

Serial No. of Medical Certificate/Declaration of fitness : 

<b>E. SELF-DECLARATION</b>			
Have you ever had any of the following conditions?			
No	Condition	Yes:	No:
1.	Eye/vision problems		
2.	High blood pressure		
3.	Cardiovascular disease		
4.	Heart surgery		
5.	Varicose veins/haemorrhoids		
6.	Asthma/bronchitis		
7.	Blood disorder		
8.	Diabetes		
9.	Thyroid problems		
10.	Digestion disorder		
11.	Kidney problem		
12.	Skin problem		
13.	Allergies		
14.	Infectious/contagious diseases		
15.	Hernia		
16.	Genital disorder		
17.	Pregnancy		
18.	Sleep problem		
19.	Smoking of tobacco, abuse of 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 problems		
29.	Severe headaches		
30.	Ear (hearing, tinnitus)/nose/throat problem		
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:			

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No	Additional Questions	Yes:	No:
35.	Have you ever been signed off or repatriated due to illness?		
36.	Have you ever been hospitalized?		
37.	Have you ever been declared unfit to work on board ship?		
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.	Do you have any allergies?		
Comments:			
No	Medication	Yes:	No:
42.	Are you taking any non-prescription or prescription medications?		
If "Yes", please list the medications taken, and the purpose(s) and dosage(s):			

I hereby declare that the information above is complete and correct. I am aware that I will not be entitled to salary from the company if I have fraudulently concealed an injury or illness at the time of appointment, or if I have deliberately contracted the injury or illness after the appointment, cf. section 4-4 third paragraph of the Act of 21 June 2013 No. 102 relating to employment protection etc. for employees on board ships (Ship Labour Act). The concealment of injury or illness will be considered fraudulent if the injury or illness is related to health requirements to be satisfied pursuant to section 17 of the Act of 16 February 2007 No. 9 relating to Ship Safety and Security (Ship Safety and Security Act).

Place:	Date:	Employee's signature:
Certified by:	The witness' signature, and witness' name in typed letters:	

## F. CONSENT TO COLLECT MEDICAL INFORMATION

I hereby agree that relevant medical information relating to my previous illnesses may be obtained from a National Insurance office, doctor, hospital, other health institution and/or public authority by the approved seafarer's doctor, \_\_\_\_\_, for use in connection with the seafarer's doctor's assessment and, if applicable, for use by the Appellate body pursuant to the Health Regulations.

Place:	Date:	Employee's signature:
Certified by:	The witness' signature, and witness' name in typed letters:	