

Medical Examination Form – Seafarers

NOTE: the "Certificate 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:

Identify document type:

No.:

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

Trade area (eg offshore, coastal, unlimited)

Examinee's personal declaration

(Attendance insurance offered by medical staff)

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. Cardiovascular diseases	<input type="checkbox"/>	<input type="checkbox"/>	20. Operation/surgery	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	21. Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>
5. Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	22. Disinfectant-fainting	<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. Ear/nose/throat 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. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	32. Back problems	<input type="checkbox"/>	<input type="checkbox"/>
16. Genital 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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Table of Contents Medical Examination Form Seafarers Maritime Nz

1. Understanding the eBook Medical Examination Form Seafarers Maritime Nz
 - The Rise of Digital Reading Medical Examination Form Seafarers Maritime Nz
 - Advantages of eBooks Over Traditional Books
2. Identifying Medical Examination Form Seafarers Maritime Nz
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Medical Examination Form Seafarers Maritime Nz
 - User-Friendly Interface
4. Exploring eBook Recommendations from Medical Examination Form Seafarers Maritime Nz
 - Personalized Recommendations
 - Medical Examination Form Seafarers Maritime Nz User Reviews and Ratings

- Medical Examination Form Seafarers Maritime Nz and Bestseller Lists
- 5. Accessing Medical Examination Form Seafarers Maritime Nz Free and Paid eBooks
 - Medical Examination Form Seafarers Maritime Nz Public Domain eBooks
 - Medical Examination Form Seafarers Maritime Nz eBook Subscription Services
 - Medical Examination Form Seafarers Maritime Nz Budget-Friendly Options
- 6. Navigating Medical Examination Form Seafarers Maritime Nz eBook Formats
 - ePub, PDF, MOBI, and More
 - Medical Examination Form Seafarers Maritime Nz Compatibility with Devices
 - Medical Examination Form Seafarers Maritime Nz Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Medical Examination Form Seafarers Maritime Nz
 - Highlighting and Note-Taking Medical Examination Form Seafarers Maritime Nz
 - Interactive Elements Medical Examination Form Seafarers Maritime Nz
- 8. Staying Engaged with Medical Examination Form Seafarers Maritime Nz
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Medical Examination Form Seafarers Maritime Nz
- 9. Balancing eBooks and Physical Books Medical Examination Form Seafarers Maritime Nz
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Medical Examination Form Seafarers Maritime Nz
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Medical Examination Form Seafarers Maritime Nz
 - Setting Reading Goals Medical Examination Form Seafarers Maritime Nz
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Medical Examination Form Seafarers Maritime Nz
 - Fact-Checking eBook Content of Medical Examination Form Seafarers Maritime Nz
 - Distinguishing Credible Sources

13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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