

EXAMINATION FORM

Prepared in accordance with Article 8 of Annex XX of the Royal Decree of 20 July 1973 on the regulation of maritime inspection

Surname, first name:

Address:

Date of birth (day/month/year): ... / ... /

Gender: masculine feminine

Nationality:

Role:

Name and address of General Practitioner:

Identity card number:

Passport number:

Seafarer's discharge book number:

Training company/body:

Ship type (container ship, tanker, liner, fishing boat, all types)

Navigation zone (e.g. coastal navigation, tropical zones, worldwide):

.....

Personal declaration of the person concerned
(the doctor gives details where necessary)

Do you suffer, or have you ever suffered from, the following conditions?

	Condition	Yes	No		Condition	Yes	No
1	Eye/ vision problems			26	Genital problems		
2	Ear/hearing problems			27	Sleep problems		
3	Hard of hearing			28	Drugs/alcohol abuse or alcoholic		
4	High blood pressure			29	Surgical procedure		
5	Cardiovascular diseases			30	Epilepsy, epileptic fits or convulsions		
6	Heart surgery			31	Dizziness/fainting		
7	Varicose veins			32	Loss of consciousness		
8	Asthma/Bronchitis			33	Psychological problems		
9	Blood problems			34	Depression/over-excitement		
10	Diabetes			35	Suicide attempt		

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|----|--------------------------------------|----|--|
| 11 | Thyroid problems | 36 | Memory loss |
| 12 | Digestion problems | 37 | Shaking or trembling of hands or another body part |
| 13 | Renal problems | 38 | Loss of balance |
| 14 | Skin problems | 39 | Severe headaches |
| 15 | Allergies | 40 | Ear, nose or throat problems |
| 16 | Contagious or transmittable diseases | 41 | Bone or joint problems |
| 17 | Sexually transmittable diseases | 42 | Back problems |
| 18 | Hernia | 43 | Amputation |
| 19 | Diarrhoea | 44 | Fractures/dislocations |
| 20 | Stomach ulcer | 45 | Cancer |
| 21 | Tropical disease (e.g. malaria) | 46 | Tuberculosis |
| 22 | Sinusitis | 47 | Thrombosis or embolism |
| 23 | Nose bleeds | 48 | Stroke |
| 24 | Seasickness | 49 | Urinary problems, bladder disease |
| 25 | Dental problems | 50 | Kidney disease |

For any positive responses, please give details here

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Other questions

- | | | | |
|----|--|------------|-----------|
| | | Yes | No |
| 51 | Have you been disembarked or repatriated due to illness? | | |
| 52 | Have you ever been hospitalised? | | |
| 53 | Have you ever been declared unfit for duty? | | |
| 54 | Has your medical fitness certificate ever been subject to restrictions or revoked? | | |
| 55 | To the best of your knowledge are you suffering from a medical problem or illness? | | |
| 56 | Do you feel in good health and fit to carry out the tasks that your role requires? | | |
| 57 | Do you drink alcohol, and if "yes", how much? | | |
| 58 | Do you smoke, and if "yes", how much? | | |
| 59 | Do you take drugs, and if "yes", how much? | | |
| 60 | Are you allergic to certain medicines or to certain dusts? | | |
| 61 | Are you pregnant at this moment? | | |
| 62 | Do you have difficulty with menstruation? | | |

Remarks:
.....
.....

63 Do you take medicines with or without prescription?

If you have answered "yes", mention below why and the dose(s):
.....
.....

I hereby declare that I have completed the declaration truthfully and to the best of my knowledge.

Signed by the Person concerned: Date (Day/Month/Year): ... / ... /

Completed in the presence of: Signature: _____

I hereby consent that all my previous medical details be transmitted to Dr.
(licensed physician)

Signature of Person concerned: Date (Day/Month/Year): ... / ... /

Completed in the presence of: Signature: _____