Sjøfartsdirektoratet
Norwegian Maritime Authority

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the freedom of information Act, § 13,
the Public Administration Act, § 13

Form for application for exemption from health requirements / appeal on the seafarer's doctor's decision

Regulations of 5 June 2014 No. 805 on medical examinations of employees on Norwegian ships and mobile offshore units (Health Regulations)

APPLICANT'S / COMPLAINANT'S PERSONAL INFORMATION		
Family name:	First and middle name:	Date of birth / D-number:
Address:	Postal code:	Place:
Position:	Vessel:	Company:
SEAFARER'S DOCTOR (SUBORDINATE INSTANCE)		
Seafarer's doctor's name:	Seafarer's doctor's address:	Date of decision:
Decision regard: ☐ Permanent declaration of unfitness ☐ Temporary declaration of unfitness ☐ Limited / restricted medical certificate		Decison received (date):

☐ **Application for exemption** *No deadline.*	
What health requirements are you applying exemption from?	
☐	Eyesight
☐	Hearing
☐	Physical capability
☐	Use of medication
☐	Medical conditions

☐ **Appeal on decision** *Time limit: 3 weeks from date of receipt.*	
What do you mean is wrong?	
☐	Use of incorrect legal basis of the Health Regulations
☐	Unsufficient investigation or incorrect interpretation of facts
☐	Incorrect interpretation of health requirements given in the Health Regulations
☐	Case prosessing violates the requirements of the Public Administration Act - which Sections(s)?
☐	Other:

Brief justification for the application for exemption / the appeal: (a more detailed description can be attached in a seperate letter):

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Information about position, duties (including fire and evacuation functions), any safety or engine / bridge watch functions, type of vessel, working hours, manning and trade area:

SIGNATURE		
Place:	Date:	Name(block letters) and signature: