

Vessel Crew Medical Fitness Declaration

Crew Member Details

Full Name

Rank/Position

Date of Birth

Passport/Seaman Book Number

Nationality

Medical History

☐

Heart Disease

☐

Hypertension

☐

Diabetes

☐

Epilepsy

☐

Asthma

☐

Tuberculosis

☐

Psychiatric Illness

☐

Physical Impairment

☐

Other

If any of the above are checked or any other condition exists, provide details

Current Health Status

Are you currently taking any medication?

Have you had any symptoms or medical issues in the last 6 months?

Declaration

Crew Member Signature

Date

Witness/Officer Signature

Date