

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): Passport, sea service book and driving licence		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:			

D. TRADE OF AREA

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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:

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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:	

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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)

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)			



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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		

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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.

the control of tuberculosis. See Guidance.	Yes	No
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?		

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

Date: _____ Institute/Hospital: _____ Result: _____

[illegible]

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.

C5: Medical Reports from Specialists, Hospital etc:		
From:	Date:	Most significant information:



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H. RISK ASSESMENT

H1. Possible incident(s) that could occur, based on the seafarer's medical condition				
H2. Likelihood of this (these) incident(s) occurring in a 2-year period for the employee in question	Very low (1) (<2%)	Low (2) (2-5%)	Moderate (3) (5-10%)	High (4) (> 10%)
H3. Consequences in the employee's position that could compromise safety	List	Negligible (1)	Moderate (2)	Serious (3)
H4. Risk calculation (Likelihood x Consequence = Risk)	Acceptable	Acceptable if mitigated	Not acceptable	
H5. Mitigation measures				
H6. Risk evaluation				

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			
Function:	Look-out duties	Work with safety function	Other work on board
FIT without restrictions or limitations			
FIT with restrictions or limitations (R, L)			
Temporarily unfit (T)			
Permanently unfit (P)			

I2. Restrictions, limitations and other conditions

Restrictions/limitations		Visual aid		Hearing aid	
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:	



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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: