Reset form

SEAMAN'S MEDICAL EXAMINATION

(Decree on Seaman's Medical Examinations 476/1980)

☐ 1 Initial examination (history) ☐ 2 Re-examination (history)

1 To the examinee
2 to the Finnish Institute of Occupational Health
3 to the doctor

3 Date of previous examination

Seaman's medical examination form approved by the Ministry of social Affairs and Health

4 Surname vai Last name?	5 Identity code
6 Given names	7 Sex ☐ 1 Male ☐ 2 Female
8 Address	

9 Identity of the examinee confirmed
☐ 1 Passport: No., issued by (country) ☐ 2 Driver's licence ☐ 3 Other official ID ☐ 4 Known

10 Department on the vessel
☐ 1 Deck ☐ 2 Engine room ☐ 3 Other

11 Assignment / planned assignment on the vessel	12 Time in maritime work (years)

13 Have you ever / since your previous examination been examined by a doctor or treated at a consultation or at an outpatient department or ward of a hospital?	14 Have you been treated at an institution or an outpatient department for abuse of alcohol, narcotics or medicines or do you have a history of abuse of these substances?
☐ 1 No ☐ 2 Yes	☐ 1 No ☐ 2 Yes

Do you have or have you had any of the following conditions?

15 Tumour	☐	1 No	☐	2 Yes	29 Recurrent cough or shortness of breath	☐	1 No	☐	2 Yes
16 Diabetes	☐	1 No	☐	2 Yes	30 Asthma	☐	1 No	☐	2 Yes
17 Thyroidal disease	☐	1 No	☐	2 Yes	31 Oral or dental disease	☐	1 No	☐	2 Yes
18 Haematological illness (anaemia, leukaemia, haemophilia etc.)	☐	1 No	☐	2 Yes	32 Gastric ulcer	☐	1 No	☐	2 Yes
19 Mental disturbance (depression etc.)	☐	1 No	☐	2 Yes	33 Other abdominal or intestinal disease	☐	1 No	☐	2 Yes
20 Eye disease	☐	1 No	☐	2 Yes	34 Hernia	☐	1 No	☐	2 Yes
21 Ear disease	☐	1 No	☐	2 Yes	35 Renal disease or other disease of the urinary tract	☐	1 No	☐	2 Yes
22 Recurrent headache	☐	1 No	☐	2 Yes	36 Veneral disease	☐	1 No	☐	2 Yes
23 Dizziness, spells of unconsciousness, fainting	☐	1 No	☐	2 Yes	37 Skin disease	☐	1 No	☐	2 Yes
24 Epilepsy, convulsions	☐	1 No	☐	2 Yes	38 Limited mobility	☐	1 No	☐	2 Yes
25 Paralysis	☐	1 No	☐	2 Yes	39 Arthropathy	☐	1 No	☐	2 Yes
26 Hypertension	☐	1 No	☐	2 Yes	40 Back problem, disease	☐	1 No	☐	2 Yes
27 Cardiac disease	☐	1 No	☐	2 Yes	41 Allergy	☐	1 No	☐	2 Yes
28 Other disease of the cardiovascular system	☐	1 No	☐	2 Yes	42 Other disorder, disability, disease	☐	1 No	☐	2 Yes

43 Closer explanation of "yes" in the previous items 13 through 42, e.g. treatment site and period and of items 44 through 50 (please give the number of the item first):

44 Are you receiving any regular, occasional or recurrent treatment or / and medication?
☐ 1 No ☐ 2 Yes (please specify)

45 Are you allergic to any medicine?
☐ 1 No ☐ 2 Yes (name of the medicine and symptoms)

46 Do you regard yourself fit for work?	47 Are you pregnant?	48 Are you a smoker?	3 How many cigarettes per day?
☐ 1 No ☐ 2 Yes	☐ 1 No ☐ 2 Yes	☐ 1 No ☐ 2 Yes	

49 Fitness class	50 Have you applied for an exemption order / do you have an exemption order?
	☐ 1 No ☐ 2 Yes

I hereby confirm that the above information given by me is truthful and that I have not concealed anything about my state of health. Doctors, hospitals and institutions may give data in their possession regarding my state of health to navigation authorities determining my fitness class and to the Finnish Institute of Occupational Health (to be read aloud to the individual examined).

51 Place and date

52 Signature and name in print of the individual examined

Medical reports and data are confidential (Act on the Status and Rights of Patients 785/1992, § 13). Data protection and medical confidentiality are laid down in the Personal Data Act (523/1999, § 32 - 33).

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(Decree on Seaman's Medical Examinations 476/1980)

☐ **Initial examination 53 (present state)** ☐ **Re-examination 54 (present state)**

55 Date of previous examination

1 To the examinee
2 to the Finnish Institute of Occupational Health
3 to the doctor

56 Identity code	57 Surname
58 Given names	

Results of the medical examination

59 Height, cm	60 Weight, kg	61 Blood pressure /	62 Urinary protein	63 Urinary glucose	64 Chest X-ray date ☐ 1 not taken ☐ 2 taken	65 Other certificate ☐

Sight

66 Visual acuity without spectacles			67 Visual acuity with spectacles			68 Visual field			
1 right eye	2 left eye	3 fusion	1 right eye	2 left eye	3 fusion	1 right eye ☐ 1 normal ☐ 2 deficient		2 left eye ☐ 1 normal ☐ 2 deficient	

69 Colour vision ☐ 1 not tested ☐ 2 normal ☐ 3 deficient

70 Colour vision test used

Hearing

71 Audiometer

	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz	72 Conversational voice and forced whisper test (meters)
1 right ear								
2 left ear								

Pathological findings

73 Mouth	☐ 1 No	☐ 2 Yes	82 Abdomen	☐ 1 No	☐ 2 Yes
74 Teeth	☐ 1 No	☐ 2 Yes	83 Hernia	☐ 1 No	☐ 2 Yes
75 Ears, tympanic membranes	☐ 1 No	☐ 2 Yes	84 Digestive system	☐ 1 No	☐ 2 Yes
76 Eyes, eye movements, pupils	☐ 1 No	☐ 2 Yes	85 Upper and lower limbs	☐ 1 No	☐ 2 Yes
77 Lungs and chest	☐ 1 No	☐ 2 Yes	86 Spine	☐ 1 No	☐ 2 Yes
78 Heart	☐ 1 No	☐ 2 Yes	87 Balance and co-ordination	☐ 1 No	☐ 2 Yes
79 Peripheral pulses	☐ 1 No	☐ 2 Yes	88 Mental status	☐ 1 No	☐ 2 Yes
80 Varicose veins	☐ 1 No	☐ 2 Yes	89 Infectious disease	☐ 1 No	☐ 2 Yes
81 Skin	☐ 1 No	☐ 2 Yes	90 Other	☐ 1 No	☐ 2 Yes

91 Closer explanation of previous items and items 92 through 97 (please give the number of the item first) and possible other explanations:

Statement

92 Fit for all kinds of service	93 Fit for engine service
☐ 1 Yes ☐ 2 No (items)	☐ 1 Yes ☐ 2 No (items)
94 Fit for other kind of service	95 Exemption order procedure is required for the following reasons
☐ 1 Yes ☐ 2 No (items)	☐ 1 Yes (items)
96 I suggest a re-examination by (date)	97 I suggest an examination by a specialist for the following reasons
☐ 1 Yes (items)	☐ 1 Yes (items)

I hereby certify the above to be true, on my honour and conscience.

98 Place and date

99 Signature and stamp or name in print of the doctor

100 Address and telephone number of the examination site

101 ☐ The examination was conducted by a seamen's doctor in a seamen's health centre

102 ☐ The examination was conducted by a seamen's doctor at another site than a seamen's health centre

103 ☐ The examination was conducted by a doctor other than a seamen's doctor

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Seaman's medical examination form approved by the Ministry of social Affairs and Health