Australian Government
Australian Maritime Safety Authority

MEDICAL EXAMINATION REPORT

PART A—TO BE COMPLETED BY APPLICANT

You must take a suitable means of identification (passport, certificate of competency, Australian driving license) with you to the examination.

Name

Family name

Given name(s)

Seafarer / AMSA I.D.

Date of birth

dd / mm / yyyy

☐ Male ☐ Female ☐ Indeterminate

Permanent address

Email address

Department/Position on board vessel

☐ **Deck**
- ☐ Master/Deck Officer/Pilot ☐ Able Seafarer Deck
- ☐ Seafarer forming part of a navigation watch

☐ **Engineering**
- ☐ Engineer Officer*/Electro-technical Officer
- ☐ Able Seafarer Engine* ☐ Engine Room Rating*
- ☐ Seafarer forming part of an engine room watch*

☐ **Integrated Rating***

☐ **Catering**
- ☐ Marine Cook* ☐ Catering ☐ Other*

☐ **Other** (specify) _____

* Denotes Hepatitis A arrangements apply

Personal history

Are you in good health now? ☐ Yes ☐ No

Doctors Comments

Do you drink alcohol? ☐ Yes ☐ No

If yes, how much and how often?

Doctors Comments

AMSA Privacy Statement

Your personal information is being collected to deliver AMSA's functions under the Australian Maritime Safety Authority Act 1990, the Navigation Act 2012 and/or the Marine Safety (Domestic Commercial Vessel) National Law Act 2012. Failure to provide personal information may mean we cannot provide a service to you. More details about how we handle your personal information can be found in AMSA's Privacy Policy visit: https://www.amsa.gov.au/about/who-we-are/privacy

Have you ever used illicit drugs? ☐ Yes ☐ No

If yes, Doctor must comment

Do you smoke tobacco? ☐ Yes ☐ No

If no have you smoked in the past? ☐ Yes ☐ No

If yes, Doctor must comment

Have you been absent from work due to sickness or injury for more than 14 consecutive days over past two years? ☐ Yes ☐ No

If yes, give details

If yes, Doctor must comment

Have you ever had any surgical or chiropractic treatment? ☐ Yes ☐ No

If yes, give details

If yes, Doctor must comment

Are you taking any medications at present? ☐ Yes ☐ No

If yes, Doctor must comment - Record all medications

Do you have or have you had any eye disorder or injury? ☐ Yes ☐ No

If yes, Doctor must comment

NOTE: If you wear glasses, corneal or contact lenses, bring them with you to the examination. CHROMAGEN LENSES MUST NOT BE WORN

Have you ever been declared unfit for duty at sea? ☐ Yes ☐ No

If yes, state when, for how long and for what reason

If yes, Doctor must comment

Has your Certificate of Medical Fitness ever been restricted or cancelled? ☐ Yes ☐ No

If yes, give details

If yes, Doctor must comment

Have you now, or have you previously had any of the following:

- Psychological or psychiatric disorder
- Anxiety or depression
- Migraine or persistent headaches
- Epillepsy or fits
- Poliomyelitis or other paralysis
- Attack of unconsciousness or weakness, dizziness or turns
- Any other neurologic condition ☐ Yes ☐ No

If yes, Doctor must comment

- High blood pressure
- Disease of the heart, arteries or blood vessels
- Operation on the heart
- Anaemia or any other disease of the blood
- Swelling of the ankles
- Palpitations
- Varicose veins or abnormal bleeding
- Rheumatic fever
- Any other cardiovascular condition ☐ Yes ☐ No

If yes, Doctor must comment

- Asthma
- Bronchitis or emphysema
- Tuberculosis
- Persistent breathlessness
- Persistent cough
- Collapsed lung
- Other lung disease/abnormal x-ray
- Any other lung disease or condition ☐ Yes ☐ No

If yes, Doctor must comment

- Disease of the liver (including jaundice or hepatitis)
- Disease or ulcer of the stomach or duodenum
- Recurrent abdominal pain/persistent indigestion
- Appendicitis
- Gallbladder disease
- Disease of the bowels
- Haemorrhoids (piles)
- Hernia (rupture)
- Recent change in weight
- Any other gastrointestinal condition

☐ Yes ☐ No

If yes, Doctor must comment

- Infection of bladder
- Kidney disease or kidney stone
- Difficulty in passing urine
- Any abnormality of the urine
- Sexually transmitted disease
- Any other genital or urinary conditions

☐ Yes ☐ No

If yes, Doctor must comment

- Lumbago, sciatica or other back trouble
- Any form of arthritis or stiff joints
- Slipped discs or back or neck pain
- Joint injuries
- Injury of the neck or back
- Repetitive Strain Injury, tennis elbow, tendonitis
- Broken bones
- Gout
- Any other musculoskeletal conditions

☐ Yes ☐ No

If yes, Doctor must comment

- Discharge from ears or perforated eardrum
- Ringing in the ears or disturbances of balance
- Deafness
- Nasal or sinus trouble
- Persistent husky voice or frequent sore throat
- Goitre or Thyroid disease

☐ Yes ☐

If yes, Doctor must comment

- Any form of cancer or unexplained lumps

☐ Y ☐

If yes, Doctor must comment

- Diabetes
- Adrenal disease

☐ Yes ☐ No

If yes, Doctor must comment

- Dermatitis/eczema/skin eruptions
- Allergy conditions including hay fever
- Any abnormality of the immune system

☐ Yes ☐ No

If yes, Doctor must comment

- Any allergic reaction to any serum, drug or medicine (including anaesthetic agents) and vaccines

☐ Yes ☐ No

If yes, Doctor must comment and include type of reaction

- Any diseases such as malaria, typhoid, amoebiasis, giardia etc

☐ Yes ☐ No

If yes, Doctor must comment

- Severe tooth or gum trouble
- Impacted wisdom teeth

☐ Yes ☐ No

If yes, Doctor must comment

- Any obstetric or gynaecological problems

☐ Yes ☐ No

If yes, Doctor must comment

- Are you pregnant? ☐ Yes ☐ No

If yes, Doctor must comment

Please give details of any complaint, illness or injury not previously mentioned

The following should be signed in the presence of the examining medical inspector

Warning: Giving false or misleading information is a serious criminal offence and may lead to prosecution

Are you aware of ANY circumstances regarding your health which may interfere with the satisfactory discharge of the duties of your designated position/occupation? ☐ Yes ☐ No

If yes, give details

Declaration

I hereby declare that, to the best of my knowledge my personal statements are true and correct

Applicant's signature ..... Date ...../...../.....

Authority to divulge medical information

If, as a result of this or any subsequent examination for the purpose of assessing my medical fitness for duty at sea, the examining Medical Inspector requires relevant medical information from my treating medical practitioner(s), I authorise the release of that information. I have listed below the names, addresses and phone numbers of my current general practitioner and all other GPs or specialists I have consulted within the past five years, including but not limited to surgeons, ophthalmologists, endocrinologists, cardiologists and psychiatrists.

Dr ..... Address and phone .....
(Current General Practitioner)

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Dr ..... Address and phone .....

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Dr ..... Address and phone .....

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Dr ..... Address and phone .....

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Applicant's signature ..... Date ...../...../.20.....