

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 (Health Regulations)

*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): Passport, sea service book, driving licence, bank ID with picture and national ID card		Type of ID:		ID No:	
Date of birth/ Norwegian national identity number:		Male:		Female:	
Family name:					
First and middle name:					
Registered address:					
Nationality:					

### B. SERVICE ON BOARD

Position on board:					
Part of navigational 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:		What kind:	

### D. TRADE AREA

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Serial No. of Medical Certificate/Declaration of unfitness:

### E. SELF-DECLARATION

Have you, or have you ever had any of the following conditions?

No	Condition	Yes:	No:
1.	Eye/vision problems		
2.	Undergone a refractive eye surgery? If yes, reply 2a, 2b and 2c		
2a	Night vision problems compared to prior to the surgery		
2b	Complications after the surgery		
2c	Need for a new refractive eye surgery		
3.	High blood pressure		
4.	Heart/vascular disease		
5.	Heart surgery		
6.	Varicose veins/piles		
7.	Asthma/bronchitis		
8.	Blood disorder		
9.	Diabetes		
10.	Thyroid problems		
11.	Digestion disorder		
12.	Kidney problem		
13.	Skin problem		
14.	Allergies (hayfever, allergic eczema or other allergic conditions)		
15.	Infectious/contagious disease		
16.	Hernia		
17.	Genital disorder		
18.	Pregnancy		
19.	Sleep problem		
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		
35.	Smoke or have smoked tobacco		
36.	Use/abuse of alcohol		
37.	Use/abuse of drugs		

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:
38.	Have you ever been signed off or sent home due to illness?		
39.	Have you ever been hospitalized?		
40.	Have you ever been declared unfit to work on board ship?		
41.	Have your medical certificate ever been restricted or revoked?		
42.	Are you aware that you have any medical problems, diseases or illnesses?		
43.	Do you feel healthy and fit to perform the duties of your designated position/occupation?		
Supplementary information:			
No	The Appellate Body	Yes:	No:
44.	Have you ever appealed the seafarer's doctor's decision or applied for exemption from the health requirements?		
45.	If you replied "Yes" to the above question, have you informed the seafarer's doctor that you are seeing now of the Appellate Body's decision in the case?		
No	Medication	Yes:	No:
46.	Have you ever reacted allergically on medications you have been given?		
47.	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).

I am aware that I shall consult a seafarer's doctor without unjustified delay for a medical examination if I have reason to believe that I no longer satisfies the health requirements, and that I must inform the master or the shipping company of this, cf. section 6 third paragraph of the Health Regulations.

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:																											
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)																																						
	Normal		Doubtful		Defective		Comments:																															
Not tested																																						
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:

No	Organ or system	Normal	Abnormal	Comments
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:

<b>G7. Examination for tuberculosis</b>			
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:			
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?			
<b>CHEST X-RAY</b> (X-ray must at least measure 100 by 100 millimetres – digital X-ray is acceptable)			
<b>Date:</b>	<b>Institute/Hospital:</b>	<b>Result:</b>	
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.			
<b>G8. Other diagnostic tests should be carried out when clinically indicated</b>			
<b>Test:</b>	<b>Sample:</b>	<b>Result:</b>	<b>Unit of measurement:</b>
<b>G9. Medical reports from specialists, hospitals etc.</b>			
<b>From:</b>	<b>Date:</b>	<b>Most significant information:</b>	

Serial No. of Medical Certificate/Declaration of unfitness:

H. RISK ASSESMENT				
<b>H1. Possible incident(s)</b> that could occur, based on the seafarer's medical condition				
<b>H2. Likelihood</b> of this (these) incident(s) occurring for the relevant employee is	Very low (1) (<2%)	Low (2) (2-5%)	Moderate (3) (5-10%)	High (4) (> 10%)
<b>H3. Consequences</b> in the employee's position that could compromise safety	List		Negligible (1)	Moderate (2)    Serious (3)
<b>H4. Risk calculation</b> (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>Fit:</b>	Without restrictions or limitations		With restrictions or limitations	
<b>Unfit:</b>	Temporarily		Permanently	
I2. Restrictions or limitations				
If restrictions or limitations related to validity period, specific position, trade area, function or other conditions shall apply, please specify:				
Validity period:				
Position:				
Trade area:				
Function: (look out/safety/other work on board)				
Specific conditions: (visual aid/hearing aid/other)				

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 medication. 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:

If the appellate body's decision is the basis, please enter the case number:

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

Place:

Date:

Signature:

Name in typed letters and stamp: