



Fiji Government

Maritime Safety Authority of Fiji

Sea farers Medical Examination Report

PART A- TO BE COMPLETED BY APPLICANT

You should complete this section before you go for your medical examination.

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

Name

Family Name
Given name(s)

PIN (MSAF ID No.) Date of birth

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male
		<input type="checkbox"/> Female

Permanent address

Type of Application

- | | |
|--|---|
| <input type="checkbox"/> Deck officer | <input type="checkbox"/> A/B Deck Rating |
| <input type="checkbox"/> Integrated Rating* | <input type="checkbox"/> Restricted (Class 6) |
| <input type="checkbox"/> Engine Room Rating* | <input type="checkbox"/> Boat Master |
| <input type="checkbox"/> Engineer officer* | <input type="checkbox"/> AB Deck/AB Engine |

* Denotes Hepatitis A arrangements to apply

Personal history

Are you good in health now? Yes No

Do you drink alcohol? Yes No

If yes, how much and how often?

Do you smoke tobacco? Yes No

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

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

Have you have any surgical or chiropractic treatment?

Yes No

If yes, give details

PRIVACY NOTE

Please read carefully for information and guidance

The information contained on this form and its associated documents will be used for the purpose of assessing your medical fitness for duty at sea and for MSAF audit purposes. This information may be exchanged between your examining medical officer and your treating medical practitioner and/or any medical panel convened to assess your fitness standard for duty at sea, you and your employer will be advised of this on the Certificate of Medical Fitness.

Are you taking any medication at present?

Yes No

Do you have or have you had any eye disorder or injury?

Yes No

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

Has your Certificate of Medical Fitness ever been restricted or cancelled or have you ever been declared unfit? Yes No

If yes, give details

Have you ever been signed off as sick or repatriated from a ship? Yes No

If yes, give details

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

- Anxiety or depression
- Migraine or persistent headaches
- Epilepsy or fits
- Poliomyelitis or other paralysis
- Attack of unconsciousness or weakness, dizziness or turns Yes No
- 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 Yes No

- Disease of the liver (including jaundice or hepatitis)
- Disease or ulcer of the stomach or duodenum
- Recurrent abdominal pain/persistent indigestion
- Appendicitis
- Gall bladder disease
- Disease of the bowels
- Haemorrhoids (piles)
- Hernia (rupture)
- Recent change in weight Yes No

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

- Infection of bladder
- Kidney disease or kidney stone
- Difficulty in passing urine
- Any abnormality of the urine
- Sexually transmitted disease Yes No

- 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 Yes No

- 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
- Goiter or Thyroid disease Yes No

Date of birth

/	/	
Day	Month	Year

Period of review

Under 18/over 55-1 year

18 to 55-2 years

* If required period of review is less than standard, state reason.

Date of examination

/	/	
Day	Month	Year

Place of examination

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Certificate of expiry date

/	/	
Day	Month	Year

Name of Medical Examiner of Seamen

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Signature of Medical Examiner of Seamen

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Official Stamp of
Medical Examiner of Seamen
(please stamp all copies)

Distribution of copies: Applicant, MSAF Administration, Medical Examiner of Seafarer

I acknowledge that I have been advised on the content of the Medical Examination Report and that in the event of a change in my medical status, the validity of this medical certificate should be reviewed by a Medical Inspector of Seamen

Applicant's Signature
