



Medical Examination Report

PART A - TO BE COMPLETED BY APPLICANT

You should complete this section before you go for your medical examination.

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

Name

Family name
Given name(s)

PIN (AMSA ID No.)

Date of birth

Male

Female

Permanent address

Position on board vessel

Deck Officer Engineer officer* Catering*

Integrated Rating* AB/Deck Rating

Engine Room Rating* Other (e.g. Entertainer)

* Denotes Hepatitis A arrangements to apply

Personal history

Are you in good health now? Yes No

Do you drink alcohol? Yes No

If yes, how much and how often?

Do you smoke tobacco? Yes No

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

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

Have you ever had any surgical or chiropractic treatment?

Yes No

If yes, give details

PRIVACY NOTE

Please read carefully for information and guidance

The information contained on this form and its associated documents will be used for the purposes of assessing your medical fitness for duty at sea and for AMSA audit purposes. This information may be exchanged between your examining medical officer and your treating medical practitioner and/or any medical panel convened to assess your fitness for duty at sea. If you do not meet the medical fitness standard for duty at sea, you and your employer will be advised of this on the Certificate of Medical Fitness.

Are you taking any medications at present? Yes No

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

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

Has your Certificate of Medical Fitness ever been restricted or cancelled or have you ever been declared unfit? Yes No

If yes, give details

Have you ever been signed off as sick or repatriated from a ship? Yes No

If yes, give details

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

- Anxiety or depression
- Migraine or persistent headaches
- Epilepsy or fits
- Poliomyelitis or other paralysis
- Attack of unconsciousness or weakness, dizziness or turns Yes No

- 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 Yes No

- 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 Yes No

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

- Infection of bladder
- Kidney disease or kidney stone
- Difficulty in passing urine
- Any abnormality of the urine
- Sexually transmitted disease Yes No

- 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 Yes No
- Gout Yes No

- 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 No

- Any form of cancer or unexplained lumps Yes No

- Diabetes Yes No

- Dermatitis/eczema/skin eruptions
- Allergy conditions including hay fever
- Any abnormality of the immune system Yes No

- Any allergic reaction to any serum, drug or medicine (including anaesthetic agents) and vaccines Yes No

- Any diseases such as malaria, typhoid, amoebiasis, giardia etc Yes No

- Severe tooth or gum trouble
- Impacted wisdom teeth Yes No

- Any obstetric or gynaecological problems Yes No

- Are you pregnant? Yes No

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

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

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 subsequent examinations for the purposes of assessing my medical fitness for duty at sea, the examining medical officer requires relevant medical details from my treating medical advisor(s), permission is hereby granted to obtain information from:

Dr Address & phone
(Current General Practitioner)

Dr Address & phone

Dr Address & phone

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

PART B - TO BE COMPLETED BY MEDICAL INSPECTOR

Please refer to the 'Guidelines for the medical examination of seafarers and coastal pilots' available at www.amsa.gov.au/Publications/Shipping/Medical_Exam_Guidelines.pdf

Medical Inspector's name Telephone number

Applicant's proof of identity

Photo driver's licence Passport/Driving Licence No.

Passport

Other

Applicant's position on board vessel

Note: Requirements regarding hepatitis, colour vision etc will depend on the applicant's position on board the vessel, please refer to the Guidelines (AMSA 182).

HEIGHT/WEIGHT (SEE GUIDELINES - PAGE 3)

Height (without shoes)..... metres

Weight kg

Body Mass Index (BMI) = $\frac{\text{Weight in kg}}{(\text{Height in m})^2}$

VISION (SEE GUIDELINES - PAGE 3)

Is there any visual defect of the eyes? Yes No

The visual acuity of each eye should be tested with Snellen's Charts, and the results recorded:

Visual acuity

	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant						
Near						

Visual fields to confrontation

	Normal	Defective
Right eye		
Left eye		

Colour vision

Colour vision need not be tested if a test has been completed within the previous 6 years.

Date of last colour vision test if **not** tested at this examination

Does the applicant suffer from any degree of colour blindness as determined by Ishihara plates?

Ishihara test Pass Further testing needed

Show number of plates with errors

Lantern test (Deck dept. only) Pass Fail Not required

Farnsworth D15 Test (Engine dept. only) Pass Fail Not required

SPEECH / HEARING / BALANCE (SEE GUIDELINES - PAGE 4)

Is there any defect in speech? Yes No

Is there any disease of the ears? Yes No

Is there any defect in hearing? Yes No

Romberg's test normal? Yes No

Pure tone and audiometry (threshold values in dB)

	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear						
Left ear						

Conversation Test at 3 metres

Conversation test only required if hearing loss in the better ear is more than 40dB at 500 to 3000 Hz

	Speech
Both ears together	/10

CARDIOVASCULAR (SEE GUIDELINES - PAGE 5)

Pulse:/min Rhythm

Blood Pressure readings: Systolic Diastolic

• If this reading is above 150/95 please take further readings after rest.

Systolic Diastolic

Heart sounds / apex beat Normal Abnormal

Is there any history or evidence of taking anti-hypertensive medication? Yes No

ECG Report (Attach report and tracing to this form). (Stress ECG required if clinically indicated. Baseline tracing only to be attached to this document.)

Date of ECG:

ECG results

Stress ECG result (if clinically indicated)

Does the applicant suffer from oedema or varicose veins? Yes No

If yes, state severity

Are carotid / peripheral pulses normal? Yes No

Are you satisfied that the cardiovascular system is clinically within normal limits? Yes No

If no, give reasons in full

RESPIRATORY (See Guidelines - page 6)

Trachea Midline Abnormal
 Chest expansion cm Abnormal
 Breath sounds Normal Abnormal

Spirometry

	Actual	Predicted	% Predicted
FEV ₁			
FVC			
FEV ₁ /FVC			

Spirometry FEV₁ < 65% requires further review
 FVC < 70% requires review
 FEV₁/FVC < 70% requires review

Chest X-ray report

(Chest X-rays are required for pre-sea medicals or if clinically indicated.)

Normal Abnormal

Date
 (Attach report to this form)

If, after examination you are not satisfied with the clinical condition and efficiency of the respiratory system and chest give reasons

MOUTH / TEETH (See Guidelines - page 7)

Is there any disease or abnormality of the mouth, throat or neck? Yes No

Are there any defects in teeth? Yes No

Is there any disease of the nose or sinuses? Yes No

Details of any abnormalities

GASTROINTESTINAL / RENAL (See Guidelines - page 7)

Is there any disease or abnormality of the abdominal organs? Yes No

If yes, give details

Is there any hernia present? Yes No

Is the liver enlarged? Yes No

Urine dipstick results Glucose Normal Abnormal

Protein Normal Abnormal

Blood Normal Abnormal

Other

Hepatitis A, previously vaccinated? Yes No

If yes, date of last vaccination / /

If no, results of blood test Antibody Positive

Antibody Negative

Hepatitis A vaccine Given Not given

Hepatitis arrangements apply to applicants who have a position on board marked with an * on the front page of this form.

NEUROLOGICAL / PSYCHIATRIC (See Guidelines - page 9)

Is there any evidence of organic disease of the brain, spinal cord or nerves? Yes No

Is there any evidence of mental or nervous disorder including psychoses? Yes No

Is there any evidence suggestive of anxiety, panic disorder or personality disorder? Yes No

MUSCULOSKELETAL (See Guidelines - page 10)

Does the applicant have normal use of the legs and arms? Yes No

Are there any missing limbs or digits? Yes No

Is gait normal? Yes No

Are the bones and joints free of any defects? Yes No

Are joint movements in normal range and pain free? Yes No

Any restriction or pain in movement of spine? Yes No

SKIN / LYMPH NODES (See Guidelines - page 12)

Is there any skin disease, including solar keratoses, BCCs, eczema etc? Yes No

Are there any significant scars, ulcers, or enlarged lymph nodes? Yes No

Are there any skin grafts? Yes No

Are there any identifying marks on the skin? Yes No

Medical Inspector of Seamen's signature Date

ATTACH ALL TEST DOCUMENTS TO THIS REPORT

- **CHEST X-RAY REPORT**
(for pre-sea medicals or if clinically indicated)
- **ECG TRACING**
(for applicants aged 55 years or more and/or if clinically indicated)
- **ECG REPORT**
(confirmed automatic machine report, or report by FRACGP or appropriate specialist)
- **STRESS ECG**
(if clinically indicated)
- **AUDIOGRAM REPORT**
(if clinically indicated)

A copy of this report is to be forwarded by the Medical Inspector of Seamen to AMSA after the examination is completed.

The Medical Inspector of Seamen should retain a copy for record purposes.

A copy may be given to the applicant for his/her records.