

## Medical Examination Form – Seafarers

**NOTE:** the "Certificates of Medical Fitness-Seafarers" must be sent to Maritime New Zealand (not this form).

Please indicate with an 'X' whether this examination is for an STCW or a national certificate of competency or proficiency.

STCW  issued in accordance with STCW regulations (or  
by an approved medical practitioner)

National

### Section 1: Seafarer declaration

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Date of birth:  
(day/month/year) \_\_\_\_\_

Gender:  Male  Female

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identity document type: \_\_\_\_\_

No.: \_\_\_\_\_

Type of ship (eg container, tanker, passenger, fishing) \_\_\_\_\_

Trade area (eg offshore, coastal, unlimited) \_\_\_\_\_

### Examinee's personal declaration

(Indicate condition affected by medical test)

Condition	Yes	No	Condition	Yes	No
1. Eyes/vision problems	<input type="checkbox"/>	<input type="checkbox"/>	18. Sleep problems	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	19. Smoker	<input type="checkbox"/>	<input type="checkbox"/>
3. Heart/vascular disease	<input type="checkbox"/>	<input type="checkbox"/>	20. Open-heart surgery	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	21. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
5. Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	22. Disorientation/dizziness	<input type="checkbox"/>	<input type="checkbox"/>
6. Asthma/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	23. Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
7. Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	24. Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
8. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	25. Depression	<input type="checkbox"/>	<input type="checkbox"/>
9. Thyroid problem	<input type="checkbox"/>	<input type="checkbox"/>	26. Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>
10. Digestive disorder	<input type="checkbox"/>	<input type="checkbox"/>	27. Loss of memory	<input type="checkbox"/>	<input type="checkbox"/>
11. Kidney problem	<input type="checkbox"/>	<input type="checkbox"/>	28. Balance problem	<input type="checkbox"/>	<input type="checkbox"/>
12. Skin problems	<input type="checkbox"/>	<input type="checkbox"/>	29. Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
13. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	30. Pain/swelling problems	<input type="checkbox"/>	<input type="checkbox"/>
14. Infectious/contagious diseases	<input type="checkbox"/>	<input type="checkbox"/>	31. Restricted mobility	<input type="checkbox"/>	<input type="checkbox"/>
15. Herms	<input type="checkbox"/>	<input type="checkbox"/>	32. Back problems	<input type="checkbox"/>	<input type="checkbox"/>
16. Dental disorders	<input type="checkbox"/>	<input type="checkbox"/>	33. Amputation	<input type="checkbox"/>	<input type="checkbox"/>
17. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	34. Fractures/dislocations	<input type="checkbox"/>	<input type="checkbox"/>

# Medical Examination Form Seafarers Maritime Nz

**RJ Shavelson**



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