Human Environment and Transport Inspectorate
Ministry of Infrastructure and Water Management

Medical examination
Shipping crew

Contact the medical examiner for more information about this form.

More information
+31(0) 88 489 00 00 | www.ilent.nl

1 Details seafarer

1.1	Surname and Gender	☐ Male ☐ Female
1.2	First names in full	
1.3	Date of birth and place of birth	
1.4	Nationality	
1.5	Address	
1.6	Postcode and city	
1.7	Telephonenumber(s)	
1.8	Number seaman's book and country of issue	NOT MANDATORY
1.9	Number of ID or passport	

2 Details of family doctor/G.P.

2.1	Name	
2.2	Address	

3 Details work/education

3.1	Name ship owner / nautical college	
3.2	Type of ship	
3.3	Duties on board the ship	
3.4	Sailing area	

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4 Details of previous examinations

4.1	Have you ever been declared unfit for duty?	☐ Yes ☐ No
4.2	Have you ever been declared fit with restrictions?	☐ Yes ☐ No
4.3	Have you ever had a medical exemption?	☐ Yes ☐ No
4.4	Date of the last medical examination	
4.5	Details	

5 Details present examination

5.1 Your examination concerns

☐ Seafarer with look-out or watch duties on the bridge

☐ Seafarer with watch duties in the engine room

☐ Seafarer without look-out or watch duties, but with safety and/or security duties

☐ Seafarer without safety and/or security duties

6 Medical questions

6.1	Do you experience any limitations in the performance of your duties?	☐ Yes ☐ No
6.2	Have you ever been repatriated due to illness?	☐ Yes ☐ No
6.3	Have you ever had an accident?	☐ Yes ☐ No
6.4	Have you ever had surgery?	☐ Yes ☐ No
6.5	Can you use both hands unrestricted in range of motion and sensibility?	☐ Yes ☐ No
6.6	Have you suffered from any occupational disease?	☐ Yes ☐ No
6.7	Are you allergic to any substance?	☐ Yes ☐ No
6.8	Are you night blind?	☐ Yes ☐ No
6.9	Do you wear glasses or contact lenses?	☐ Yes ☐ No
6.10	Is your colour vision normal?	☐ Yes ☐ No
6.11	Have you had eye surgery or laser treatment?	☐ Yes ☐ No
6.12	Do you use a hearing-aid?	☐ Yes ☐ No
6.13	Do you take any medication? If so, which?	☐ Yes ☐ No
6.14	Do you drink alcohol? If so, how many units per week?	☐ Yes ☐ No ____ a week
6.15	Do you smoke? If so, how many per day?	☐ Yes ☐ No ____ a day
6.16	Did you use illegal drugs during the past 5 years?	☐ Yes ☐ No
6.17	Are you pregnant? Expected date of delivery?	☐ Yes ☐ No ☐ N.a.
6.18	Do you have painful or irregular periods?	☐ yes ☐ No ☐ N.a.
6.19	When was your last visit to the dentist?	
6.20	Can you turn a rescue raft? (STCW-training)	
6.21	Are you able to wear a breathing apparatus? (STCW-training)	

6.22 Details

7 Physical complaints

7.1 Do or did you suffer from any of the following?

Diabetes	☐ Yes	☐ No
Cancer	☐ Yes	☐ No
Thyroid disorders	☐ Yes	☐ No
Contagious diseases, tropical diseases	☐ Yes	☐ No
Tuberculosis	☐ Yes	☐ No
Trombosis or embolism	☐ Yes	☐ No
Stroke	☐ Yes	☐ No
Epilepsy, seizures or convulsions	☐ Yes	☐ No
Psychological problems	☐ Yes	☐ No
Alcohol dependency	☐ Yes	☐ No
Nervous strain, depression	☐ Yes	☐ No
Fear of heights / open spaces / claustrophobia	☐ Yes	☐ No
Insomnia	☐ Yes	☐ No
Sleep-walking, bed-wetting	☐ Yes	☐ No
Skin diseases, eczema	☐ Yes	☐ No
Venereal diseases	☐ Yes	☐ No
Inguinal hernia	☐ Yes	☐ No
Varicose veins, haemorrhoids	☐ Yes	☐ No
Headache, dizziness	☐ Yes	☐ No
Syncope, fainting	☐ Yes	☐ No
Low vision or blurred vision	☐ Yes	☐ No
Poor hearing or ringing in the ear	☐ Yes	☐ No

Coughing, shortness of breath	☐ Yes	☐ No
Asthma, bronchitis	☐ Yes	☐ No
Hypertension	☐ Yes	☐ No
Heart diseases	☐ Yes	☐ No
Chest pain, palpitations	☐ Yes	☐ No
Swollen feet, especially in the evening	☐ Yes	☐ No
Stomach-ache, nausea, low appetite	☐ Yes	☐ No
Abdominal pain, cramps	☐ Yes	☐ No
Black or discoloured stools	☐ Yes	☐ No
Strain or pain during urinating	☐ Yes	☐ No
Pain in the back	☐ Yes	☐ No
Painful arms, legs or joints	☐ Yes	☐ No
Fractures, dislocations	☐ Yes	☐ No
Seasickness	☐ Yes	☐ No

7.2 Details

8 Signature

The undersigned is aware of the fact that due to false or inaccurate completion of this medical history the medical examination may be considered invalid. The undersigned therefore certifies that the personal declaration above is a true statement to the best of his or her knowledge.

8.1 Place and date

8.2 Signature

9 Details examination and medical examiner

9.1 Date of examination

9.2 Name medical examiner

10 Physical examination

10.1 Length and body weight

10.2 BMI

10.3 Waist circumference (optional)

10.4 Pulse and blood pressure

10.5 General physical appearance

10.6 Mental state

10.7 Skin

10.8 Lymph nodes

10.9 Neck / thyroid

10.10 Mouth / throat / nose

10.11 Dental status

10.12 Speech

10.13 Heart

10.14 Lungs

10.15 Abdomen

10.16 Genitals, groins

10.17 Upper extremities

10.18 Lower extremities

10.19 Spine

10.20 Motor system

10.21 Co-ordination

10.22 Reflexes

11 Fitness and physical abilities

11.1	Climb up and down vertical ladders	☐ Sufficient	☐ Inadequate
11.2	Step over coamings (60cm)	☐ Sufficient	☐ Inadequate
11.3	Grasp, lift, manipulations	☐ Sufficient	☐ Inadequate
11.4	Reach above shoulder height	☐ Sufficient	☐ Inadequate
11.5	Stoop, crouch, kneel and crew	☐ Sufficient	☐ Inadequate
11.6	Stand and walk a watch for extended periods	☐ Sufficient	☐ Inadequate
11.7	Fit through a restricted opening of 60x60 cm	☐ Sufficient	☐ Inadequate

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12 Vision / eyes

12.1	Visual acuity, unaided	OD	OS	ODS
12.2	Visual acuity, aided	OD	OS	ODS
12.3	Near vision, aided			ODS
12.4	Reading a computer at a distance of 70 cm			ODS
12.5	Visual fields	OD	OS	
12.6	External inspection	OD	OS	
12.7	Eye movements	OD	OS	
12.8	Pupillary light reflex	OD	OS	
12.9	Signs of double vision	☐ Yes	☐ No	
12.10	Spare glasses	☐ Yes	☐ No	

Colour vision

12.11	Ishihara 2 or more mistakes	☐ No	☐ Yes (detailed examination required)
12.12	Specialist colour test	☐ Sufficient	☐ Defective
12.13	Specialist colour test used, plus results		

More detailed examination required

12.14	Night-blindness	☐ Yes	☐ No
12.15	Opthalmoscopy	☐ Yes	☐ No

13 Hearing/ ears

13.1	Conversational speech	AD	m	AS	m
13.2	Tone-audiometric loss 500 Hz.	AD	dB	AS	dB
13.3	Tone-audiometric loss 1000 Hz.	AD	dB	AS	dB
13.4	Tone-audiometric loss 2000 Hz.	AD	dB	AS	dB
13.5	Tone-audiometric loss 3000 Hz.	AD	dB	AS	dB
13.6	Tone-audiometric loss average	AD	dB	AS	dB
13.7	Otoscopy	AD			
		AS			

14 Diagnostic tests

14.1 Does the candidate come from an area with a high prevalence of tuberculosis?
☐ Yes (Examination on tuberculosis indicated)
☐ No

14.2 Chest X-ray / Mantoux date, plus results

14.3 Urine:

Protein

Glucose

Blood

15 Additional diagnostic tests

15.1 Remarks

16 Specialist report

16.1 Remarks

17 Family history

17.1 Remarks

18 Consultation with attending physician

18.1 Remarks

19 Comments, notes

19.1 Remarks

20 Validation exemptions

20.1 The exemptions given by the medical advisor are valid until?

Exemption with regard to general medical fitness:

Exemption with regard to the visual system:

Exemption with regard to the auditory system:

21 Conclusion seafarer's examination

21.1

Complies to the medical standards of	Look-out or watch duties on the bridge			Watch duties in the engine room			Without look-out or watch duties, but with safety and/or security duties			Without look-out, watch, safety or security duties		
	Yes	*Exemption**	*No*	*Yes*	*Exemption **	*No*	*Yes*	*Exemption **	*No*	*Yes*	*Exemption **	*No*
Medical fitness	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Visual system	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Auditory system	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
CONCLUSION	☐ *Fit for duty **		☐ *Unfit ***	☐ *Fit for duty **		☐ *Unfit ***	☐ *Fit for duty **		☐ *Unfit ***	☐ *Fit for duty **		☐ *Unfit ***

* *The expiry date of the Seafarer medical certificate may never exceed the expiry date on the exemption.*
** *A candidate is unfit if "No" is ticked once, unless the candidate holds a valid exemption.*

21.2 Restrictions to area of validity

21.3 Restrictions to period of validity