



Australian Government

Australian Maritime Safety Authority

MEDICAL EXAMINATION REPORT

PART A - TO BE COMPLETED BY APPLICANT

You should complete this section before you go for your medical examination.

You must take a suitable means of identification (passport, Australian driving licence) with you to the examination.

Name

Family name

Given name(s)

Seafarer I.D.

Date of birth

dd / mm / yyyy

☐ Male

☐ Female

☐ Indeterminate

Permanent address

Email

Phone

Department/Position on board vessel

- ☐ **Deck Officer** (Coastal Pilot / Master / Chief Mate / Mate / Watchkeeper Deck)
- ☐ **Engineering Officer** (Engineering* / Engineer Watchkeeper* / Electro-Technical Officer*)
- ☐ **Integrated Rating*** (Chief / Integrated Rating*)
- ☐ **Rating-Deck** (Rating - Navigational Watch / Able Seafarer - Deck)
- ☐ **Rating-Engineering*** (Rating - Engine Room Watch* / Able Seafarer - Engine*)
- ☐ **Catering** (Marine Cook)*
- ☐ **Other** (specify) _____

* Denotes Hepatitis A arrangements apply

Personal history

Are you in good health now?

☐ Yes ☐ No

Do you drink alcohol?

☐ Yes ☐ No

If yes, how much and how often?

Do you smoke tobacco?

☐ Yes ☐ No

If no, have you smoked in the past?

☐ Yes ☐ No

Have you been absent from work due to sickness or injury for more than 14 consecutive days over past two years?

☐ Yes ☐ No

If yes, give details

PRIVACY NOTE

The Australian Maritime Safety Authority (AMSA) is collecting the information on this form for the purpose of assessing your medical fitness for duty at sea and for AMSA audit purposes. The collection of the information is required, authorised or directly related to the *Navigation Act 2012* (the Act) and the Marine Orders made under it. It will be used for purposes related to the Act and Marine Orders and will be treated in accordance with the Australian Privacy Principles. This information may be exchanged between AMSA, your examining medical officer, your treating medical practitioner and/or any medical panel convened to assess your fitness for duty at sea. Failure to provide the information may result in the transaction not being processed. To contact us, or for more information on how to access or correct your personal information, how to make a privacy complaint, or how your information may be used or disclosed, visit AMSA's privacy policy at www.amsa.gov.au/privacy/

Have you ever had any surgical or chiropractic treatment?

☐ Yes ☐ No

If yes, give details

Are you taking any medications at present?

☐ Yes ☐ No

Do you have or have you had any eye disorder or injury?

☐ Yes ☐ No

NOTE: If you wear glasses, corneal or contact lenses, bring them with you to the examination. CHROMAGEN LENSES MUST NOT BE WORN

Have you ever been declared unfit for duty at sea?

☐ Yes ☐ No

If yes, state when, for how long and for what reason

Has your Certificate of Medical Fitness ever been restricted or cancelled or have you ever been declared unfit?

☐ Yes ☐ No

If yes, give details

Have you ever been signed off as sick or repatriated from a ship?

☐ Yes ☐ No

If yes, give details

Have you now, or have you previously had any of the following:

- Anxiety or depression
- Migraine or persistent headaches
- Epilepsy or fits
- Poliomyelitis or other paralysis
- Attack of unconsciousness or weakness, dizziness or turns ☐ Yes ☐ No

- High blood pressure
- Disease of the heart, arteries or blood vessels
- Operation on the heart
- Anaemia or any other disease of the blood
- Swelling of the ankles
- Palpitations
- Varicose veins or abnormal bleeding
- Rheumatic fever ☐ Yes ☐ No

- Disease of the liver (including jaundice or hepatitis)
- Disease or ulcer of the stomach or duodenum
- Recurrent abdominal pain/persistent indigestion
- Appendicitis
- Gallbladder disease
- Disease of the bowels
- Haemorrhoids (piles)
- Hernia (rupture)
- Recent change in weight ☐ Yes ☐ No

- Asthma
- Bronchitis or emphysema
- Tuberculosis
- Persistent breathlessness
- Persistent cough
- Collapsed lung
- Other lung disease/abnormal x-ray ☐ Yes ☐ No

- Infection of bladder
- Kidney disease or kidney stone
- Difficulty in passing urine
- Any abnormality of the urine
- Sexually transmitted disease ☐ Yes ☐ No

- Lumbago, sciatica or other back trouble
- Any form of arthritis or stiff joints
- Slipped discs or back or neck pain
- Joint injuries
- Injury of the neck or back
- Repetitive Strain Injury, tennis elbow, tendonitis
- Broken bones
- Gout ☐ Yes ☐ No

- Discharge from ears or perforated eardrum
- Ringing in the ears or disturbances of balance
- Deafness
- Nasal or sinus trouble
- Persistent husky voice or frequent sore throat
- Goitre or Thyroid disease ☐ Yes ☐ No

- Any form of cancer or unexplained lumps ☐ Yes ☐ No

- Diabetes ☐ Yes ☐ No

- Dermatitis/eczema/skin eruptions
- Allergy conditions including hay fever
- Any abnormality of the immune system ☐ Yes ☐ No

- Any allergic reaction to any serum, drug or medicine (including anaesthetic agents) and vaccines ☐ Yes ☐ No

- Any diseases such as malaria, typhoid, amoebiasis, giardia etc ☐ Yes ☐ No

- Severe tooth or gum trouble
- Impacted wisdom teeth ☐ Yes ☐ No

- Any obstetric or gynaecological problems ☐ Yes ☐ No

- Are you pregnant? ☐ Yes ☐ No

Please give details of any complaint, illness or injury not previously mentioned

The following should be signed in the presence of the examining medical officer

WARNING: Giving false or misleading information is a serious criminal offence and may lead to prosecution

Are you aware of ANY circumstances regarding your health which may interfere with the satisfactory discharge of the duties of your designated position/occupation? ☐ Yes ☐ No

If yes, give details

Declaration

I hereby declare that, to the best of my knowledge my personal statements are true and correct

Applicant's signature Date/...../20.....

Authority to divulge medical information

If, as a result of this or subsequent examinations for the purposes of assessing my medical fitness for duty at sea, the examining Medical Inspector requires relevant medical details from my treating medical advisor(s), permission is hereby granted to obtain information from:

Dr Address & phone
(Current General Practitioner)

Dr Address & phone

Dr Address & phone

Applicant's signature Date/...../20.....

PART B - TO BE COMPLETED BY MEDICAL INSPECTOR

Please refer to the 'Guidelines for the medical examination of seafarers and coastal pilots' available at www.amsa.gov.au/forms-and-publications/Publications/Medical_Exam_Guidelines.pdf

Medical Inspector's name

Telephone number

Applicant's proof of identity☐ Passport☐ Driver licence

Passport/Driver Licence No.

Applicant's position on board vessel

Note: Requirements regarding hepatitis, colour vision etc will depend on the applicant's position on board the vessel, please refer to the Guidelines for the Medical Examinations of seafarers and coastal pilots (AMSA 182).

HEIGHT/WEIGHT

(SEE GUIDELINES - PAGE 4)

Height (without shoes)..... metres

Weight kg

Body Mass Index (BMI) = $\frac{\text{Weight in kg}}{(\text{Height in m})^2}$

VISION

(SEE GUIDELINES - PAGE 5)

Does the applicant meet the medical guidelines for visual acuity relevant to his/her work category? ☐ Yes ☐ No

The visual acuity of each eye should be tested with Snellen's Charts, and the results recorded:

Visual acuity

	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant						
Near						

Visual fields to confrontation

	Normal	Defective
Right eye		
Left eye		

Colour vision

Colour vision need not be tested if a test has been completed within the previous 6 years.

Date of last colour vision test if **not** tested at this examination

Does the applicant suffer from any degree of colour blindness as determined by Ishihara plates?

Ishihara test ☐ Pass ☐ Further testing needed

Show number of plates with errors

Lantern test

(Deck dept. only)

☐

Pass

☐

Fail

☐

Not required

Farnsworth D15 Test

(Engine dept. only)

☐

Pass

☐

Fail

☐

Not required

Applicant considered colour safe for position on board?

☐

Yes

☐

No

SPEECH / HEARING / BALANCE

(SEE GUIDELINES - PAGE 4)

Is there any defect in speech?

☐

Yes

☐

No

Is there any disease of the ears?

☐

Yes

☐

No

Is there any defect in hearing?

☐

Yes

☐

No

Romberg's test normal?

☐

Yes

☐

No

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz
Right ear						
Left ear						

Conversation Test at 3 metres

Conversation test only required if hearing loss in the better ear is more than 40 dB at 500 to 3000 Hz

	Speech
Both ears together	/10

CARDIOVASCULAR

(SEE GUIDELINES - PAGE 6)

Pulse:/min Rhythm

Blood Pressure readings: Systolic Diastolic

- If this reading is above 150/95 please take further readings after rest.

Systolic Diastolic

Heart sounds / apex beat ☐ Normal ☐ Abnormal

Is there any history or evidence of taking

anti-hypertensive medication?

☐

Yes

☐

No

ECG Report (Attach report and tracing to this form).

(Stress ECG required if clinically indicated. Baseline tracing only to be attached to this document.)

Date of ECG:

ECG results

Stress ECG result (if clinically indicated)

Does the applicant suffer from oedema or varicose veins?

☐

Yes

☐

No

If yes, state severity

Are carotid / peripheral pulses normal?

☐

Yes

☐

No

Are you satisfied that the cardiovascular system is clinically within normal limits?

☐

Yes

☐

No

If no, give reasons in full

RESPIRATORY (See Guidelines - page 8)

Trachea ☐ Midline ☐ Abnormal
Chest expansion ☐ Abnormal
Breath sounds ☐ Normal ☐ Abnormal

Spirometry

	Actual	Predicted	% Predicted
FEV ₁			
FVC			
FEV ₁ /FVC			

Spirometry FEV₁ < 65% requires further review
FVC < 70% requires review
FEV₁/FVC < 70% requires review

Chest X-ray report

☐ Normal ☐ Abnormal

(Chest X-rays are required for pre-sea medicals or if clinically indicated.)

Date / / 20.....
(Attach report to this form)

If, after examination you are not satisfied with the clinical condition and efficiency of the respiratory system and chest give reasons

MOUTH / TEETH (See Guidelines - page 9)

Is there any disease or abnormality of the mouth, throat or neck? ☐ Yes ☐ No

Are there any defects in teeth? ☐ Yes ☐ No

Is there any disease of the nose or sinuses? ☐ Yes ☐ No

Details of any abnormalities

GASTROINTESTINAL / RENAL (See Guidelines - page 9)

Is there any disease or abnormality of the abdominal organs? ☐ Yes ☐ No

If yes, give details

Is there any hernia present? ☐ Yes ☐ No

Is the liver enlarged? ☐ Yes ☐ No

Urine dipstick results
Glucose ☐ Normal ☐ Abnormal
Protein ☐ Normal ☐ Abnormal
Blood ☐ Normal ☐ Abnormal
Other

Hepatitis A arrangements

Does the applicant have active immunity to Hepatitis A (completed vaccination course or evidence of past infection)?

☐ Yes ☐ No

If **yes**, date of last vaccination / /
or date of Antibody Positive blood test / /

If **no**, was Hepatitis A vaccination provided on this occasion?

☐ Yes ☐ No

If no, please provide reason

Hepatitis A arrangements apply to applicants who have a position on board marked with an * on the front page of this form.

NEUROLOGICAL / PSYCHIATRIC (See Guidelines - page 10)

Is there any evidence of organic disease of the brain, spinal cord or nerves? ☐ Yes ☐ No

Is there any evidence of mental or nervous disorder including psychoses? ☐ Yes ☐ No

Is there any evidence suggestive of anxiety, panic disorder or personality disorder? ☐ Yes ☐ No

MUSCULOSKELETAL (See Guidelines - page 13)

Does the applicant have normal use of the legs and arms? ☐ Yes ☐ No

Are there any missing limbs or digits? ☐ Yes ☐ No

Is gait normal? ☐ Yes ☐ No

Are the bones and joints free of any defects? ☐ Yes ☐ No

Are joint movements in normal range and pain free? ☐ Yes ☐ No

Any restriction or pain in movement of spine? ☐ Yes ☐ No

SKIN / LYMPH NODES (See Guidelines - page 14)

Is there any skin disease, including solar keratoses, BCCs, eczema etc? ☐ Yes ☐ No

Are there any significant scars, ulcers, or enlarged lymph nodes? ☐ Yes ☐ No

Are there any skin grafts? ☐ Yes ☐ No

Are there any identifying marks on the skin? ☐ Yes ☐ No

Period of review

☐ Under 18/over 55 - 1 year ☐ 18 to 55 - 2 years ☐ Other*

*If period of review is "other", state period and reason.

Medical Inspector's signature

Date

ATTACH ALL TEST DOCUMENTS TO THIS REPORT

- **CHEST X-RAY REPORT**
(for pre-sea medicals or if clinically indicated)
- **ECG TRACING**
(for applicants aged 55 years or more and/or if clinically indicated)
- **ECG REPORT**
(confirmed automatic machine report, or report by FRACGP or appropriate specialist)
- **STRESS ECG**
(if clinically indicated)
- **AUDIOGRAM REPORT**
(if clinically indicated)

Original copy of this report is to be forwarded by the Medical Inspector to Sonic HealthPlus Seafarer Admin Team after the examination is completed.

The Medical Inspector should retain a copy for record purposes for a period of at least 30 years.

A copy may be given to the applicant for his/her records if requested.