Marlu Health
33B Walters Drive, Osborne Park WA 6017
PH: 08 6255 6101 | bookings@marluhealth.com.au
ABN: 57 638 431 508

We acknowledge the Traditional Custodians of the Land, Seas and Rivers and pay our respects to Elders past, present and emerging, here on where we work and live.

AMSA INTERNATIONAL (STCW) SEAFARER MEDICAL CONSENT FORM

Consent to Assessment, Collection, Use and Disclosure of Relevant Health Information

1. Applicant and Booking Details

Full Name:	
Date of Birth:	
AMSA Seafarer ID:	
Address:	
Mobile / Email:	
Seagoing Role / Department:	
Certificate / Medical Type:	☐ Initial issue ☐ Renewal / revalidation ☐ Other

Booking basis:

☐ I am arranging and paying for this medical personally / as an individual.

☐ I am attending at the request of, on behalf of, or with payment by a company or employer.

Employer / Company:

IMPORTANT NOTICE - PLEASE READ CAREFULLY

This is an occupational and regulatory medical assessment for an AMSA Certificate of Medical Fitness (Form 303) under the international STCW framework. It is not a routine treatment consultation and does not replace care from your usual general practitioner or specialist. The assessing AMSA-approved Medical Assessor (also referred to in this form as the Medical Inspector of Seamen or "MIS Doctor") must make an independent determination of whether you are fit for duty, fit with restrictions, or unfit. This clinic consent form supplements, and does not replace, the official AMSA medical examination and certificate forms.

2. Purpose of the Assessment

The purpose of the assessment is to determine whether you meet the medical fitness standards applicable to your proposed or current duties at sea, including your ability to perform routine duties and respond safely in an emergency. The MIS Doctor may consider the physical, psychological and cognitive demands of your role, the risk of sudden or subtle impairment, the remote maritime environment, access to medical care, the safety of other crew and passengers, and any risk that your condition may deteriorate while at sea.

The outcome may be delayed or made conditional while further information, reports, tests or clarification of your seagoing duties is obtained.

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3. Consent to a Full Medical History and Examination

I consent to the MIS Doctor and authorised clinical staff taking a full and accurate medical and occupational history. This may include questions about:

- past and current illnesses, injuries, operations, hospital admissions, symptoms and functional limitations;
- prescription, non-prescription and complementary medicines, allergies and adverse reactions;
- cardiovascular, respiratory, neurological, gastrointestinal, genitourinary, endocrine, musculoskeletal, skin, infectious, sleep, mental health and substance-use history;
- vision, colour vision, hearing, speech, balance, cognition and any episodes of blackout, seizure, dizziness, collapse or loss of consciousness;
- previous maritime or occupational medical assessments, restrictions, incidents, medical evacuations and periods away from work; and
- family, social, lifestyle and occupational information that may be relevant to fitness and safety at sea.

I consent to a clinically appropriate physical examination, which may include height, weight, body mass index, blood pressure and pulse; vision and colour-vision testing; hearing, speech and balance assessment; examination of the mouth and teeth, skin and lymph nodes; cardiovascular and respiratory examination; abdominal examination; neurological screening; and musculoskeletal, mobility, coordination and functional assessment.

The MIS Doctor will explain any examination that is not routine. An intimate examination is not routinely required. If one is considered clinically necessary, the reason will be explained, separate consent will be obtained, and a chaperone will be offered.

4. Consent to Contact Treating Practitioners and Obtain Information

I authorise the assessing MIS Doctor, Marlu Health and authorised clinical staff acting on the MIS Doctor's instructions to contact and obtain verbal or written information from my general practitioner and any past or current treating practitioner or service where the MIS Doctor considers that information relevant to my health determination. This may include specialists, allied health practitioners, hospitals, emergency departments, pathology providers, imaging providers, pharmacies and other healthcare providers.

I authorise those practitioners and providers to release relevant information to the MIS Doctor and clinic. Relevant information may include diagnoses, symptoms, medications, treatment, consultation, investigation results, hospital records, specialist opinions, prognosis, risk of recurrence or deterioration, functional capacity, work restrictions and any other matter that may affect safe performance of duties at sea.

I understand and agree that the determination of what information is relevant to the AMSA/STCW medical fitness assessment is made by the assessing MIS Doctor exercising their clinical and professional judgment. I may be asked to sign an additional provider-specific authority if a practitioner or record holder requires it.

I understand that declining or limiting this authority, or failing to provide requested information, may prevent the MIS Doctor from completing the assessment. It may delay my assessment, result in a determination relying on the information at hand and available at the time of assessment, or mean that no determination can be made whilst further information is obtained and delay my determination.

5. Additional Tests, Reports and Regulatory Records

I consent to the collection and review of information generated during this assessment, including examination findings, audiometry, spirometry and any other non-invasive investigations that are explained to me and considered clinically or occupationally relevant. Additional tests such as an ECG, urinalysis, pathology, imaging or specialist review may be recommended or required; the nature and costs of any additional testing will be explained where practicable.

I consent to the clinic completing and retaining the required medical examination records and AMSA forms, and to providing required forms or supporting information to AMSA or an AMSA-authorised administrative service where this is required or directed for certificate administration, review, audit, quality assurance or compliance with law.

YOUR RIGHT TO ASK QUESTIONS OR STOP

You may ask questions before or during any part of the assessment. You should immediately tell the examiner about pain, chest discomfort, marked breathlessness, dizziness, weakness or any other concerning symptom. A test may be modified, stopped or deferred if it is unsafe, poorly tolerated or medically contraindicated. Refusing or stopping a required component may mean that a final medical fitness determination cannot be made.

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6. Specific Consent and Risks of Assessment Components

I understand that the following components are generally low risk, but no clinical procedure is completely free of risk. I consent to each component where required by the AMSA standards, clinic protocol, my intended duties or the MIS Doctor's clinical judgment.

A. Medical History and Clinical Interview

What it involves: Detailed questions about health, treatment, medication, lifestyle, mental health, substance use, previous incidents and work duties.

Possible risks or discomforts: Some questions may feel personal, embarrassing or emotionally distressing. Information disclosed may affect the medical fitness outcome. It is recorded in your clinic file and used for the assessment, and it is not reported to your employer.

Safety: You may request clarification, privacy for sensitive questions, or a brief pause. Complete and accurate disclosure is essential for a safe and valid determination.

B. Physical Examination

What it involves: Observation, measurement and hands-on examination of relevant body systems. You may need to remove or reposition outer clothing so the relevant area can be examined. A chaperone is available on request and may be recommended by the clinician.

Possible risks or discomforts: Temporary discomfort, tenderness, embarrassment, aggravation of an existing painful condition, dizziness or faintness when changing position, and a small risk of losing balance or falling during balance or mobility testing. Examination may identify an unexpected abnormality that requires further review, testing or treatment.

Safety: Tell the examiner about pain, instability, recent injury, pregnancy, recent surgery or any reason a manoeuvre may be unsafe.

C. Physical and Functional Assessment

What it involves: Tasks may include walking, stepping or stair simulation, squatting, kneeling, bending, joint movement, grip or limb strength, balance, coordination, lifting or carrying light-to-moderate load, and maritime mobility or emergency-task simulation where relevant.

Possible risks or discomforts: Fatigue, breathlessness, increased heart rate or blood pressure, muscle or joint soreness, aggravation of a pre-existing injury, strain or sprain, dizziness, fainting, loss of balance or a fall. In a susceptible person, strenuous activity could rarely provoke chest pain, an asthma episode, an abnormal heart rhythm or another significant cardiovascular or respiratory event.

Safety: The assessment will be tailored to your condition and stopped if symptoms or clinical concerns arise. Do not attempt a task you believe is unsafe.

D. Spirometry (Lung Function Testing)

What it involves: Repeated maximal inhalation followed by a rapid, forceful and prolonged exhalation into a clean, single-use or appropriately filtered mouthpiece. Several attempts may be needed to obtain an acceptable result.

Possible risks or discomforts: Coughing, light-headedness, dizziness, breathlessness, wheeze, chest tightness, headache, fatigue, temporary urinary leakage and, occasionally, fainting. Forceful breathing temporarily raises pressure in the chest, abdomen, head and eyes; significant complications are very uncommon but may occur in susceptible people with certain recent surgery or unstable cardiovascular, respiratory, neurological or eye conditions.

Safety: You will be screened for contraindications. The test will be stopped or deferred if unsafe or poorly tolerated. Tell staff about recent chest pain, heart attack, stroke, pneumothorax, coughing blood, aneurysm, eye/chest/abdominal surgery, severe infection or pregnancy-related complications.

E. Audiometry and Ear Assessment

What it involves: Hearing thresholds are measured using calibrated tones through headphones or insert earphones, usually in a quiet booth. Otoscopy or inspection of the ear canal may also be performed.

Possible risks or discomforts: Mild pressure or discomfort from headphones or inserts, temporary awareness of ringing in the ears, headache, fatigue or anxiety in the test booth. Insert earphones or otoscopy may rarely cause minor ear-canal irritation. Correctly calibrated diagnostic test tones are not expected to damage hearing.

Safety: Tell staff about ear pain, discharge, recent surgery, severe tinnitus, sound sensitivity, infection or inability to tolerate the booth or earphones.

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7. Your Report, and Who Receives It

You leave your appointment with a printed copy of your report. That is the same whether you booked this medical yourself or your company arranged it. A digital copy may also be requested afterwards, by email to results@marluhealth.com.au or by telephone on (08) 6255 6101.

Your copy is yours, and it is at your discretion how, and to whom, you pass it on. Marlu Health keeps a copy in your clinic record, and provides what is required to AMSA, or to an AMSA authorised administrative service, as set out in section 5. We do not provide copies to your employer, or to anyone else who asks for them, and information is disclosed beyond this only where the law requires it.

8. Privacy, Confidentiality and Limitations

- My health information is sensitive information and will be handled under professional confidentiality obligations and applicable privacy law.
- I receive a printed copy of my report, and I may request a digital copy or a copy of my clinic record afterwards.
- I may withdraw consent for a future collection or disclosure before it occurs, but withdrawal does not affect information already collected or lawfully disclosed and may prevent completion of the assessment or issue of a certificate.
- The assessment is based on the information available at the time and does not guarantee future or ongoing fitness. A change in health, medication or duties may require reassessment.
- The MIS Doctor is acting as an occupational/regulatory assessor. The assessment does not establish an ongoing treatment relationship and does not replace care from my usual GP or specialist.

9. Applicant Declaration and Consent

I declare that the information I provide is true, complete and accurate to the best of my knowledge. I have disclosed all past and current conditions, symptoms, injuries, medications, treatment, restrictions and investigations that may be relevant to my fitness or safety at sea. I understand that incomplete, misleading or false information may invalidate the assessment, delay or alter the outcome, create risk to me or others, and may have employment, regulatory or legal consequences.

I confirm that I have read and understood this form, have had the opportunity to ask questions, and voluntarily consent to the assessment and information handling described above.

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10. Consent Confirmation and Signatures

Please complete this page after reading the full consent form. The authority to contact treating practitioners is not limited to the providers listed below; these fields are included to assist the clinic if further information is required.

Booking basis confirmed:

☐ Private / individual booking.

☐ Company / employer booking. My report is still released to me.

Treating Practitioner Details (optional)

Usual GP / Practice:

GP Phone / Email:

Relevant Specialist(s) names:

I CONSENT TO:

- a full medical history, clinical interview and physical examination;
- physical and functional assessment;
- spirometry and audiometry, including the risks described in this form;
- the MIS Doctor contacting my GP, specialists and other healthcare providers and obtaining relevant information;
- the collection, use, storage and regulatory disclosure of information required for the AMSA/STCW assessment.

Applicant full name | **Applicant signature** | **Date**