

Serial No. of Medical Certificate/Declaration of unfitness:

## Form for assessment of medical fitness

Regulations of 5 June 2014 No. 805

on medical examination of employees on Norwegian ships and mobile offshore units

*For use by seafarer's doctor only. Records to be kept in accordance with rules for medical record-keeping currently in force in the relevant country.*

### A. PERSONAL INFORMATION

|   |  |             |  |         |  |
|---|--|-------------|--|---------|--|
| The following documents are valid as Identification documents (ID):<br>Passport, sea service book and driving licence |  | Type of ID: |  | ID No:  |  |
| Date of birth/<br>Norwegian national<br>identity number:  |  | Male:       |  | Female: |  |
| Family name:  |  |             |  |         |  |
| First and middle name:  |  |             |  |         |  |
| Registered address:   |  |             |  |         |  |
| Nationality:  |  |             |  |         |  |

### B. SERVICE ON BOARD

|                                |      |  |     |  |                |
|--------------------------------|------|--|-----|--|----------------|
| Position on board:             |      |  |     |  |                |
| Part of navigational<br>watch? | Yes: |  | No: |  | If Yes, which: |
| Safety function?               | Yes: |  | No: |  | If Yes, which: |

### C. TYPE OF SHIP

|  |  |                                      |  |
|--|--|--------------------------------------|--|
| Dry cargo ship (bulk, container etc.): |  | Passenger ship (ferry, cruise etc.): |  |
| Tanker (oil, gas, chemical):           |  | High-speed craft:                    |  |
| Fishing vessel:                        |  | Supply vessel:                       |  |
| Other type of ship:                    |  |                                      |  |

### D. TRADE OF AREA

|  |
|--|
|  |
|--|

Serial No. of Medical Certificate/Declaration of unfitness:

## E. SELF-DECLARATION

Have you ever had any of the following conditions?

| No  | Condition                                     | Yes: | No: |
|-----|---|------|-----|
| 1.  | Eye/vision problems                           |      |     |
| 2.  | High blood pressure                           |      |     |
| 3.  | Cardiovascular disease                        |      |     |
| 4.  | Heart surgery                                 |      |     |
| 5.  | Varicose veins/haemorrhoids                   |      |     |
| 6.  | Asthma/bronchitis                             |      |     |
| 7.  | Blood disorder                                |      |     |
| 8.  | Diabetes                                      |      |     |
| 9.  | Thyroid problems                              |      |     |
| 10. | Digestion disorder                            |      |     |
| 11. | Kidney problem                                |      |     |
| 12. | Skin problem                                  |      |     |
| 13. | Allergies                                     |      |     |
| 14. | Infectious/contagious disease                 |      |     |
| 15. | Hernia  |      |     |
| 16. | Genital disorder                              |      |     |
| 17. | Pregnancy                                     |      |     |
| 18. | Sleep problem                                 |      |     |
| 19. | Smoking of tobacco, abuse of alcohol or drugs |      |     |
| 20. | Operation/surgery                             |      |     |
| 21. | Epilepsy/seizures                             |      |     |
| 22. | Dizziness/fainting                            |      |     |
| 23. | Loss of consciousness                         |      |     |
| 24. | Psychiatric problems                          |      |     |
| 25. | Depression                                    |      |     |
| 26. | Attempted suicide                             |      |     |
| 27. | Loss of memory                                |      |     |
| 28. | Balance problems                              |      |     |
| 29. | Severe headaches                              |      |     |
| 30. | Ear (hearing, tinnitus)/nose/throat problem   |      |     |
| 31. | Restricted mobility                           |      |     |
| 32. | Back or joint problem                         |      |     |
| 33. | Amputation                                    |      |     |
| 34. | Fractures/dislocations                        |      |     |

If you answered "Yes" to any of the above questions, please give details:

Serial No. of Medical Certificate/Declaration of unfitness:

| No   | Additional Questions  | Yes: | No: |
|--|---|------|-----|
| 35.  | Have you ever been signed off or repatriated due to illness?                              |      |     |
| 36.  | Have you ever been hospitalized?  |      |     |
| 37.  | Have you ever been declared unfit to work on board ship?                                  |      |     |
| 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.  | Do you have any allergies?  |      |     |
| Comments:  |   |      |     |
|  |   |      |     |
| No   | Medication  | 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): |   |      |     |
|  |   |      |     |

I hereby declare that the information above is complete and correct. I am aware that I will not be entitled to salary from the company if I have fraudulently concealed an injury or illness at the time of appointment, or if I have deliberately contracted the injury or illness after the appointment, cf. section 4-4 third paragraph of the Act of 21 June 2013 No. 102 relating to employment protection etc. for employees on board ships (Ship Labour Act). The concealment of injury or illness will be considered fraudulent if the injury or illness is related to health requirements to be satisfied pursuant to section 17 of the Act of 16 February 2007 No. 9 relating to Ship Safety and Security (Ship Safety and Security Act).

|               |   |                       |
|---------------|---|-----------------------|
| Place:        | Date:   | Employee's signature: |
| Certified by: | The witness' signature, and witness' name in typed letters: |                       |

## F. CONSENT TO COLLECT MEDICAL INFORMATION

I hereby agree that relevant medical information relating to my previous illnesses may be obtained from a National Insurance office, doctor, hospital, other health institution and/or public authority by the approved seafarer's doctor, \_\_\_\_\_, for use in connection with the seafarer's doctor's assessment and, if applicable, for use by the Appellate body pursuant to the Health Regulations.

|               |   |                       |
|---------------|---|-----------------------|
| Place:        | Date:   | Employee's signature: |
| Certified by: | The witness' signature, and witness' name in typed letters: |                       |

Serial No. of Medical Certificate/Declaration of unfitness:

| G. MEDICAL EXAMINATION  |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
|---|---|-------------|---|-----|-----------|-------------------|---|------------|----|-----------------------|------------|----------------------------------|----|---------------------------|----|----|------------|---------|----|------------|----|---------|-----------|----|---------|------------|----|----|------------|----|----|-----------|----|----|------------|----|----|--|--|--|
| G1. Visual acuity   |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
|   |   | Unaided     |   |     |           |                   |   | Aided      |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
|   |   | Right eye:  |   |     | Left eye: |                   |   | Binocular: |    |                       | Right eye: |                                  |    | Left eye:                 |    |    | Binocular: |         |    | Right eye: |    |         | Left eye: |    |         | Binocular: |    |    | Right eye: |    |    | Left eye: |    |    | Binocular: |    |    |  |  |  |
| Distant   |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| Near  |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| G2. Visual fields a.m. Donders  |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
|   |   | Normal      |   |     | Defective |                   |   | Comments:  |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| Right eye   |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| Left eye  |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| G3. Colour vision – Ishihara Colour test 24 pl/38 pl (if not normal, refer to closer examination) |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| Not tested  |   | Normal      |   |     | Doubtful  |                   |   | Defective  |    |                       | Comments:  |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
|   |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| Ishihara plates passed ("x" = correctly read plates, "-" = incorrectly read plates)               |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| 1   | 2   | 3           | 4 | 5   | 6         | 7                 | 8 | 9          | 10 | 11                    | 12         | 13                               | 14 | 15                        | 16 | 17 | 18         | 19      | 20 | 21         | 22 | 23      | 24        | 25 | 26      | 27         | 28 | 29 | 30         | 31 | 32 | 33        | 34 | 35 | 36         | 37 | 38 |  |  |  |
|   |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| G4. Hearing   |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
|   |   | Audiometry  |   |     |           |                   |   |            |    |                       |            | Speech and whisper test (metres) |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| Frequency   |   | 500 Hz      |   |     | 1000 Hz   |                   |   | 2000 Hz    |    |                       | 3000 Hz    |                                  |    | Average                   |    |    | Speech     |         |    |            |    |         |           |    | Whisper |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| Right ear   |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| Left ear  |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| G5. Clinical findings   |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| Height (cm)   |   | Weight (kg) |   | BMI |           | Pulse rate (/min) |   | Rhythm     |    | Blood pressure (mmHg) |            |                                  |    | Urine analysis (dipstick) |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
|   |   |             |   |     |           |                   |   |            |    | Systolic              |            |                                  |    | Diastolic                 |    |    |            | Glucose |    |            |    | Protein |           |    |         | Blood      |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
|   |   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| No  | Organ or system                                     |             |   |     |           | Normal            |   | Abnormal   |    | Comments              |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| 1   | Head  |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| 2   | Sinuses, nose, throat                               |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| 3   | Mouth/teeth   |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| 4   | Ears (general)                                      |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| 5   | Ophthalmoscopy                                      |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| 6   | Pupils  |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| 7   | Eye movement  |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| 8   | Lungs and chest                                     |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |
| 9   | Breast examination (only when clinically indicated) |             |   |     |           |                   |   |            |    |                       |            |                                  |    |                           |    |    |            |         |    |            |    |         |           |    |         |            |    |    |            |    |    |           |    |    |            |    |    |  |  |  |

Serial No. of Medical Certificate/Declaration of unfitness:

|    |   |  |  |  |
|----|---|--|--|--|
| 10 | Heart   |  |  |  |
| 11 | Skin  |  |  |  |
| 12 | Varicose veins                                    |  |  |  |
| 13 | Vascular (incl. pedal pulses)                     |  |  |  |
| 14 | Abdomen and viscera                               |  |  |  |
| 15 | Hernia  |  |  |  |
| 16 | Anus (not rectal. Only when clinically indicated) |  |  |  |
| 17 | GU system (only when clinically indicated)        |  |  |  |
| 18 | Extremities                                       |  |  |  |
| 19 | Spine (C, T, L, S)                                |  |  |  |
| 20 | Neurologic (full/brief)                           |  |  |  |
| 21 | Psychiatric                                       |  |  |  |
| 22 | General impression                                |  |  |  |

#### G6. Physical capacities

| Physical capacity          | Test used: | Result: |
|----------------------------|------------|---------|
| Strength                   |            |         |
| Stamina                    |            |         |
| Flexibility                |            |         |
| Balance and coordination   |            |         |
| Size                       |            |         |
| Exercise capacity          |            |         |
| Fitness for specific tasks |            |         |

Serial No. of Medical Certificate/Declaration of unfitness:

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## G7. Examination for tuberculosis

Employees shall undergo examination for tuberculosis in accordance with Regulations of 13 February 2009 No. 205 concerning the control of tuberculosis. See Guidance.

| If one of the below questions has been answered with «YES», Chest X-Ray should be carried out:  | Yes | No |
|---|-----|----|
| Has the employee stayed for more than three months in countries with a high prevalence of tuberculosis in the past three years (> 40/100 000/year)? |     |    |
| Has the employee previously been diagnosed with tuberculosis?   |     |    |
| Has the employee been exposed to danger of tuberculosis infection in his environment or been in contact with infectious individuals?                |     |    |
| Is there a clinical suspicion of tuberculosis?  |     |    |

**CHEST X-RAY** (X-ray must at least measure 100 by 100 millimetres – digital X-ray is acceptable)

Date:

Institute/Hospital:

Result:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

If findings during clinical examination or CXR raise suspicion of active tuberculosis, further examination of sputum or more advanced radiological methods must be carried out to exclude active tuberculosis before going to sea.

**G8. Other diagnostic tests should be carried out when clinically indicated**

[illegible]

**G9. Medical reports from specialists, hospitals etc.**

From:

Date:

Most significant information:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Serial No. of Medical Certificate/Declaration of unfitness:

| H. RISK ASSESMENT   |                       |                           |                         |                     |             |
|---|-----------------------|---------------------------|-------------------------|---------------------|-------------|
| <b>H1. Possible incident(s)</b><br>that could occur, based on the seafarer's medical condition  |                       |                           |                         |                     |             |
| <b>H2. Likelihood</b><br>of this (these) incident(s) occurring in a 2-year period for the employee in question  | Very low (1)<br>(<2%) | Low (2)<br>(2-5%)         | Moderate (3)<br>(5-10%) | High (4)<br>(> 10%) |             |
| <b>H3. Consequences</b><br>in the employee's position that could compromise safety  | List                  |                           | Negligible (1)          | Moderate (2)        | Serious (3) |
| <b>H4. Risk calculation</b><br>(Likelihood x Consequence = Risk)  | Acceptable            | Acceptable if mitigated   | Not acceptable          |                     |             |
| <b>H5. Mitigation measures</b>  |                       |                           |                         |                     |             |
| <b>H6. Risk evaluation</b>  |                       |                           |                         |                     |             |
| I. DECISION (individual decision – Public Administration Act)   |                       |                           |                         |                     |             |
| On the basis of the employee's self-declaration, my clinical examination, the diagnostic test results recorded above and the medical reports mentioned, and pursuant to the Regulations of 5 June 2014 No. 80 on medical examination of employees on Norwegian ships and mobile offshore units, I declare the employee medically: |                       |                           |                         |                     |             |
| I1. Fitness   |                       |                           |                         |                     |             |
| <b>Function:</b>  | Look-out duties       | Work with safety function | Other work on board     |                     |             |
| <b>FIT without restrictions or limitations</b>  |                       |                           |                         |                     |             |
| <b>FIT with restrictions or limitations (R, L)</b>  |                       |                           |                         |                     |             |
| <b>Temporarily unfit (T)</b>  |                       |                           |                         |                     |             |
| <b>Permanently unfit (P)</b>  |                       |                           |                         |                     |             |
| I2. Restrictions, limitations and other conditions  |                       |                           |                         |                     |             |
| <b>Restrictions/limitations</b>   |                       | <b>Visual aid</b>         |                         | <b>Hearing aid</b>  |             |
| Yes:  | No:                   | Yes:                      | No:                     | Yes:                | No:         |
|   |                       |                           |                         |                     |             |
| If restrictions or limitations (specific position, type of ship, trade area, other conditions that shall apply), please specify:  |                       |                           |                         |                     |             |
| Position:   |                       |                           |                         |                     |             |
| Function:   |                       |                           |                         |                     |             |
| Trade area:   |                       |                           |                         |                     |             |
| Validity period:  |                       |                           |                         |                     |             |
| Specific conditions:  |                       |                           |                         |                     |             |

Serial No. of Medical Certificate/Declaration of unfitness:

**13. Regular medication allowed while in service on board ship**

I have considered the safety risk related to the regular use of the below listed. I find the risk acceptable, and confirm that the use of those medicines will not interfere with the safe conduct of the employee's job tasks. I have issued a separate declaration of use in accordance with this decision.

| Preparation: | Generic substance: | Dosage: | Indication for medication: |
|--------------|--------------------|---------|----------------------------|
|              |                    |         |                            |
|              |                    |         |                            |
|              |                    |         |                            |
|              |                    |         |                            |
|              |                    |         |                            |
|              |                    |         |                            |
|              |                    |         |                            |

**14. Justification of decision**

Medical grounds for decision:

Statutory basis for the decision:

**15. Signature of the seafarer's doctor**

Place:

Date:

Signature:

Name in typed letters and stamp: