MEDICAL DECLARATION

For use only in conjunction with Marine Safety (Expired pre-USL Code certificates) Exemption 2025 (Exemption 31) applications only.

How to use this form

- Tick 'Yes' or 'No' in the Declaration table next to each medical condition.
  Or
- if you have no known medical conditions, tick the box at the end of the table.

If you've ticked 'Yes' to any of the conditions, you must complete an AMSA 1850.

For more information on domestic seafarer medical requirements, see our Standards for the medical examination of domestic seafarers

You are required to declare any medical conditions that affect, or may affect, your ability to perform duties under Exemption 31 – Marine Safety (Expired pre-USL Code certificates) Exemption 2025.

SEAFARER DETAILS:

Title: ….	Given name(s): ……....	Last name: ……
Date of birth: …….....		Contact number: ……..…….

DECLARATION – Do any of the following apply to you:

Hearing: • Unclear speech or hesitation when you speak • Trouble hearing a whispered voice or a watch ticking (note: Hearing aids are acceptable provided that their use does not impede watch keeping duties being adequately performed)	☐ Yes	☐ No
Eyesight: • Your eyesight has changed so that you now need glasses or have a colour vision deficiency	☐ Yes	☐ No
Weight: • Concerns about your weight	☐ Yes	☐ No
Heart conditions, including: • History of heart attacks or angina (note: Pacemaker/defibrillator are acceptable provided that their use does not impede watch keeping duties being adequately performed and subject to six-monthly testing at a pacemaker clinic and cardiological review. Some vessels have strong electro-magnetic fields near communications equipment and aerials which may affect pacemaker function) • Irregular heartbeat/s • Other cardiovascular system issues	☐ Yes	☐ No
Kidney conditions, including: • History of Kidney stones (renal calculi), infections or cysts • Urinary incontinence	☐ Yes	☐ No

Respiratory conditions, including: • Asthma • Chronic obstructive pulmonary disease (COPD) • Pulmonary fibrosis • Pneumonia • Lung cancer	☐ Yes	☐ No
Musculoskeletal issues, including: • Balance and coordination issues • Hernia that has not been corrected satisfactorily by an operation	☐ Yes	☐ No
Infectious diseases, including: • History of tuberculosis • HIV • Hepatitis A,B or C	☐ Yes	☐ No
Prescription medication, including for (but not limited to): • Mental health • Anaphylaxis • Asthma • Epilepsy or history of seizures • Diabetes (or other endocrine conditions)	☐ Yes	☐ No
Any other medical conditions, or a physical or mental incapacity that may affect your ability to perform duties under this certificate. Please provide details here:	☐ Yes	☐ No
I have none of the above	☐	

Important! If you ticked 'Yes' to **any** of the above, you must provide a copy of a current and valid Certificate of medical fitness – near coastal seafarers (AMSA 1850)

By signing and dating this document, I agree the information provided above is true and correct:

Name: …… Date: ……..

Signature: ……

Your personal information is being collected to deliver AMSA's functions under the *Australian Maritime Safety Authority Act 1990*, the *Navigation Act 2012* and/or the *Marine Safety (Domestic Commercial Vessel) National Law Act 2012*. Failure to provide personal information may mean we cannot provide a service to you. More details about how we handle your personal information can be found in AMSA's Privacy Policy (visit www.amsa.gov.au/privacy).