

MEDICAL FITNESS CERTIFICATE

(This certificate is valid for 2 years from the date of issue)



Maritime Safety Queensland requires a medical fitness certificate for the issue and revalidation of all commercial marine certificates. Where an applicant does not meet any of the conditions stated on this form, Maritime Safety Queensland may, after due consideration of the advice of the medical practitioner/s, either decline to issue a certificate, cancel a certificate or restrict the duties or area of operation of a certificate.

Applicants obtaining a certificate of medical fitness should ask their doctor to examine them on all of the items below. Medical fitness examinations should be based on normal fitness standards, taking due account of the nature of employment. The doctor should also consider the medical and employment history of the person.

GENERAL

Please check the conditions listed below in addition to normal fitness standards. This is to ensure the applicant can perform his/her duties without creating an unacceptable risk to him/herself, other members of the crew or the safe operation of a ship.

1. **Hernia:** Does the applicant have a hernia condition? Yes No
If **yes**, has it been corrected satisfactorily by a curative operation? Yes No
 - If the applicant has not had a curative operation, would the applicant be able to perform his/her duties with the condition? Yes No
2. **Speech:** Does the applicant have clear speech without hesitation? Yes No
3. **Hearing:** Can the applicant hear in accordance with the approved testing of the whispered voice, watch or other proved tests? (Hearing loss in each ear must not be greater than 40 decibels (AMA standard) for the frequencies of 500Hz, 1000Hz and 2000 Hz. Where an appeal is made the test should be conducted by means of an audiogram to this standard). Yes No
If **no**, and the hearing level is less than the above standards, is the applicant able to hear to the above standards when using hearing aids and watchkeeping duties can be adequately performed? Yes No
4. **Artificial limbs:** Does the applicant have artificial limb/s? Yes No
If **yes**, can the applicant perform without the artificial limb/s interfering with his/her normal duties? Yes No
5. **Cardiac pacemaker:** Does the applicant have a cardiac pacemaker? Yes No
If **yes**, taking into account the nature of the disease and the reliability of the pacemaker, is the applicant considered fit? Yes No

Other

Does the applicant adequately manage any further medical conditions that may affect his/her performance whilst employed within the maritime industry, such as diabetes, tuberculosis and epilepsy?

Yes No

STATEMENT BY MEDICAL PRACTITIONER:

NOTE: The practitioner should consider the responses above when making this declaration. The practitioner should not sign the declaration, if it is considered that the candidate is unable to fulfil any of the requirements specified above.

I certify that I have examined (name of applicant)

Drivers Licence No (or other photographic proof of identity): Place of issue:

Date of birth/...../..... and declare that this person is medically fit in accordance with the conditions specified above. In my opinion there are no medical reasons that would prevent this person from performing duties aboard a commercial/fishing ship.

Signature: Name:
(Please Print)

Phone Number:

Provider Number:
(Please Stamp)

Date:/...../.....

EYESIGHT CERTIFICATE
(This certificate is valid for 2 years from the date of issue)



Maritime Safety Queensland requires an eyesight certificate for the issue and revalidation of all commercial marine certificates. Where an applicant does not meet any of the conditions stated on this form, Maritime Safety Queensland may, after due consideration of the advice of the medical practitioner/s, either decline to issue a certificate, cancel a certificate or restrict the duties or area of operation of a certificate.

DECK CERTIFICATES

1. **The minimum standard of vision with or without aids is 6/6 in the better eye and 6/9 in the other eye. {see note (i)}**
Does the applicant meet this standard? Yes No
If no, what standard was achieved?

Left Eye	/	Right Eye	/
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2. **Aids to vision.**
Does the applicant require aids to vision to meet this minimum eyesight requirement? Yes No
3. **The standard of vision without aids is 6/60 in each eye. {see note (i)}**
Does the applicant meet this standard? Yes No
4. **Near vision requirement.**
Can the applicant read the N5 chart with or without aids to vision? Yes No
5. **The standard tests for colour vision deficiencies are the Ishihara test or the Holmes Wright Type B Lantern test.**
The applicant must have their colour vision tested for the issue of their first commercial marine certificate.
- 5 (a) Is colour vision testing required in this case? Yes (Issue of first commercial marine certificate. **See 5 (b)**)
 No (Not required as revalidating an existing commercial marine certificate)
- 5 (b) If yes, does the applicant pass the colour vision test? Yes No

Note:
(i) Persons with one eye or poor vision in one eye may be permitted to demonstrate their ability to keep a navigation watch – please refer applicant to their local Marine Operations Centre for advice.

ENGINEERING CERTIFICATES (other than Marine Engine Driver Grades 2 & 3)

1. **The minimum standard of vision with or without aids is 6/9 in one eye.**
Does the applicant meet this standard? Yes No
If no, what standard was achieved?

Left Eye	/	Right Eye	/
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2. **Aids to vision.**
Does the applicant require aids to vision to meet this minimum eyesight requirement? Yes No
3. **The standard of vision without aids is 6/60 in one eye.**
Does the applicant meet this standard? Yes No
4. **Near vision requirement.**
Can the applicant read the N5 chart with or without aids to vision? Yes No
5. Can the applicant distinguish basic colours? Yes No

Aids to vision - are defined as glasses or contact lenses that have been prescribed by a qualified optometrist or eye specialist to correct refractive error of a person's eye. They should not be coloured or tinted and colour correction devices should not be worn for colour testing.

STATEMENT BY MEDICAL PRACTITIONER:

NOTE: The practitioner should consider the responses above when making this declaration. The practitioner should not sign the declaration, if it is considered that the candidate is unable to fulfil any of the requirements specified above.

I certify that I have examined (name of applicant)

Drivers Licence No (or other photographic proof of identity): Place of issue:

Date of birth/...../..... and declare that this person is medically fit in accordance with the conditions specified above. In my opinion there are no medical reasons that would prevent this person from performing duties aboard a commercial/fishing ship.

Signature: Name:
(Please Print)

Phone Number:

Provider Number: Date:/...../.....
(Please Stamp)