

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, 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:			

D. TRADE AREA

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E. SELF-DECLARATION

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

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

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

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No	Additional questions	Yes:	No:
37.	Have you ever been signed off or repatriated due to illness?		
38.	Have you ever been hospitalized?		
39.	Have you ever been declared unfit to work on board ship?		
40.	Have your medical certificate ever been restricted or revoked?		
41.	Are you aware that you have any medical problems, diseases or illnesses?		
42.	Do you feel healthy and fit to perform the duties of your designated position/occupation?		
Supplementary information:			
No	Medication	Yes:	No:
43.	Have you ever reacted allergically on medications you have been given?		
44.	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)																																							
		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)																																						

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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		

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H. RISK ASSESSMENT					
H1. Possible incident(s) that could occur, based on the seafarer's medical condition					
H2. Likelihood 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%)	
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:	Watch-keeping 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 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:	

15. Signature of the seafarer's doctor

Place:	
Date:	
Signature:	
Name in typed letters and stamp:	