

## SELF DECLARATION OF MEDICAL FITNESS

For COXSWAIN, MASTER 5/SKIPPER 3, MED 3, MED 2 or PRE-USL Code Certificate Holders ONLY

Medical fitness examinations shall be based on normal criteria. The requirements listed below are to ensure that a person can perform their duties on board a commercial vessel without creating an unacceptable risk to themselves, their passengers, other members of the crew or the safe operation of a vessel. In determining whether the medical fitness requirements have been met you should consider the nature of employment and your medical history.

	Please circle yes or no	
	Yes	No
1. <b>HERNIA:</b> Do you have a condition of hernia? If YES, has it been corrected satisfactorily by a curative operation?	Yes	No
2. <b>SPEECH:</b> Do you have clear speech without hesitation? (to enable orders to be given effectively to other crew in times of emergency)	No	Yes
3. <b>HEARING:</b> Are you able to hear a whispered voice or a watch ticking? If NO, further testing should be conducted by means of an audiogram. (Hearing loss should not exceed 20 decibels for the frequencies of 500Hz, 1000Hz and 2000Hz. When hearing levels do not meet these standards, hearing aids may be accepted providing the above standards can be reached when using the aid and watchkeeping duties at sea can be adequately performed.)	No	Yes
4. <b>ARTIFICIAL LIMBS:</b> Do you have any artificial limbs? Is any artificial limb likely to prevent you from performing duties on a commercial vessel?  If YES, please specify: _____	Yes	No
5. <b>CARDIAC PACEMAKER:</b> Do you have a cardiac pacemaker implanted? If YES, taking into account the nature of the disease and the reliability of the Pacemaker, are you fit to work as a crew member on a Commercial vessel? Your Doctor must issue a Statement to this effect.	Yes	No
6. <b>EPILEPSY:</b> Are you liable to epileptic seizures? If YES, have you been free from attack without the use of anti-convulsant medication for at least 2 years? Your Doctor must issue a Statement to this effect.	Yes	No
7. <b>DIABETES:</b> Do you have insulin dependent diabetes? If you are managing the diabetes effectively your Doctor should issue a Statement to this effect.	Yes	No
8. <b>TUBERCULOSIS:</b> Have you been affected by pulmonary tuberculosis? If YES, has the disease been controlled or been inactive for at least the previous 6 months.	Yes	No

### Statement by Applicant:

(valid for 2 years from this date)

I, \_\_\_\_\_ (Full name of Applicant)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

declare that I am physically fit and meet the requirements detailed above. To the best of my knowledge and belief there is no other medical condition or disability likely to prevent me from performing duties effectively as a crew member aboard a commercial vessel without creating an unacceptable risk to the safety of myself, or other members of the crew or passengers.

Signed by the Applicant: \_\_\_\_\_

Before me, \_\_\_\_\_ Date: \_\_\_\_\_

A Justice of the Peace or Commissioner for Declarations