DIREFTOR GENERAL'S OFFICE OF MERCHANT SHIPPING COLOMBO SRI LANKA

MEDICAL TEST (VALID 2 YRS) * DECK/ENGINE SEA FARERS

Approved Format :

MEDICAL FITNESS CERTIFICATE

This certificate is issued by the Democratic Socialist Republic of Sri Lanka in compliance with the requirements of section 127,(1) (i) of the Merchant Shipping Act, No 52 of 1971, and the Merchant Shipping (Training, Certification and Watchkeeping) Regulations No. 8 of 1988, concerning minimum medical fitness standards in merchant ships as equivalent to Medical Examination (Seafarers) Convention, 1946 (ILO No. 73 & No. 147) and STCW 78 as amended

Name : (In block letters as in Passport)

Last : _____ First : _____ Middle: _____

Date of Birth : (DD/MM/YYYY) _____

Sex : Male : ☐ Female : ☐

Home Address : _____

_____

_____

_____

Passport Number : _____

Department : (Deck/Engine/Other) _____

Type of Ship/Trading area : _____

Purpose of sight test : _____

Date : _____ Signature of Applicant : _____

SIGHT TEST CERTIFICATE

To Be Filled By Approved Medical Practitioner / Examiner

I certify that the above - named sea farer was examined by me with the following results.

APPLICANT'S DECLARATION :

Have you ever had any of the following conditions ?

	YES	NO
1. Eye/Vision problem		
2. High Blood pressure		
3. Heart/Vascular disease		
4. Heart Surgery		
5. Varicose veins/piles		

6. Asthma/Bronchitis		
7.Blood disorder		
8.Diabetes		
9.Thyroid problem		
10. Digestive disorder		
11. Kidney problem		
12. Skin Problem		
13. Allergies		
14. Infectious/contagious diseases		
15. Hernia		
16. Genital disorders		
17. Pregnancy		
18. Sleep problem		
19. Do you smoke, use alcohol or drugs ?		
20. Operation/Surgery		
21. Epilepsy/Seizers		
22. Dizziness/Fainting		
23. Loss of consciousness		
24. Psychitric problems		
25. Depression		
26. Attempted suicide		
27. Loss of memory		
28. Balance problem		
29. Severe headache		
30. Ear (Hearing,tinnitus)/Nose/Throat/problem		
31. Restricted mobility		
32. Back or joint problem		
33. Amputation		
34. Fractures/Dislocations		

If you answered "YES" to any of the above questions, please give details:

Additional questions	Yes	No

35. Have you ever been signed off as sick or repatriated from a ship?
36. Have you ever been hospitalized?
37. Have you ever been declared unfit for sea duty?
38.Has your medical certificate even been restricted or revoked?
39. Are you aware that you have any medical problems , diseases or illnesses ?
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?
41. Are you allergic to any medication?

Comments:

Additional questions	Yes	No
42. Are you taking any non-prescription or prescription medication ?		

If yes, please list the medications taken, and the purpose(s) and dosage(s):

I here by certify that the personal declaration above is a true statement to the best of my knowledge .
Signature of examinee : _____ Date (day/month/year): ……/……/……..……
Witnessed by (signature): _____ Name (typed or printed): _____
I here by authorize the release of all my previous medical records from any health professionals , health institutions and public authorities to Dr _____ .
(the approved medical practitioner) Signature of examinee: _____ Date (day /month/year): …../…../……. ……
Witnessed by (signature): _____ Name (typed or printed): _____
Date and contract details for previous medical examination (if known): _____

MEDICAL EXAMINATION

Sight

Use of glasses or contract lenses: Yes /No (if yes , specify which type and for what purpose)

Visual acuity

	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant						
Near						

Visual fields

	Normal	Defective
Right eye		
Left eye		

Colour vision

☐ Not tested ☐ Normal ☐ Doubtful ☐ Defective

Hearing

	Pure tone and audiometry (threshold values in dB)			
	500HZ	1000HZ	2000HZ	3000HZ
Right ear				
Left ear				

Spech and whisper test (metres)

	Normal	Whisper
Right ear		
Left ear		

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Clinical findings

Height _____ (cm) Weight _____ (kg)
Pulse rate _____ /(minite) Rhythm _____
Blood pressure : Systolic _____ (mm Hg) Diastolic _____ (mm Hg)
Urinalysis : Glucose _____ Protein: _____ Blood : _____

	Normal	Abnormal
Head		
Sinuses, nose,throat		
Mouth/teeth		
Ears(general)		
Tympanic membrane		
Eyes		
Ophthalmoscopy		
Pupils		
Eye movement		
Lungs and chest		
Breast examination		
Heart		
Skin		
Varicose veins		
Vascular (inc.pedal pulses)		
Abdomen and viscera		
Hernia		
Anus (not rectal exam)		
G- U system		
Upper and lower extremities		
Spine (C/S , T/S and L/S)		
Neurologic (full/brief)		
Psychiatric		
General appearance		

Chest X-ray

☐ Not performed ☐ Performed on
(Day/Month/Year) :..…./……../……..

Results:

Other diagnostic test(s) and result(s):

Test Result:

Medical practitioner's comments and assessment of fitnes ,with resons for any limitations:

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration ,my clinical examination and the diagnostic test results recorded above , I declare the examinee medically:

☐ Fit for look- out duty ☐ Not fit for look-out duty

DIREFTOR GENERAL'S OFFICE OF MERCHANT SHIPPING COLOMBO SRI LANKA

	Deck service	Engine service	Catering service	Other services
Fit	☐	☐	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☐ With restrictions ☐ Visual aid required ☐ Yes ☐ No

Decribe restrictions (e.g.specific position ,type of ship,trade area)

Medical certificate's date of expiration (day /month/year):……../……./…… (
Date medical certificate issued (day/month/year) ……../……./……..
Number of medical certificate: _____
Signature of medical practitioner : _____
Medical practitioner information (name,license number ,address):

Maximum validity of this certificate should not be more than 02 yrs