



- |    |                                      |    |  |
|----|--------------------------------------|----|--|
| 11 | Thyroid problems                     | 36 | Memory loss  |
| 12 | Digestion problems                   | 37 | Shaking or trembling of hands or another body part |
| 13 | Renal problems                       | 38 | Loss of balance                                    |
| 14 | Skin problems                        | 39 | Severe headaches                                   |
| 15 | Allergies                            | 40 | Ear, nose or throat problems                       |
| 16 | Contagious or transmittable diseases | 41 | Bone or joint problems                             |
| 17 | Sexually transmittable diseases      | 42 | Back problems                                      |
| 18 | Hernia                               | 43 | Amputation   |
| 19 | Diarrhoea                            | 44 | Fractures/dislocations                             |
| 20 | Stomach ulcer                        | 45 | Cancer   |
| 21 | Tropical disease (e.g. malaria)      | 46 | Tuberculosis                                       |
| 22 | Sinusitis                            | 47 | Thrombosis or embolism                             |
| 23 | Nose bleeds                          | 48 | Stroke   |
| 24 | Seasickness                          | 49 | Urinary problems, bladder disease                  |
| 25 | Dental problems                      | 50 | Kidney disease                                     |

For any positive responses, please give details here

.....

.....

**Other questions**

- |    | <b>Yes</b>   | <b>No</b> |
|----|--|-----------|
| 51 | Have you been disembarked or repatriated due to illness?                           |           |
| 52 | Have you ever been hospitalised?   |           |
| 53 | Have you ever been declared unfit for duty?  |           |
| 54 | Has your medical fitness certificate ever been subject to restrictions or revoked? |           |
| 55 | To the best of your knowledge are you suffering from a medical problem or illness? |           |
| 56 | Do you feel in good health and fit to carry out the tasks that your role requires? |           |
| 57 | Do you drink alcohol, and if "yes", how much?                                      |           |
| 58 | Do you smoke, and if "yes", how much?  |           |
| 59 | Do you take drugs, and if "yes", how much?   |           |
| 60 | Are you allergic to certain medicines or to certain dusts?                         |           |
| 61 | Are you pregnant at this moment?   |           |
| 62 | Do you have difficulty with menstruation?  |           |

Remarks:

.....  
.....

63 Do you take medicines with or without prescription?

If you have answered "yes", mention below why and the dose(s):

.....  
.....

I hereby declare that I have completed the declaration truthfully and to the best of my knowledge.

Signed by  
the Person ..... Date  
concerned: (Day/Month/Year): ... / ... / .....

Completed in the presence of: ..... Signature: \_\_\_\_\_

I hereby consent that all my previous medical details be transmitted to Dr. ....  
(licensed physician)

Signature of  
Person concerned: ..... Date  
(Day/Month/Year): ... / ... / .....

Completed in the presence of: ..... Signature: \_\_\_\_\_

## Physical examination

Medical examination	Periodic examination	Additional examination
Seafarer without lookout or watchstanding duty	Deck or bridge duty with watchstanding duty	Engine service with watchstanding duty

### Vision: Examination by a specialist: necessary/not necessary

<b>Eye sight</b>	<b><u>Various eye</u></b>
Vision without correction    OD.....    OS.....    ODS.....	Outer appearance    OD.....    OS.....
Vision with correction    OD.....    OS.....    ODS.....	Eye movement    OD.....    OS.....
Myopia	Pupil reflex    OD.....    OS.....
Field of vision    OD.....    OS.....	Fundus copy    OD.....    OS.....
Night blindness	<b>Other:</b> .....
Yes    No	Sufficient    Insufficient
Sufficient    Insufficient	Sufficient    Insufficient

### Hearing: examination by a specialist: necessary / not necessary

<b>Ear / Various</b>	
Whispered speech	AD..... m    AS..... m    Otoscopy    AD.....
Audiometry	AS.....
500 Hz	AD.....dB    AS.....dB
1000 Hz	AD.....dB    AS.....dB
2000 Hz	AD.....dB    AS.....dB
3000 Hz	AD.....dB    AS.....dB
average	AD.....dB    AS.....dB

### Physical examination

Height:.....m    Weight:.....kg    Body mass index: .....    Pulse: .....    Blood pressure: .....

General psychological and physical condition: .....

Skin:.....    Lymph nodes: .....    Skin: .....

Mouth/throat/nose:.....    Neck: .....    Speech: .....

Heart:.....    Lungs: .....

Abdomen: .....    External genitalia, groin: .....

Arms: .....    Legs: .....    Spinal column: .....

Motility/Coordination/Reflexes: .....

### Additional examination

Radiograph chest / Mantoux Test (Date): .....    Exemption: .....

Urine:.....    Protein:.....    Glucose:.....    Other:.....

Blood:.....

**Conclusion:**

Fitness:	1 Year	Other namely: .....
Unfitness:	provisional	Under conditions      definitive
Limit zone:	no restrictions	Other namely: .....

Name of approved doctor:	Date of examination:	Signature:
.....	.....	.....