



Health Assessment For Certificate of Medical Fitness for Near Costal Seafarers

Important information

This form is provided to guide your treating doctor's assessment of your medical fitness as a near costal seafarer. This assessment should be conducted in accordance with [The Standards for The Medical Examination of Domestic Seafarers 2022](#).

- When making your appointment to see your treating doctor, we recommend that you advise the reason for your visit so that an appropriate length appointment can be made for you.
- It is recommended that you complete the health questionnaire below prior to attending your appointment.
- If you need to wear glasses/contact lenses/hearing aids when driving, take them with you to the assessment.
- At the beginning of your appointment, give this form to your treating doctor who will complete the rest of the form and retain it for their records.
- After the assessment, your health professional will complete the AMSA 1850 form for you (Certificate of Medical Fitness For Near Costal Seafarers).

Part 1 - Health Questionnaire				No	Yes
1. Personal details (please print)				No	Yes
Family Name: _____					
Given Name/s: _____					
Date of Birth: / / Age: _____					
Please answer the following questions by ticking the applicable box. If you are unsure of a question, ask your health professional what it means before answering. Your health professional may ask you additional questions during the assessment.					
				5.	Have you ever had an ear operation, or do you use a hearing aid?
				6.	Have you ever had any serious injury, illness, operation, or been in hospital for any reason?
				7.	Has anyone noticed that your breathing stops or is disrupted by episodes of choking during your sleep?
		No	Yes	8.	How frequently do you drink alcohol? (please tick one)
1.	Are you currently being treated by a health professional for any illness or injury?				Daily
					Occasionally
					Two-three times per week
					Never
2.	Do you use any drugs or medications prescribed by a health professional?			9.	If you are taking medications, please list them here:
3.	Do you use any drugs or medications not prescribed by a health professional?				
4.	Have you ever had, or been told by a health professional that you had any of the following?				
4.1	High blood pressure				
4.2	Heart disease, Chest pain, angina				
4.3	Any condition requiring heart surgery				
4.4	Palpitations / irregular heartbeat				
4.5	Abnormal shortness of breath				
4.6	Head injury / spinal injury				
4.7	Seizures, fits, convulsions, epilepsy				
4.8	Blackouts, fainting, stroke				
4.9	Dizziness, vertigo, problems with balance				
4.10	Ear, nose and throat conditions				
4.11	Peptic ulcer, liver, pancreas or gall bladder issues				
4.12	Kidney disease, passing blood in urine				
4.13	Double vision, difficulty seeing				
4.14	Colour blindness				
4.15	Diabetes and other endocrine disorders				
4.16	Obesity (Body Mass Index, BMI > 30)				
4.17	Neck, back, limb or musculoskeletal disorders				
4.18	Hearing loss or deafness				
4.19	Psychiatric illness or nervous disorder				
4.20	Sleep disorder, sleep apnoea or narcolepsy				
4.21	Infectious diseases				
4.22	Skin conditions				
4.23	Cancer or neoplasms				
4.24	Blood disorders				
4.25	Possibly pregnant (if you are female)				
				2. Patient declaration	
				I declare that the information I have provided on this form for my treating doctor is true and complete.	
				Patient's signature: _____	
				Date: / /	
				
				Dr's Notes: _____	

Part 2 – Clinical examination – to be completed by the treating doctor											
Patient's details											
Family name (please print)						Given Name/s					
1. Overview											
Please be guided by the information your patient has provided in Part 1 - Health Questionnaire.											
Standards for the medical examination of domestic seafarers (2022) do not cover every clinical situation and the medical practitioner must exercise judgement in relation to the key objective - maintaining safety at sea. You may apply appropriate tests other than those outlined here e.g. mini mental state for cognitive conditions.											
The proximity of appropriate shore-based care should be considered when determining fitness and safety for service at sea.											
The numbering system below is in accordance with the standard.											
2. Body Morphology						7. Gastrointestinal System					
Weight (Kg)				Height (cm)				Gum and teeth		Normal <input type="radio"/> Abnormal <input type="radio"/>	
Body Mass Index (Kg / cm ²)								Abdomen (esply liver)		Normal <input type="radio"/> Abnormal <input type="radio"/>	
								Groin or abdo wall hernia		Normal <input type="radio"/> Abnormal <input type="radio"/>	
3. Eyes / Vision (Refer to visual standards pg.13).											
Visual acuity						8. Genitourinary					
Does this person need to wear glasses or contact lens				No <input type="radio"/> Yes <input type="radio"/>		Protein		Normal <input type="radio"/> Abnormal <input type="radio"/>		Abnormal <input type="radio"/>	
Uncorrected	R 6/	L 6/	Binocular 6/			Glucose		Normal <input type="radio"/> Abnormal <input type="radio"/>		Abnormal <input type="radio"/>	
Corrected	R 6/	L 6/	Binocular 6/								
Colour vision						9. Neurological System					
When testing colour vision, coloured lenses MUST NOT be worn by the seafarer. A satisfactory response using the 24 page abridged version Ishihara Test is two or less errors on plates 1-17.						Where clinically indicated, apply the Mini Mental State Questionnaire or equivalent.				Score:	
Ishihara Test		Pass <input type="radio"/>		Fail <input type="radio"/>		10. Psychiatric conditions					
If the tests indicate impaired colour vision, a referral may need to be made for a Holmes-Wright Type B Lantern test.						Is there a mental health condition that may affect judgement or psychomotor ability?				Yes <input type="radio"/>	
										No <input type="radio"/>	
Near Vision		N:									
N8 for charts, weather maps and N12 for other reading tasks with or without visual aids						12. Musculoskeletal, balance and coordination					
Visual Field (confrontation to each eye)		Normal <input type="radio"/>		Abnormal <input type="radio"/>		Cervical spine rotation		Normal <input type="radio"/> Abnormal <input type="radio"/>		Abnormal <input type="radio"/>	
Monocular vision: Refer to specialist ophthalmologist to demonstrate the applicant is able to safely perform their intended duties.						Back movement		Normal <input type="radio"/> Abnormal <input type="radio"/>		Abnormal <input type="radio"/>	
						Upper limbs					
						a	Appearance	Normal <input type="radio"/> Abnormal <input type="radio"/>		Abnormal <input type="radio"/>	
						b	Joint movements	Normal <input type="radio"/> Abnormal <input type="radio"/>		Abnormal <input type="radio"/>	
						Lower limbs					
						a	Appearance	Normal <input type="radio"/> Abnormal <input type="radio"/>		Abnormal <input type="radio"/>	
						b	Joint movements	Normal <input type="radio"/> Abnormal <input type="radio"/>		Abnormal <input type="radio"/>	
4. Hearing Assessment						Reflexes		Normal <input type="radio"/> Abnormal <input type="radio"/>		Abnormal <input type="radio"/>	
Hearing aid worn		Yes <input type="radio"/>		No <input type="radio"/>		Romberg's sign		Pass <input type="radio"/> Fail <input type="radio"/>			
Audiogram: All New applicants. For existing seafarers, an audiogram is only required if hearing is unsatisfactory in normal conversation. If hearing loss is 40dB or more at the frequencies specified, the applicant should undertake and pass a conversation test (below). Refer to Page 13 of Standard.				500 Hz ___ dB		A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for 30 seconds.					
				1000 Hz ___ dB							
				2000 Hz ___ dB							
				3000 Hz ___ dB							
Conversation Test: The subject is seated facing away from the examiner, for 3 metres, to preclude lip reading and the use of non-verbal clues.				NA <input type="radio"/>							
				Pass <input type="radio"/>							
				Fail <input type="radio"/>							
5. Cardiovascular System						14. Skin Disorders					
Blood pressure (repeat if necessary)						Contagious skin conditions		No <input type="radio"/> Yes <input type="radio"/>		Yes <input type="radio"/>	
Systolic (mmHg)		1st	2nd	3rd		Dermatoses		No <input type="radio"/> Yes <input type="radio"/>		Yes <input type="radio"/>	
Diastolic (mmHg)		1st	2nd	3rd		Relevant Clinical findings					
Pulse Rate		Regular <input type="radio"/>		Irregular <input type="radio"/>		Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the Standard.					
Heart Sounds		Normal <input type="radio"/>		Abnormal <input type="radio"/>							
Peripheral pulses		Normal <input type="radio"/>		Abnormal <input type="radio"/>							
6. Respiratory System						Treating Dr's full name:					
Chest / Lungs		Normal <input type="radio"/>		Abnormal <input type="radio"/>		Signature:					
						Date of Examination: / /					