



Australian Government

MEDICAL FITNESS CERTIFICATE FOR A NEAR COASTAL QUALIFICATION – AMSA 559

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

Australian Maritime Safety Authority

Guidance on when to use this form

This form is to be completed by a qualified Medical Practitioner/Optomtrist, who should read the the document Guidelines for the medical assessment of near coastal seafarers which can be found at [Guidelines medical assessment near coastal seafarers](#)

A. Applicant details

Title (Mr, Mrs, Dr, etc) Surname		Given names		
<input type="text"/>		<input type="text"/>		
Street name and number		Town/suburb	State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Sex (M / F / X)	Type of certificate of competency (Deck / Dual / Engineering)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

B. Proof of identity

Passport Drivers licence Other (specify)

Number

C. General considerations

Domestic seafarers work on vessels in Australian waters, which may extend 200 nautical miles off the coast and thereby be extremely remote from full medical facilities. The primary objectives of a medical assessment of fitness for duty afloat are to ensure that individuals are fit to perform the essential tasks of their job at sea effectively and to anticipate and, where possible, prevent the avoidable occurrence of ill-health offshore which could place individuals, their colleagues and others at risk.

D. Results of examination

- Does the applicant have unclear speech or hesitation when they speak? Yes No
- Is the applicant unable to hear by testing of the whispered voice, watch or other approved tests ? < br /> If 'Yes', further testing should be conducted by means of an audiogram. Yes No
 - When an audiogram is used, the hearing requirements are:
 - hearing loss in the better ear must be ≤40 decibels (AMA standard) for the frequencies of 500Hz, 1000Hz and 2000Hz; and
 - if hearing level does not meet the standard mentioned in paragraph (a) — a hearing aid may be used if the standard can be met when using the aid.
 - The applicant may meet the standard by demonstrating hearing that meets the standard in 1 ear.
- Does the applicant have a hernia that has not been corrected satisfactorily by a curative operation? Yes No
- Does the applicant have any artificial limbs? Yes No
Will any artificial limb interfere with normal duties the applicant would be expected to perform on a commercial vessel? Yes No
- Does the applicant have a cardiac pacemaker implanted? Yes No
If 'Yes', taking into account the nature of the disease and the reliability of the Pacemaker, is the applicant considered fit to work as a crew member on a commercial vessel? Yes No
- Does the applicant have a history of epilepsy? Yes No
If 'Yes', taking into account the state of the applicant's health:

- Is the applicant managing the epilepsy efficiently? Yes No
 - Could the applicant perform the normal duties that the applicant would be expected to perform? Yes No
 - Will the safe operation of a vessel be affected by the applicant's condition? Yes No
7. Has the applicant been affected by pulmonary tuberculosis? Yes No
 If 'Yes', has the disease been controlled or been inactive for at least the previous 6 months? Yes No
8. Does the applicant have insulin dependent diabetes or any form of poorly controlled diabetes? Yes No
 If 'Yes', is the applicant managing the diabetes effectively? Yes No
 If 'Yes', please provide a statement as to how the applicant is managing the diabetes

9. Does the applicant suffer from any medical condition, physical or mental incapacity that may affect their ability to perform duties under this certificate? Yes No
 If 'Yes', please provide further information below.

E. Medical Practitioner's declaration

I have evaluated the above named applicant and, on the basis of their personal declaration and my clinical examination, declare that the applicant is fit and is not suffering from a medical condition likely to be aggravated by, or to render him/her unfit for, service at sea or likely to endanger the health of other persons on board.

Note: If the Medical Practitioner is unable to provide an answer in the affirmative to the above declaration, they should not sign this certificate.

Medical Practitioner signature	Medical Practitioner name	Date of examination

(valid for 2 years)

Medical Practitioner address

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.

F. Duty types

Type of duty	Certificate
Deck	Master < 24 m NC Master (Inland waters) Master < 35 m NC Mate < 80 m NC Master < 80 m NC
Engineering	Marine Engine Driver Grade 3 NC Marine Engine Driver Grade 2 NC Marine Engine Driver Grade 1 NC Engineer Class 3 NC
Dual	General Purpose Hand Coxswain Grade 2 NC Coxswain Grade 1 NC

How to lodge

Lodge with AMSA 426 Form