

SELF DECLARATION OF MEDICAL FITNESS

Marine Safety (Domestic Commercial Vessel) National Law Act 2012 Marine Order 505 (Certificate of competency – national law) 2013

All applications for General Purpose Hand NC, Coxswain Grade 2 NC, Coxswain Grade 1 NC, Master <24m NC, Master (Inland Waters), Marine Engine Driver Grade 3 NC, Marine Engine Driver Grade 2 NC should complete this form.

| A. | . Applicant details | 5 | | |
|---|---|--|---|---|
| Title (Mr, Mrs, Ms, etc.) Surname | | | Given name | |
| i. | | | | |
| Stı | reet name and number | | Town / suburb | State Postcode |
| | | | | |
| Phone Mobile | | Mobile | Email | |
| | | | | |
| 1 | | tion: has there been any c I affect your ability to perform | change to your eyesight including aids to vis n duties? | ion or ☐ Yes ☐ No |
| 2 | Do you have unclear sp | peech or hesitation when you | u speak? | ☐ Yes ☐ No |
| 3 | Do you have trouble hearing a whispered voice or a watch ticking? Hearing aids are acceptable provided that their use does not impede watch keeping duties to be adequately performed. | | | |
| 4 | Do you have a hernia th | nat has not been corrected s | satisfactorily by a curative operation? | ☐ Yes ☐ No |
| 5 | Do you have any artificial limbs? Is any artificial limb likely to prevent you from performing duties on a commercial vessel? | | | ☐ Yes ☐ No ☐ Yes ☐ No |
| 6 | Do you have a cardiac | ☐ Yes ☐ No | | |
| 7 | Have you ever suffere | ☐ Yes ☐ No | | |
| 8 | Do you have insulin dependent diabetes or any form of controlled diabetes? | | | ☐ Yes ☐ No |
| 9 Have you been affected by pulmonary tuberculosis? | | | | ☐ Yes ☐ No |
| | you answered 'Yes' to quired. | any of the above, a med | dical examination and report by a qualifie | d medical practitioner is |
| B. | . Applicant's decl | aration and consen | t | |
| • | me from performing dut to the best of my know this application) is true of I consent to the Australia the information provided I I understand and acknown any information or document I understand and acknown | ties effectively as a crew menuledge the information provided and correct. In Maritime Safety Authority, as by me in this application (and a bwledge that the Australian Ment that the National Regulation) will be that the Australian information, document or ag | ally fit and there is no other medical condition of mber aboard a commercial vessel. ded by me in this application (and any attach so the National Regulator, making all reasonable eany attachments I have included with this application of Maritime Safety Authority, as the National Regulator reasonably considers necessary for consider Maritime Safety Authority, as the National Regulator reasonably reement that the National Regulator reasonably Name | ments I have included with enquiries in order to verify that on) is true and correct. lator, may ask that I provide eration of this application. Regulator, may ask another |
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| Wł | | | time Safety QLD • Transport Safety VIC • Marine a astructure SA • Department of Transport WA • Ma | |

Privacy Statement

The collection of information requested in this form is required or authorised by Schedule 1 of the Marine Safety (Domestic Commercial Vessel)

National Law Act 2012 (the Act). It will be used for purposes related to the Act and may be provided to Commonwealth or State / Territory government agencies for the purposes of marine safety. Failure to provide the information may result in the transaction not being processed. To contact us, or for more information on how to access or correct your personal information, how to make a privacy complaint, or how your information may be used or disclosed for purposes beyond those described in this statement, visit www.amsa.gov.au/privacy/