



This certificate is issued in compliance with:

- Marine Safety (Domestic Commercial Vessel) National Law Act 2012
- Marine Order 505 (Certificate of competency – national law) 2020.

This certificate is **NOT VALID** to serve on regulated Australian vessels.

Applicant details

(as recorded on proof of identity)

Family name

Given name(s)

AMSA ID (if known)

Gender

- Male Female Indeterminate

Date of birth

Permanent address

Email

Phone

Proof of identity (sighted by medical practitioner)

- Passport, or
 Australian driver licence, or
 Other (specify below)

ID Number

Department (tick relevant boxes)

- Deck*^L
 Coxswain*^L
 General Purpose Hand*^L
 Engineer

*^L denotes that lookout duties apply

Acknowledgement

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 medical practitioner. If I am taking long term medication, I will notify the vessel's master.

Applicant's signature

CERTIFICATE OF MEDICAL FITNESS DOMESTIC SEAFARERS

To be used in conjunction with the Standard for the Medical Examination of Domestic Seafarers (refer to www.amsa.gov.au)

Date of examination

 / /20

Certificate expiry date

(if unfit, enter date of examination)

 / /20

Place of examination

- ACT NSW NT QLD SA TAS VIC WA

Declaration of the medical practitioner

I have evaluated the above-named applicant and on the basis of the applicant's personal declaration, my clinical examination and diagnostic test results (if required), I declare the applicant is:

- 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.
- Fit* with restrictions as detailed below.
- Unfit* details and action taken shown below.

*Restrictions

Duties:

Location/vessel:

Medical/other:

- Must wear corrective lenses for distance vision
 Must wear corrective lenses for near vision

I can confirm the following (tick relevant boxes)

Eyesight:

- Visual acuity meets standards Yes No – unfit
- Applicant requires aids to vision Yes# No
- Colour vision meets standards* Yes No#

*Excludes engineers #Specify restrictions

*^L Lookout duties:

Master, Coxswain and General Purpose Hand only

- Fit for lookout duties Yes No – unfit

Hearing:

- Hearing meets standards Yes No – unfit
- Unaided hearing satisfactory Yes No#
- Applicant used aids to hearing Yes# No

*Excludes engineers #Specify restrictions

Medical practitioner

Medical practitioner's name

Medical clinic's phone number

Medical practitioner's signature

Official stamp of medical practitioner (please stamp copy)

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 standard	Does not meet standard		Meets standard	Does not meet standard
Obesity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prescribed medication, drugs and alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eyes/vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Musculoskeletal, balance and coordination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing, ear, nose and throat conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes and other endocrine disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cardiovascular system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skin disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Respiratory system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Haemopoietic diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gastrointestinal system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Infectious diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Genitourinary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Neoplasms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neurological system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Assessment of older seafarer (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Psychiatric conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

If "No" was answered for any of the above, the doctor must provide comments

Table 1: Visual standards

	Distant vision			Near vision	Colour vision	Visual fields
	Better eye not less than:	Other eye not less than:	Both eyes not less than:			
Deck department						
1. Seafarers required to undertake navigational and/or lookout duties (aided vision if necessary)	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. Seafarers required to operate lifting plant e.g. vessels' cranes, hoist, etc (aided vision if necessary)	6/9	6/12	6/9	N12 with or without visual aids	Not required	Normal visual fields
3. Other seafarers not required to undertake duties in 1 or 2 (aided vision if necessary)	6/18	6/60	6/18	N12 with or without visual aids	Not applicable	Sufficient visual fields
Engine department						
Engine room (aided vision if necessary)	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