

# Marine Surveyor Medical Fitness Declaration Form

## Personal Details

Full Name

Date of Birth

Identification/Passport No.

Nationality

Contact Number

Email Address

## Medical History

☐ I hereby declare I am fit for marine surveying duties.

Please indicate if you have ever had any of the following medical conditions:

☐ Heart condition ☐ Epilepsy/Seizures ☐ Diabetes ☐ High blood pressure

☐ Respiratory problems ☐ Mental health issues ☐ Vision impairment ☐ Other (please specify below)

If "Other" or any of the above checked, provide details:

## Declaration

I hereby confirm that the information provided above is accurate and complete to the best of my knowledge. I understand that withholding or providing false information may affect my eligibility to perform marine surveyor responsibilities.

Signature

Date