



SELF DECLARATION OF MEDICAL FITNESS

In line with the Australian Maritime Safety Authority's *Self Declaration of Medical Fitness form AMSA558 (06/13)*, the Australian Maritime & Fisheries Academy requires all students to complete this form to assess a student's ability to undertake their chosen course(s). All information collected will be retained in line with the Commonwealth Privacy Act 1988.

- This form is for:** (tick relevant boxes)
- | | |
|--|--|
| <input type="checkbox"/> Marine Radio | <input type="checkbox"/> Master (Inland Waters) |
| <input type="checkbox"/> Elements of Shipboard Safety | <input type="checkbox"/> Master <35m NC (or Master 4, Skipper Grade 2) |
| <input type="checkbox"/> STCW Certificate of Safety Training | <input type="checkbox"/> Master <24m NC (or Master 5, Skipper Grade 3) |
| <input type="checkbox"/> Coxswain Grade 2 NC | <input type="checkbox"/> Marine Engine Driver Grade 3 NC (or Marine Engine Driver Grade 3) |
| <input type="checkbox"/> Coxswain Grade 1 NC (or Coxswain) | <input type="checkbox"/> Marine Engine Driver Grade 2 NC (or Marine Engine Driver Grade 2) |
| | <input type="checkbox"/> Marine Engine Driver Grade 1 NC (or Marine Engine Driver Grade 1) |

1 Eyesight

Do you have any eyesight loss or condition, including colour vision, that would affect your ability to perform duties? Yes No

If YES, further testing and report by a qualified medical practitioner/optometrist may be required.

2 Speech

Do you have difficulty talking clearly and without hesitation? Yes No

If YES, further testing and report by a qualified medical practitioner may be required.

3 Hearing

Do you have any deafness, hearing loss or other condition which may prevent you from being able to hear a whispered voice or a watch ticking? Yes No

If YES, further testing and report by a qualified medical practitioner may be required. Hearing aids are acceptable provided that their use does not impede the training to undertake watch keeping duties to be adequately performed by the applicant.

4 Hernia

Do you have a condition of hernia? Yes No

Have you had your hernia corrected satisfactorily by a curative operation? Yes No

If YES, a statement from a qualified medical practitioner that the condition has been corrected satisfactorily may be required.

5 Artificial Limbs

Do you have any artificial limbs? Yes No

If YES, is any artificial limb likely to prevent you from undertaking training to perform duties on a commercial vessel? Yes No

A clearance statement by a qualified medical practitioner may be required.

6 Cardiac Pacemaker

Do you have a cardiac pacemaker implanted? Yes No

If YES, a statement by a qualified medical practitioner that the applicant is considered fit to work as a crew member on a commercial vessel is required.

7 Epilepsy

Have you ever suffered from epileptic seizures? Yes No

If YES, a statement from qualified medical practitioner that the applicant has been free from attack without the use of anticonvulsant medication for at least 2 years may be required.

8 Diabetes

Do you have insulin dependent diabetes or any form of controlled diabetes? Yes No

If YES, a statement from a qualified medical practitioner that the applicant is managing the diabetes effectively may be required.

9 Tuberculosis

Have you been affected by pulmonary tuberculosis? Yes No

If YES, a statement from a qualified medical practitioner that the disease has been controlled or has been inactive for at least the previous 6 months may be required.

10 Other Conditions

Please state any other conditions that may impact upon your ability to complete the training, including but not limited to: arthritis; back problems; burns; cardiac problems; claustrophobia; colour blindness; low general fitness; hearing aids; heat sensitivity; inability to swim; obesity; sea sickness; skin conditions; vertigo; unassisted vision.

EMERGENCY CONTACT DETAILS						
Name		Phone				
Email		Mobile				
Address		State		Postcode		

STATEMENT BY APPLICANT						
I,	(Full Name)	Date of Birth	dd	mm	yyyy	
Address		Phone				
		State		Postcode		
declare that: <ul style="list-style-type: none"> to the best of my knowledge and belief I am physically fit and there is no other medical condition or disability likely to prevent me from completing the training I intend to undertake. to the best of my knowledge the information provided by me in this declaration (and any attachments I have included with this declaration) is true and correct. If an ambulance is required to respond to any medical emergency I might experience, the cost of the ambulance will be at my expense. 						
Signed by the Applicant		Date	dd	mm	yyyy	

PRIVACY STATEMENT
 The purpose of collection this information is to allow the Australian Maritime and Fisheries Academy to determine whether an applicant will be able to manage the demands of courses that involve aspects of medical ability covered in this form. All information collected will be retained in line with the strict requirements of the Commonwealth Privacy Act 1988 and the Australian Maritime and Fisheries Academy's Privacy policy.

ADMINISTRATIVE USE ONLY																			
1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>
ESS	<input type="checkbox"/>	STCW	<input type="checkbox"/>	CX1	<input type="checkbox"/>	CX2	<input type="checkbox"/>	RMIW	<input type="checkbox"/>	M5	<input type="checkbox"/>	M4	<input type="checkbox"/>	MED3	<input type="checkbox"/>	MED2	<input type="checkbox"/>	MED1	<input type="checkbox"/>