REPUBLIC OF KIRIBATI

SEAFARER'S MEDICAL FITNESS EXAMINATION REPORT

Issued under the provisions of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW 1978), as amended and the Maritime Labour Convention (MLC 2006) of ILO.

To be completed by the applicant

Surname: _____ Given name(s): _____ Male ☐

Date / Place of birth: _____ Rank / Grading: _____ Female ☐

Present occupation: _____ Company / Employer: _____

_____

Home / Contact address: _____

_____

Nationality: _____

1. Family History	***Yes***	***No***
(a) Has anyone in your close family or household been treated for tuberculosis (TB) in the past ten years?	☐	☐
(b) Do you have a family history of heart disease, arthritis, rheumatism or diabetes?	☐	☐
(c) Has anyone in your family ever been treated for mental illness or 'nervous' conditions?	☐	☐

(For physicians use only)
Please provide further information if the answer to any of the above questions is yes.

_____

_____

2. Personal History	***Yes***	***No***
(a) Tuberculosis, spitting of blood or severe chest infection?	☐	☐
(b) Conditions of the heart or lungs, including breathlessness, palpitation and high blood pressure?	☐	☐
(c) Infection of the bladder, kidneys or urinary tract, including sexually transmitted infection?	☐	☐
(d) Any condition of the stomach, liver or bowels, including hepatitis or stomach ulcer?	☐	☐
(e) Convulsions, fits, epilepsy or severe migraine headaches?	☐	☐
(f) Skin complaints, including skin cancers which have required medical treatment?	☐	☐
(g) Malaria or leprosy – still suffer repetitive effects from it? – still taking medication?	☐	☐
(h) Diabetes, rheumatism, arthritis, hernia, stroke or cancer?	☐	☐
(i) Any major accidents or recent (in past ten years) surgical treatment?	☐	☐

3. General	***Yes***	***No***
(a) Do you wear glasses or corrective (contact) lenses?	☐	☐
(b) If yes, do you wear glasses for: (circle one) reading / all the time	☐	☐
(c) When did you last have a chest X- ray (year) _____	☐	☐
(d) When did you last consult your doctor for an illness? (month and year) _____	☐	☐

Examining Medical Practitioner's Report

1. Physical Examination

Candidate's general appearance: *(comment on visible signs of ill health and/or disability)*

Height _____ *(m)* Weight _____ (kg)

Blood Pressure _____ Pulse rate _____

Urinalysis _____

		Yes	***No***
(a)	Is there any evidence of heart and/or lung disease?	☐	☐
(b)	Is a chest X-ray required? (consider history as well as examination results)	☐	☐
(c)	Is there any evidence of past or recent ear, nose and/or throat infections defect in sight or hearing? (surgery tests essential)	☐	☐
	enlarged glands, varicose veins, skin lesions	☐	☐
	disease of the uro-genital organs and tract	☐	☐
	disease of the brain, spinal cord or nervous system	☐	☐
(d)	Does the applicant take any regular medication?	☐	☐

Name of medication and reason for taking?

Other comments

2. Psychological Assessment

		Yes	***No***
(a)	Does the applicant drink alcohol?	☐	☐
(b)	Is a chest X-ray required? (consider history as well as examination results)	☐	☐
(c)	Is there any evidence of past or recent ear, nose and/or throat	☐	☐
(d)	Does the applicant take any regular medication?	☐	☐
(e)	Is the applicant aware of the protective effects of condoms	☐	☐
(f)	In your opinion, is the applicant a mature, responsible person	☐	☐

Comments

1. Medical Practitioner's Recommendations

The examining doctor is requested to inform the candidate whether acceptance, deferment, or rejection is recommended. (Delete where inapplicable)

Fit for contract service for _____ years	Fit for permanent service

Fit for

- International sea service in the capacity listed OR any other capacity _____
- Home-trade service in the capacity listed _____

Deferred for _____ months	Rejected

2. Results of Chest X-ray

_____

_____

_____

What further tests/investigations need to be undertaken for the candidate to be considered eligible?

_____

_____

_____

Other comments:

_____

_____

_____

3. Declaration of the recognised medical practitioner:

√	Confirmation that identification documents were checked at point of examination:	Y / N
√	Hearing meets the standards pursuant to A-I/9 of the Convention:	Y / N
√	Unaided hearing satisfactory?	Y / N
√	Visual acuity meets standards in A-I/9 of the Convention?	Y / N
	Date of last colour vision test. _____	Y / N
√	Fit for look-out duties?	Y / N
√	No limitations or restrictions on fitness?	Y / N
√	If 'N', specify limitations or restrictions.	Y / N
	_____	
	_____	
√	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?	Y / N

Date of examination: _____
(dd/mm/yy)

Expiry date of certificate: _____
(dd/mm/yy)

Signature _____

Examining Practitioner:		Applicant:	
Print Name:		Print Name:	
Date:		Date:	

Medical Practitioner's Name: _____

Address: _____

_____

Provider/Registration Number: _____

Telephone Number: _____

Fax Number: _____