GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR

MINISTRY OF TRANSPORT

DEPARTMENT OF MARINE ADMINISTRATION

YANGON, MYANMAR

MEDICAL CERTIFICATE FOR MYANMAR SEAFARER

Issued under the provision of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW), 1978, as amended and to meet the requirements of the Maritime Labour Convention (MLC), 2006

Name of Seafarer :

Seafarer's Book Number :

VALID UP TO :

REGISTRATION DATE :

Control Number

REGISTRATION NO.: X X X X X X **YANGON**

DMA-MC/00/01-2013

Record of Medical Examinations for Seafarers

I. Examinee's Information

Full Name: _____

Age: _____ Date of birth (dd/mm/yyyy): _____/_____/_____

Sex ☐ male ☐ female

Passport No.: _____

Seafarer's Book No.: _____

N.R.C No.: _____

Home address: _____

_____

_____

Department served on board (deck/ engine / radio/ catering/other):

_____

Routine and emergency duties (if known):

_____

Type of ship (e.g. general cargo, container, tanker, bulk, passenger):

_____

Trade area (e.g. coastal, near-coastal, tropical, ASEAN, worldwide):

_____

II. Examinee's Personal Declaration

Have you ever had any of the following conditions?

	Condition	Yes	No
1.	Eye/vision problem	☐	☐
2.	High blood pressure	☐	☐
3.	Heart/vascular disease	☐	☐
4.	Heart surgery	☐	☐
5.	Varicose veins/piles	☐	☐
6.	Asthma/bronchitis	☐	☐
7.	Blood disorder	☐	☐
8.	Diabetes	☐	☐
9.	Thyroid problem	☐	☐
10.	Digestive disorder	☐	☐
11.	Kidney problem	☐	☐
12.	Skin problem	☐	☐
13.	Allergies	☐	☐
14.	Infectious/contagious diseases	☐	☐
15.	Hernia	☐	☐
16.	Genital disorders	☐	☐
17.	Pregnancy	☐	☐
18.	Sleep problems	☐	☐

19.	Do you smoke, use alcohol or drugs?	☐	☐
20.	Operation/surgery	☐	☐
21.	Epilepsy/seizures	☐	☐
22.	Dizziness/fainting	☐	☐
23.	Loss of consciousness	☐	☐
24.	Psychiatric problems	☐	☐
25.	Depression	☐	☐
26.	Attempted suicide	☐	☐
27.	Loss of memory	☐	☐
28.	Balance problem	☐	☐
29.	Severe headaches	☐	☐
30.	Ear(hearing, tinnitus)/nose/throat problems	☐	☐
31.	Restricted mobility	☐	☐
32.	Back or joint problem	☐	☐
33.	Amputation	☐	☐
34.	Fractures/dislocations	☐	☐

*If you answered "**yes**" to any of the above questions, please give details:*

Additional question	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?	☐	☐
36. Have you ever been hospitalized?	☐	☐
37. Have you ever been declared unfit for sea duty?	☐	☐
38. Has your medical certificate ever been restricted or revoked?	☐	☐
39. Are you aware that you have any medical problems, diseases or illnesses?	☐	☐
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	☐	☐
41. Are you allergic to any medications?	☐	☐

Comments:

42. Are you taking any non-prescription or prescription medications?	☐	☐

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

RELEASE

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 of witness: _____

Previous Medical Records (if any)

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 doctor).

Signature of examinee _____

Date (dd /mm /yyyy): _____/_____/_____

Witnessed by (signature): _____

Name of witness: _____

Date and contact details for previous medical examination (if known):

_____

_____

III. Medical Examination

(to be completed by the physician)

Sight

Use of glasses or contact lenses: Yes ☐ No ☐
(if yes, specify which type and for what purpose)

Visual acuity

Unaided	Right eye	Left eye	Binocular
Distant			
Near			
Aided	**Right eye**	**Left eye**	**Binocular**
Distant			
Near			

Visual Field	*Normal*	*Defective*
Right eye		
Left eye		

Color vision

☐ Not tested ☐ Normal
☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (Threshold values in dB)				
Ear	**500 Hz**	**1,000 Hz**	**2,000 Hz**	**3,000 Hz**
Right				
Left				

Speech and whisper test (metres)		
Ear	Normal	Whisper
Right		
Left		

IV. Clinical findings

(to be completed by the physician)

Height: _____ cm; Weight _____ (kg)

Pulse rate:_____/minute; Rhythm _____

Blood pressure: *Systolic:* _____(mm Hg); *Diastolic:*_____(mm Hg)

Urinalysis: Glucose: _____ Protein: _____ Blood: _____

		Normal	Abnormal
1.	Head	☐	☐
2.	Sinuses, nose, throat	☐	☐
3.	Mouth/teeth	☐	☐
4.	Ears (general)	☐	☐
5.	Tympanic membrane	☐	☐
6.	Eyes	☐	☐
7.	Ophthalmoscopy	☐	☐
8.	Pupils	☐	☐
9.	Eye movement	☐	☐
10.	Lungs and chest	☐	☐
11.	Breast examination	☐	☐

12.	Heart	☐	☐
13.	Skin	☐	☐
14.	Varicose veins	☐	☐
15.	Vascular (inc. pedal pulses)	☐	☐
16.	Abdomen and viscera	☐	☐
17.	Hernia	☐	☐
18.	Anus (not rectal exam.)	☐	☐
19.	G-U system	☐	☐
20.	Upper and lower extremities	☐	☐
21.	Spine (C/S, T/S and L/S)	☐	☐
22.	Neurologic (full brief)	☐	☐
23.	Psychiatric	☐	☐
24.	General appearance	☐	☐

Chest X-ray

☐ Not performed ☐ Performed (date: _____/____/_____)

Results: _____

_____

ECG

Results: _____

_____

Ultrasound

Results: _____

_____

Other diagnostic test(s) and result(s)

Test: Result:

Medical doctor's comments and assessment of fitness, with reasons for any limitations:

V. 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 on the medical examination form, I declare the examinee medically:

☐ Fit for lookout duty ☐ Not fit for lookout duty

	Deck Service	Engine Service	Catering Service	Other Services
Fit	☐	☐	☐	☐
Unfit	☐	☐	☐	☐

☐ *Without Restriction* ☐ *With restrictions*

Visual aid required ☐ *Yes* ☐ *No*

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

Medical certificate date of expiry (dd/mm/yyyy): _____/____/_____

Medical certificate date of issue (dd/mm/yyyy): _____/____/_____

Reg. Number of Medical certificate: _____

Signature of medical doctor: _____

Medical doctor information

Name of medical doctor: _____

License Number: _____

Clinic Address: _____

Medical Certificate for service at sea

1. Under the authority of the **Department of Marine Administration** this certificate is issued under the requirements to align with the **Guidance for Seafarer Medical Examinations and Certifications** set forth by Shipping Circular No. 4/2012.

2. Seafarer information

Full Name: _____

Seafarer's Book No.: _____

Date of birth: (dd/mm/yyyy) ____/____/_____

Gender: ☐ male ☐ female

Nationality: _____

Photo

3. Declaration of the recognized medical doctor		Yes	No
3.1	Confirmation that identification documents were checked at the point of examination:	☐	☐
3.2	Hearing meets the standards in STCW Code, section A-I/9:	☐	☐
3.3	Unaided hearing satisfactory?	☐	☐
3.4	Visual acuity meets standards in STCW Code, section A-I/9?	☐	☐
3.5	Colour vision meets standards in STCW Code, section A-I/9? 3.5.1 Date of last colour vision test: _____/_____/_____	☐	☐
3.6	Fit for lookout duties?	☐	☐
3.7	No limitations or restrictions on fitness? If "no", specify limitations or restrictions: _____	☐	☐

3.8 Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons onboard? ☐ ☐

3.9 Date of Examination: (dd/mm/yyyy): _____/_____/_____

3.10 Date of Expiry: (dd/mm/yyyy): _____/_____/_____

4. Details of the approved medical doctor

Commitment:

The recognized medical doctor has not knowingly omitted or falsified any material information relevant to this form.

Official stamp:	*Signature:*
Name of doctor:	
License No.:	
Clinic:	

5. *Acknowledgement:*

I have been informed that I have the right to appeal and advised how to make an appeal in case of result as *temporarily or permanently unfit* for service or imposed *limitations* on my duties due to reasons which have been explained.

Seafarer's signature: _____

This certificate is issued to meet the requirements of the International Convention on Standards of Training, Certification and watchkeeping for Seafarers (STCW), 1978, as amended and the Maritime Labour Convention (MLC), 2006.

NOTICE TO THE HOLDER OF THIS CERTIFICATE

You are responsible to report to the master of the ship if you have experienced temporarily unfit to perform the tasks onboard because of illness or injury. You must therefore INFORM the issuing authority (DMA), if during the validity of your Medical Certificate, you suffer from or develop any of the following:

(i) a serious health problem or injury where you do not fully recover;
(ii) any of the conditions listed below:

· epileptic seizures or sudden disturbances of consciousness
· coronary thrombosis (heart attack) or heart surgery
· problems with heart rhythm
· disease of the heart or arteries
· uncontrolled blood pressure
· diabetes requiring insulin treatment
· stroke or unexplained loss of consciousness
· head injury with continuing loss of consciousness
· Parkinson's Disease or Multiple Sclerosis
· mental or nervous problems
· alcohol or drug dependency problems
· profound deafness
· serious deterioration in vision or long term eye disease

(iii) any other disability or illness (mental or physical) which affects your fitness to work, in particular to navigate safely and to be able to undertake emergency duties.

**** Seafarers are warned not to alter, correct or insert in any way tamper with the entries on this certificate since the certificate is in a format which minimizes the likelihood of alteration of its contents or fraudulent copy.*

Name of Clinic:

Address:

This medical certificate should be retained for at least **five years** from the date of issue.