

Report to the Icelandic Transport Authority

CONFIDENTIAL

## Physical Examination Report

### on eyesight, hearing and health of seafarers

application for \_\_\_ a certificate \_\_\_ school admission \_\_\_ service on board ship

Name and Identification No. \_\_\_\_\_

Address \_\_\_\_\_

Ship \_\_\_\_\_

\_\_\_ master \_\_\_ deck officer \_\_\_ engineer officer \_\_\_ engine attendant \_\_\_ boatswain \_\_\_ seaman

Applicable certificate issued in the year \_\_\_\_\_

|        |        |                |       |             |                    |
|--------|--------|----------------|-------|-------------|--------------------|
| Height | Weight | Blood pressure | Pulse | Respiration | General appearance |
|--------|--------|----------------|-------|-------------|--------------------|

\_\_\_\_\_

|               |       |                        |       |
|---------------|-------|------------------------|-------|
| Head and Neck | _____ | Heart (cardiovascular) | _____ |
|---------------|-------|------------------------|-------|

|       |       |                         |       |
|-------|-------|-------------------------|-------|
| Lungs | _____ | Speech (Radio operator) | _____ |
|-------|-------|-------------------------|-------|

|              |             |             |
|--------------|-------------|-------------|
| Extremities: | Upper _____ | Lower _____ |
|--------------|-------------|-------------|

Eyesight - last examination of eyes and eyesight test \_\_\_\_\_

|              |    |     |                         |    |     |
|--------------|----|-----|-------------------------|----|-----|
| Case history | No | Yes | Eyesight in dusk normal | No | Yes |
|--------------|----|-----|-------------------------|----|-----|

|                      |       |       |                             |       |       |
|----------------------|-------|-------|-----------------------------|-------|-------|
| Eyesight disturbance | _____ | _____ | Uses glasses/contact lenses | _____ | _____ |
|----------------------|-------|-------|-----------------------------|-------|-------|

|                 |       |       |                             |       |       |
|-----------------|-------|-------|-----------------------------|-------|-------|
| Change in focus | _____ | _____ | Uses glasses/contact lenses | _____ | _____ |
|-----------------|-------|-------|-----------------------------|-------|-------|

|        |                    |                                |
|--------|--------------------|--------------------------------|
| Vision | Without correction | With glasses or contact lenses |
|        | Right eye _____    | Right eye _____                |
|        | Left eye _____     | Left eye _____                 |

|                 |   |   |
|-----------------|---|---|
| Reading vision: | 30-40 cm distance: _____<br>(at least N.5, 1.5 mm high capital letters) | 30-40 cm distance: _____<br>(at least N.5, 1.5 mm high capital letters) |
|                 | 100 cm distance: _____<br>(at least N.14, 4 mm high capital letters)    | 100 cm distance: _____<br>(at least N.14, 4 mm high capital letters)    |

|                  |        |       |            |
|------------------|--------|-------|------------|
| Examination:     | Normal | Doubt | Not normal |
| Colour vision    | _____  | _____ | _____      |
| Field of vision  | _____  | _____ | _____      |
| Eyesight in dusk | _____  | _____ | _____      |

|                                  |                        |              |                                |            |
|----------------------------------|------------------------|--------------|--------------------------------|------------|
| <b>Ears and hearing</b>          | <b>Last test</b> _____ |              | <b>Last hearing test</b> _____ |            |
| <b>Case history:</b>             | <b>No</b>              | <b>Yes</b>   | <b>No</b>                      | <b>Yes</b> |
| <b>Loss of hearing</b>           | _____                  | _____        | <b>Ear inflammations</b>       | _____      |
| <b>Work in noisy environment</b> | _____                  | _____        | <b>Intoxication</b>            | _____      |
| <b>Explosions</b>                | _____                  | _____        | <b>Other diseases</b>          | _____      |
| <b>Use of guns</b>               | _____                  | _____        | <b>Dizziness</b>               | _____      |
| <b>Examination:</b>              | <b>Normal</b>          | <b>Doubt</b> | <b>Not normal</b>              |            |
| <b>Right eardrum</b>             | _____                  | _____        | _____                          |            |
| <b>Left eardrum</b>              | _____                  | _____        | _____                          |            |
| <b>Auditory canal</b>            | _____                  | _____        | _____                          |            |

|                          |                                  |                    |                    |                    |                    |
|--------------------------|----------------------------------|--------------------|--------------------|--------------------|--------------------|
| <b>Hearing test:</b>     | <b>Type of measuring device:</b> |                    |                    |                    |                    |
| <b>Frequency:</b>        | <b>0.5 kilohertz</b>             | <b>1 kilohertz</b> | <b>2 kilohertz</b> | <b>3 kilohertz</b> | <b>4 kilohertz</b> |
| <b>Hearing-threshold</b> | _____                            | _____              | _____              | _____              | _____              |

The hearing test is conducted with the aid of a headset and is to be repeated after two years.

**General health situation. Last examination** \_\_\_\_\_

The applicant, as far as can be concluded from case history and by examination, is not mentally ill, does not suffer from alcoholism or drug addiction, neurological disease, cardiovascular disease or other diseases which could endanger a ship or ship's personnel while carrying out his/her duties on board.

## Conclusion

- \_\_\_\_\_ The applicant fulfils the requirements made for:
- \_\_\_\_\_ admission as trainee for deck officer's certification.
- \_\_\_\_\_ admission as trainee for engineering officer's certificate.
- \_\_\_\_\_ revalidation of a deck officers' certificate of competency.
- \_\_\_\_\_ revalidation of an engineering officers' and supervisors' certificate of competency
- \_\_\_\_\_ being signed on board a merchant ship
- \_\_\_\_\_ The applicant fulfils the requirements made, except the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The applicant is referred to a medical specialist in \_\_\_\_\_  
for further examination. (specialty)

**Place and date** \_\_\_\_\_

**Name of doctor and number** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Address** \_\_\_\_\_