## **Deck Officer Health Status Disclosure Form**

Full Name
Rank/Position
Date of Birth
Nationality
Validity of Medical Certificate
Current Health Status
Are you currently taking any medications?
Do you have any known medical conditions?
Have you experienced any illness or injury in the last 12 months?
Trave you experienced any niness of rigary in the last 12 monais:
Additional Information (if any)
Date
Signature