



COMMONWEALTH OF DOMINICA PHYSICAL EXAMINATION REPORT

Part I PERSONAL INFORMATION (This section to be completed by applicant)

Last Name	First Name	Middle Initial
Date of birth Month Day Year	Place of Birth City Country	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing address of applicant	Department: <input type="checkbox"/> Deck officer <input type="checkbox"/> Engine officer <input type="checkbox"/> Deck rating <input type="checkbox"/> Engine rating <input type="checkbox"/> Radio officer <input type="checkbox"/> Other <input type="checkbox"/> Food handling	
Passport number and country of issue:	Routine and emergency duties (if known):	
Type of ship:	Trade area:	

Examinee's Personal Declaration:

(To be completed by the seafarer with the help of medical staff, if requested)

Have you ever had any of the following conditions?:

Condition	YES	NO
1. Eye/vision problem	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
3. Heart/vascular disease	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>
5. Varicose veins/piles	<input type="checkbox"/>	<input type="checkbox"/>
6. Asthma/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
7. Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>
8. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
9. Thyroid problem	<input type="checkbox"/>	<input type="checkbox"/>
10. Digestive disorder	<input type="checkbox"/>	<input type="checkbox"/>
11. Kidney problem	<input type="checkbox"/>	<input type="checkbox"/>
12. Skin problem	<input type="checkbox"/>	<input type="checkbox"/>
13. Allergies	<input type="checkbox"/>	<input type="checkbox"/>
14. Infectious/contagious diseases	<input type="checkbox"/>	<input type="checkbox"/>
15. Hernia	<input type="checkbox"/>	<input type="checkbox"/>
16. Genital disorder	<input type="checkbox"/>	<input type="checkbox"/>
17. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
18. Sleep problem	<input type="checkbox"/>	<input type="checkbox"/>

Condition	YES	NO
19. Do you smoke, use alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
20. Operation/surgery	<input type="checkbox"/>	<input type="checkbox"/>
21. Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>
22. Dizziness/fainting	<input type="checkbox"/>	<input type="checkbox"/>
23. Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
24. Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
25. Depression	<input type="checkbox"/>	<input type="checkbox"/>
26. Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>
27. Loss of memory	<input type="checkbox"/>	<input type="checkbox"/>
28. Balance problem	<input type="checkbox"/>	<input type="checkbox"/>
29. Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
30. Ear (hearing, tinnitus)/nose/throat problem	<input type="checkbox"/>	<input type="checkbox"/>
31. Restricted mobility	<input type="checkbox"/>	<input type="checkbox"/>
32. Back or joint problem	<input type="checkbox"/>	<input type="checkbox"/>
33. Amputation	<input type="checkbox"/>	<input type="checkbox"/>
34. Fractures/dislocations	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to any of the above questions, please provide details:

Additional Questions		YES	NO
35.	Have you ever been signed off sick or repatriated from a ship?	<input type="checkbox"/>	<input type="checkbox"/>
36.	Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
37.	Have you ever been declared unfit for sea duty?	<input type="checkbox"/>	<input type="checkbox"/>
38.	Has your medical certificate ever been restricted or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
39.	Are you aware that you have any medical problems, diseases, or illnesses?	<input type="checkbox"/>	<input type="checkbox"/>
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Additional Questions		YES	NO
41.	Are you allergic to any medication?	<input type="checkbox"/>	<input type="checkbox"/>

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

Attestations

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____ Date (dd/mm/yyyy): _____

Witnessed by (signature): _____ Name: _____

I hereby 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 (dd/mm/yyyy): _____

Witness by (signature): _____ Name: _____

Date and contact details for previous medical examination (if known): _____

Part II MEDICAL EXAMINATION (This section to be completed by physician)

Sight									
Use of glasses or contact lenses: YES <input type="checkbox"/> NO <input type="checkbox"/> (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			Normal		Defective	
Right Eye					Left Eye				
Colour Vision									
<input type="checkbox"/> Not tested <input type="checkbox"/> Normal <input type="checkbox"/> Doubtful <input type="checkbox"/> Defective									
Hearing									
	Pure tone and audiometry (threshold values in dB)								
	500 HZ		1000 HZ		2000 HZ		3000 HZ		
Right Ear									
Left Ear									
Speech and Whisper Test (metres)									
	Normal		Whisper			Normal		Whisper	
Right Ear					Left Ear				

Clinical Findings			
Height:	(cm)	Weight:	(kg)
Pulse rate:	/(min.)	Rhythm:	
Blood pressure Systolic:	(mmHg)	Diastolic:	(mm/Hg)
Urinalysis: Glucose:		Protein:	
		Blood:	

	Normal	Abnormal
Head	<input type="checkbox"/>	<input type="checkbox"/>
Sinuses, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>
Mouth/teeth	<input type="checkbox"/>	<input type="checkbox"/>
Ears (general)	<input type="checkbox"/>	<input type="checkbox"/>
Tympanic membrane	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input type="checkbox"/>	<input type="checkbox"/>
Pupils	<input type="checkbox"/>	<input type="checkbox"/>
Eye movement	<input type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input type="checkbox"/>	<input type="checkbox"/>
Breast examination	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>

	Normal	Abnormal
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>
Vascular (inc. pedal pulses)	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen and viscera	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Anus (not rectal exam)	<input type="checkbox"/>	<input type="checkbox"/>
G-U system	<input type="checkbox"/>	<input type="checkbox"/>
Upper and lower extremities	<input type="checkbox"/>	<input type="checkbox"/>
Spine (C/S, T/S and L/S)	<input type="checkbox"/>	<input type="checkbox"/>
Neurological (full/brief)	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
General appearance	<input type="checkbox"/>	<input type="checkbox"/>

Chest X-ray

Not performed Performed on (dd/mm/yyyy): _____

Results: _____

Other Diagnostic Test(s) and Result(s):

Test: _____ Result: _____

Medical practitioner's comments and assessment of fitness, with reasons 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 duty Not fit for duty

	Deck Service	Engine Service	Catering Service	Other Service
Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With restrictions Without restrictions Visual aid required Visual aid not required

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

Physician's Signature and Stamp

Signature of medical practitioner: _____

Medical practitioner information (name, license number, address): _____

*PHYSICIAN'S STAMP
HERE*

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Training Record Book or certification of special qualification shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications, or a seafarer's book. Such proof of examination must reestablish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- 1) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- 2) Deck officer applicants must have (either with or without corrective lenses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant uses corrective lenses, he must have vision without corrective lenses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- 3) Engineer and radio officer applicants must have (whether with or without corrective lenses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- 4) An applicant's blood pressure must fall within an average range, taking age into consideration.
- 5) Applicants afflicted with any of the following diseases or conditions may be disqualified:

a) Epilepsy;	s) Obesity, incapacitating function;	jj) Recurrent appendicitis;
b) Insanity;	t) Thyroid disease;	kk) Cholelithiasis, cholecystitis, cholangitis;
c) Senility;	u) Diseases of the blood or blood forming organs;	ll) Liver cirrhosis;
d) Psychosis;	v) Meniere's diseases;	mm) Pancreatitis, recurrent;
e) Psychoneurosis;	w) Post-concussion syndrome;	nn) Intestinal stoma;
f) Dementia;	x) Heart disease;	oo) Perianal pathology;
g) Personality disorder;	y) Hypertension;	pp) Renal failure;
h) Alcoholism;	z) Arterial disease;	qq) Urinary tract obstruction;
i) Tuberculosis;	aa) Cerebrovascular disease;	rr) Prostatism;
j) Acute venereal disease or neurosyphilis;	bb) Diseases of veins;	ss) Removal of one kidney;
k) AIDS;	cc) Bronchial asthma	tt) Renal transplantation;
l) The use of narcotics;	dd) Pulmonary fibrosis;	uu) Hydrocoele, large, symptomatic;
m) Hepatitis;	ee) Gross deformity of the chest wall;	vv) Osteoarthritis;
n) Malaria	ff) Pneumothorax;	ww) Recurrent dislocation of major joint;
o) Sexually transmitted diseases;	gg) Tumors;	xx) Infection or inflammatory ear conditions;
p) Adrenal insufficiency, uncontrolled;	hh) Peptic ulcers;	yy) Sleep disorders; and
q) Diabetes mellitus, all cases requiring insulin;	ii) History of gastro-intestinal bleeding/perforation;	zz) Severe speech impediment.
r) Immunosuppressive therapy;		
- 6) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- 7) Applicants for RFPNW, Ordinary Seaman, Able Seafarer Deck, Cook, Deck Cadet or any deck rating position must meet the physical requirements for a deck/navigational officer's certificate.
- 8) Applicants for RFPEW, Able Seafarer Engine, Electro Technical Rating, Tankerman, Engine Cadet or any other engineering rating must meet the physical requirements for an engineer officer's certificate.