Inspectorate for Transport, Public Works and Water Management
Ministry of Infrastructure and the Environment

Medical examination
Shipping crew

This form is used by the medical examiner, in addition to more detailed examination, to determine if the candidate is fit for duty.

The medical examiner sends a registration of the personal data of the candidate and the outcome of the examination to the Medical Advisor of the IVW, including the reason of rejection if applicable.

The medical examiner keeps the examination data in a medical file.

The Medical Advisor has no access to the medical data without permission of the seafarer.

Contact the medical examiner for more information about this form.

1 Details seafarer

1.1	Surname and Gender	☐ Male ☐ Female
1.2	First names in full	
1.3	Date of birth and place of birth	
1.4	Nationality	
1.5	Address	
1.6	Postal code and place of residence	
1.7	Telephonenumber(s)	
1.8	Number seaman's book and country of issue	

2 Details of own physician

2.1	Name	
2.2	Address	

3 Details work/education

3.1	Name ship owner / nautical college	
3.2	Type of ship	
3.3	Duties on board the ship	
3.4	Sailing area	

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4 Details of previous examinations

4.1	Have you ever been rejected as a seafarer?	☐ Yes	☐ No
4.2	Have you ever been certified fit with restrictions?	☐ Yes	☐ No
4.3	Have you ever had a medical exemtion?	☐ Yes	☐ No
4.4	Date of the last medical examination		
4.5	Details		

5 Details present examinations

5.1	Your examinations concerns	☐ Look-out or watch duties on the bridge
		☐ *Watch duties in the engine room*
		☐ *Rating without look-out or watch duties*

6 Medical questions

6.1	Do you experience limitations in the performance of your duties?	☐ Yes	☐ No	
6.2	Have you ever been repatriated due to illness?	☐ Yes	☐ No	
6.3	Have you ever had an accident?	☐ Yes	☐ No	
6.4	Have you ever had surgery?	☐ Yes	☐ No	
6.5	Can you use your hands and feet without limitations in motion and touch?	☐ Yes	☐ No	
6.6	Are you allergic to any substances?	☐ Yes	☐ No	
6.7	Does night-blindness give you any trouble?	☐ Yes	☐ No	
6.8	Do you wear glasses or contact lenses?	☐ Yes	☐ No	
6.9	Is your colour vision normal?	☐ Yes	☐ No	
6.10	Have you had eye surgery or laser treatment?	☐ Yes	☐ No	
6.11	Do you use a hearing-aid?	☐ Yes	☐ No	
6.12	Do you take any medication? If so, which?	☐ Yes	☐ No	
6.13	Do you drink alcohol? If so, how many drinks per week?	☐ Yes	☐ No	
6.14	Do you smoke? If so, how much per day?	☐ Yes	☐ No	
6.15	Did you use drugs during the past 5 years?	☐ Yes	☐ No	
6.16	Are you pregnant? Expected date of delivery?	☐ Yes	☐ No	☐ N.a.
6.17	Do you have painful or irregular periods?	☐ yes	☐ No	☐ N.a.
6.18	When was your last visit to the dentist?			
6.19	Details			

7 Physical complaints

7.1 Do or did you suffer from any of these conditions?

Diabetes	☐ Yes	☐ No
Cancer	☐ Yes	☐ No
Thyroid disorders	☐ Yes	☐ No
Contagious diseases, tropical diseases	☐ Yes	☐ No
Tuberculosis	☐ Yes	☐ No
Trombosis or embolism	☐ Yes	☐ No
Stroke	☐ Yes	☐ No
Epilepsy, seizures or convulsions	☐ Yes	☐ No
Psychological problems	☐ Yes	☐ No
Drinking problems	☐ Yes	☐ No
Nervous strain, depression	☐ Yes	☐ No
Fear of heights / open spaces / claustrophobia	☐ Yes	☐ No
Insomnia	☐ Yes	☐ No
Somnambulism, bed-wetting	☐ Yes	☐ No
Skin diseases, eczema	☐ Yes	☐ No
Venereal diseases	☐ Yes	☐ No
Inguinal hernia	☐ Yes	☐ No
Varicose veins, haemorrhoids	☐ Yes	☐ No
Severe headache, dizziness	☐ Yes	☐ No
Syncope, fainting	☐ Yes	☐ No
Low vision or blurred vision	☐ Yes	☐ No
Poor hearing or ringing in the ear	☐ Yes	☐ No
Coughing, shortness of breath	☐ Yes	☐ No
Asthma, bronchitis	☐ Yes	☐ No
Hypertension	☐ Yes	☐ No
Heart diseases	☐ Yes	☐ No
Chest pain, palpitations	☐ Yes	☐ No
Swollen feet, especially in the evening	☐ Yes	☐ No
Stomach-ache, nausea, low appetite	☐ Yes	☐ No
Abdominal pain, cramps	☐ Yes	☐ No
Black or discoloured stools	☐ Yes	☐ No

	Strain or pain with urinating	☐	☐
	Pain in the back	☐	☐
	Painful arms, legs or joints	☐	☐
	Fractures, dislocations	☐	☐
	Seasickness	☐	☐

7.2 Details

8 Signature

The undersigned is aware of the fact that due to false or inaccurate completion of this medical history the medical examination may be considered invalid. The undersigned therefore certifies that the personal declaration above is a true statement to the best of his or her knowledge.

8.1 Place and date

8.2 Signature

Medical examination

9 Details examination and medical examiner

9.1	Date of examination	
9.2	Name medical examiner	

10 Physical examination

10.1	Length and body weight	
10.2	Quetelet	
10.3	Waist circumference (optional)	
10.4	Pulse rate and blood pressure	
10.5	General physical appearance	
10.6	Psyche	
10.7	Skin	
10.8	Lymph nodes	
10.9	Neck / thyroid	
10.10	Mouth / throat / nose	
10.11	Dental status	
10.12	Speech	
10.13	Heart	
10.14	Lungs	
10.15	Abdomen	
10.16	Genital organs, groins	
10.17	Upper extremities	
10.18	Lower extremities	
10.19	Spine	
10.20	Motor system	
10.21	Co-ordination	
10.22	Reflexes	

11 Fitness and physical abilities

11.1	Climb up and down vertical ladders	☐ Sufficient	☐ Inadequate
11.2	Step over coamings (60cm)	☐ Sufficient	☐ Inadequate
11.3	Grasp, lift, manipulations	☐ Sufficient	☐ Inadequate
11.4	Reach above shoulder height	☐ Sufficient	☐ Inadequate
11.5	Stoop, crouch, kneel and crew	☐ Sufficient	☐ Inadequate
11.6	Stand and walk a watch for extended periods	☐ Sufficient	☐ Inadequate
11.7	Move through a restricted opening of 60x60 cm	☐ Sufficient	☐ Inadequate

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12 Vision / eyes

12.1	Visual acuity, unaided	OD	OS	ODS
12.2	Visual acuity, aided	OD	OS	ODS
12.3	Near vision, aided			ODS
12.4	Reading a monitor at a distance of 70 cm			ODS
12.5	Visual fields	OD	OS	
12.6	External	OD	OS	
12.7	Eye movements	OD	OS	
12.8	Pupillary reflex	OD	OS	
12.9	Signs of double vision	☐ Yes	☐ No	
12.10	Spare glasses	☐ Yes	☐ No	

Colour vision

12.11	Ishihara 2 or more mistakes	☐ No	☐ Yes (detailed examination required)
12.12	Specialist colour test	☐ Sufficient	☐ Defective
12.13	Specialist colour test used, plus results		

More detailed examination required

12.14	Night-blindness	☐ Yes	☐ No
12.15	Opthalmoscopy	☐ Yes	☐ No

13 Hearing/ ears

13.1	Conversational speech	AD	m	AS	m
13.2	Tone-audiometric loss 500 Hz.	AD	dB	AS	dB
13.3	Tone-audiometric loss 1000 Hz.	AD	dB	AS	dB
13.4	Tone-audiometric loss 2000 Hz.	AD	dB	AS	dB
13.5	Tone-audiometric loss 3000 Hz.	AD	dB	AS	dB
13.6	Tone-audiometric loss average	AD	dB	AS	dB
13.7	Otoscopy	AD			
		AS			

14 Compulsory diagnostic tests

14.1	Does the candidate come from an area with a high prevalence of tuberculosis?	☐ Yes (Examination on tuberculosis obligatory)
		☐ No (Examination on tuberculosis depending on sailing area)
14.2	X-thorax / Mantoux date, plus results	

No chest X-ray or Mantoux: the area of validity on the medical certificate will be: Limited as a result of absence of the examination on tuberculosis)

14.3	Blood group	
14.4	Urine:	
	Protein	
	Glucose	
	Blood	

15 Additional diagnostic tests

15.1 Remarks

16 Specialist report

16.1 Remarks

17 Family history

17.1 Remarks

18 Consultation with attending physician

18.1 Remarks

19 Comments, notes

19.1 Remarks

20 Validation exemptions

20.1 The exemptions given by the medical advisor are valid untill?

Exemption with regard to general medical fitness:

Exemption with regard to the visual system:

Exemption with regard to the audiotory system:

21 Conclusion seafarer's examination

21.1

Compiles to the medical standards of	**Look-out or watch duties on the bridge**			**Watch duties in the engine room**			**Rating without look-out or watch duties**		
	Yes	*Exemption **	*No*	*Yes*	*Exemption **	*No*	*Yes*	*Exemption**	*No*
Medical fitness	☐	☐	☐	☐	☐	☐	☐	☐	☐
Visual system	☐	☐	☐	☐	☐	☐	☐	☐	☐
Auditory system	☐	☐	☐	☐	☐	☐	☐	☐	☐
CONCLUSION	☐ *Fit for duty **		☐ *Unfit ***	☐ *Fit for duty **		☐ *Unfit ***	☐ *Fit for duty**		☐ *Unfit ***

* *The expiry date of the Seafarer medical certificate may never exceed the expiry date on the exemption.*
** *A candidate is unfit if "No" is used once, unless the candidate is in use of a valid exemption.*

21.2 Restrictions to area of validity

21.3 Restrictions to period of validity