crewing agency should have terms of engagement which ensure that an assessment is based on statutory standards.

- 1.3 RPSs and seafarers should not utilize medical practitioners that are not recognized by the competent authority or are found to be incompetent, unethical or guilty of professional misconduct as a result of an appeals or complaints procedure.

2.0 Medical Certificates

- 2.1 Medical certificates should genuinely reflect seafarers' states of health, in light of the duties they are to perform. They are confirmation that the seafarer is expected to be able to meet the minimum requirements for performing the routine and emergency duties specific to his/her posts at sea safely and effectively during the validity of the medical certificate.
- 2.2 A medical certificate issued in accordance with the requirements of the STCW Convention, 1978, as amended, also meets the requirements of the MLC, 2006.
- 2.3 The RMI Administrator's medical certificate is *form MI-105M, Physical Examination Report/Certificate* (Attachment 1). If a person is found fit for the work to be performed, the medical practitioner should fill out this form, specifically indicating that the candidate was examined with respect to hearing, vision and general physical and mental condition. This completed form constitutes the issuance of a medical certificate by the medical practitioner and must be signed by both the medical practitioner and examinee.
- 2.4 Alternatively, the Administrator accepts official medical certificates from medical practitioners recognized by the competent authority of a State that is party to the MLC, 2006, Medical Examination of Seafarers Convention (ILO No. 73), or the STCW Convention. Any such medical certificate must clearly identify the competent authority under whose laws and regulations the certificate has been issued.
- 2.5 Under MI regulations, seafarers must undergo a medical examination prior to employment aboard a vessel (not more than 24 months prior to the date of making application) and normally (unless a shorter time is specified for specific duties or required by STCW) every two (2) years thereafter (unless the seafarer is under the age of 18 where an annual exam is required) to obtain a valid medical certificate/report showing medical fitness for duty. The scope of the medical exam for medical assessments, whether pre-sea or periodic, is identical.
- 2.6 Prior to or during employment on a MI flag vessel, seafarers must undergo, or provide proof by submitting a new MI-105M form, that they have undergone a medical exam, including mental health evaluation/counseling, should they be subject to a situation involving robbery, hostage taking or piracy aboard a vessel.
- 2.7 In urgent cases, a newly hired seafarer may work without a valid medical certificate until the next port of call where the seafarer can obtain a medical certificate from a qualified medical practitioner, provided that the period of work without a valid certificate does not exceed three (3) months and the seafarer concerned is in possession of a medical certificate that has expired within the past six (6) months.

2.8 A model medical examination form is provided in Attachment 2. This form, although not mandatory, details the minimum requirements that a medical practitioner should cover during an examination of a seafarer. Persons seeking to work aboard an MI flag vessel are encouraged to provide this form to their medical practitioner to ensure all required aspects of the medical examination are covered. This form should not be confused with the *Physical Examination Report/Certificate* (form MI-105M, Attachment 1), which is a summary of the medical examination and is required to be filled out, signed by the medical practitioner and examinee, and then submitted to the Administrator to show fitness for duty.

3.0 Determination of Fitness for Duty

3.1 The medical practitioner's decision to issue a medical certificate should be based on whether criteria for minimum performance requirements are met. These performance requirements are contained in the appendices to reference (c) above, and cover:

- vision (appendix A), hearing (appendix B) and physical capabilities (appendix C);
- impairment from the use of medication (appendix D); and
- presence or recent history of an illness or condition (appendix E).

3.2 The consequences of impairment or illness will depend on the routine and emergency duties and, in some cases, on the distance from shore-based medical facilities.

3.3 The medical practitioner must indicate on the medical certificate whether the person is fit for all duties worldwide within their department (deck/engine/catering/other), as indicated on their medical certificate; whether they can undertake all routine and emergency duties, but are only able to work in specified waters, or whether adaptation of some routine and emergency duties is required. Safety-critical visual capabilities such as lookout duties should be specifically indicated.

3.4 If the seafarer cannot perform routine and emergency duties safely and effectively and adaptation of duties is not possible, then the seafarer should be deemed by the medical practitioner "not fit for duty." If adaptation is possible then the seafarer should be deemed "fit for duty with limitations."

3.5 If the medical practitioner imposes restrictions on work (i.e., the job the seafarer will perform, the trade area, time-limit, etc.), these restrictions should be reflected on the medical examination form.

3.6 Where illnesses and injuries may impair the ability of a seafarer with a valid medical certificate to perform routine and emergency duties safely, their current fitness may need to be re-assessed.

4.0 Medical Examinations

There are three health issues that the Administrator would like to highlight to ensure that they are fully considered when a medical examination is conducted.

4.1 **Vaccinations**

Currently, there are no international requirements for the vaccination of seafarers. As a result, the IMO Guidelines do not address this issue. Notwithstanding, the Administrator recommends for seafarers to be vaccinated according to the requirements indicated in the WHO publication, *International travel and health: Vaccination requirements and health advice*. The medical practitioner should review the examinee's vaccination record and give advice to the seafarer on immunizations. If new vaccinations are given, they should be recorded. It is recommended that all vaccinations be recorded on the *International Certificate of Vaccination or Prophylaxis*.

4.2 **Communicable Diseases**

- .1 In accordance with MI-105M, the medical practitioner shall certify whether an applicant is free from communicable diseases.
- .2 Seafarers expected to be handling food (i.e., those in the stewards department) diagnosed with, suspected of, or exposed to any communicable disease that can be transmitted by food should be restricted from working in any food or food-related areas or operations (including working with exposed food, equipment, utensils, table linens, single-service and single use articles or warewashing) until they are symptom-free for a minimum of 48 hours or in accordance with a medical practitioner's advice.
- .3 Communicable diseases that can be transmitted by food include, but are not limited to, typhoid (*Salmonella typhi* bacteria), shigellosis (*Shigella* spp. bacteria), cholera (*Vibrio* spp. bacteria), intestinal disease (*Escherichia coli* O157:H7 bacteria) and liver disease (hepatitis A virus). Other communicable diseases may render an applicant unfit for duty. In any case of communicable disease, the medical practitioner should provide counseling to the applicant.

4.3 **Mental Health Evaluation/Counseling**

Robbery, hostage taking or piracy aboard a vessel results in a stressful situation for all involved, but especially for the seafarer. While most seafarers will be protected from debilitating post-traumatic side effects by their natural resilience, it is essential that they be given a medical exam after any of these incidents and that the exam includes mental health evaluation/counseling. The Administrator recommends that trained, licensed mental health professionals conduct the mental health evaluation/counseling. See paragraph 2.6 above.

5.0 **Appeals Procedures**

- 5.1 Any seafarer who, after medical examination, has been refused a certificate or has had a limitation imposed on their ability to work, may apply for a further examination by another independent medical practitioner or by an independent medical referee, as defined under section 1.2 above.

5.2 Notwithstanding all of the qualifications for medical practitioners present in section 1.2 above, the independent medical practitioner or independent medical referee should:

- Have higher or at least the same qualifications as the previous medical practitioner
- Be mutually acceptable to the Administrator and most of the representative organizations of shipowners and seafarers; and
- Have two (2) advisers acceptable to the Administrator and most of the representative organizations of shipowners and seafarers to provide practical guidance.

5.3 A shipowner/operator may require an additional examination by another medical practitioner if there are valid grounds to believe that a seafarer seeking employment or already employed is unfit for sea service.

5.5 All information of the appeals procedure shall remain confidential between involved parties and shall not be provided to any outside parties.

6.0 Protected Health Information (PHI)

6.1 Definition: PHI is any information which concerns health status, provision of health care, or payment for health care that can be linked to an individual, to include any part of an individual's medical record or payment history.

6.2 Right of Privacy

All persons concerned with the conduct of medical examinations, including those who come in contact with medical examination forms, laboratory results and other medical information, should ensure the right of privacy of the examinee. Medical records should only be used for determining the fitness of the seafarer for work and enhancing health care. The seafarer shall have the right of access to and receipt of a copy of his/her personal medical data.

6.3 Confidentiality

In accordance with the local and national laws of the country in which any PHI is located, medical examination reports and records (whether electronic or hard copy form), including a copy of the medical certificate and all medical data collected from the examinee, should be clearly marked "CONFIDENTIAL." Additionally, in accordance with the local and national laws of the country in which any PHI is located, PHI should be retained in the files of the medical establishment where the medical certificate was issued, should be kept confidential, used only to facilitate the treatment of the seafarer, and should be made available only to persons authorized with the informed consent of the examinee. Receipt of an examinee's *Physical Examination Report/Certificate* (form MI-105M) by the Administrator will serve as the subject examinee's informed consent to the Administrator to disclose the *Physical Examination Report/Certificate* (form MI-105M) in any regard relating to the examinees fitness for duty.

PHYSICAL EXAMINATION REPORT/CERTIFICATE
OFFICE OF THE MARITIME ADMINISTRATOR
CONFIDENTIAL DOCUMENT
REPUBLIC OF THE MARSHALL ISLANDS

SURNAME			GIVEN NAME(S)			
DATE OF BIRTH MONTH DAY YEAR			PLACE OF BIRTH CITY COUNTRY		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> MATE <input type="checkbox"/> ENGINEER <input type="checkbox"/> RADIO OFF <input type="checkbox"/> RATING <input type="checkbox"/>			MAILING ADDRESS OF APPLICANT:			
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE						
HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE	
VISION: WITHOUT GLASSES RIGHT EYE / LEFT EYE WITH GLASSES / /			HEARING: RT. EAR / LEFT EAR /			
COLOR TEST TYPE: BOOK <input type="checkbox"/> LANTERN <input type="checkbox"/> CHECK IF COLOR TEST IS NORMAL - YELLOW <input type="checkbox"/> RED <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input type="checkbox"/>						
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes <input type="checkbox"/> No <input type="checkbox"/>						
HEAD AND NECK			HEART (CARDIOVASCULAR)			
LUNGS			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?			
EXTREMITIES: UPPER / LOWER /						
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes <input type="checkbox"/> No <input type="checkbox"/>						
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2						
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes <input type="checkbox"/> No <input type="checkbox"/>						
SIGNATURE OF APPLICANT		DATE OF EXAMINATION		EXPIRY DATE		
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.						
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: _____ NAME OF APPLICANT						
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes <input type="checkbox"/> No <input type="checkbox"/>						
SEAFARER IS FOUND TO BE <input type="checkbox"/> FIT / <input type="checkbox"/> NOT FIT FOR DUTY AS A <input type="checkbox"/> MASTER / <input type="checkbox"/> DECK OFFICER / <input type="checkbox"/> ENGINEERING OFFICER / <input type="checkbox"/> RADIO OFFICER / <input type="checkbox"/> RATING / <input type="checkbox"/> CHIEF COOK / <input type="checkbox"/> COOK <input type="checkbox"/> WITHOUT ANY RESTRICTIONS / <input type="checkbox"/> WITH THE FOLLOWING RESTRICTIONS:						
NAME AND DEGREE OF PHYSICIAN _____						
ADDRESS _____						
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY _____						
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE _____						
SIGNATURE OF PHYSICIAN _____					DATE _____	

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73)

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This physical examination must be carried out within 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- (g) Diseases or Conditions
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) Physical Requirements
 - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
 - Applicants for Able Seafarer Engine, fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the ship owner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1 of RMI MG-7-47-1.)

Attachment 2
Model Medical Exam Form
CONFIDENTIAL FORM

Name (last, first, middle): _____

Date of birth (day/month/year): _____ / _____ / _____ Sex: male female

Home address: _____

Passport No./Discharge Book No.: _____

Department (deck/engine/radio/food handling/other): _____

Routine and emergency duties (if known): _____

Type of ship (container, tanker, passenger, fishing): _____

Trade area (e.g., coastal, tropical, worldwide): _____

Examinee's personal declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions:

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	<input type="checkbox"/>	<input type="checkbox"/>	19. Do you smoke, use alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	20. Operation/surgery	<input type="checkbox"/>	<input type="checkbox"/>
3. Heart/vascular disease	<input type="checkbox"/>	<input type="checkbox"/>	21. Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	22. Dizziness/fainting	<input type="checkbox"/>	<input type="checkbox"/>
5. Varicose veins/piles	<input type="checkbox"/>	<input type="checkbox"/>	23. Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
6. Asthma/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	24. Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
7. Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	25. Depression	<input type="checkbox"/>	<input type="checkbox"/>
8. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	26. Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>
9. Thyroid problem	<input type="checkbox"/>	<input type="checkbox"/>	27. Loss of memory	<input type="checkbox"/>	<input type="checkbox"/>
10. Digestive disorder	<input type="checkbox"/>	<input type="checkbox"/>	28. Balance problem	<input type="checkbox"/>	<input type="checkbox"/>
11. Kidney problem	<input type="checkbox"/>	<input type="checkbox"/>	29. Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
12. Skin problem	<input type="checkbox"/>	<input type="checkbox"/>	30. Ear (hearing/tinnitus)/nose/throat problems	<input type="checkbox"/>	<input type="checkbox"/>
13. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	31. Restricted mobility	<input type="checkbox"/>	<input type="checkbox"/>
14. Infectious/contagious diseases	<input type="checkbox"/>	<input type="checkbox"/>	32. Back or joint problem	<input type="checkbox"/>	<input type="checkbox"/>
15. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	33. Amputation	<input type="checkbox"/>	<input type="checkbox"/>
16. Genital disorders	<input type="checkbox"/>	<input type="checkbox"/>	34. Fractures/dislocations	<input type="checkbox"/>	<input type="checkbox"/>
17. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>			
18. Sleep problem	<input type="checkbox"/>	<input type="checkbox"/>			

If any of the above questions were answered "yes," please give details.

Additional questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 35. Have you ever been signed off as sick or repatriated from a ship? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Have you ever been declared unfit for sea duty? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has your medical certificate ever been restricted or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Are you aware that you have any medical problems, diseases or illnesses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Are you allergic to any medications? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments.

42. Are you taking any non-prescription or prescription medications?

If yes, please list the medications taken and the purpose(s) and dosage(s).

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____

Date (day/month/year): _____ / _____ / _____

Witnessed by: *(Signature)* _____

Name: *(Typed or printed)* _____

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _____ (the approved medical practitioner).

Signature of examinee: _____

Date (day/month/year): _____ / _____ / _____

Witnessed by: *(Signature)* _____

Name: *(Typed or printed)* _____

Date and contact details for previous medical examination (if known): _____

MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (if yes, specify which type and for what purpose)

	Visual acuity						Visual fields	
	Unaided			Aided			Normal	Defective
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular		
Distant							Right eye	
Near							Left eye	

Color vision: Not tested Normal Doubtful Defective

Hearing

	Pure tone and audio metry (threshold values in dB)						Speech and whisper test (metres)	
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz			Normal	Whisper
Right ear							Right ear	
Left ear							Left ear	

Height: _____ (cm) Weight: _____ (kg)

Pulse rate: _____ (/minute) Rhythm: _____

Blood pressure: Systolic: _____ (mm Hg) Diastolic: _____ (mm Hg)

Urinalysis: Glucose: _____ Protein: _____ Blood: _____

	Normal	Abnormal		Normal	Abnormal
Head	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>
Sinuses, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>
Mouth/teeth	<input type="checkbox"/>	<input type="checkbox"/>	Vascular (inc. pedal pulses)	<input type="checkbox"/>	<input type="checkbox"/>
Ears (general)	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen and viscera	<input type="checkbox"/>	<input type="checkbox"/>
Tympanic membrane	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Anus (not rectal exam.)	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input type="checkbox"/>	<input type="checkbox"/>	G-U system	<input type="checkbox"/>	<input type="checkbox"/>
Pupils	<input type="checkbox"/>	<input type="checkbox"/>	Upper and lower extremities	<input type="checkbox"/>	<input type="checkbox"/>
Eye movement	<input type="checkbox"/>	<input type="checkbox"/>	Spine (C/S, T/S and L/S)	<input type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input type="checkbox"/>	<input type="checkbox"/>	Neurologic (full brief)	<input type="checkbox"/>	<input type="checkbox"/>
Breast examination	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	General appearance	<input type="checkbox"/>	<input type="checkbox"/>

Chest X-ray: Not performed Performed on (day/month/year): _____ / _____ / _____

Results: _____

Other diagnostic test(s) and result(s):

Test

Result

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:
--

Vaccination status recorded (optional, but recommended by Administrator): Yes No

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

Fit for look-out duty Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Without restrictions	<input type="checkbox"/>	With restrictions <input type="checkbox"/>	Visual aid required <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Describe restrictions (e.g., specific positions, type of ship, trade area)
--

Action taken by medical practitioner (e.g., referral): _____

Medical certificate's date of expiration (day/month/year): _____ / _____ / _____

Date of medical certificate issued (day/month/year): _____ / _____ / _____

Number of medical certificate: _____

Official stamp:

Signature of medical practitioner: _____

Name of medical practitioner: *(Typed or printed)* _____

License number of medical practitioner: _____

Address of medical practitioner: _____

Authorized by: _____ (competent authority)