PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATION FORM FOR SEAFARERS

(In accordance with the Merchant Shipping (Medical Examination) Rules, 2021; STCW Regulation I/9 and Section A-I/9; MLC, 2006, Regulation 1.2; and the ILO/IMO Guidelines on the medical examinations of seafarers)

Family Name	
Given Names	
Date of birth (day/month/year)	
Sex	Male ☐ Female ☐
Home address	
Seafarer Service Book No.	
CNIC / Passport No.	
Nationality	
Type of ship (container, tanker, bulk carrier, general cargo)	
Trade area (e.g., coastal, tropical, worldwide)	

A. EXAMINEE'S PERSONAL DECLARATION (Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	☐	☐	18. Sleep problems	☐	☐
2. High blood pressure	☐	☐	19. Do you smoke?	☐	☐
3. Heart/vascular disease	☐	☐	20. Operation/surgery	☐	☐
4. Heart surgery	☐	☐	21. Epilepsy/seizures	☐	☐
5. Varicose veins	☐	☐	22. Dizziness/fainting	☐	☐
6. Asthma/bronchitis	☐	☐	23. Loss of consciousness	☐	☐
7. Blood disorder	☐	☐	24. Psychiatric problems	☐	☐
8. Diabetes	☐	☐	25. Depression	☐	☐
9. Thyroid problem	☐	☐	26. Attempted suicide	☐	☐
10. Digestive disorder	☐	☐	27. Loss of memory	☐	☐
11. Kidney problem	☐	☐	28. Balance problem	☐	☐
12. Skin problem	☐	☐	29. Severe headaches	☐	☐
13. Allergies	☐	☐	30. Ear/nose/throat problems	☐	☐
14. Infectious/contagious diseases	☐	☐	31. Restricted mobility	☐	☐
15. Hernia	☐	☐	32. Back problems	☐	☐
16. Genital disorders	☐	☐	33. Amputation	☐	☐
17. Pregnancy	☐	☐	34. Fractures/dislocations	☐	☐

If any of the above questions were answered "yes", please give details.

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Additional questions

	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?	☐	☐
36. Have you ever been hospitalised?	☐	☐
37. Have you ever been declared unfit for sea duty?	☐	☐
38. Has your medical certificate ever been restricted or revoked?	☐	☐
39. Are you aware that you have any medical problems, diseases or illnesses?	☐	☐
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	☐	☐
41. Are you allergic to any medications?	☐	☐

Comments:

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42. Are you taking any non-prescription or prescription medications?	☐	☐

If yes, please list the medications taken and the purpose(s) and dosage(s):

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I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____ Date (day/month/year): _____/_____/_____

Witnessed by (Signature): _____ Name (typed or printed): _____

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _____ (the approved medical practitioner).

Signature of examinee: _____ Date (day/month/year): _____/_____/_____

Witnessed by (Signature): _____ Name (typed or printed): _____

B. MEDICAL EXAMINATION

Pre-sea ☐ Periodic ☐ Other ☐

Sight as per Section A-I/9:

	Visual acuity							Visual fields		
	Unaided			Aided					Normal	Defective
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular		Right eye	☐	☐
Distant								Left eye	☐	☐
Near										

Colour vision as per Section A-I/9: Normal ☐ Doubtful ☐ Defective ☐

Date of last colour vision test (day/month/year): _____/_____/_____

Hearing as per Section A-I/9:

	Pure tone audiometry (threshold values in dB)							Speech and whisper test (metres)		
	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz			Normal	Whisper
Right ear								Right ear		
Left ear								Left ear		

Height		cm	Weight		kg	
Pulse rate		/ minute	Rhythm			
Blood pressure: Systolic		mm Hg	Diastolic		mm Hg	
Urinalysis: Glucose			Protein			

	Normal	Abnormal		Normal	Abnormal
Head	☐	☐	Varicose veins	☐	☐
Sinuses, nose, throat	☐	☐	Vascular (incl. pedal pulses)	☐	☐
Mouth/teeth	☐	☐	Abdomen and viscera	☐	☐
Ears (general)	☐	☐	Hernia	☐	☐
Tympanic membrane	☐	☐	Anus (not rectal exam)	☐	☐
Eyes	☐	☐	G-U system	☐	☐
Ophthalmoscopy	☐	☐	Upper and lower extremities	☐	☐
Pupils	☐	☐	Spine (C/S, T/S and L/S)	☐	☐
Eye movement	☐	☐	Neurologic (full brief)	☐	☐
Lungs and chest	☐	☐	Psychiatric	☐	☐
Breast examination	☐	☐	General appearance	☐	☐
Heart	☐	☐	Skin	☐	☐

Chest X-ray: Not performed ☐ Normal ☐ Abnormal ☐ Performed on (day/month/year): _____/_____/_____

Results: .....

Other diagnostic test(s) and result(s):

Test	Result
Haemoglobin “Hb” *1	g/dl
Sedimentation rate “SR” *1	mm/hr
Hepatitis B *3	HB (ab) +ve ☐ -ve ☐ HB (ag) +ve ☐ -ve ☐
Bacteriological stool test *4	not performed ☐ negative ☐ positive ☐
Parasitical stool test *5	not performed ☐ negative ☐ positive ☐
ECG *1	
HIV *2 (+ve or -ve)	

Medical examiner’s comments:

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*1 compulsory

*2 not compulsory

*3 required by the company for all crew from endemic areas

*4 required by the company for all food handlers

*5 required by the company for all food handlers from tropical climates

Status of vaccination records: satisfactory ☐ to be renewed ☐ Details: .....

Assessment of fitness for service at sea:

On the basis of the examinee’s personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☐ Fit for look-out duty ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☐	☐	☐	☐
Unfit	☐	☐	☐	☐

☐ Without restrictions ☐ With restrictions

Is the seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board? Yes ☐ No ☐

Describe restrictions (e.g., specific position, type of ship, trade area): .....

Action taken by medical examiner (e.g., referral): .....

Place of examination: _____ Date of examination (day/month/year): _____/_____/_____

This certificate is valid for a maximum of two years from the date of examination (one year if the seafarer is under 18 years of age), until (day/month/year): _____/_____/_____. Colour vision assessment is valid for a maximum of six years.

Official stamp (also print name of medical examiner):

Signature of approved medical practitioner: _____

Authorized by: _____
(Sign and stamp of Government Surveyor on behalf of the competent authority)