

**CERTIFICATE OF MEDICAL FITNESS FOR PERSONS SERVING ON
COMMERCIAL VESSELS OPERATING WITHIN PORTS, INTERNAL AND
TERRITORIAL WATERS OF MALTA**

issued in accordance Commercial Vessels Regulations S.L. 499.23



Ports and Yachting Directorate

WHAT TO DO:

A Medical Practitioner who may be your General Practitioner (GP) must fill in Part B of the Medical Report. Please read the **Notes about Fitness at PART C**. Then, if you have any doubts about your fitness, talk to your Doctor **before** you ask for the medical examination.

Medical certificates must be revalidated at periods not exceeding 5 years. The Medical Practitioner may prescribe a lesser period of validity.

On reaching the age of 61 years, the holder of a certificate must, within the following three months and subsequently annually, undergo the Medical Fitness examination.

PART A - To be completed by the Applicant

Full Name:

Telephone No:

Address:

Mobile No:

Date of Birth:

Nationality:

Applicant's Signature: Date:

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PART B Medical Report - To be completed by a duly qualified Medical Practitioner

SECTION 1 - Cardiac

Box 1

Box 2

(a) Is there evidence of serious congenital heart disease requiring Consultant Cardiological review at least every year?	Yes		No	
(b) Is the applicant suffering from attacks of angina of effort or receiving continuous treatment to prevent angina from manifesting itself?	Yes		No	
(c) Has the applicant suffered from myocardial infarction or unstable angina, or has undergone coronary artery bypass surgery or coronary angioplasty?	Yes		No	
<i>If YES please answer the following:</i>				
(1) give the time elapsed since the event;				
(2) if the applicant remains on medication, give details;				
(3) give details of any continuing symptoms/clinical signs of heart disease.				
<i>(Please use Section 8 if necessary)</i>				
(d) Has the applicant uncontrolled complete heart block?	Yes		No	
(e) Has a cardiac pacemaker been implanted?	Yes		No	
<i>If Yes please answer the following: Is the applicant attending a pacemaker clinic for at least annual review?</i>				
(f) Has a Cardioverter/Defibrillator device been implanted?	Yes		No	
(d) Is there currently a serious disturbance of cardiac rhythm associated with documented ischaemic or valvular heart disease?	Yes		No	
(d) Is the applicant in need of medication to prevent paroxysmal arrhythmia (except for beta blockers, verapamil and digoxin)?	Yes		No	
<i>If YES please give details</i>				
(i) Has the applicant undergone heart transplant or heart/lung transplant surgery?	Yes		No	
(j) Has the applicant evidence of an aortic aneurysm that has not been successfully treated by surgery?	Yes		No	

SECTION 2 - Diabetes Mellitus

(a) Is the applicant a diabetic requiring insulin injections?	Yes		No	
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SECTION 3 - Nervous System

(a) Is the applicant liable to epileptic seizures or other sudden disturbances of the state of consciousness other than simple syncope? (If there is any doubt the opinion of a consultant neurologist should be obtained)	Yes		No	
(b) Is there a history of any major or minor stroke within the last five years?	Yes		No	
(c) Is there a history of Multiple Sclerosis or Parkinson's disease?	Yes		No	
(d) Is there a history of malignant brain tumor in the last five years?	Yes		No	
(e) Is there a history of serious head injury with continuing symptoms?	Yes		No	
(f) Is there deafness of a degree that would interfere with communication by radio/telephone?	Yes		No	

SECTION 4 - Psychotic Illness

(a) Has the applicant suffered from a psychotic illness or required treatment for a psychotic illness in the past two years?	Yes		No	
(b) Has the applicant suffered from a serious mental disorder requiring treatment with psychotropic medication in the last six months?	Yes		No	
(c) Is there any history of alcoholism during the last two years?	Yes		No	
(d) Is there any history of drug or substance misuse during the last two years?	Yes		No	

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SECTION 5 - Vision

(a) Is there any evidence of a colour vision defect likely to lead to inability to distinguish red, green and white lights at 1 mile distance? * * If Ishihara Plates are used ensure that aids to colour vision are not being worn.	Yes		No	
(b) Can the applicant read 6/6 on the Snellen Chart at six metres distance in at least one eye with glasses or contact lenses if necessary?	No		Yes	
(c) Can the applicant read 6/6 with at least one eye without any visual aid?	No		Yes	
(d) Has the applicant an adequate field of vision with no progressive disease in at least one eye?	No		Yes	

SECTION 6 - Malignant Growths

(a) Does the applicant suffer from malignant disease likely to impair physical or mental fitness to undertake duties in the foreseeable future?	Yes		No	
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SECTION 7 - Musculoskeletal System

(a) Has the applicant reasonable physique to enable him to undertake intended duties and particularly to physically assist other persons to evacuate a vessel in an emergency?	No		Yes	
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SECTION 8 - Additional Notes/Restrictions

(Please give the Section number to which these notes refer)

SECTION 9 - Certification

I declare that I have examined the applicant in PART A and that my findings are recorded in PART B.

(Tick "v" against the appropriate box):

I certify the applicant Mr/Ms

	Master/Mate Boatmaster/Boatman	Engineer/Engine Driver	General Purpose Hand
Fit for duty on commercial vessels:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfit for duty on commercial vessels:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

.....
Signature of Medical Practitioner & Medical Registration Number

.....
Official Stamp of Medical Practitioner and Address

.....
Date

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PART C - Notes about Fitness

YOU ARE UNLIKELY TO BE ISSUED WITH A CERTIFICATE OF COMPETENCE IF, FOR EXAMPLE:

- you are liable to epileptic seizures or sudden disturbances of the state of consciousness
- you have had a coronary thrombosis or heart surgery
- you suffer problems with heart rhythm, or have a disease of the heart or arteries
- your blood pressure is not well controlled with drugs
- you need injections of insulin for diabetes
- you have had a stroke, or unexplained loss of consciousness
- you have had severe head injury with continuing loss of consciousness
- you suffer from Parkinson's Disease or Multiple Sclerosis
- you are being treated for severe mental or nervous problems
- you have had alcohol or drug addiction problems
- you have profound deafness and cannot communicate on the radio/telephone
- you suffer from double or tunnel vision
- you have any other condition which would/could cause problems regarding your fitness to navigate a vessel