

**DANISH MARITIME AUTHORITY**

Parts A and B to be completed by the seafarer

**Medical certificate for examination of seafarers**

To be used only for persons of 16 years of age or older

A	Surname	First name(s)	Date of birth in format "day-month-year"	Sex (M/F)
	Occupation		Nationality	
	Home address (street, house number)		Postal code and town/city	Country

B	OWN DECLARATION	No	Yes	When (year)	OWN DECLARATION – cont.	No	Yes	When (year)
		Have you previously served in Danish ships .....					Eye diseases .....	
	Have you previously undergone a medical examination for seafarers .....				Pain in the back including lumbago and sciatica .....			
	Have you been declared unfit for sea service or fit subject to limitations at any previous medical examination .....				Epilepsy or other convulsive fits .....			
	Have you been admitted to hospital .....				Mental disorders for which you have received medical treatment .....			
	Have you within the last two years had unbroken periods of sick leave of more than 30 days .....				Alcohol- and drug abuse for which you have been treated .....			
	Do you have difficulties in orientating yourself under reduced lighting .....				Hypersensitive reactions, including asthma .....			
	<b>Do you suffer or have you suffered from any of the following diseases</b>				Do you use medicine regularly .....			
	Lung diseases, including pulmonary tuberculosis (TB) .....				I hereby give my consent that information about any previous diseases may be obtained from doctors, hospital, other treatment centres and public authorities			
	Stomach and intestinal diseases including gastric ulcer .....				Date: _____ Seafarer's signature: _____			
	Heart and circulatory diseases .....							
	Kidney and bladder diseases .....							
	Diabetes .....							
	Ear diseases .....							

Part C to be completed by the doctor

C Doctor's examination (see list of diseases and conditions)					
Is the person examined known to you and does he/she use you as a doctor?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
The person examined is unknown to me, but has satisfied me as to his identity by showing me .....					
<input type="checkbox"/> Danish discharge book <input type="checkbox"/> Driving licence <input type="checkbox"/> Passport					
Height (cm)		BMI		<b>Examination of vision and hearing</b>	
Weight (kg)					
Colour vision (Ishihara) Colour blindness <input type="checkbox"/> No <input type="checkbox"/> Yes					
Urine	Alb.	Heart	Field of vision Normal..... <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Sugar	Lungs	Vision acuity (See list par. V4)	without correction with correction normally used	
Blood pressure		Abdomen	Right eye.....		
Teeth		Skin	Left eye.....		
Eyes		Extremities	Both eyes simultaneously		
Oral cavity		Hernia	Hearing (see V1)	Normal speech Normal speech at a distance of 4 m Otoscopy	
Reflexes		Spinal column	Without hearing aid	Right ear	
Special remarks (if any)		With hearing aid		Left ear	
		<b>Result:</b> <input type="checkbox"/> Fit for look-out duty <input type="checkbox"/> Unfit for look-out duty <input type="checkbox"/> Unfit for look-out duty and engine-room duty			
		Is the examined in your opinion fit for duty?..... <input type="checkbox"/> No <input type="checkbox"/> Yes			
		If "no", please state the reason			
		If fitness is conditional, state limitations in regard to			
a) Time		b) Field of work		c) Trading area	
Place and date, doctor's stamp and signature					
The certificate should be forwarded to the Danish Maritime Authority by the master or the shipping company.					