

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			
	Do you suffer or have you suffered from any of the following diseases				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							
	Heart and circulatory diseases				Date: _____ Seafarer's signature: _____			
	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		Examination of vision and hearing				
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	
					Result: <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. The doctor's bill should be enclosed.									