AMSA 1850

1

Certificate of medical fitness for domestic seafarers form



Australian Government
Australian Maritime Safety Authority

To be completed by the applicant

- ✓ 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.

Applicant details (as recorded on proof of identity)

Family name	Given name(s)		AMSA ID (if known)		
Email	Permanent address		Phone		
Proof of identity Passport Other: Photo ID type Australian driver license Passport, license or other photo ID number		n der Male Female Indeterminate/other	Date of birth		

2 Examination details

To be completed by the applicant

To be completed by an optometrist or specialised GP

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.

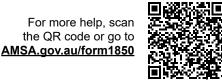
Date of GP examination	Place of examinatio	n						
	ACT NSW	NT	QLD	SA	TAS	VIC	WA	Overseas
Day Month Year								

3 Eyesight

Clinic phone number

Visual standards required	I	Distant visio	n					
The applicant can use vision aids if necessary	Better eye	Other eye	Both eyes	Near vision	Colour vision	Visual fields		
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 app Deck/Mate/Master	DIY)	Visual acuity	meets sta	andards 🤄 Yes 📄 No 🛛 Notes:				
	A	pplicant requ	ires aids t	o vision 📃 Yes* 📃 No 🛛 Notes:				
General Purpose Hand Engineer		•	cludes Eng	gineers) res not notes:				
			for lookou cludes Eng					
*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	Opto	ometrist sigr	nature	Optometrist stamp]		

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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 st	Meets standards	
Assessment of older seafarer (if applicable)	Yes	No	Infectious diseases 🦳 Yes	🗌 No	
Cardiovascular system	Yes	No	Musculoskeletal, balance and coordination 🗌 Yes	No No	
Diabetes and other endocrine disorders	Yes	No	Neoplasms 🗌 Yes	No No	
Eyes/vision prescription (spectacles may be worn for visual acuity)	Yes	No	Neurological system 🦳 Yes	No	
			Obesity Yes	No	
Gastrointestinal system	Yes	No	Prescribed medication, drugs and alcohol [] Yes		
Genitourinary	Yes	No	Prescribed medication, drugs and alcohol [] Yes	No No	
,			Psychiatric conditions 🗌 Yes	No No	
Hearing, ear, nose and throat conditions	Yes	No	Beeniretery eveter Vee		
Haemopoietic diseases	Yes	No	Respiratory system Yes	No	
-			Skin disorders Yes	No	
Hearing meets standards	Yes	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.

Fit, but with restrictions	Restricted duties	Restricted lo	cations/vessels	Other medical restrictions
Unfit				
Must wear corrective lenses for distance vision				
Must wear corrective lenses for near vision				
Requires hearing aid				
You can issue this certificate for the below, based on the person's age period of time if appropriate. For enceds to be re-examined to review	Age 18 or under 19 to 50 51 to 60 61 or older	Duration Up to 1 year Up to 4 years Up to 2 years Up to 1 year	Medical certificate expiry date Day Month Year	
GP name	GP signature	GP stamp		
Clinic phone number				

6 Applicant acknowledgment

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

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.

To be completed by the applicant