Seafarer medical examination form approved by Ministry of Social Affairs and Health

MEDICAL EXAMINATION OF SEAFARERS

(Act on Seafarer's Medical Examination 1171/2010)

☐ **1 A Pre-sea examination** ☐ **2 A Periodic examination** 3 A Date of previous examination _____

4 A Surname	5 A Identity Code/DoB
6 A Given names	7 A Gender ☐ Male ☐ Female
8 A Address	
9 A Identity of the examinee confirmed ☐ Passport: No., issued by (country) ☐ Driver's licence ☐ Other official ID ☐ Known	

10 A Department on the vessel ☐ Deck ☐ Engine room ☐ Other	11 A Assignment / planned assignment on the vessel	12 A Time in maritime work, years
13 A Have you ever/since your previous examination been examined by a doctor, or treated at a consultation or at an outpatient department or ward of a hospital? ☐ No ☐ Yes	14 A Have you been treated at an institution or an outpatient department for abuse of alcohol, narcotics or medicines or do you have a history of abuse of these substances? ☐ No ☐ Yes	
15 A Are you receiving any regular, occasional or recurrent medication? ☐ No ☐ Yes	16 A Are you a smoker? ☐ No ☐ Yes How many cigarettes per day?	
17 A Do you regard yourself fit for work? ☐ No ☐ Yes	18 A Have you applied for an exemption order / do you have an exemption order? ☐ No ☐ Yes	19 A Fitness class for military service

Do you have or have you had the following conditions?

20 A	Tumour	☐ No ☐ Yes	31 A	Asthma, recurrent cough or shortness of breath	☐ No ☐ Yes
21 A	Diabetes, thyroidal disease or other metabolic disease	☐ No ☐ Yes	32 A	Oral or dental disease	☐ No ☐ Yes
22 A	Blood disease (anaemia, leukaemia, haemophilia)	☐ No ☐ Yes	33 A	Gastric ulcer, other abdominal or intestinal disease	☐ No ☐ Yes
23 A	Mental health disturbance (depression etc.)	☐ No ☐ Yes	34 A	Hernia	☐ No ☐ Yes
24 A	Eye disease	☐ No ☐ Yes	35 A	Renal disease or other disease of the urinary tracts	☐ No ☐ Yes
25 A	Ear disease	☐ No ☐ Yes	36 A	Communicable disease	☐ No ☐ Yes
26 A	Dizziness, paralysis, fainting, recurrent headaches	☐ No ☐ Yes	37 A	Skin disease	☐ No ☐ Yes
27 A	Epilepsy, convulsions, spells of unconsciousness	☐ No ☐ Yes	38 A	Arthropathy, limited mobility	☐ No ☐ Yes
28 A	Insomnia, sleep apnoea, other sleep disorder	☐ No ☐ Yes	39 A	Back problem or disease	☐ No ☐ Yes
29 A	Hypertension	☐ No ☐ Yes	40 A	Allergy (medicines, foods etc.)	☐ No ☐ Yes
30 A	Cardiac disease, other disease of the cardiovascular system	☐ No ☐ Yes	41 A	Other disorder, disability or disease	☐ No ☐ Yes

42 A Closer explanation of "Yes" in the previous items 3 and 13 through 41 e.g. treatment site and period (please give the number of the item first):

I hereby confirm that the above information given by me is truthful and that I have not concealed any information about my state of health. Doctors, hospitals and institutions may give information in their possession about my state of health to Finnish Transport Safety Agency determining my fitness class and to the Finnish Institute of Occupational Health (to be read aloud to the individual examined)

43 A Place and date	44 A Signature and name in print of the individual examined

Medical reports and data are confidential (Act on the Status and Rights of Patients 785/1992, § 13). Data protection and medical confidentiality are laid down in the Personal Data Act (523/1999, § 32-33).

This certificate meets the requirements of both the STCW Convention 1978, as amended, and the Maritime Labour Convention MLC 2006.

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MEDICAL EXAMINATION OF SEAFARERS

(Act on Seafarer's Medical Examination 1171/2010)

☐ **45 A Pre-sea examination** ☐ **46 A Periodic examination** 47 A Date of previous examination _____

48 A Surname	49 A Identity Code/DoB
50 A Given names	

Results of the medical examination

51 A Height, cm	52 A Weight, kg	53 A Blood pressure
54 A Urinary protein	55 A Urinary glucose	56 A Chest X-ray ☐ not taken ☐ taken, date:
57 A Other certificate		

Sight

58 A Visual acuity without glasses right eye left eye fusion	59 A Visual acuity with spectacles right eye left eye fusion	60 A Visual field ☐ normal ☐ deficient
61 A Colour vision ☐ normal ☐ deficient ☐ not tested		62 A Colour vision test used

Hearing

63 A Audiometer								64 A Conventional voice and forced whisper test (meters)
	500 Hz	**1000 Hz**	**2000 Hz**	**3000 Hz**	4000 Hz	6000 Hz	8000 Hz	
right ear								
left ear								

Pathological findings

65 A Mouth and teeth	☐ No	☐ Yes	71 A Abdomen	☐ No	☐ Yes
66 A Ears, tympanic membranes	☐ No	☐ Yes	72 A Musculoskeletal system	☐ No	☐ Yes
67 A Eyes	☐ No	☐ Yes	73 A Balance and coordination	☐ No	☐ Yes
68 A Lungs and chest	☐ No	☐ Yes	74 A Mental status	☐ No	☐ Yes
69 A Heart and blood vessels	☐ No	☐ Yes	75 A Communicable disease	☐ No	☐ Yes
70 A Skin, lymph glands	☐ No	☐ Yes	76 A Other	☐ No	☐ Yes

77 A Abnormal medical findings and further information

I hereby certify the above to be true, on my honour and conscience.

78 A Place and date	79 A Signature and official stamp or name in print of the physician

80 A Address and telephone number of the examination site

81 A The examination was conducted by ☐ a seamen's physician in a seamen's health center.	82 A The examination was conducted by ☐ a seamen's physician at another site than seamen's health center.	83 A The examination was conducted by ☐ a physician other than seamen's physician.

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MEDICAL CERTIFICATE FOR SERVICE AT SEA

(Act on Seafarer's Medical Examination 1171/2010)

☐ **1 B Pre-sea examination** ☐ **2 B Periodic examination** 3 B Date of previous examination _____

4 B Surname	5 B Identity code/DoB
6 B Given names	7 B Gender ☐ Male ☐ Female
8 B Address	
9 B Nationality	10 B Identity of the examinee confirmed ☐ Yes ☐ No

Statement

11 B Visual acuity meets standards in STCW A-I/9						12 B Visual aid required	
Deck		Engine		Other			
☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No

13 B Colour vision meets standards in STCW A-I/9		
☐ Yes	☐ No	Date tested / /

14 B Hearing meet standards in STCW A-I/9						15 B Unaided hearing satisfactory	
Deck		Engine		Other			
☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No

16 B Medication			
17 B Fit for deck service ☐ Yes ☐ No	18 B Fit for lookout duties ☐ Yes ☐ No	19 B Fit for engine service ☐ Yes ☐ No	20 B Fit for other kind of service ☐ Yes ☐ No

21 B Restrictions or limitations on fitness ☐ Yes ☐ No	22 B Please specify and give the number of the item referred to (17 B-21 B)

23 B Does the seafarer have any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of the seafarer or other persons on board?

☐ Yes ☐ No ☐ Exemption order procedure is required

Reason:

24 B Expiry date of certificate

/ /

I hereby certify the above to be true, on my honour and conscience.

25 B Place and date	Signature and official stamp of the physician

26 B The examination was conducted by ☐ a seamen's physician in a seamen's health center.	27 B The examination was conducted by ☐ a seamen's physician at another site than seamen's health center.	28 B The examination was conducted by ☐ a physician other than seamen's physician.

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Clear Print