Maritime & Coastguard Agency

MEDICAL EXAMINATION OF SEAFARERS REPORT (ENG 2)

Report of Medical Examination by an MCA-approved Medical Practitioner

Photo Identity of seafarer to be confirmed before examination
Sections 3 and 4 to be completed by the Approved Doctor or other delegated health professional

1 Personal Details of Seafarer

Surname

Forename(s)

Home Address

Post Code / Country

Telephone

Mobile

Date of Birth

Sex M F

Discharge Book No. or Passport No. or other photo ID

Seen & Verified

Dept: Deck/Engine/Other (specify)

Present type of ship and routes (guidance in AD Manual)

2 Usual GP or Medical Adviser

Address

Full Name

Post Code / Country Tel No.

3 Relevant Family Medical History

e.g. Diabetes, stroke or heart disease Yes No

If Yes,please give details below.

4 Seafarer Medical History

Is this the first ENG 1 seafarer medical examination ? Yes No

If No, tick previous fitness category 1 2 3 4

Name of previous AD

Date of Examination

Certificate withdrawn Y N

Reason for previous restriction/ failure

4 Seafarer Medical History (Cont.d)

Does the seafarer have a history of any of the following?

	Yes	No	If 'Yes', amplify below
Infectious/contagious/ tropical diseases			
Malignant diseases			
Diabetes			
Nervous/mental ill health			
Epilepsy/fits/fainting			
Migraine/severe headaches			
Head injury / concussion			
Hypertension			
Heart condition/ rheumatic fever			
Varicose veins / haemorrhoids			
Asthma/bronchitis			
Stomach/bowel disorder			
Jaundice/liver disease			
Genito/urinary disorders			
Obstetric or gynaecological disorders			
Skin disease			
Fractures/dislocations			
Back injury/pain			
Musculo-skeletal problems			
Hernia			
Eye trouble/squint/ glasses/contact lenses			
ENT disorder			
Hearing impairment			
Hay fever/allergies			
Sleep disorders			
Tobacco use (quantify)			
Alcohol intake (quantify)			

Other illnesses / operations

Regular medication

Is the seafarer now receiving any other treatment?

I certify that this is a true statement and I understand that any false entry may invalidate any certificate issued

Signature of seafarer

Date

5 Medical Examination

Does the seafarer have abnormalities of any of the following?

Please tick appropriate box in **ALL** cases and expand as necessary. If extra tests are required or reports Y N Please attach results to this form.

	Yes	No	Extra tests required?
Teeth			
ENT			
Skin			
Heart/ circulatory system			
Lungs			
Abdomen			
Nervous system			
Genito urinary system			
Varicose veins/ hernia			
Physical capability			
Musculo Skeletal			
Any other defects			

6 Physical Examination

Height (without shoes) m cm

Weight kilos BMI (Body Max Index)

Pulse rate

Blood pressure Systolic Diastolic

Extra test if required

Result of urine test	Other	Albumin	Sugar	Blood

Vision Tests (See MSN 1822 Page 35-37)

Distant vision	Basic	R		L	
	Higher	R		L	
Near vision	Unaided	N			
	Aided	N			

Vision - other

Colour vision: Ishihara Plates: 24/38* Normal / Abnormal*

Which Plates Failed:

Supplementary Test Results

Deck: Lantern:

Engineer: City University:*

Farnsworth D15:*

Hearing Test or Tests (please tick)

RNID Test		Audiogram	

Hearing Test Result (please tick)

Not Impaired		Possibly Impaired		Definitely Impaired	

Or Date Of Last Hearing Test, Less Than 10 Years & test not repeated

* Delete as appropriate

7 Results of Medical Examination

Clinical findings contributing to decision

Medical Cert. Issued

Certificate number

Expiry date

Category of Medical Fitness (tick box)

1. Fit - unrestricted sea service .....
2. Fit - subject to restriction(s).....

Restriction

Conditions placed on seafarer but not shown on ENG1 (Please state)

Medical Cert. Not Issued

3. Temporarily unfit .....

Estimated period of unfitness (should not exceed 2 years)

4. Permanently unfit .....

Doctor's Official Stamp

Signature

Name (Block letters)

Date