Australian Government
Australian Maritime Safety Authority

MEDICAL EXAMINATION REPORT

PART A—TO BE COMPLETED BY APPLICANT

You must take a suitable means of identification (passport, certificate of competency, Australian driving license) with you to the examination.

Name

Family name

Given name(s)

Seafarer / AMSA I.D.

Date of birth

dd / mm / yyyy

☐ Male ☐ Female ☐ Indeterminate

Permanent address

Email address

Department/Position on board vessel

☐ **Deck**
- ☐ Master/Deck Officer/Pilot ☐ Able Seafarer Deck
- ☐ Seafarer forming part of a navigation watch

☐ **Engineering**
- ☐ Engineer Officer*/Electro-technical Officer
- ☐ Able Seafarer Engine* ☐ Engine Room Rating*
- ☐ Seafarer forming part of an engine room watch*

☐ **Integrated Rating***

☐ **Catering**
- ☐ Marine Cook* ☐ Catering* ☐ Other*

☐ **Other** (specify) _____

* Denotes Hepatitis A arrangements apply

Personal history

Are you in good health now? ☐ Yes ☐ No

Doctors Comments

Do you drink alcohol? ☐ Yes ☐ No

If yes, how much and how often?

Doctors Comments

AMSA Privacy Statement

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: https://www.amsa.gov.au/about/who-we-are/privacy

Have you ever used illicit drugs? ☐ Yes ☐ No

If yes, Doctor must comment

Do you smoke tobacco? ☐ Yes ☐ No

If no, have you smoked in the past? ☐ Yes ☐ No

If yes, Doctor must comment

Have you been absent from work due to sickness or injury for more than 14 consecutive days over past two years? ☐ Yes ☐ No

If yes, give details

If yes, Doctor must comment

Have you ever had any surgical or chiropractic treatment? ☐ Yes ☐ No

If yes, give details

If yes, Doctor must comment

Are you taking any medications at present? ☐ Yes ☐ No

If yes, Doctor must comment - Record all medications

Do you have or have you had any eye disorder or injury? ☐ Yes ☐ No

If yes, Doctor must comment

NOTE: If you wear glasses, corneal or contact lenses, bring them with you to the examination. CHROMAGEN LENSES MUST NOT BE WORN

Have you ever been declared unfit for duty at sea? ☐ Yes ☐ No

If yes, state when, for how long and for what reason

If yes, Doctor must comment

Has your Certificate of Medical Fitness ever been restricted or cancelled? ☐ Yes ☐ No

If yes, give details

If yes, Doctor must comment

Have you now, or have you previously had any of the following:

- Psychological or psychiatric disorder
- Anxiety or depression
- Migraine or persistent headaches
- Epillepsy or fits
- Poliomyelitis or other paralysis
- Attack of unconsciousness or weakness, dizziness or turns
- Any other neurologic condition ☐ Yes ☐ No

If yes, Doctor must comment

- High blood pressure
- Disease of the heart, arteries or blood vessels
- Operation on the heart
- Anaemia or any other disease of the blood
- Swelling of the ankles
- Palpitations
- Varicose veins or abnormal bleeding
- Rheumatic fever
- Any other cardiovascular condition ☐ Yes ☐ No

If yes, Doctor must comment

- Asthma
- Bronchitis or emphysema
- Tuberculosis
- Persistent breathlessness
- Persistent cough
- Collapsed lung
- Other lung disease/abnormal x-ray
- Any other lung disease or condition ☐ Yes ☐ No

If yes, Doctor must comment

- Disease of the liver (including jaundice or hepatitis)
- Disease or ulcer of the stomach or duodenum
- Recurrent abdominal pain/persistent indigestion
- Appendicitis
- Gallbladder disease
- Disease of the bowels
- Haemorrhoids (piles)
- Hernia (rupture)
- Recent change in weight
- Any other gastrointestinal condition

☐ Yes ☐ No

If yes, Doctor must comment

- Infection of bladder
- Kidney disease or kidney stone
- Difficulty in passing urine
- Any abnormality of the urine
- Sexually transmitted disease
- Any other genital or urinary conditions

☐ Yes ☐ No

If yes, Doctor must comment

- Lumbago, sciatica or other back trouble
- Any form of arthritis or stiff joints
- Slipped discs or back or neck pain
- Joint injuries
- Injury of the neck or back
- Repetitive Strain Injury, tennis elbow, tendonitis
- Broken bones
- Gout
- Any other musculoskeletal conditions

☐ Yes ☐ No

If yes, Doctor must comment

- Discharge from ears or perforated eardrum
- Ringing in the ears or disturbances of balance
- Deafness
- Nasal or sinus trouble
- Persistent husky voice or frequent sore throat
- Goitre or Thyroid disease

☐ Yes ☐ No

If yes, Doctor must comment

- Any form of cancer or unexplained lumps

☐ Yes ☐ No

If yes, Doctor must comment

- Diabetes
- Adrenal disease

☐ Yes ☐ No

If yes, Doctor must comment

- Dermatitis/eczema/skin eruptions
- Allergy conditions including hay fever
- Any abnormality of the immune system

☐ Yes ☐ No

If yes, Doctor must comment

- Any allergic reaction to any serum, drug or medicine (including anaesthetic agents) and vaccines

☐ Yes ☐ No

If yes, Doctor must comment and include type of reaction

- Any diseases such as malaria, typhoid, amoebiasis, giardia etc

☐ Yes ☐ No

If yes, Doctor must comment

- Severe tooth or gum trouble
- Impacted wisdom teeth

☐ Yes ☐ No

If yes, Doctor must comment

- Any obstetric or gynaecological problems

☐ Yes ☐ No

If yes, Doctor must comment

- Are you pregnant? ☐ Yes ☐ No

If yes, Doctor must comment

Please give details of any complaint, illness or injury not previously mentioned

The following should be signed in the presence of the examining medical inspector

Warning: Giving false or misleading information is a serious criminal offence and may lead to prosecution

Are you aware of ANY circumstances regarding your health which may interfere with the satisfactory discharge of the duties of your designated position/occupation? ☐ Yes ☐ No

If yes, give details

Declaration

I hereby declare that, to the best of my knowledge my personal statements are true and correct

Applicant's signature ..... Date ...../...../ 20.....

Authority to divulge medical information

If, as a result of this or subsequent examinations for the purposes of assessing my medical fitness for duty at sea, the examining Medical Inspector requires relevant medical details from my treating medical advisor(s), permission is hereby granted to obtain information from:

Dr ..... Address and phone .....
(Current General Practitioner)

.....

Dr ..... Address and phone .....

.....

Dr ..... Address and phone .....

.....

Applicant's signature ..... Date ...../...../ 20.....

PART B – TO BE COMPLETED BY MEDICAL INSPECTOR

Please refer to the 'Standards for the medical examination of seafarers and coastal pilots' available at www.amsa.gov.au

Medical Inspector's name

Telephone number

Applicant's proof of identity

☐ Passport
☐ Photo driver's licence
☐ Other .....

Passport/Driving Licence No.

Applicant's position on board vessel

Requirements regarding hepatitis, colour vision etc will depend on the applicant's position on board the vessel. Refer to the Standards for the medical examinations of seafarers and coastal pilots.

HEIGHT/WEIGHT (Standards—page 8)

Height (without shoes)..... metres

Weight ..... kg

Body Mass Index (BMI) = $\frac{\text{Weight in kg}}{(\text{Height in m})^2}$ .....

Is the applicant able to:

- Move safely around vessel and safely move through hatches ☐ Yes ☐ No
- Move quickly in an emergency situation ☐ Yes ☐ No
- If no, is a functional assessment required ☐ Yes ☐ No

VISION (Standards—page 9)

The visual acuity of each eye should be tested with Snellen's Charts, and the results recorded. Both unaided and aided (if applicable) must be recorded.

Visual acuity

	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant						
Near						

Visual fields to confrontation

	Normal	Defective
Right eye		
Left eye		

Does the applicant meet the medical standards for his/her work category? ☐ Yes ☐ No

Colour vision

Colour vision must be tested by Ishihara Plates at EACH medical assessment.

Ishihara test ☐ Pass ☐ Further testing needed

Number of plates shown

Number of plates with errors

Does the applicant suffer from any degree of colour blindness as determined by Ishihara plates? ☐ Yes ☐ No

If the Ishihara test has 3 or more errors (24 page edition) or 4 or more errors (38 page edition) further testing is required for the deck or engine department, if not completed within the previous 6 years. Any previous reports must be sighted by the MIS and a copy attached to the medical examination report.

Date of last Lantern or Farnworth D15 colour vision test if **not** tested at this examination / /

Lantern test (Deck dept. only) ☐ Yes ☐ No ☐ Not required

Farnsworth D15 Test (Engine dept. only) ☐ Yes ☐ No ☐ Not required

Applicant considered colour safe for position on board? ☐ Yes ☐ No

SPEECH / HEARING / BALANCE (Standards—page 11)

Is there any defect in speech? ☐ Yes ☐ No

Is there any disease of the ears? ☐ Yes ☐ No

Is there any defect in hearing? ☐ Yes ☐ No

Romberg's test normal? ☐ Yes ☐ No

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz
Right ear						
Left ear						

Conversation Test at 3 metres

Conversation test only required if hearing loss in the better ear is more than 40 dB at 500 to 3000 Hz

	Speech
Both ears together	/10

Doctor comments

CARDIOVASCULAR (Standards—page 12)

Pulse: ...../min Rhythm .....

Blood Pressure readings: Systolic ..... Diastolic .....

- If this reading is above 150/95 please take further readings after rest.

Systolic ..... Diastolic .....

Heart sounds / apex beat ☐ Normal ☐ Abnormal

Is there any history or evidence of taking anti-hypertensive medication? ☐ Yes ☐ No

ECG Report (Attach report and tracing to this form).
(Stress ECG required if clinically indicated. Baseline tracing only to be attached to this document.)

Date of ECG: / /

ECG results

Stress ECG result (if clinically indicated)

Does the applicant suffer from oedema or varicose veins? ☐ Yes ☐ No

If yes, state severity .....

Are carotid / peripheral pulses normal? ☐ Yes ☐ No

Are you satisfied that the cardiovascular system is clinically within normal limits? ☐ Yes ☐ No

If no, give reasons in full

RESPIRATORY (Standards—page 14)

Trachea ☐ Midline ☐ Abnormal

Chest expansion ☐ cm ☐ Abnormal

Breath sounds ☐ Normal ☐ Abnormal

Spirometry

	Actual	Predicted	% Predicted
FEV_1			
FVC			
FEV_1/FVC			

Spirometry FEV_1 < 65% requires further review
FVC < 70% requires review
FEV_1/FVC < 70% requires review

Chest X-ray report ☐ Normal ☐ Abnormal

(Chest X-rays are required for pre-sea medicals or if clinically indicated.)

Date ...../...../20.....
(Attach report to this form)

If, after examination you are not satisfied with the clinical condition and efficiency of the respiratory system and chest give reasons

Reasons

MOUTH / TEETH (Standards—page 15)

Is there any disease or abnormality of the mouth, throat or neck? ☐ Yes ☐ No

Are there any defects in teeth? ☐ Yes ☐ No

Is there any disease of the nose or sinuses? ☐ Yes ☐ No

Details of any abnormalities

GASTROINTESTINAL / RENAL (Standards—page 15)

Is there any disease or abnormality of the abdominal organs? ☐ Yes ☐ No

Is there any hernia present? ☐ Yes ☐ No

Is the liver enlarged? ☐ Yes ☐ No

Urine dipstick results

Glucose ☐ Normal ☐ Abnormal

Protein ☐ Normal ☐ Abnormal

Blood ☐ Normal ☐ Abnormal

Other .....

If yes, give details

Hepatitis A arrangements

Does the applicant have active immunity to Hepatitis A (completed vaccination course or evidence of past infection)? ☐ Yes ☐ No

If **yes**, date of last vaccination / /

or date of Antibody Positive blood test / /

If **no**, was Hepatitis A vaccination provided on this occasion? ☐ Yes ☐ No

If no, please provide reason

Hepatitis A arrangements apply to applicants who have a position on board marked with an * on the front page of this form.

NEUROLOGICAL / PSYCHIATRIC (Standards – pages 18 & 19)

Is there any evidence of organic disease of the brain, spinal cord or nerves? ☐ Yes ☐ No

Is there any evidence of mental or nervous disorder including psychoses? ☐ Yes ☐ No

Is there any evidence suggestive of anxiety, panic disorder or personality disorder? ☐ Yes ☐ No

If yes, give details

MUSCULOSKELETAL (Standards—page 22)

Does the applicant have normal use of the legs and arms?	☐ Yes	☐ No
Are there any missing limbs or digits?	☐ Yes	☐ No
Is gait normal?	☐ Yes	☐ No
Are the bones and joints free of any defects?	☐ Yes	☐ No
Are joint movements in normal range and pain free?	☐ Yes	☐ No
Any restriction or pain in movement of spine?	☐ Yes	☐ No

If yes, give details

SKIN / LYMPH NODES (Standards—page 23)

Is there any skin disease, including solar keratoses, BCCs, eczema etc?	☐ Yes	☐ No
Are there any significant scars, ulcers, or enlarged lymph nodes?	☐ Yes	☐ No
Are there any skin grafts?	☐ Yes	☐ No
Are there any identifying marks on the skin?	☐ Yes	☐ No

If yes, give details

Period of review

☐ Under 18/over 55 - 1 year ☐ 18 to 55 - 2 years ☐ Other*

*If period of review is “other”, state period and reason.

Medical Inspector’s name

Medical Inspector’s signature

AHPRA number

Date

ATTACH ALL TEST DOCUMENTS TO THIS REPORT

- **CHEST X-RAY REPORT**
  (for pre-sea medicals or if clinically indicated)
- **ECG TRACING**
  (for applicants aged 55 years or more and/or if clinically indicated)
- **ECG REPORT**
  (confirmed automatic machine report, or report by FRACGP or appropriate specialist)
- **STRESS ECG**
  (if clinically indicated)
- **AUDIOGRAM REPORT**
  (if clinically indicated)

- The Medical Inspector should retain a copy for record purposes for a period of at least 7 years, or longer if required by medical industry best practice or applicable Commonwealth legislation.
- A copy may be given to the applicant for their records if requested.

- This form should NOT be submitted to AMSA