Australian Government
Australian Maritime Safety Authority

CERTIFICATE OF MEDICAL FITNESS

This Certificate of medical fitness is to be used by an AMSA appointed Medical inspector in conjunction with the following documents:

- Standards for the medical examination of seafarers and coastal pilots
- Medical examination report (AMSA 232)

Both of these documents can be found on the AMSA website: www.amsa.gov.au

The Standards

Marine Order 76 (Health—medical fitness) 2017 requires that a Medical inspector have regard to the *Standards for the medical examination of seafarers and coastal pilots* and the relevant job task analyses contained within.

The assessment of medical fitness for service at sea is a matter for the Medical inspector's professional judgement. The Standards are to assist a Medical inspector in coming to a decision.

Part B of the Standards contains the medical standards including tests that are either desirable or essential to carry out. The Standards also suggest areas where it may be appropriate or mandatory to refer a person for further testing.

Departments

Deck:
Includes any seafarer serving as a Coastal pilot, Master, Chief mate, Mate, Watchkeeper deck

Engineering:
Includes any seafarer serving as an Engineer class 1, Engineer class 2, Electro-technical officer, Engineer watchkeeper

Integrated rating:
Includes any seafarer serving as a Chief integrated rating, Integrated rating

Rating deck:
Includes any seafarer serving as able seafarer deck, Rating navigational watch

Rating engineering:
Includes any seafarer serving as able seafarer engine, Rating engine room watch

Catering:
Includes any seafarer serving as a Hotel manager, Chief steward, Steward, Marine cook, Caterer, Caterer attendant, Purser, working in the hospitality or hotel section of a vessel

Other:
Includes any seafarer serving as a shop keeper, Entertainer, etc, not included above.

Period of review/certificate expiry date

The maximum period of review for a Certificate of medical fitness is:

- Under 18 or 55 and over = 1 year
- 18 to 54 = 2 years.

If period of review is less than the above the Medical inspector should state the reason on the certificate.

Seeking guidance

Any questions regarding the content of the Standards, Medical examination report or Certificate of medical fitness, should be directed to AMSA via
Ph: 1800 627 484
Email: STCW.applications@amsa.gov.au

Distribution of copies

Applicant:
Certificate of medical fitness must be given to Applicant. If requested, copy of Medical examination report may also be given.

Medical Inspector:
A scanned copy of the original Certificate of medical fitness and the original of the Medical examination report, are to be retained by the Medical inspector for a period of at least 7 years, *or longer if required by medical industry best practice or applicable Commonwealth legislation.*

Overseas applicants:
Medical inspector to retain a copy of the Medical examination report for a period of at least 7 years.

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CERTIFICATE OF MEDICAL FITNESS

To be used in conjunction with Medical Examination Report (AMSA 232)

This certificate is issued in compliance with:

- the *International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978*, as amended (STCW) Regulation I/9,
- the *Maritime Labour Convention, 2006* (MLC 2006) Regulation 1.2,
- the *Navigation Act 2012* and
- *Marine Order 76 (Health – medical fitness) 2017*.

Date of examination DD / MM /20 YY

Certificate expiry date (if unfit, enter date of examination) DD / MM /20 YY

Place of examination

☐ ACT ☐ NSW ☐ NT ☐ QLD ☐ SA ☐ TAS ☐ VIC ☐ WA

☐ Overseas: country of examination

Applicant details (as recorded on proof of identity)

Family name

Given name(s)

Seafarer / AMSA ID

Gender

M Male F Female X Indeterminate

Date of birth

DD / MM / YYYY

Nationality

Permanent address

Email

Phone

Proof of identity (sighted by Medical Inspector)

☐ Passport, or
☐ Australian driver licence

Number

Department (tick relevant boxes)

☐ Deck Officer[L]
☐ Engineering Officer[H]
☐ Integrated Rating[L,H]
☐ Rating-Deck[L]
☐ Rating-Engineering[H]
☐ Catering[H]
☐ Other

[L]*Denotes lookout duties apply*
[H]*Denotes Hepatitis A arrangements apply*

I acknowledge that I have been advised of the content of the Medical Examination Report and of my right to seek a review of the content of this certificate. In the event of a change in my medical status, I acknowledge the validity of this certificate should be reviewed by a Medical Inspector. If I am regularly taking long term medication, I will notify the vessel's master.

Applicant's signature

Declaration of the Medical Inspector

I have evaluated the above-named applicant and on the basis of the applicant's personal declaration, my clinical examination and diagnostic test results recorded on the Medical Examination Report,

I declare the applicant is:

☐ Fit – and is not suffering from a medical condition likely to be aggravated by, or to render him/her unfit for service at sea or likely to endanger the health of other persons on board.

☐ Fit* – with restrictions detailed below.

☐ Unfit* – details and action taken shown below.

***Restrictions**

Duties:

Location / vessel:

Medical / other:

☐ Must wear corrective lenses for distance vision
☐ Must wear corrective lenses for near vision

I can confirm the following (tick relevant boxes):

Eyesight:

Visual acuity meets standards	☐ Yes	☐ No - Unfit
Applicant requires aids to vision	☐ Yes (*Specify restrictions*)	☐ No
Colour vision meets standards	☐ Yes	☐ No (*Specify restrictions*)
Date of last colour vision test	DD / MM /20 YY	

[L]Lookout duties

- Deck Officer only:

Fit for lookout duties	☐ Yes	☐ No - Unfit

- Integrated Rating, Rating-Deck only:

Fit for lookout duties	☐ Yes	☐ No (*Specify restrictions*)

Hearing:

Hearing meets standards	☐ Yes	☐ No - Unfit
Unaided hearing satisfactory	☐ Yes	☐ No (*Specify restrictions*)
Applicant used aids to hearing	☐ Yes (*Specify restrictions*)	☐ No

[H]Hep A (Engineering Officer, Integrated Rating, Rating-Engineering and Catering only):

Active immunity to Hepatitis A	☐ N/A	☐ Yes	☐ No (*Specify restrictions*)

Medical Inspector of Seafarers

Name

AHPRA Number

Signature

Stamp of appointed Medical Inspector of Seafarers

(please stamp all copies)

Distribution of copies: **Original** – Applicant; **Scanned copy of original** – Medical Inspector of Seafarers (7 years)