



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 of Seamen (MIS) in conjunction with:

- Marine Orders Part 9;
- the Guidelines for the Medical Examination of Seafarers and Coastal Pilots; and
- the Medical Examination Report form AMSA 232.

Each of these documents can be found on the AMSA website at:

www.amsa.gov.au/Marine_Qualifications/Medicals/Medical_Examinations_of_Seamen.asp

The Guidelines

These should be largely self-explanatory. It is emphasised that the assessment of medical fitness for service at sea is a matter for the MIS's professional judgement. The Guidelines are to assist a MIS in coming to a decision.

Marine Orders Part 9 requires that a MIS, in addition to applying normal medical fitness guidelines, have regard to the Guidelines for the Medical Examination of Seafarers and the relevant job task analyses. This means that the MIS should take the comments and procedures suggested into account, using normal professional judgement, in deciding what is required in the examination of the seafarer.

The Guidelines, Part B - Medical Standards, suggest certain tests as being either desirable or essential to carry out, or areas where it may be appropriate to refer a person for further testing.

Seeking Guidance

If a MIS has any questions regarding the use of the Guidelines and wishes to speak with one of the senior doctors, please contact the Medibank Health Solutions Seafarer Administration Team:

Ph: 1300 277 904

Email: SeafarerMedicals@medibank.com.au

Distribution of copies

To Examinee:

Original (Purple) Certificate of Medical Fitness must be given to Examinee

If requested, copy of medical examination report may be given.

To Seafarer Administration Team:

Duplicate (Green) of the Certificate of Medical Fitness and the original Medical Examination Report.

Sent by either express post to:

Seafarer Administration Team

Medibank Health Solutions

GPO Box 9821

Melbourne VIC 3001

OR by scanning and emailing clear/ legible copies to SeafarerMedicals@medibank.com.au

Retained by Medical Inspector of Seamen:

Triplicate (White) Certificate of Medical Fitness and a copy of the Medical Examination Report to be retained by the MIS for a period of at least 30 years.



Family name	Given name(s)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	PIN (AMSA ID No.)
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Permanent address

Proof of identity

Australian driver's licence Passport Other (specify)

I have evaluated the above-named applicant according to Marine Orders, Part 9, made under the Navigation Act 1912. 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 not suffering from any disease 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, and is:

(Medical Inspector of Seamen are to tick ONE box only)

- Fit Unfit[†] Deck Officer
- Fit Unfit[†] Engineer Officer*
- Fit Unfit[†] Catering*
- Fit Unfit[†] Integrated Rating*
- Fit Unfit[†] AB/Deck Rating
- Fit Unfit[†] Engine Room Rating*
- Fit Unfit[†] Other (e.g. Entertainer)

[†] If found unfit, please provide details and action taken (e.g. referral or any practical tests required before fitness can be certified). If deemed fit for multiple departments, please notate here.

*Denotes Hepatitis A arrangements apply

– Hepatitis A vaccine given? Yes No

If No, state reason.

The applicant used aids to vision Yes No

Colour vision test completed Yes No

Colour blind Yes No

The applicant used aids for hearing Yes No

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

List any prescribed medications taken regularly

Date of birth

/ /
 Day Month Year

Period of review

Under 18/over 55 – 1 year

18 to 55 – 2 years

Other*

*If required period of review is less than standard, state reason.

Date of examination

/ /
 Day Month Year

Place of examination

Certificate expiry date

/ /
 Day Month Year

Name of Medical Inspector of Seamen

Signature of Medical Inspector of Seamen

Official Stamp
of Medical
Inspector of Seamen
**(please stamp
all copies)**

Distribution of copies: Original - Applicant; Duplicate - MHS Seafarer Administration Team; Triplicate - Medical Inspector of Seamen (30 years)

I acknowledge that I have been advised on the content of the Medical Examination Report and that in the event of a change in my medical status, the validity of this medical certificate should be reviewed by a Medical Inspector of Seamen.

Applicant's signature