

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			
					Eczema			
	Do you suffer or have you suffered from any of the following diseases				Serious accidents causing permanent disability			
	Lung diseases, including pulmonary tuberculosis (TB)				Do you use medicine regularly			
	Stomach and intestinal diseases including gastric ulcer				I hereby give my consent that information about any previous diseases may be obtained from doctors, hospital, other treatment centres and public authorities			
	Heart and circulatory diseases							
	Kidney and bladder diseases							
	Diabetes							
	Ear diseases							
					Date:	Seafarer's signature:		

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		
Weight (kg)		Examination of vision and hearing		
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.				

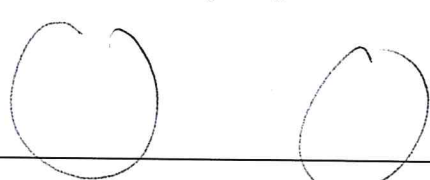
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	Do you have difficulties in orientating yourself under reduced lighting				Hypersensitive reactions, including asthma			
	Do you suffer or have you suffered from any of the following diseases				Do you use medicine regularly			
	Lung diseases, including 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				Date:	Seafarer's signature:		
	Heart and circulatory diseases							
	Kidney and bladder diseases							
	Diabetes							
	Ear diseases							

Part C to be completed by the doctor

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	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
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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				
<div style="text-align: center;">  </div>				

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