

Merchant Shipping (STCW Convention)



SEAFARERS MEDICAL FITNESS CERTIFICATE

To conform to the 2010 Amendments to the STCW Convention 1978 & ISM Code

To be completed by applicant

Surname: First name/s: Sex: M/F
 Date of Birth: Rank/Grading:
 Home address:
 (Street/town/country)
 Present Occupation:
 Company which nominated:

1. Family History

- | | Yes | No |
|---|--------------------------|--------------------------|
| a) Has anyone in your close family or household been treated for tuberculosis (TB) in the past ten years? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Do you have a family history of heart disease, arthritis, rheumatism or diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Has anyone in your family ever been treated for mental illness or 'nervous' conditions? | <input type="checkbox"/> | <input type="checkbox"/> |

For physician's use only: please provide further information if the answer to any of the above questions is 'yes'.

2. Personal History

- | Have you ever suffered from: | Yes | No |
|---|--------------------------|--------------------------|
| a) tuberculosis, spitting of blood or severe chest infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) conditions of the heart or lungs, including breathlessness, palpitation and high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) infection of the bladder, kidneys or urinary tract, including sexually transmitted infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) any condition of the stomach, liver or bowels, including hepatitis or stomach ulcer? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) convulsions, fits, epilepsy or severe migraine headaches? | <input type="checkbox"/> | <input type="checkbox"/> |
| f) skin complaints, including skin cancers which have required medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| g) malaria or leprosy-still suffer repetitive effects from it? still taking medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| h) diabetes, rheumatism, arthritis, hernia, stroke or cancer? | <input type="checkbox"/> | <input type="checkbox"/> |
| i) any major accidents or recent (in past ten years) surgical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |

For physician's use only: please provide further information if the answer to any of the above questions is 'yes'.

3. General

- | | Yes | No |
|--|--------------------------|--------------------------|
| a) Do you wear glasses or corrective (contact) lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) If yes, do you wear glass for: (circle one).....reading/ all the time? | | |
| c) When did you last have a chest X ray (year)?..... | | |
| d) When did you last consult your doctor for an illness (month and year)?..... | | |

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Confidential- Examining Medical Officer's Report

1. Physical Examination

Candidate's general appearance: *(comment on visible signs of ill health and/or disability)*.....
.....
.....

Height.....Weight.....

Blood Pressure.....Pulse rate.....

Urinalysis.....

	Yes	No
Is there any evidence of heart and/or lung disease?	<input type="checkbox"/>	<input type="checkbox"/>

Is a chest X-ray required? <i>(Consider history as well as examination results)</i>	<input type="checkbox"/>	<input type="checkbox"/>
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Are you pregnant? (Female)	<input type="checkbox"/>	<input type="checkbox"/>
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Is there any evidence of;		
Past or recent ear, nose and/ or throat infections	<input type="checkbox"/>	<input type="checkbox"/>
Defect in sight or hearing? (Surgery tests essential)	<input type="checkbox"/>	<input type="checkbox"/>
Enlarged glands, varicose veins, skin lesions	<input type="checkbox"/>	<input type="checkbox"/>
Conditions of the euro-genital organs and tract	<input type="checkbox"/>	<input type="checkbox"/>
Disease of the brain, spinal cord or nervous system	<input type="checkbox"/>	<input type="checkbox"/>

Does the applicant take any regular medication?	<input type="checkbox"/>	<input type="checkbox"/>
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Name of medication and reason for taking?.....

Other comments.....

2 Psychological Assessment

	Yes.	No
Does the applicant drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>

In your opinion, is the applicant a mild, moderate or heavy drinker?	<input type="checkbox"/>	<input type="checkbox"/>
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Does the patient has a history of, or is currently using drugs?	<input type="checkbox"/>	<input type="checkbox"/>
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A "Drug and Alcohol Test" to be performed, results and comments on test:
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	Yes	No
Is the applicant aware of the possible health risks associated with having unprotected sexual encounters whilst employed as a seafarer?	<input type="checkbox"/>	<input type="checkbox"/>

Is the applicant aware of the protective effects of condoms against possible health risks?	<input type="checkbox"/>	<input type="checkbox"/>
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In your opinion, is the applicant a mature, responsible person who will manage employment as a seafarer?	<input type="checkbox"/>	<input type="checkbox"/>
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Comments.....
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Medical Officer's Recommendations

(The examining doctor is requested to inform the candidate -whether acceptance, deferment, or rejection is recommended).

Fit for contract service foryears.

Fit for permanent services.....

Deferred formonths

Rejected.

Results of Chest X-ray

What further tests/investigations need to be undertaken for the candidate to be considered eligible?

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Other comments:.....

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Signatures:

Examining doctor:.....

Applicant:.....

Print Name:

Print Name:.....

Date

Date:.....

Employment:

Approved

Not approved

Medical Practitioners Name:

Provider/registration number:.....

Telephone No:Fax No:E-mail:

Stamp

Note:

- (1) The Examining Physician should retain a copy of this certificate.
- (2) The National Maritime Safety Authority should retain a copy of this certificate.
- (3) It is the responsibility of the seafarer to have a current Medical Fitness Certificate.

**(Examinations should be performed every 2 years, as per the PNG Merchant Shipping (Medical Standards) Regulations, 2006 and in relation to the ILO/IMO Standards on Medical Fitness Examination of Seafarers and Ships' Medicine Chests, 2011.) Below 18 years of age and those over 40 years are to have their medical examinations done EVERY YEAR **