

The Commonwealth of Dominica
Office of the Maritime Administrator



CDMP-5000-R
Marine Personnel Application Package
for
Original Rating Certificate



THE COMMONWEALTH OF DOMINICA

Office of the Maritime Administrator

APPLICATION FOR RATING PERSONNEL – ORIGINAL CERTIFICATE

MAKE SURE ALL BOXES ARE COMPLETED. TYPE OR PRINT CLEARLY.

PART I. PERSONAL DESCRIPTION AND INFORMATION:

1. Last Name (Family Name)	First Name (Given Name)	Middle Initial	2. Date of Birth day month year	3. Place of Birth (City and Country)
4. Permanent address (street, city and country)			5. Address to which certificate is to be mailed.	
Telephone: _____ Email: _____		Telephone: _____ Email: _____		
6. Name and relationship of person to be notified in emergency.		7. Citizenship		7a. Passport Number
Telephone: _____ Email: _____		8. Height	9. Weight	10. Color of Hair
		11. Color of eyes	12. Distinguishing Marks	13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

PART II. DESCRIPTION OF CURRENTLY HELD RATING CERTIFICATE, IF ANY:

	Rating Endorsement Level	Certificate #	Date Issued	Date Expires	Country of issue
a. Dominica					Dominica
b. Foreign					

PART III. APPLICATION TYPE – ORIGINAL OR RENEWAL

Mark all that apply below, by placing an "X" in the proper box.

All applicants are required to have a Dominica ID Book if one has not already been issued.

<p>I AM APPLYING FOR AN ORIGINAL ISSUE DOMINICA RATING CERTIFICATE, I DO NOT HAVE A FOREIGN RATING CERTIFICATE</p> <p><input type="checkbox"/> Original Rating Certificate and Seafarer's Identification & Discharge Book to be issued</p>	<p>I AM APPLYING FOR A RENEWAL OF MY DOMINICA ISSUED RATING CERTIFICATE AND ID BOOK</p> <p><input type="checkbox"/> Renewal Rating Certificate and Seafarer's Identification & Discharge Book to be issued</p>
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*For Part III above, please choose grade/level of certificate/identification document desired and any special training applicable:

- II/4 - Navigation Watch Rating
 II/5 – Able Seafarer Deck
 III/4 - Engineering Watch Rating
 III/7 – Electro-Technical Rating
 VI/1-4 – Ordinary Seaman
 III/5 – Able Seafarer Engine
 III/6 – Electro-Technical Officer
 Rating – OTHER, please specify _____

Special Qualification/Training

- V/1 – Tanker Personnel
 V/2 – Personnel Passenger Vessels
 VI/6 – Security Awareness Training or Security Training
 Oil
 LNG
 LPG
 Chemical

D	I hereby apply for examination for a Dominica license in the grade of : Desired Testing Area: (A telephone number must be listed above to schedule examination)	<input type="checkbox"/>
E	I hereby apply for a Training Record Book for upgrade to capacity: _____	<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement

Applicant Name:	Date of Birth:
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14. Name of vessel on which now serving (or will join).

PART IV. SEA SERVICE		List and submit proof of at least the minimum service required during the last five years or more to establish eligibility for the Certificate of Competence requested. If you list service aboard Dominica Flag Vessels in an officer capacity, you must describe the Dominica Certificate of Competence held in Part II(a).												
Propulsion (Steam or Motor)	Name of Vessel	Deck Officers list Gross Tons/ Engineers list kW Propulsion Power	Flag	Name of Managing Operator	Capacity in which served	Period of Service						Total Service		
						From			To			years	months	days
						month	day	year	month	day	year			

Copies of the following identity documents (with name and numbers visible) indicated below are being submitted with this application. Originals are required at time of testing:
 Seafarer's Book or Card Passport Commonwealth of Dominica Certificate

PART V. AFFIDAVIT OF APPLICANT	APPLICATION CANNOT BE ISSUED UNLESS APPLICANT SIGNS BELOW
I hereby affirm that all information provided by me in this application and its supporting documents and proofs are true and correct to the best of my knowledge and belief; further, that no certificate issued to me heretofore by any Government has ever been revoked or suspended; or, if revoked or suspended, a full explanation of the circumstances is attached hereto and made part of this application.	
Date of Application	Signature of Applicant

PART VI. IDENTIFICATION INFORMATION

MARINER APPLICANT FULL NAME : _____ DATE OF BIRTH: _____

PASSPORT# _____

Signature: Please use the space below to sign your name clearly, without touching any of the box lines. This signature will be transferred to your Seafarer's ID book.



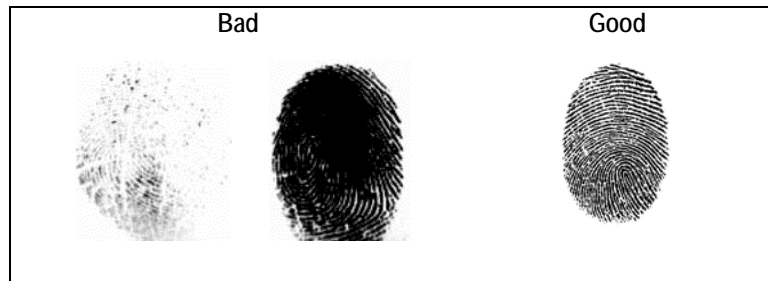
PHOTO
 - ORIGINAL COLOR PHOTO
 - CLEAR RESOLUTION

Thumbprint: Please use the spaces below for 2 copies each of your left and right thumbprint. Using a traditional blue or black inkpad, roll your thumb from the outer edge over to the right edge in the inkpad and then in the space below, roll from left to right onto the paper to create a clear imprint (repeat the process of inking and transferring for each imprint). We are asking for multiple imprints, so we may select the clearest one for imprinting on your Seafarer's ID book.

LEFT THUMB		RIGHT THUMB	
Thumbprint 1	Thumbprint 2	Thumbprint 1	Thumbprint 2

EXAMPLES

Please note that applications that are submitted with unacceptable photo, thumbprint or signature shall be returned to the applicant for resubmission



PART VII INSTRUCTIONS - APPLICATION FOR STCW95 CERTIFICATE OF PROFICIENCY, SID BOOK & TRAINING RECORD BOOK

READ INSTRUCTIONS CAREFULLY. Enter all required information. Please use computer, typewriter or print legibly. Failure to properly complete this application or to submit required supporting proofs, etc. will result in rejection of the application or delay its approval. PLEASE DO NOT STAPLE THE APPLICATION OR ITS ATTACHMENTS.

GENERAL INFORMATION

1. This application is subject to the approval of the Maritime Administrator, Commonwealth of Dominica. In the event approval is not granted, all application documents together with the issuance fee shall be returned to the applicant at the mailing address indicated. If the application is approved, the issued certificate/identification book will be sent to the mailing address indicated. The 'certified copy' of Form CDMP-5000B is to be retained by the seafarer as evidence that the application is being processed.
2. Where to apply: Commonwealth of Dominica International Maritime Registry, Seafarer Department, 32 Washington Street, Fairhaven, Massachusetts 02719, USA. mariner@dominica-registry.com
3. Seafarer's ID and Discharge Book: This identification document conforms to the requirements of the International Labor Organization (ILO) Convention No. 108 (Seafarer's Identity Documents Convention, 1958). It is issued to seafarers of Commonwealth of Dominica flag vessels for use when traveling to or from an assigned vessel or pursuant to instructions from the master of such a vessel. Other uses of the book must be in conformity with Commonwealth of Dominica regulations. ILO 108 does not in any way restrict the right of a member nation from preventing any particular individual from entering or remaining in its territory.
4. Seafarer's Identification Document & Discharge Book and Training Record Books are issued under the authority of Chapter 8 of International Maritime Act 2000, as amended. The SID and TRB remains the property of the Maritime Administrator and may be withdrawn at any time. It may not be altered in any way nor be allowed to pass into the possession of an unauthorized person. If the TRB becomes filled with entries, requires alteration, becomes damaged, application for a replacement TRB should be made immediately. If the SID/TRB is stolen, lost, or accidentally destroyed, notification should be given immediately to any office of the Maritime Administrator, and an application for a replacement SID/TRB may be made.
5. AGE AND CITIZENSHIP REQUIREMENTS. Applicants for rating certificates under STCW Regulations II/4, III/4 and VI/1-4 must be of at least 16 years of age. Applicants for rating certificates under STCW Regulations II/5, III/5, III/6 & III/7 must be 18 years of age.
6. TRAINING AND SEA SERVICE REQUIREMENTS. Applicants for Dominica certificate or endorsement must meet the applicable training and sea-time requirements. Appendix A lists these requirements by STCW regulation number, including training required for personnel on certain types of ships.
7. EXAMINATIONS AND TEST CENTERS – Information regarding examinations and test centers will be available on our website: www.dominica-registry.com or contact DMRI at 508-992-7170 for further information.
8. This application is subject to the approval of the Maritime Administrator, Commonwealth of Dominica. In the event approval is not granted, the documents listed in paragraph 3 above together with the fee shall be returned to the applicant at the mailing address indicated. If the application is approved, the SID/TRB will be sent to the mailing address indicated. The 'certified copy' of Form CDMP-5000B is to be retained by the seafarer as evidence that the application is being processed.

DOCUMENTS TO BE FILED WITH APPLICATION. The following documents, letter and proofs must be submitted together with this application (See Appendix A for requirements by STCW Regulation)

- Three (3) photographs - facial front view of applicant, passport size, taken within one (1) year preceding application with applicant's signature and name printed on reverse side. Photos may be black and white or color and be 2.0" x 2.0" (50 mm. x 50 mm.) in size. Please do not staple.
- Physical Examination Report (From CDMP-5000B in this package). - The physical examination must be carried out not more than 12 months prior to date of making application.
- Identity Document - A copy of a valid passport along with a valid seaman's document from another maritime nation. A copy of these documents must be submitted with the application. Applications for renewal must include a copy of the previously issued documents as proof of identity. If the documents presented are not in the English language, a certified translation of the documents into English must also be enclosed with the application. These certified translations must identify the translator for verification purposes.
- Proof of foreign Certificate of Competence - Any foreign Certificate of Competence must have a valid "STCW Convention Endorsement" and be issued by a country recognized by the Commonwealth of Dominica. Submit original foreign certificate (which will be promptly returned to the applicant) or a duplicate original of the foreign certificate which is relied upon; or a clear photocopy of the original authenticated by the issuing authority or by a consular officer of the issuing state; or a clear photocopy of the original plus a current certificate of the issuing authority describing the certificate and the holder so as to identify both; or a clear photocopy made by a notary public, commissioner for oaths or other officer authorized by law to administer oaths, verifying that such officer made the photocopy from the original presented to him, and attaching the customary certificate of a public official authenticating the signature of such notary, commissioner or officer.
- Proof of completion of nautical, marine engineering or radio school training - submit one (1) copy of course completion certificate, if applicable.
- Proof of foreign training certificate - radar simulator training, advanced firefighting training, GMDSS certification, first aid training, advanced medical training, survival craft/rescue boat training, and automatic radar plotting aids (ARPA) training - submit one (1) copy of foreign certificate if national Certificate of Competence does not require this training.

Certification Requirement	Fee	Renewal/Re-Test
Evaluation of Mariner Application for Original License	\$ 50.00	\$ 50.00
Issuance of Original Certificate for Rating	\$ 500.00	\$ 250.00
Issuance of Original Certificate for Rating for mariners from CARICOM Member Countries*	\$ 250.00	\$ 125.00
Special Qualification Certificate (BST, etc.)	\$ 150.00	\$ 150.00
Special Qualifications added to Certificate or Endorsement	\$ 50.00	\$ 50.00
Seafarer Identification and Discharge Book	\$ 75.00	\$ 75.00
Replacement of lost Identification Card or Book	\$ 50.00	n/a
Training Record Book (Deck or Eng.)	\$ 75.00	n/a
Replacement of Lost Certificate or Endorsement	\$ 100.00	n/a
Replacement of Lost Special Qualification Examinations**	\$ 50.00	n/a
Evaluation of TRB (In-Service Training/Assessment)	Contact	Contact
On-board Assessments by DMRI Assessor	\$ 200.00	n/a
Courier Fees	\$ TBD	n/a
- International/Caribbean/Domestic	\$90.00/\$ 60.00/\$50.00	n/a

Payment must be made by check, credit card, wire or money order drawn on a U.S. Bank and payable in U.S. dollars to "Dominica Maritime Registry, Inc."

* CARICOM Nationals receive a discount on some services. CARICOM nations include: Antigua & Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Lucia, St. Kitts & Nevis, St. Vincent and the Grenadines, Suriname, Trinidad & Tobago, Anguilla, Bermuda, British Virgin Islands

** Examinations for Commonwealth of Dominica Licenses and Certificates are administered through Northeast Maritime Institute, the Administration's Maritime Education and Training Institution. Contact us today for pricing: mariner@dominica-registry.com

ATTACHMENT A:
REQUIREMENTS FOR DOMINICA ORIGINAL RATING CERTIFICATES

DECK RATINGS

REG: Rating Forming Part of a Navigational Watch

II/4 LEVEL: SUPPORT

General Requirements

Age – 16 years
Submit copy of Passport
Sea Service – 6 months or pre-sea training + 2 months sea-time
Submit Sea Service Letters or copies of discharge papers
Dominica Application and Medical Report
Ensure application is complete
Include copy(s) of any previously or currently held licenses or Certificates of Competency

Training Requirements (Submit copies of training certificates)

Basic Safety Training
Proficiency in survival craft
RFPNW Course (II/4)
Proficiency in fast rescue boats☞☞
Security Awareness Training
Security Training for Seafarers with Designated Security Duties (if applicable)

☞☞Proficiency in Fast Rescue Boats training is required only for personnel serving on ships with Fast Rescue Boats

REG: Able Seafarer Deck

II/5 LEVEL: SUPPORT

General Requirements

Age – 18 years
Submit copy of Passport
Meet the requirements of Rating Forming Part of a Navigational Watch (RFPNW)
6 months or pre-sea training + 2 months sea-time RFPNW course completion
Sea Service
18 months while qualified as RFPNW **OR**
12 months with approved training
Submit Sea Service Letters or copies of discharge papers
Dominica Application and Medical Report
Ensure application is complete
Include copy(s) of any previously or currently held licenses or Certificates of Competency

Training Requirements (Submit copies of training certificates)

Basic Safety Training
Proficiency in survival craft
Able Seafarer Deck course
Proficiency in fast rescue boats☞☞
Security Awareness Training
Security Training for Seafarers with Designated Security Duties (if applicable)

☞☞Proficiency in Fast Rescue Boats training is required only for personnel serving on ships with Fast Rescue Boats

REG: Ordinary Seaman

VI/1-4 LEVEL: SUPPORT

General Requirements

Age – 16 years
Submit copy of Passport
Dominica Application and Medical Report
Ensure application is complete
Include copy(s) of any previously or currently held licenses or Certificates of Competency

Training Requirements (Submit copies of training certificates)

Basic Safety Training
Security Awareness Training
Security Training for Seafarers with Designated Security Duties (if applicable)

ENGINE RATINGS

REG: Rating forming part of an engineering watch

III/4 LEVEL: SUPPORT

General Requirements

- Age – 16 years
 - Submit copy of Passport
- Sea Service:
 - 6 months sea service under supervision of officer or rating, OR
 - Pre-Sea Training and 2 months sea service under supervision of officer or rating
- Dominica Application and Medical Report
 - Ensure application is complete
 - Include copy(s) of any previously or currently held licenses or Certificates of Competency

Training Requirements

- Basic Safety Training
- RFPEW Course
- Security Awareness Training
- Security Training for Seafarers with Designated Security Duties (if applicable)

REG: Able seafarer engine in a manned engine-room

III/5 LEVEL: SUPPORT

General Requirements

- Age – 18 years
 - Submit copy of Passport
- Must meet requirements for RFPEW-
 - 6 months sea service under supervision of officer or rating, OR
 - Pre-Sea Training and 2 months sea service under supervision of officer or rating
- Sea Service-
 - 12 months served as RFPEW in the engine department OR
 - 6 months service as RFPEW in the engine room with the completion of approved training
- Meet the standard of competence in Section A-III/5 of the STCW Code
 - Submit completed Training Record Book for A-III/5
- Dominica Application and Medical Report
 - Ensure application is complete
 - Include copy(s) of any previously or currently held licenses or Certificates of Competency

Training Requirements

- Basic Safety Training
- Able Seafarer Engine Training Course (if submitting with only 6 months of service as RFPEW)
- Security Awareness Training
- Security Training for Seafarers with Designated Security Duties (if applicable)

REG:
III/7 LEVEL: SUPPORT

Electro-technical ratings

General Requirements

- Age – 18 years
 - Submit copy of Passport
- Sea Service:
 - 12 months training and approved sea service, OR
 - Approved training and seagoing service not less than 6 months OR
 - Qualifications that meet the technical competences in table A-III/7 and an approved period of sea service not less than 3 months.
 - 1/3 of sea service shall be on vessels of 750 kW or more propulsion power.
- Dominica Application and Medical Report
 - Ensure application is complete
 - Include copy(s) of any previously or currently held licenses or Certificates of Competency

Training Requirements

- Basic Safety Training
- Electro-technical Rating Course
- Security Awareness Training
- Security Training for Seafarers with Designated Security Duties (if applicable)

SPECIAL TRAINING REQUIRED FOR CERTAIN TYPES OF SHIPS

REG:
V/I LEVEL: SUPPORT

Officers and Ratings on Tankers

General Requirements

- Sea service: Have at least 3 mths sea service on tankers, **OR**
- Complete an approved tanker familiarization course meeting A-V/1, **OR**
- Min. 1 mth supervised sea service on < 3,000 gt tanker with less than 72 hr voyage durations and knowledge gained equal to that of a normal 3 mth service

Training Requirements (Submit copies of training certificates)

- Tanker Familiarization course for DL, Chemical or LG

REG:
V/2 LEVEL: OPERATIONAL

Officers and Ratings and other personnel on Passenger Ships

General Requirements

- Designated on muster lists to assist passengers with emergency situations must complete Crowd Management training spec. in A-V/2 par. 1 prior to being assigned duties
- Having specific duties on board, must complete vessel familiarization training specified in A-V/2 par. 2 prior to being assigned duties
- Providing direct services to passengers must complete training in communication and life-saving procedures specified in A-V/2 par. 3

Training Requirements (Submit copies of training certificates)

- Crowd Management Training
- Vessel Familiarization
- Communication
- Life-saving procedures

PHYSICAL EXAMINATION REPORT

LAST NAME OF APPLICANT	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH MONTH DAY YEAR	PLACE OF BIRTH CITY COUNTRY	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DEPARTMENT: Deck Officer <input type="checkbox"/> Deck Rating <input type="checkbox"/> Engine Officer <input type="checkbox"/> Engine Rating <input type="checkbox"/> Radio Officer <input type="checkbox"/> Food Handling <input type="checkbox"/> Other <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT:	
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"/>
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"/>
41. Are you allergic to any medication?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Additional Questions

42. Are you allergic to any medication?

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

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): _____

MEDICAL EXAMINATION

SIGHT

Use of glasses or contact lenses: YES NO (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
Right eye		
Left eye		

Colour Vision

Not tested Normal Doubtful 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
Right ear		
Left ear		

CLINICAL FINDINGS

Height: _____ (cm) Weight: _____ (kg)

Pulse rate: _____ / (min) Rhythm: _____

Blood pressure Systolic: _____ (mm Hg) 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"/>
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 look-out duty Not fit for look-out 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 Yes No

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

Medical certificate's date of expiration (dd/mm/yyyy): _____

(Valid for two years except for seafarers under the age of 18 in which case only valid for one year)

Date medical certificate issues (dd/mm/yyyy): _____

Number of medical certificate: _____

Signature of medical practitioner: _____

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

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;
 - b) Insanity;
 - c) Senility;
 - d) Psychosis;
 - e) Psychoneurosis;
 - f) Dementia;
 - g) Personality disorder;
 - h) Alcoholism;
 - i) Tuberculosis;
 - j) Acute venereal disease or neurosyphilis;
 - k) AIDS;
 - l) The use of narcotics;
 - m) Hepatitis;
 - n) Malaria
 - o) Sexually transmitted diseases;
 - p) Adrenal insufficiency, uncontrolled;
 - q) Diabetes mellitus, all cases requiring insulin;
 - r) Immunosuppressive therapy;
 - s) Obesity, incapacitating function;
 - t) Thyroid disease;
 - u) Diseases of the blood or blood forming organs;
 - v) Meniere's diseases;
 - w) Post-concussion syndrome;
 - x) Heart disease;
 - y) Hypertension;
 - z) Arterial disease;
 - aa) Cerebrovascular disease;
 - bb) Diseases of veins;
 - cc) Bronchial asthma
 - dd) Pulmonary fibrosis;
 - ee) Gross deformity of the chest wall;
 - ff) Pneumothorax;

- gg) Tumors;
- hh) Peptic ulcers;
- ii) History of gastro-intestinal bleeding/perforation;
- jj) Recurrent appendicitis;
- kk) Cholelithiasis, cholecystitis, cholangitis;
- ll) Liver cirrhosis;
- mm) Pancreatitis, recurrent;
- nn) Intestinal stoma;
- oo) Perianal pathology;
- pp) Renal failure;
- qq) Urinary tract obstruction;
- rr) Prostatism;
- ss) Removal of one kidney;
- tt) Renal transplantation;
- uu) Hydrocoele, large, symptomatic;
- vv) Osteoarthritis
- ww) Recurrent dislocation of major joint;
- xx) Infection or inflammatory ear conditions;
- yy) Sleep disorders; and
- zz) Severe speech impediment.

- 6) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- 7) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- 8) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.