SWEDISH TRANSPORT AGENCY

Health declaration for seafarers

Seafarer information

Name			Personal identity number
Nationality	Gender ☐ Male		☐ Female
Telephone number	E-mail address		

Type of identification

☐ Driver's license	☐ Passport	☐ Other	☐ Known to the doctor
Address			
Postcode	Town/city	Country	

Has the person turned 20 years		Have the identification documents been checked?		The person has consented to digital storage		Seafarer´s signature
☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	

Details of intended trade area and position on board

Intended trade area ☐ Swedish sheltered trade	☐ European trade	☐ Worldwide
☐ Fisherman – working on a fishing vessel under 24 m in length or fishing vessel which normally remains at sea for less than 3 days	☐ Fisherman – other fishing vessels	

Intended position on board, group

☐ Group 1, Deck personnel, all personnel in the deck department partaking in safe manning	☐ Group 2a, Deck personnel, not partaking in safe manning		
☐ Group 2b, Engine personnel	☐ Group 3, Other personnel		
☐ Group 4, Radio personnel	Is the seafarer a beginner for the given group	☐ Yes	☐ No

Have you, or have you ever had any of the following conditions:

	Yes	No	Comments:
Chronic infectious disease	☐	☐	
Metabolic disorders	☐	☐	
Diabetes	☐	☐	
Cardiovascular disease, including hypertension	☐	☐	

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Have you, or have you ever had any of the following conditions:

	Yes	No	Comments:
Respiratory or lung disease including asthma, allergies	☐	☐	
Dermatitis, including eczema	☐	☐	
Gastrointestinal disorder	☐	☐	
Psychological problems including alcoholism, drug abuse, nervous disorders, eating disorder	☐	☐	
Attention deficit hyperactivity disorder	☐	☐	
Illness in musculoskeletal system e.g. skeleton, joints, muscles, tendons	☐	☐	
Congenital disorder	☐	☐	
Urinary tract- or kidney disease, including disease of the prostate	☐	☐	
Blood disease	☐	☐	
Neurological disorder, including multiple sclerosis	☐	☐	
Epilepsy	☐	☐	Latest seizure, when?
Serious cranium- or brain injury with more than 30 min. of unconsciousness	☐	☐	
Eye or ear disease	☐	☐	
Tumours	☐	☐	
Other chronic or serious illness	☐	☐	
Blood disease	☐	☐	

Protection against tuberculosis

	Yes	No	Comments:
Have you been tested for tuberculosis	☐	☐	
Have you been chest x-rayed	☐	☐	
Have you been vaccinated against tuberculosis	☐	☐	

Additional questions

	Yes	No	Comments:
Do you regularly use any medicine	☐	☐	
Do you consider yourself to be completely fit for service	☐	☐	
Have you ever been examined with the intention of obtaining a medical certificate for seafarers	☐	☐	

I solemnly declare the above particulars to be, to my knowledge, fully in accordance with the truth

Date	Printed name
Signature of seafarer	

The fields below to be filled in by the doctor

Vision examination		
	Yes	**No**
Is there any indication of double vision, as double vision is defined in the STCW Code, section A-I/9?	☐	☐
Is there any indication of night blindness, as night blindness is defined in the STCW Code, section A-I/9?	☐	☐
Does the seafarer meet the visual field standards in the STCW Code, section A-I/9 and TSFS 2011:117?		
Right eye	☐	☐
Left Eye	☐	☐
Does the seafarer meet the colour vision standards in the STCW Code, section A-I/9?	☐	☐
Date of last colour vision test (DDMMYY)	Date	

	Unaided			**Aided**		
Visual acuity	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant						
Near						

	Normal speech				**Whisper**			
Hearing	**Right**		**Left**		**Right**		**Left**	
1 meter	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
2 meter	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
4 meter	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No

Pure-tone audiometry (dB)						
Frequency	**500Hz**	**1000Hz**	**2000Hz**	**3000Hz**	**4000Hz**	**6000Hz**
Right ear	☐ Ja ☐ Nej	☐ Ja ☐ Nej	☐ Ja ☐ Nej	☐ Ja ☐ Nej	☐ Ja ☐ Nej	☐ Ja ☐ Nej
Left ear	☐ Ja ☐ Nej	☐ Ja ☐ Nej	☐ Ja ☐ Nej	☐ Ja ☐ Nej	☐ Ja ☐ Nej	☐ Ja ☐ Nej

Weight, kg	Height, cm	BMI	Blood pressure