

SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE

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), as amended, STCW Convention, 1978 as amended and the Maritime Labor Convention, 2006.

SURNAME:		GIVEN NAME (S):			
NATIONALITY:		ID DOCUMENT NO:			
DATE OF BIRTH:		PLACE OF BIRTH:		SEX:	
MONTH	DAY	YEAR	CITY	COUNTRY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EXAMINATION FOR DUTY AS:		MAILING ADDRESS OF APPLICANT:			
MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RADIO OFFICER <input type="checkbox"/> RATING <input type="checkbox"/>					
DECLARATION OF APPROVED MEDICAL PRACTITIONER: I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE					
HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
VISION:			HEARING		
WITHOUT GLASSES		RIGHT EYE	LEFT EYE	RT. EAR	LEFT EAR
WITH GLASSES		/	/	/	/
COLOR TEST TYPE: BOOK <input type="checkbox"/> LANTERN <input type="checkbox"/> CHECK IF COLOR TEST IS NORMAL <input type="checkbox"/>					
DATE OF LAST COLOR VISION TEST:					
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 REQUIREMENTS? 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"/>					
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
SIGNATURE OF APPLICANT _____				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:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HEARING MEETS THE STANDARDS IN SECTION A – I/9:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
UNAIDED HEARING SATISFACTORY:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
VISUAL ACUITY MEETS STANDARDS IN SECTION A – I/9:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
COLOUR VISION MEETS STANDARDS IN SECTION A – I/9:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

TICK APPROPRIATE CHOICE: HE / SHE IS FOUND TO BE FIT / NOT FIT FOR DUTY AS A MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OFFICER / ELECTRICAL ENGINEER (ELECTRICIAN) / RATING WITHOUT ANY / WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN: _____

ADDRESS OF MEDICAL CENTER: _____

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: _____

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: _____

SIGNATURE OF PHYSICIAN: _____

DATE OF EXAMINATION: _____

EXPIRY DATE OF CERTIFICATE: _____

SEAFARER ACKNOWLEDGMENT:

I, _____ (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.

MEDICAL REQUIREMENTS

This physical examination must be carried out not more than 24 months prior next medical check for a seafarer older than 18 years old and considered to be fit for duty without any restrictions. In case of any restriction found not preventing seafarer to fulfill his duties this physical examination should be carried out not more than 12 months prior next medical check. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO 73/WHO/D.2/1997, STCW Convention, 1978 as amended and the Maritime Labor Convention, 2006. 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 shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.
- g) Diseases or Conditions
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acenereal disease or neurosyphilis, AIDS, and/or the use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable by food shall be restricted from working with food or in food –related areas until symptom-free for at least 48 hours.
- h) Physical Requirements
 - Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
 - Applicants for fireman/water tender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE

The seafarer must retain the original of the "Medical Examination Report/Certificate" 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 shipowner 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/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 – Medical Exam Form).