

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).

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|---|---|----|---|----------|---|-------|---|---------|---------|
| Part 1 - Health Questionnaire | | | | | | | | | |
| 1.Per | sonal details (please print) | | | | | | | No | Yes |
| Famil | y Name: | | | | | | | | |
| Giver | Name/s: | 5. | Have you ever had an ear operation, or do you use a | | | | | | |
| | of Birth: / / Age: | | | 6. | hearing aid? | | | | |
| Please answer the following questions by ticking the applicable box. If you are unsure of a question, ask your health professional what it means | | | | | Have you ever had any serious injury, illness, operation, or been in hospital for any reason? | | | | |
| before answering. Your health professional may ask you additional questions during the assessment. | | | | | Has anyone noticed that your breathing stops or is disrupted by episodes of choking during your sleep? | | | | |
| | | No | Yes | 8. | | | | | |
| 1. | Are you currently being treated by a health professional for any illness or injury? | | | <u> </u> | Daily Occasionally | | | | |
| Δ. | | | | | Two-three times per week | | Never | | |
| 2. | Do you use any drugs or medications prescribed by a health professional? | | | 9. | | | | | |
| 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? | | | | | | | | |
| 4.4 | 18-b blood occord | | | | | | | | |
| 4.1 | High blood pressure | | | | | | | | |
| 4.2 | Heart disease, Chest pain, angina | | | | | _ | | _ | _ |
| 4.3 | Any condition requiring heart surgery | | | | a policial de de cuite e | | | | |
| 4.4 | Palpitations / irregular heartbeat Abnormal shortness of breath | | | | 2. Patient declaration | | | | 1. * . |
| 4.5 4.6 | | | | | I declare that the information I have provided on thi form for my treating doctor is true and complete. | | | nis | |
| 4.7 | Head injury / spinal injury Seizures,fits,convulsions, epilsepsy | | | | | | | | |
| 4.7 | | | | | | | | | |
| 4.8 | Blackouts, fainting, stroke Dizziness, vertigo, problems with balance | | | | Patient's signature: | | | | |
| 4.10 | Ear, nose and throat conditions | | | | - ratient 3 signature. | | | | |
| 4.10 | Peptic ulcer, liver, pancreas or gall bladder issues | | | | _ | | | | |
| 4.11 | Kidney disease, passing blood in urine | | | | Date: / / | | | | |
| 4.12 | Double vision, difficulty seeing | | | | | | | | |
| 4.13 | Colour blindness | | | | - | | | | |
| 4.14 | Diabetes and other endocrine disorders | | | | | • • • | • | • • • • | • • • • |
| 4.16 | Obesity (Body Mass Index, BMI > 30) | | | | Dr's Notes: | | | | |
| 4.17 | Neck, back, limb or musculoskeletal disorders | | | | DI 3 Notes. | | | | |
| 4.18 | Hearing loss or deafness | | | | | | | | |
| 4.19 | Psychiatric illness or nervous disorder | | | | | | | | |
| 4.20 | Sleep disorder, sleep apnoea or narcolepsy | | | | | | | | |
| 4.20 | Infectious diseases | | | | - | | | | |
| 4.21 | Skin conditions | | | | - | | | | |
| 4.22 | Cancer or neoplams | | | | - | | | | |
| 4.23 | Blood disorders | | | | - | | | | |
| | 4.25 Possibly pregnant (if you are female) | | | | - | | | | |
| 4.23 | 1 0331bily pregnant (ii you are letilale) | | | | | | | | |

| Patient's details Family name (please print) Given Name/s Please be guided by the information your patient has provided in Part 1. Health Questionnation. Please be guided by the information your patient has provided in Part 1. Health Questionnation. Please be guided by the information your patient has provided in Part 1. Health Questionnation. Please be guided by the information your patient has provided in Part 1. Health Questionnation. Please be guided by the information your patient has provided in Part 1. Health Questionnation. Please be guided by the information your patient has provided in Part 1. Health Questionnation. Please be guided by the information your patient has provided in Part 1. Health Questionnation. Please be guided by the information your patient has provided in Part 1. Health Questionnation. Please be guided by the information your patient has provided in Part 1. Health Questionnation. The provinties of the provinties | | | | | | | | | | | |
|--|---|---|--|---|--|--|---|---------------------|------------------|--|--|
| Since Name Comment Since Sin | Part 2 – Clinical examination – to be completed by the treating doctor | | | | | | | | | | |
| 1. Overview Please be guided by the information your patient has provided in Part 1. Health Questionnaire. Standards for the medical assistance of domestic seafarces (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., minimental 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 stondard. | | | | | | , | | | | | |
| Rease be guided by the information your patient has provided in Part 1. Health Questionnaire. Standards for the medical examination of domestic seafaires (2022) do not core every official situation and the medical practitioner must exercise judgment in relation to the key objective - maintaining safety at sea. You may apply appropriate tests other than those outlined here e.g. minimental state for conjetive 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 standards. 2. Body Morphology Section General System Section Sect | Family name (please print) | | | | | Given | Name/s | | | | |
| Abnormal | Standards for the judgement in rela mental state for c The proximity of a | medical e tion to the ognitive co appropriat | xamination key objections conditions se shore-k | on of domestic sea ective - maintaining oased care should b | farers (2022) do not g safety at sea. You ne considered when | cover eve may apply | ery clinical situation and the appropriate tests other that | n those outlined he | | | |
| Meight (Kg) Height (cm) Gurn and teeth Normal Abnormal | | | rlow is in | accordance with | the standard. | 7.0 | | | | | |
| Abdomen (esply liver) Normal Abnormal | | ology | | III at a la Life and | 1 | | • | | | | |
| See Vision (Refer to visual standards pg.13). | | | | | | | | | | | |
| Sees Vision Refer to visual standards pg.13 . | Body Mass Ind | ex (Kg/ | cm²) | | | | | \sim | <u> </u> | | |
| Visual acuity Second Sec | 2 France / Minima | . / | | | | Groin c | or abdo wali nernia | Normal (| Abnormal (| | |
| Does the person need to wear glasses or contact lens | | 1 (Keter to | visuai st | andards pg.13). | | 9. Conitourinam | | | | | |
| Uncorrected R 6/ L 6/ Binocular 6/ Giluose Normal Abnormal Corrected R 6/ L 6/ Binocular 6/ Bino | | need to we | ar glasse | s or contact lens | No Voc | | • | Normal | Abnarmal | | |
| Some content Ref Lef Binocular Some colour vision Some colou | | | | | NOO 165 | | | <u> </u> | <u> </u> | | |
| September Sept | | | | | | Giucos | <u>e</u> | Normal | Abhormai | | |
| When testing colour vision, coloured lenses MUST NOT be worn by the Seafarer. A satisfactory response using the 24 page abridged version shithara Test is two or less errors on plates 1-17. Sthihara Test Pass Fail | | K 0/ | L 0/ | Billoculai 6/ | | O. Nouvelogical Systems | | | | | |
| If the tests indicate impaired colour vision, a referral may need to be made for a Holmes-Wright Type B Lantern test. State of a mental health condition that may affect judgement or psychomotor ability? Ves | When testing colour vision, coloured lenses MUST NOT be worn by the seafarer. A satisfactory response using the 24 page abridged version | | | | Where clinically indicated, apply the Mini Mental State Score: | | | | | | |
| If the tests indicate impaired colour vision, a referral may need to be made for a Holmes-Wright Type B Lantern test. State of a mental health condition that may affect judgement or psychomotor ability? Ves | Ichihara Test | | | Dacs (| Fail | 10 Do | shiatric canditions | | | | |
| Near Vision N: | | e impaired | l colour vi | | | | | | | | |
| Name | | | | | Theed to be made | • | | it may ancet |) | | |
| 12. Musculoskeletal, balance and coordination | Near Vision | NI: | | | | | | | 100 | | |
| Cervical spine rotation Normal Abnormal Abnormal Dipper limbs Dippe | | | and N12 | for other reading t | asks with or | 12 Mu | sculoskoletal halance : | and coordinatio | n | | |
| Normal Abnormal Dupper limbs Abnormal Dupper limbs Abnormal Dupper limbs Abnormal Dupper limbs Dupper limb | | | | | | | • | | | | |
| Upper limbs Appearance Normal Abnormal Dint movements Normal Dint movements No | Visual Field | | | Normal (| Ahnormal (| | • | <u> </u> | | | |
| Monocular vision: Refer to specialist ophthalmologist to demonstrate the applicant is able to safely perform their intended duties. Appearance Normal Abnormal Lower limbs | \cup | | | Normal | /tonormal O | | | | Abrioritia | | |
| b Joint movements Normal Abnormal | Monocular vision: Refer to specialist ophthalmologist t | | | t to demonstrate | | | Normal (| Ahnormal (| | | |
| Lower limbs a Appearance Normal Abnormal 4. Hearing Assessment Hearing aid worn 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. 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. Fail 14. Skin Disorders Contagious skin conditions No Yes Dermatoses No Yes Dermatoses No Yes Systolic (mmHg) 1st 2nd 3rd Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the Standard. Pass Normal Abnormal Freeding Normal Abnormal Abnormal Signature: Treating Dr's full name: Signature: | | | | | | | | (| | | |
| ## Hearing Assessment ## Hearing aid worn ## Audiogram: All New applicants. For existing seafarers, an audiogram is only required if hearing is unsatisfactory in normal conversation. ## Brown Hearing Is specified, the applicant should undertake and pass a conversation test (below). Refer to Page 13 of Standard. ## 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. ## Blood pressure (repeat if necessary) ## Systolic (mm+lg) | | | | | | Lower | limbs | | | | |
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| Hearing aid worn 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. 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 | 4. Hearing Ass | essment | | | | b | • • | <u> </u> | <u> </u> | | |
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| 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. 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. Contagious skin conditions Blood pressure (repeat if necessary) Systolic (mmHg) | | | l icants . Fo | _ |) | Rombe | erg's sign | Pass () | Fail () | | |
| Away from the examiner, for 3 metres, to preclude lip reading and the use of non-verbal clues. Pass Contagious skin conditions No Yes Dermatoses No Yes Permatoses No Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the Standard. Pulse Rate Regular Irregular Permatoses Normal Abnormal Abnormal Permatoses Normal Abnormal Permatoses Normal Abnormal Signature: | 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. | | | 2000 Hz dB 3000 Hz dB | balance v feet toget | while standing with shoes off, ther side by side, eyes closed | Ü | | | | |
| Fail Contagious skin conditions No Yes Dermatoses Contagious skin conditions No Yes Dermatoses Dermatoses No Yes Service Ser | , | | | | _ | 4 | 51 1 | | | | |
| Dermatoses Dermatoses No Yes | | | | | _ | | | | | | |
| Section System System System Systolic (mmHg) 1st 2nd 3rd Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the Standard. Pulse Rate Regular Irregular | reading and the use of non-verbal claes. | | | | Fall (| | | \sim | _ | | |
| Blood pressure (repeat if necessary) Systolic (mmHg) | r conditions | I Ct. | | | | Derma | toses | No () | Yes () | | |
| Systolic (mmHg) | | - | | scaru) | | Polovo | nt Clinical findings | | | | |
| Diastolic (mmHg) 1st 2nd 3rd examination, making reference to the requirements of the Standard. Pulse Rate Regular Irregular Abnormal Abnormal Abnormal Feripheral pulses Normal Abnormal Treating Dr's full name: Chest / Lungs Normal Abnormal Signature: | • | | ii neces | • | 3rd | | | ngs detected in the | questionnaire or | | |
| Pulse Rate Regular Irregular Heart Sounds Normal Abnormal Abnormal Abnormal Abnormal Abnormal Chest / Lungs Normal Abnormal Signature: | Diastolic (mmHg) | | | | | | | - | | | |
| Heart Sounds Normal Abnormal Peripheral pulses Normal Abnormal 6. Respiratory System Treating Dr's full name: Chest / Lungs Normal Abnormal Signature: | Pulse Rate | | | Regular() | Irregular() | | | | | | |
| 6. Respiratory System Treating Dr's full name: Chest / Lungs Normal Abnormal Signature: | Heart Sounds | | | | | | | | | | |
| Chest / Lungs Normal Abnormal Signature: | | | Abnormal (| | | | | | | | |
| Chest / Lungs Normal Abnormal Signature: | | | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | System | | | | Treating | g Dr's full name: | | | | |
| | Chest / Lungs | | | Normal (| Abnormal 🔾 | | | | | | |