



Form for assessment of medical fitness

Serial No. of Medical Certificate
/ Declaration of unfitness

Confidential

A. PERSONAL INFORMATION

The following documents are valid as Identification documents (ID): Passport, sea service book and driving licence	
Type of ID:	ID No:
Date of birth/ Icelandic national identity number:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Family name:	First and middle name:
Registered address:	Nationality:

B. SERVICE ON BOARD

Position on board:	Department: <input type="checkbox"/> Deck <input type="checkbox"/> Engine <input type="checkbox"/> Other
Part of navigational watch? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which
Safety function <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which

C. SELF-DECLARATION AND CONSENT TO COLLECT MEDICAL INFORMATION

Have you ever had any of the following conditions?			
No	Condition	Yes:	No:
1.	Eye/vision problems		
2.	High blood pressure		
3.	Cardiovascular disease		
4.	Heart surgery		
5.	Varicose veins/haemorrhoids		
6.	Asthma/bronchitis		
7.	Blood disorder		
8.	Diabetes		
9.	Thyroid problems		
10.	Digestion disorder		
11.	Kidney problem		
12.	Skin problem		
13.	Allergies		
14.	Infectious/contagious disease		
15.	Hernia		
16.	Genital disorder		
17.	Pregnancy		
18.	Sleep problem		
19.	Smoking of tobacco, abuse of alcohol or drugs		
20.	Operation/surgery		
21.	Epilepsy/seizures		
22.	Dizziness/fainting		
23.	Loss of consciousness		
24.	Psychiatric problems		



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No	Condition	Yes:	No:
26.	Attempted suicide		
25.	Depression		
27.	Loss of memory		
28.	Balance problems		
29.	Severe headaches		
30.	Ear (hearing, tinnitus)/nose/throat problem		
31.	Restricted mobility		
32.	Back or joint problem		
33.	Amputation		
34.	Fractures/dislocations		

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

No	Additional Questions	Yes:	No:
35.	Have you ever been signed off or repatriated due to illness?		
36.	Have you ever been hospitalized?		
37.	Have you ever been declared unfit to work on board ship?		
38.	Has your medical certificate ever 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.	Do you have any allergies?		

Comments:

No	Medication	Yes:	No:
42.	Are you taking any non-prescription or prescription medications?		

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



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EN: I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I understand that, if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the licencing authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law.

I hereby authorise the release of all information relating to my medical condition to the seafarers doctor and, where necessary, to the medical assessor of the licencing authority for use in connection with the seafarers doctor's assessment. Medical confidentiality will be respected at all times.

IS: Ég undirritaður lýsi því yfir að ofangreindar upplýsingar eru réttar og gerðar samkvæmt minni bestu vitund. Ég hef ekki vísitandi leynt upplýsingum eða gefið villandi upplýsingar sem kunna að hafa áhrif á niðurstöður. Ég geri mér fulla grein fyrir því að gefi ég rangar eða villandi upplýsingar í sambandi við umsóknina eða ónógar upplýsingar varðandi sjúkrasögu getur Samgöngustofa neitað mér um eða dregið til baka heilbrigðisvottorð sem þegar hefur verið gefið út. Auk þess kunna að eiga við önnur viðurlög samkvæmt landslögum.

Ég gef hér með leyfi til að allar þær upplýsingar varðandi heilsufar mitt hjá læknum sjúkrastofnunum og öðrum sem hafa með höndum upplýsingar um heilsufar mitt, verði látnar í té sjómanna-lækni og ef nauðsyn krefur, til Samgöngustofu í þeim tilgangi að meta heilufar mitt til starfa á sjó. Trúnaðar verður ávallt gætt.

Place	Date (ddmmyy)	Seafarer's signature:
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D. MEDICAL EXAMINATION

D1. Visual acuity

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

D2. Visual fields a.m. Donders

Right eye	Normal	Defective	Left eye	Normal	Defective
Comments:					

D3. Colour vision – Ishihara Colour test 24 pl/38 pl (if not normal, refer to closer examination)

Not tested	Normal	Doubtful	Defective																																	
Comments:																																				
Ishihara plates passed ("x" = correctly read plates, "-" = incorrectly read plates)																																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37



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D4. Hearing

Frequency	Audiometry					Speech and whisper test (metres)	
	500 Hz	1000 Hz	2000 Hz	3000 Hz	Average	Speech	Whisper
Right ear							
Left ear							

D5. Clinical findings

Height (cm)	Weight (kg)	BMI	Pulse rate (/min)	Rhythm	Blood pressure (mmHg)		Urine analysis (dipstick)		
					Systolic	Diastolic	Glucose	Protein	Blood

No	Organ or system	Normal	Abnorm	Comments
1.	Head			
2.	Mouth/teeth			
3.	Ears (general)			
4.	Ophthalmoscopy			
5.	Pupils			
6.	Eye movement			
7.	Lungs and chest			
8.	Heart			
9.	Skin			
10.	Vascular (incl. pedal pulses)			
11.	Abdomen and viscera			
12.	Hernia			
13.	Extremities			
14.	Spine (C, T, L, S)			
15.	General impression			

D6. Medical reports from specialists, hospitals etc.

From:	Date:	Most significant information:



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E. DECISION (individual decision – Public Administration Act)

On the basis of the employee's self-declaration, my clinical examination, the diagnostic test results recorded above and the medical reports mentioned, and pursuant to Regulation No 676/2015, I declare the employee medically:

E1. Fitness

Function:	Look-out duties	Work with safety	Other work on board
FIT without restrictions or limitations			
FIT with restrictions or limitations (R, L)			
Temporarily unfit (T)			
Permanently unfit (P)			

E2. Restrictions, limitations and other conditions

Restrictions/limitations	<input type="checkbox"/> Yes <input type="checkbox"/> NO	Visual aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing aid	<input type="checkbox"/> Yes <input type="checkbox"/> No
If restrictions or limitations (specific position, type of ship, trade area, other conditions that shall apply), please specify:					
Position					
Function					
Trade area					
Validity period					
Specific conditions					
Place	Date (ddmmyy)	Seafarer's signature:			
Name in typed letters and stamp					