MARITIME AUTHORITY OF JAMAICA

ANNEX I2

APPLICATION for Medical Examination of Seafarer for obtaining a Certificate in accordance with the provisions of Regulation I/9 of the *International Convention on Standards of Training Certification and Watchkeeping for Seafarers*, 1978 as amended.

PERSONAL DETAILS OF SEAFARERS

Surname: _____

Forenames: _____

Discharge Book No: _____ or Passport No: _____

Title: Mr. ☒ Mrs. ☐ Miss ☐ Ms. ☐ Gender: Male ☐ Female ☐

Date of Birth: _____

Home Address: _____

_____

Occupation: ☒ Deck ☒ Engine ☐ Radio ☐ Catering ☐ Handling

☐ Other (please specify): _____

Routine and emergency duties (if known): _____

Type of Ship: ☐ Container ☐ Tanker ☐ Passenger ☐ Fishing

☐ Other (please specify): _____

Trading Area: ☐ Coastal ☐ Tropical ☐ Worldwide

☐ Other (please specify): _____

FAMILY MEDICAL HISTORY

Has any member of the seafarer's family ever suffered from:

	Yes	No		Yes	No
Hypertension	☐	☐	Diabetes	☐	☐
Hear Conditions	☐	☐	Mental Disorder	☐	☐
Asthma	☐	☐	Epilepsy	☐	☐

_____ _____

Signature of Seafarer Date of Application

SEAFARER'S PERSONAL DECLARATION (Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	☐	☐	18. Do you smoke, use alcohol or drugs?	☐	☐
2. High blood pressure	☐	☐	19. Operation/surgery	☐	☐
3. Heart/vascular disease	☐	☐	20. Epilepsy/seizures	☐	☐
4. Heart surgery	☐	☐	21. Dizziness/fainting	☐	☐
5. Varicose veins/piles	☐	☐	22. Psychiatric problems	☐	☐
6. Asthma/bronchitis	☐	☐	23. Loss of Consciousness	☐	☐
7. Blood disorder	☐	☐	24. Depression	☐	☐
8. Diabetes	☐	☐	25. Attempted suicide	☐	☐
9. Thyroid problem	☐	☐	26. Loss of memory	☐	☐
10. Digestive disorder	☐	☐	27. Balance problem	☐	☐
11. Kidney problem	☐	☐	28. Severe headaches	☐	☐
12. Skin problem	☐	☐	29. Ear (hearing, tinnitus)/ throat /nose problem	☐	☐
13. Allergies	☐	☐	30. Restricted mobility	☐	☐
14. Infectious/contagious diseases	☐	☐	31. Back or joint problem	☐	☐
15. Hernia	☐	☐	32. Amputation	☐	☐
16. Genital disorder	☐	☐	33. Fractures/dislocations	☐	☐
17. Pregnancy	☐	☐	34. Sleep problem	☐	☐

If you answered "yes" to any of the above questions, please give details

Additional Questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?	☐	☐
36. Have you ever been hospitalized?	☐	☐
37. Have you ever been declared unfit for sea duty?	☐	☐
38. Has your medical certificate even been restricted or revoked?	☐	☐
39. Are you aware that you have any medical problems, diseases or illnesses?	☐	☐
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	☐	☐
41. Are you allergic to any medication?	☐	☐

Comments

Additional Question	Yes	No
42. Are you taking any non-prescription or prescription medication?	☐	☐

If yes, please list the medications taken, and the purpose(s) and dosage(s):

SEAFARER CONFIRMATION

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

_____	_____
Signature of Seafarer	Date (dd/mm/yyyy)
_____	_____
Signature of Witness	Date (dd/mm/yyyy)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _____
(Name of approved Medical Practitioner)

_____	_____
Signature of Seafarer	Date (dd/mm/yyyy)
_____	_____
Signature of Witness	Name of Witness

MEDICAL EXAMINATION

Sight

Use of Glasses or Contact Lenses:

Visual Acuity

	Unaided			Aided		
	Right Eye	Left Eye	Binocular	Right Eye	Left Eye	Binocular
Distant						
Near						

Visual Fields

	Normal	Defective
Right Eye	☐	☐
Left Eye	☐	☐

Colour Vision

☐ Not Tested ☐ Normal ☐ Doubtful ☐ Defective

Hearing (pure tone and audiometry (threshold values in dB)

	500hz	1000hz	2000hz	3000hz	4000hz	6000hz
Right Ear	☐	☐	☐	☐	☐	☐
Left Ear	☐	☐	☐	☐	☐	☐

Speech and Whisper Test (metres)

	Normal	Whisper
Right Ear	☐	☐
Left Ear	☐	☐

Height _____ (cm) Weight: _____

Pulse Rate: _____(minute) Rhythm: _____

Blood Pressure: Systolic _____ (mm Hg) Diastolic: _____(mm Hg)

Urinalysis: ☐ Glucose ☐ Protein ☐ Blood ☐ Albumin

Does the Seafarer suffer from any of the following abnormalities?

	Normal	Abnormal
Head	☐	☐
Sinuses, nose, throat	☐	☐
Mouth/Teeth	☐	☐
Tympanic membrane	☐	☐
Eyes	☐	☐
Ophthalmoscopy	☐	☐
Upper and Lower Extremities	☐	☐
Pupils	☐	☐
Eye Movement	☐	☐
Lungs and Chest	☐	☐
Breast Examination	☐	☐
Heart	☐	☐
Skin	☐	☐
Varicose Vein	☐	☐
Abdomen and Viscera	☐	☐
Hernia	☐	☐
G-U System	☐	☐
Upper and Lower Extremities	☐	☐
Spine (C/S, T/S and L/S)	☐	☐
Neurologic (full/brief)	☐	☐
Psychiatric	☐	☐
General Appearance	☐	☐

Chest X-Ray

☐ Not Performed

☐ Performed on: _____
Date (dd/mm/yyyy)

Results: _____

Other diagnostic test(s) and result(s)

Test: _____ Result: _____

Vaccinations status recorded: ☐ Yes ☐ No