



Application for: a certificate school admission service on board ship

| |
|-----------------------------|
| Name and Identification No. |
| Address |
| Ship |

master deck officer engineer officer engine attendant boatswain seaman

Applicable certificate issued in the year

| | | | | | |
|--------|--------|----------------|-------|-------------|--------------------|
| Height | Weight | Blood pressure | Pulse | Respiration | General appearance |
|--------|--------|----------------|-------|-------------|--------------------|

| | |
|---------------|-------------------------|
| Head and Neck | Heart (cardiovascular) |
| Lungs | Speech (Radio operator) |

Extremities

| | |
|-------|-------|
| Upper | Lower |
|-------|-------|

Eyesight

Last examination of eyes and eyesight

| | | | | | |
|----------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| Case history | No | Yes | Eyesight in dusk normal | No | Yes |
| Eyesight disturbance | <input type="checkbox"/> | <input type="checkbox"/> | Uses glasses/contact lenses | <input type="checkbox"/> | <input type="checkbox"/> |
| Change in focus | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Vision

Without correction

With glasses or contact lenses

| |
|-----------|
| Right eye |
| Left eye |

| |
|-----------|
| Right eye |
| Left eye |

Reading vision

| |
|---|
| 30-40 cm distance: At least. N. 5, 1.5 mm high capital letters |
| 100 cm distance: At least. N. 14, 4 mm high capital letters |

| |
|--|
| 30-40 cm distance: At least N. 5, 1.5 mm high capital letters |
| 100 cm distance: At least N. 14, 4 mm high capital letters |

| | | | |
|------------------|--------------------------|--------------------------|--------------------------|
| Examination: | Normal | Doubt | Not normal |
| Color vision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Field of vision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eyesight in dusk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|---------------------------|--------------------------|--------------------------|------------------------|--------------------------|
| Ears and hearing | Last test_____ | | Last hearing test_____ | |
| Case history | No | Yes | No | Yes |
| Loss of hearing | <input type="checkbox"/> | <input type="checkbox"/> | Ear inflammations | <input type="checkbox"/> |
| Work in noisy environment | <input type="checkbox"/> | <input type="checkbox"/> | Intoxication | <input type="checkbox"/> |
| Explosions | <input type="checkbox"/> | <input type="checkbox"/> | Other diseases | <input type="checkbox"/> |
| Use of guns | <input type="checkbox"/> | <input type="checkbox"/> | Dizziness | <input type="checkbox"/> |

| | | | |
|----------------|--------------------------|--------------------------|--------------------------|
| Examination: | Normal | Doubt | Not normal |
| Right eardrum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Left eardrum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Auditory canal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|-------------------|---------------------------|-------------|-------------|-------------|-------------|
| Hearing test: | Type of measuring device: | | | | |
| Frequency: | 0.5 kilohertz | 1 kilohertz | 2 kilohertz | 3 kilohertz | 4 kilohertz |
| Hearing threshold | _____ | _____ | _____ | _____ | _____ |

The hearing test is conducted with the aid of a headset and is to be repeated after two years.

General health situation. Last examination_____

The applicant, as far as can be concluded from case history and by examination, is not mentally ill, does not suffer from alcoholism or drug addiction, neurological disease, cardiovascular disease or other diseases which could endanger a ship or ship's personnel while carrying out his/her duties on board.

Conclusion

The applicant fulfils the requirements made for:

- Admission as trainee for deck officer's certification.
- Admission as trainee for engineering officer's certificate.
- Revalidation of a deck officer's certificate of competency
- Revalidation of an engineering officer's and supervisors' certificate of competency
- Being signed on board a merchant ship
- The applicant fulfils the requirements made, except the following:

The applicant is referred to a medical specialist in_____ (specialty)
for further examination.

| | |
|----------------|---------------------------|
| Place and date | Name of doctor and number |
| Signature | Address |

Requirements regarding sight, hearing and other medical fitness requirements:
Annex I of Regulation No 944/2020, cf. Art. 8 Para. 4. of Act No 30/2007