sea chefs Cruises Ltd

**Seafarers Medical Examination/Certificate**

# CONFIDENTIAL

**TO BE COMPLETED IN ENGLISH IN CAPITAL LETTERS**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Surname:** | | | | **First & Middle Names:** | | | |
| **Date of Birth:** | ...../...../..... Month/Day/Year | **Place of Birth:** | | **Sex:** | Male: | | |
| | | | | | Female: | | |
| **Age:** | | **Nationality:** | | **Passport No. / Discharge Book No.:** | | | |
| **Position on Board :** | | | | **Vessel:** | | | |
| **Mailing Address of Applicant:** | | | | **Date:** | | | |

## PART 1: Examinee's Personal Declaration

(Assistance should be offered by Medical Staff)

Have you ever had any of the following conditions?

| No | Condition | YES | NO | No | Condition | YES | NO |
|---|---|---|---|---|---|---|---|
| 1 | Eye/ Vision Problem | | | 22 | Sleep Problems | | |
| 2 | High Blood Pressure | | | 23 | Do you Smoke? | | |
| 3 | Heart/Vascular Disease | | | 24 | Operation/Surgery | | |
| 4 | Heart Surgery | | | 25 | Epilepsy/Seizures | | |
| 5 | Varicose Veins | | | 26 | Dizziness/ Fainting | | |
| 6 | Asthma/Bronchitis | | | 27 | Loss of Consciousness | | |
| 7 | Blood Disorder | | | 28 | Psychiatric Problems/Mental Disorder | | |
| 8 | Diabetes | | | 29 | Depression | | |
| 9 | Thyroid Problem | | | 30 | Attempted Suicide | | |
| 10 | Digestive Disorder | | | 31 | Loss of Memory | | |
| 11 | Kidney or Bladder Problem | | | 32 | Balance Problem | | |
| 12 | Skin Problem | | | 33 | Severe Headaches | | |
| 13 | Allergies | | | 34 | Ear/Nose/Throat Problems | | |
| 14 | Infections/Contagious Diseases | | | 35 | Restricted Mobility | | |
| 15 | Hernia | | | 36 | Back Problems | | |
| 16 | Genital Disorders | | | 37 | Amputation | | |
| 17 | Pregnancy | | | 38 | Fractures/Dislocations | | |
| 18 | Lung Disease - TB | | | 39 | Malaria | | |
| 19 | Cancer or Tumour | | | 40 | Typhoid | | |
| 20 | Head or Neck Injury | | | 41 | Tropical Disease | | |
| 21 | Hepatitis | | | 42 | HIV | | |

If any of the above questions were answered "**YES**", please give full details below

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| No | Condition | YES | NO |
|---|---|---|---|
| 43 | Have you ever been signed off sick or repatriated from a ship? | | |
| 44 | Have you ever been hospitalized? | | |
| 45 | Have you been declared unfit for sea duty? | | |
| 46 | Has your medical certificate ever been restricted or revoked? | | |
| 47 | Are you aware that you have any medical problems, diseases or illnesses? | | |
| 48 | Are you allergic to any Medications? | | |
| You must mention any comments to the above, where applicable below | | | |
| 49 | Are you taking any non-prescription or prescription Medications? | | |
| If **Yes**, please list the Medications taken, the purpose(s) and dosage(s) | | | |
| 50 | Do you feel healthy and fit to perform the duties of your designated position / occupation? | | |

***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 examiner).

Signature of Examinee: ..... Date (day/month/year) ..../..../.....

Witnessed by: (*Signature*) ..... Name: (typed or printed) .....

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## PART 2: Medical Examination Results

(See reverse side for medical requirements)

**Please be advised that only Government, Licensed MEDICAL Institutions and / or Practitioners are to complete this form.**

| **Medical Examination:** | **Pre Sea** | | **Periodic** | | **Other** | |
|---|---|---|---|---|---|---|

| | | | |
|---|---|---|---|
| Height: | Cm | Weight | Kg |
| Pulse Rate | ( / minute) | Rhythm | |
| Blood Pressure Systolic | mm Hg | Diastolic | mm Hg |
| Urinalysis Glucose | | Protein | |

**Sight as per section A-I/9:**

| | Visual Acuity | | | | | | | Visual Fields | |
|---|---|---|---|---|---|---|---|---|---|
| | Unaided | | | Aided | | | | | |
| | Right Eye | Left Eye | Bino-cular | Right Eye | Left Eye | Bino-cular | | Normal | Defective |
| Distant | | | | | | | Right Eye | | |
| Near | | | | | | | Left Eye | | |

**Colour Vision as per Section A-I/9:** ☐ **Normal** ☐ **Doubtful** ☐ **Defective**

Date of Last Colour Vision Test: Date (day/month/year) ____/____/____

**Hearing as per section A-I/9:**

Pure Tone and Audio Metry (Threshold Values in dB)

| | 500 Hz | 1000 Hz | 2000 Hz | 3000 Hz | 4000 Hz | 6000 Hz |
|---|---|---|---|---|---|---|
| Right Ear | | | | | | |
| Left Ear | | | | | | |

Speech and Whisper Test (Metres)

| | Normal | Whisper |
|---|---|---|
| Right Ear | | |
| Left Ear | | |

| | Normal | Abnormal | | Normal | Abnormal |
|---|---|---|---|---|---|
| Head | | | Varicose Veins | | |
| Sinuses, Nose, Throat | | | Vascular (inc. pedal pulses) | | |
| Mouth/Teeth | | | Abdomen and Viscera | | |
| Ears (General) | | | Hernia | | |
| Tympanic Membrane | | | Anus (not rectal exam) | | |
| Eyes | | | G-U System | | |
| Ophthalmoscopy | | | Upper and Lower Extremities | | |
| Pupils | | | Spine (C/T, T/S and L/S) | | |
| Eye Movements | | | Neurologic (Full Brief) | | |
| Lungs and Chest | | | Psychiatric | | |
| Breast Examination | | | General Appearance | | |
| Heart | | | Skin | | |

**Chest X-Ray** (Tuberculosis) ☐ Not Performed ☐ Normal ☐ Abnormal

Performed on (day/month/year) ___/___/___

Results:

Yellow Fever Vaccination (date & type of Serum, validity in years):

(DD/MM/YYYY)

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**Other Diagnostic Test(s) and Result(s):**

| Test | Result |
|---|---|
| Haemoglobin "Hb" *1 | g/dl |
| Sedimentation Rate "SR" *1 | mm/hr |
| Hepatitis B *3 | HB (ab) ☐ +ve ☐ -ve HB (ag) ☐ +ve ☐ -ve |
| Bacteriological Stool Test *4 (Salmonella) | ☐ Not Performed ☐ Negative ☐ Positive |
| Parasitical Stool Test *5 | ☐ Not Performed ☐ Negative ☐ Positive |
| ECG *1 | |
| HIV *2 (+ve or –ve) | |

Medical Examiner's Comments:

*1 Compulsory
*2 Not Compulsory
*3 Required by the Company for all Crew from Endemic Areas
*4 Required by the Company for all Food Handlers
*5 Required by the Company for all Food Handlers from Tropical Climates

Status of Vaccination Records: ☐ Satisfactory ☐ To Be Renewed | Details

**Assessment of Fitness for Service at Sea:**

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

**FIT FOR DUTY** ☐ **NOT FIT FOR DUTY** ☐ **On Any Vessel.**

**WITHOUT RESTRICTIONS** ☐ **WITH RESTRICTIONS** ☐ **RESTRICTIONS NEEDED** ☐

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the Seafarer unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☐

Describe restrictions (e.g. Specific Position, Type of Ship, Trade Area):

Action taken by Medical Examiner (e.g. Referral):

| Place of Examination: | Issue Date (day/month/year) | Expiry Date (day/month/year) |
|---|---|---|
| _____ | ___/___/___ | ___/___/___ |

Signature of the Applicant: _____ Date: _____

**This signature should be signed in the presence of the examining Physician**

This is to certify that a physical examination was given to: _____ (Name of Applicant)

| | | | |
|---|---|---|---|
| **Name of Physician** | | | |
| **Degree of Physician/Specialization** | | **Date of issue of Physician's Certificates/ Degree** | |
| **Full Address:** | | | |
| **Name of Physician's Certificating Authority:** | | **License Number** | |
| **Signature & Stamp of Physician:** | | **Date:** | |

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**Important Note:** **Seafarer must retain the original as evidence of physical qualification while serving on board a vessel**

## MEDICAL CERTIFICATE IS VALID FOR A MAXIMUM OF 2 YEARS

### Medical Requirements

Proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

(a) All seafarers must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.

(b) Seafarer's blood pressure must fall within an average range, taking age into consideration.

(c) Seafarer afflicted with any of the following diseases or conditions shall not be considered 'Fit for Duty': epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.

***Reference to STCW Regulation I/9 or ILO-73 (1946) or ILO-147 (1976) or ILO Maritime Labour Convention 2006 (MLC-2006) OR ILO/IMO "Guidelines on the Medical Examinations of Seafarers"***

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## PART 3: Seafarer Medical Certificate

*(Issued under the authority of authorizing country details.)*

*This Medical Certificate has been issued on accordance with the provisions of the (International Convention on Standards of Training, Certification and Watch-keeping for Seafarers STCW 1978, as amended 9STCW) Regulation I/9, Maritime Labour Convention 2006 (MLC2006) Regulation 1.2 and regulation of the authorising country) *as applicable*

### SEAFARER'S INFORMATION

| | | |
|---|---|---|
| Surname: | Given Name (s): | |
| Date of Birth *(dd/mm/yyyy):* | Nationality:<br>ID Document No.: | Gender:<br>Male/Female |

Capacity that the Seafarer will serve onboard serve in:
Deck: Engineer GMDSS Rating Catering Other

### DECLARATION OF APPROVED** MEDICAL PRACTITIONER

I confirm that identification documents were checked: YES / NO

Does the Seafarers hearing meet medical standards*? YES / NO

Is unaided hearing satisfactory*? YES / NO

Vision acuity meets medical standards*? YES / NO

Colour vision meets standard*? YES / NO

Date of last colour vision test? (*dd/mm/yyyy*) _____

Is the Seafarer fit for lookout duties: YES / NO / Not Applicable

Is the Seafarer free from any medical condition likely to be aggravated by service at sea or render the Seafarer unfit for such service or to endanger the health of other persons on board? YES / NO

Is the Seafarer fit for service? YES / NO

Are there any limitations or restrictions on fitness? If so specify the limitation

I hereby confirm that the medical examination has been carried out in accordance with the ILO/IMO *Guidelines on the Medical Examinations of Seafarers* and the national guidelines of the authorising Administration.

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Name of Approved** Medical Practitioner: _____

Signature of Approved** Medical Practitioner: _____

Date of Examination (*dd/mm/yyyy):* _____ Stamp/Seal

Expiry date of certificate (*dd/mm/yyyy*): _____ To be completed by the Doctor Only

**SEAFARER'S ACKNOWLEDGEMENT**

I, _____ confirm that I have been informed of the content of certificate and the right to get a review***.

Signature: _____ Date: (*dd/mm/yyy*): _____

*For persons who are assigned shipboard safety, security or environmental protection duties, the medical standards referenced on the certificate are the standards as specified in STCW Regulation I/9 and any other standards as specified by the authorizing Administration. For any other persons serving onboard, the medical standards shall be as specified by ILO and the authorizing Administration.

**The Medical Practitioner shall be approved by the national Administration, after inspection of medical facilities/recordkeeping, to carry out STCW/ILO medical examination.

***The review shall be carried out by a body/Medical Practitioner authorized by national Administration and this information should be made available to the Seafarer.