

# Medical fitness certificate issued in compliance with ILO / IMO guidelines of the medical examinations for seafarers



Merchant Shipping Directorate

Transport Malta, Malta Transport Centre, Marsa MRS1917, Malta Tel: +356 21250360 / +356 99067197 (AOH) Fax: +356 21241460 E-Mail: applica.stcw@transport.gov.mt

PART A – To be completed by applicant					
Surname (Family Name)		First Name		Second Name	
Date of Birth		Country of Birth		Nationality	
Department Deck <input checked="" type="checkbox"/> Engine <input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Please specify:					
Passport No. / Discharge Book No. / Identity Card No.				Gender	
Address					
Applicant'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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18. Sleep problem	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. High blood pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19. Do you smoke, use alcohol or drugs?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Heart / vascular disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20. Operation / surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Heart surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21. Epilepsy / seizures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Varicose veins / piles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22. Dizziness / fainting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Asthma / bronchitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	23. Loss of consciousness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Blood disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24. Psychiatric problems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Diabetes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	25. Depression	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Thyroid problem	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26. Attempted suicide	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Digestive disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27. Loss of memory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11. Kidney problem	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	28. Balance problem	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12. Skin problem	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	29. Severe headache	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13. Allergies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30. Ear (hearing/tinnitus)/nose/ throat problem	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. Infectious / contagious diseases	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	31. Restricted mobility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15. Hernia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	32. Back or joint problem	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16. Genital disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	33. Amputation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17. Pregnancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	34. Fractures / dislocations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered yes to any of the above questions, please write details below:					
• Additional questions:					
Condition				Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have you ever been hospitalized?				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
37. Have you ever been declared unfit for sea duty?				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

38. Has your medical certificate ever been restricted or revoked?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
39. Are you aware that you have any medical problems, diseases or illnesses?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
40. Do you feel healthy and fit to perform the duties of your designated position / occupation?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
41. Are you allergic to any medication?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:		
42. Are you taking any non-prescription or prescription medications?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, please list the medications taken, and the purpose/s and dosage/s:		
<p><b>Applicant must sign personal declaration in the presence of a duly qualified medical practitioner who will be filling PART B of this medical report</b></p> <p>I hereby certify that the personal declaration above is a true statement to the best of my knowledge. Furthermore, I authorize the release of all my records from any health professionals, mm health institutions and public authorities to the appointed medical practitioner.</p> <div style="display: flex; justify-content: space-between; margin-top: 50px;"> <div style="text-align: center;"> <p>Applicant's Signature (Signed in the presence of medical practitioner)</p> </div> <div style="text-align: center;"> <p>Date: MARCH 04, 2022</p> </div> </div>		

<b>PART B – To be completed by a duly qualified medical practitioner</b>									
<b>Medical Examination</b>									
Height	165(cm)	Weight	69.5 (kg)	Pulse Rate	86 / (minute)	Rhythm			
Blood pressure (mm HG)				Urinalysis					
Systolic	120	Diastolic	80	Glucose	Normal	Protein	Normal	Blood	Normal
Sight (Table on the "Minimum in-service eyesight standards for seafarers" is found on page 4 of this medical report)									
Use of glasses or contact lenses:    YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>									
	Visual acuity						Visual fields		
	Unaided			Aided					
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular		Right eye	Left eye
Distant			20/30	20/30			Normal		
Near	.62	.62					Defective		
Colour vision    Not tested <input checked="" type="checkbox"/> Normal <input checked="" type="checkbox"/> Doubtful <input checked="" type="checkbox"/> Defective <input checked="" type="checkbox"/>									
<b>Hearing</b>									
	Pure tone and audiometry (threshold values in dB)						Speech and whisper test (metres)		
	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz		Normal	Whisper
Right ear	15	15	15	15	20	20	Right ear		
Left ear	15	15	15	15	20	20	Left ear		
			Normal	Abnormal				Normal	Abnormal
1. Head			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. Skin			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Sinuses, nose, throat			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. Varicose veins			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3. Mouth / teeth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. Vascular (inc. pedal pulses)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Ears (general)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Abdomen and viscera	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Tympanic membrane	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17. Hernia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Eyes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18. Anus (not rectal exam)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Ophthalmoscopy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19. G-U system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Pupils	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20. Upper and lower extremities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Eye movement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21. Spine (C/S, T/S and L/S)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Lungs and chest	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22. Neurologic (full brief)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11. Breast examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	23. Psychiatric	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12. Heart	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24. General appearance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Chest X-ray</b> Not performed <input checked="" type="checkbox"/> Performed on MARCH 04, 2022 <input checked="" type="checkbox"/>	
Results:	
Other diagnostic test/s and results:	
Test	Result:
Medical practitioner's comments and assessment for fitness, with reasons for any limitations:	
Vaccination status recorded    YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	

<b>Medical certificate for service at sea</b>		
Surname (Family Name)	First Name	Second Name
Date of Birth	Country of Birth	Nationality
Department Deck <input checked="" type="checkbox"/> Engine <input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Please specify:		
Passport No. / Discharge Book No. / Identity Card No.		Gender
Address		
<b>Declaration of duly qualified medical practitioner</b>		
	Yes	No
Confirmation that applicant's identification documents were checked?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing meets the standards in STCW Code, section A-I/9?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Visual acuity meets standards in STCW Code, section A-I/9?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Colour vision meets standards in STCW Code, section A-I/9?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fit for lookout duties?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is applicant suffering from any medical condition 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 boards?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
This is to certify that I have examined the applicant and that my findings are recorded in this medical report		
Result: Fit for Sea Duty <input checked="" type="checkbox"/> Unfit for Sea Duty <input checked="" type="checkbox"/> **Fit with limitations or restrictions <input checked="" type="checkbox"/>		
**Please specify limitations or restrictions, if any:		
Signature of duly qualified medical practitioner	Applicant's Signature	

	(Signed in the presence of medical practitioner)
Medical practitioner's stamp	Date of Examination
<b>Validity:</b>	
<b>Date of Issue:</b>	
This medical certificate shall remain valid for a maximum period of two years unless the seafarer is under the age of 18, in which case the maximum period of validity shall be one year.	

Table A-I/9  
Minimum in-service eyesight standards for seafarers

STCW Convention regulation	Category of seafarer	Distance vision aided		Near/immediate vision	Colour vision	Visual fields	Night Blindness	Diplopia (double vision)
		One Eye	Other Eye	Both Eyes together, aided or unaided				
I/11 II/1 II/2 II/3 II/4 II/5 VII/2	Masters, deck officers and ratings required to undertake look out duties	0.5	0.5	Vision required for ships navigation (e.g, chart and nautical publication reference, use of bridge instrumentation and equipment, and identification of aids to navigation)	See Note 6	Normal Visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 II/1 II/2 II/3 II/4 II/5 VII/2	All engineer officers, electro-technical officers, electro-technical ratings and ratings or others forming part of an engine room watch	0.5	0.5	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/ components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 VII/2	GMDSS Radio operators	0.5	0.5	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/ components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident

#### Notes

- Values given in Snellen decimal notation.
- A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease.
- As defined in the International Recommendations for colour Vision Requirements for Transport by the Commission International de l'Eclairage(CTE-143-2001 including any subsequent versions.)
- Subject to assessment by a clinical vision specialist where indicated by initial examination findings
- Engine department personnel shall have combined eyesight vision of at least 0.4
- CTE colour vision standard 1 or 2
- CTE colour vision standard 1, 2 or 3

