

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



Merchant Shipping Directorate

Transport Malta

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 Engine Radio Other Please specify:					
Passport No. / Discharge Book No. / Identity Card No.				Gender Male Female	
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			18. Sleep problem		
2. High blood pressure			19. Do you smoke, use alcohol or drugs?		
3. Heart / vascular disease			20. Operation / surgery		
4. Heart surgery			21. Epilepsy / seizures		
5. Varicose veins / piles			22. Dizziness / fainting		
6. Asthma / bronchitis			23. Loss of consciousness		
7. Blood disorder			24. Psychiatric problems		
8. Diabetes			25. Depression		
9. Thyroid problem			26. Attempted suicide		
10. Digestive disorder			27. Loss of memory		
11. Kidney problem			28. Balance problem		
12. Skin problem			29. Severe headache		
13. Allergies			30. Ear (hearing/tinnitus)/nose/ throat problem		
14. Infectious / contagious diseases			31. Restricted mobility		
15. Hernia			32. Back or joint problem		
16. Genital disorder			33. Amputation		
17. Pregnancy			34. Fractures / dislocations		
If you answered yes to any of the above questions, please write details below :					
• Additional questions:				Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?					
36. Have you ever been hospitalized?					
37. Have you ever been declared unfit for sea duty?					
38. Has your medical certificate ever been restricted or revoked?					
39. Are you aware that you have any medical problems, diseases or illnesses?					
40. Do you feel healthy and fit to perform the duties of your designated position / occupation?					
41. Are you allergic to any medication?					
Comments:					

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	Yes	No
42. Are you taking any non-prescription or prescription medications?		
If yes , please list the medications taken, and the purpose/s and dosage/s:		
<p>Applicant must sign personal declaration in the presence of a duly qualified medical practitioner who will be filling PART B of this medical report</p> <p>I hereby certify that the personal declaration above is a true statement to the best of my know ledge. Furthermore, I authorize the release of all my records from any health professionals, health institutions and public authorities to the appointed medical practitioner.</p>		
Applicant's Signature (Signed in the presence of medical practitioner)	Date:	

PART B – To be completed by a duly qualified medical practitioner

Medical Examination

H e i g h t		(cm)	Weight		(kg)	Pulse Rate		/ (minute)	Rhythm
Blood pressure (mm HG)					Urinalysis				
Systolic			Diastolic			Glucose		Protein	Blood

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	No						
D i s t a n t N e a r	Visual acuity						Visual fields		
	Unaided			Aided					
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular	Normal	Right eye	Left eye
						Defective			
Colour vision	Not tested	Normal				Doubtful	Defective		

Hearing

R i g h t L e f t	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						Right ear		
Left ear						Left ear			

	Normal	Abnormal		Normal	Abnormal
1. Head			13. Skin		
2. Sinuses, nose, throat			14. Varicose veins		
3. Mouth / teeth			15. Vascular (inc. pedal pulses)		
4. Ears (general)			16. Abdomen and viscera		
5. Tympanic membrane			17. Hernia		

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6. Eyes			18. Anus (not rectal exam)		
7. Ophthalmoscopy			19. G-U system		
8. Pupils			20. Upper and lower extremities		
9. Eye movement			21. Spine (C/S, T/S and L/S)		
10. Lungs and chest			22. Neurologic (full brief)		
11. Breast examination			23. Psychiatric		
12. Heart			24. General appearance		

Chest X-ray	Not performed	Performed on
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 No		

Medical certificate for service at sea		
<i>Surname (Family Name)</i>	<i>First Name</i>	<i>Second Name</i>
<i>Date of Birth</i>	<i>Country of Birth</i>	<i>Nationality</i>
<i>Department</i>		
Deck	Engine	Radio Other Please specify:
<i>Passport No. / Discharge Book No. / Identity Card No.</i>		<i>Gender</i>
		Male Female
Declaration of duly qualified medical practitioner		
		Yes No
Confirmation that applicant's identification documents were checked?		
Hearing meets the standards in STCW Code, section A-I/9?		
Visual acuity meets standards in STCW Code, section A-I/9?		
Colour vision meets standards in STCW Code, section A-I/9?		
Fit for lookout duties?		
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?		
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	Unfit for Sea Duty	**Fit with limitations or restrictions
**Please specify limitations or restrictions, if any:		
Signature of duly qualified medical practitioner		Applicant's Signature (Signed in the presence of medical practitioner)

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Medical practitioner's stamp	Date of Examination
Validity	
Date of Issue:	
<i>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.</i>	

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

STCW Convention regulation	Category of seafarer	Distance vision Aided ¹		Near/immediate vision	Colour vision ³	Visual fields ⁴	Night blindness ⁴	Diplopia (double vision) ⁴
		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 ²	0.5	Vision required for ship's 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 III/1 III/2 III/3 III/4 III/5 III/6 III/7 VII/2	All engineer officers, electro-technical officers, electro-technical ratings and ratings or others forming part of an engine-room watch	0.4 ⁵	0.4 (see Note 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 IV/2	GMDSS Radio operators	0.4	0.4	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:

- ¹ Values given in Snellen decimal notation.
- ² A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease.
- ³ As defined in the *International Recommendations for Colour Vision Requirements for Transport* by the Commission Internationale de l'Eclairage (CIE-143-2001 including any subsequent versions).
- ⁴ Subject to assessment by a clinical vision specialist where indicated by initial examination findings.
- ⁵ Engine department personnel shall have a combined eyesight vision of at least 0.4.
- ⁶ CIE colour vision standard 1 or 2.
- ⁷ CIE colour vision standard 1, 2 or 3.