



- ✓ Use this form for domestic or near coastal certificate of competency applications.
- ✓ Bring your photo ID and a copy of the medical examination standards when you see the Optometrist and/or GP. Use the link on the right to view the standards.
- ✗ For international marine qualifications use AMSA form 303. This certificate is NOT VALID to serve on regulated Australian vessels.

For more help, scan the QR code or go to [AMSA.gov.au/form1850](https://www.amsa.gov.au/form1850)



1 Applicant details (as recorded on proof of identity)

To be completed by the applicant

Family name <input style="width: 95%;" type="text"/>	Given name(s) <input style="width: 95%;" type="text"/>	AMSA ID (if known) <input style="width: 95%;" type="text"/>
Email <input style="width: 95%;" type="text"/>	Permanent address <input style="width: 95%;" type="text"/>	Phone <input style="width: 95%;" type="text"/>
Proof of identity <input type="checkbox"/> Passport <input type="checkbox"/> Other: Photo ID type <input style="width: 150px;" type="text"/> <input type="checkbox"/> Australian driver license Passport, license or other photo ID number <input style="width: 95%;" type="text"/>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/other
		Date of birth <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> Day Month Year

2 Examination details

To be completed by the applicant

You can book a single appointment with a specialised General Practitioner (GP) if they are able to perform both the health and eye checks. Please verify this with your practitioner beforehand. Otherwise you will need to book an optometrist test first, followed by your GP appointment.

Date of GP examination <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> Day Month Year	Place of examination <input type="checkbox"/> ACT <input type="checkbox"/> NSW <input type="checkbox"/> NT <input type="checkbox"/> QLD <input type="checkbox"/> SA <input type="checkbox"/> TAS <input type="checkbox"/> VIC <input type="checkbox"/> WA <input type="checkbox"/> Overseas
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3 Eyesight

To be completed by an optometrist or specialised GP

Visual standards required <i>The applicant can use vision aids if necessary</i>	Distant vision			Near vision	Colour vision	Visual fields
	Better eye	Other eye	Both eyes			
Deck department	Not less than:					
1. Navigation and/or lookout duties	6/6	6/9	6/6	N8 for charts, weather maps and N12 for other reading tasks with or without visual aids	Normal	Normal visual fields
2. Operating lifting plant (vessels' cranes, hoists, etc.)	6/9	6/12	6/9	N12 with or without visual aids	Not required	Normal visual fields
3. Doesn't require duties in 1 or 2	6/18	6/60	6/18	N12 with or without visual aids	Not applicable	Sufficient visual fields
Engine department						
Engine room	6/12	6/60	6/12	N12 to read instrument gauges on control panels, computer screens with or without visual aids	Not applicable	Sufficient visual fields

Duty required (tick all that apply) <input type="checkbox"/> Deck/Mate/Master <input type="checkbox"/> Coxswain <input type="checkbox"/> General Purpose Hand <input type="checkbox"/> Engineer	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Visual acuity meets standards</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Notes:</td> </tr> <tr> <td>Applicant requires aids to vision</td> <td><input type="checkbox"/> Yes* <input type="checkbox"/> No</td> <td>Notes:</td> </tr> <tr> <td>Colour vision meets standards (excludes Engineers)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No*</td> <td>Notes:</td> </tr> <tr> <td>Fit for lookout duties (excludes Engineers)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Notes:</td> </tr> </table>	Visual acuity meets standards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	Applicant requires aids to vision	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Notes:	Colour vision meets standards (excludes Engineers)	<input type="checkbox"/> Yes <input type="checkbox"/> No*	Notes:	Fit for lookout duties (excludes Engineers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Visual acuity meets standards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:											
Applicant requires aids to vision	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Notes:											
Colour vision meets standards (excludes Engineers)	<input type="checkbox"/> Yes <input type="checkbox"/> No*	Notes:											
Fit for lookout duties (excludes Engineers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:											

**Specify restrictions on page 2*

**If a specialised GP has completed the eyesight assessment, they are not required to fill in the below optometrist details.*

Optometrist name <input style="width: 95%;" type="text"/>	Optometrist signature <input style="width: 95%;" type="text"/>	Optometrist stamp <input style="width: 95%;" type="text"/>
Clinic phone number <input style="width: 95%;" type="text"/>		

4 Medical examination

To be completed by a GP

All sections of the medical standards below must be assessed. Any identified issues of relevance to fitness for sea service must be indicated (tick No) and commented below.

		Meets standards				Meets standards			
Assessment of older seafarer (if applicable)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Infectious diseases	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cardiovascular system	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Musculoskeletal, balance and coordination	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Diabetes and other endocrine disorders	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Neoplasms	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eyes/vision prescription (spectacles may be worn for visual acuity)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Neurological system	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Gastrointestinal system	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Obesity	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Genitourinary	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Prescribed medication, drugs and alcohol	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hearing, ear, nose and throat conditions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Psychiatric conditions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Haemopoietic diseases	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Respiratory system	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hearing meets standards	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Skin disorders	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If 'No' was answered for any of the above, provide comments below:

5 Examination outcome

To be completed by a GP

I have sighted the ID for the above-named applicant. Based on the applicant's personal declaration, my clinical examination and diagnostic test results (if required), I declare the applicant is:

Outcome

Fit, and is not suffering from a medical condition likely to be aggravated by, or to render them unfit for service at sea or likely to endanger the health of other persons on board.

<input type="checkbox"/> Fit, but with restrictions	Restricted duties	Restricted locations/vessels	Other medical restrictions
<input type="checkbox"/> Unfit			
<input type="checkbox"/> Must wear corrective lenses for distance vision			
<input type="checkbox"/> Must wear corrective lenses for near vision			
<input type="checkbox"/> Requires hearing aid			

You can issue this certificate for the period of time shown below, based on the person's age today. You may enter a lesser period of time if appropriate. For example, if you feel the person needs to be re-examined to review their treatment.

Age	Duration
18 or under	Up to 1 year
19 to 50	Up to 4 years
51 to 60	Up to 2 years
61 or older	Up to 1 year

Medical certificate expiry date

/ /
Day / Month / Year

GP name	GP signature	GP stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinic phone number		
<input type="text"/>		

6 Applicant acknowledgment

To be completed by the applicant

I acknowledge that I have been advised of the content of the medical examination, and of my right to seek a review of the content of this certificate. In the event of a change in my medical status, I acknowledge the validity of this certificate should be reviewed by a GP. If I am taking long term medication, I will notify the vessel's master.

Applicant name	Applicant signature
<input type="text"/>	<input type="text"/>

Once completed, submit this form with your Certificate of competency application form 426 (see AMSA.gov.au/form426).

This certificate is issued in compliance with the Marine Safety (Domestic Commercial Vessel) National Law Act 2012, and the Marine Order 505 (Certificates of competency – national law) 2022.