Virgin Islands Shipping & Maritime Authority

Medical Report Form

For use in connection with an application for a Boatmaster's (Captain's) Licence.

WHAT TO DO:
A Medical Practitioner who may be your GP must fill in PART B of the Medical Report. He/she may charge you a fee for this report. Please read the **Notes about Fitness at PART C.** Then, if you have any doubts about your fitness, talk to your Doctor **before** you ask for an examination.

The purpose of the form is to obtain a factual report of your health and medical history. The form is designed so that, if **Part B** of the report shows ticks in Box 2 only without any qualifying remarks by the Medical Practitioner, you will be considered medically fit to hold a Licence/Certificate. If there are ticks in Box1, or if the Medical Practitioner has made qualifying remarks in Section 8, you cannot automatically be considered fit, and the Marine Office cannot issue you Licence/Certificate. But you have the right to have your case reviewed by the Director of Marine Services Chief Medical Adviser.

For the purposes of medical review, you may wish to provide further information. This may include medical evidence from your GP or a specialist consultant, if appropriate, as to your fitness to hold a Licence/Certificate. Medical evidence should be submitted in an envelope marked "Private and Confidential" to the Chief Medical Adviser, (DMS). It will also assist the Chief Medical Adviser to make a decision if you include information about the work for which you need the Licence/Certificate (area of operation, duties, manning of the vessel etc.).

Based on this evidence the Chief Medical adviser will decide whether or not you meet the necessary requirements, and whether a restriction should be placed on your Licence/Certificate.
You must tell the Marine Services Unit if during the validity of your Licence/Certificate; you develop a condition or disability, which affects your fitness to work. This includes mental as well as physical conditions.

PART A TO BE COMPLETED BY THE APPLICANT

Full Name:

Home Address:

Tel. No. Work:

Tel. No. Home:

Date of Birth:

Place of Birth:

Date of the first Licence/Cert:

YOU MUST SIGN THIS DECLARATION WHEN YOU ARE WITH THE DOCTOR WHO WILL BE FILLING IN PART B OF THIS REPORT

I authorize my Doctors and Specialists to release confidential information to the Chief Medical Adviser, if any matter affecting my fitness arises during the period of the Licence/Certificate or in connection with this application.

I also authorize the Chief Medical Adviser to advise the Marine Services Unit of my fitness

Applicants Signature:

Date:

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PART B
Medical Report – to be completed by the Doctor

SECTION 1 Cardiac

		Box 1		Box 2
a. Is there evidence of serious congenital heart disease requiring Consultant Cardio logical review at least every year?	**Yes**		**No**	
b. Is the applicant suffering from, or having attacks of angina of effort or receiving continuous treatment to prevent angina from manifesting itself?	**Yes**		**No**	
c. Has the applicant suffered form myocardial infarction, unstable angina coronary artery bypass surgery or coronary angioplasty?	**Yes**		**No**	
If **YES** please answer the following: (i) give the time elapsed since the event (ii) if the applicant remains on medication, give details (iii) give details of any continuing symptoms/clinical signs of heart disease (please use Section 8 if necessary)				
d. Has the applicant uncontrolled complete heart block?	**Yes**		**No**	
e. Has a cardiac pacemaker been implanted?	**Yes**		**No**	
If **Yes** please answer the following: Is the applicant a pacemaker clinic for at least annual review?	**Yes**		**No**	
f. Has a Cardiacoverter/defibrillator device been implanted?	**Yes**		**No**	
g. Is there currently a serious disturbance of cardiac rhythm associated with documented ischaemic or valvular heart disease?	**Yes**		**No**	
h. Is the applicant in need of medication to prevent paroxysmal arrhythmia (except for beta-blockers, verapamil and digoxin?	**Yes**		**No**	
If **Yes** please give details				
i. Has the applicant undergone heart transplant or heart/lung transplant surgery?	**Yes**		**No**	
j. Has the applicant evidence of an aortic aneurysm that has not been successfully treated by surgery?	**Yes**		**No**	

SECTION 2 Diabetes Mellitus

a. Is the applicant a diabetic requiring insulin injections?	**Yes**		**No**	

SECTION 3 Nervous Systems

a. Is the applicant liable to epileptic seizures or other sudden disturbances of the state of consciousness other than simple syncope? (If there is any doubt the opinion of a consultant neurologist should be obtained)	**Yes**		**No**	
b. Is there a history of any major or minor stroke within the last five years?	**Yes**		**No**	
c. Is there a history of Multiple Sclerosis or Parkinson's disease?	**Yes**		**No**	
d. Is there a history of malignant brain tumour in the last five years?	**Yes**		**No**	
e. Is there a history of serious head injury with continuing symptoms?	**Yes**		**No**	
f. Is there profound deafness that prevents communications by radio/ telephone?	**Yes**		**No**	

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SECTION 4 Psychiatric Illnesses

a. Has the applicant suffered from a psychotic illness or required treatment for a psychotic illness in the past two (2) years?	**Yes**		**No**	
b. Has the applicant suffered from a serious mental disorder requiring treatment with psychotropic medication in the last six (6) months?	**Yes**		**No**	
c. Is there any history of alcoholism during the last two (2) years?	**Yes**		**No**	
d. Is there any history of drug or substance misuse during the last two (2) years?	**Yes**		**No**	

SECTION 5 Visions

a.Is there any evidence of a colour vision defect likely to lead to inability to distinguish red, green and white lights at (1) mile distance? ***** * **If Ishihara Plates are used ensure that aids to colour vision are not being worn.**	**Yes**		**No**	
b. Can the applicant read 6/6 on the Snellen Chart at six (6) meters distance in at least one eye with glasses or contact lenses if necessary?	**No**		**Yes**	
c. Can the applicant read 6/60 with at least one eye without any visual aid?	**No**		**Yes**	
d. Has the applicant an adequate field of vision with no progressive disease in at least one eye?	**No**		**Yes**	

SECTION 6 Malignant Growths

a. Does the applicant suffer from malignant disease likely to impair physical or mental fitness to undertake duties in the foreseeable future?	**Yes**		**No**	

SECTION 7 Musculoskeletal Systems

a. Has the applicant reasonable physique to enable him to undertake intended duties and particularly to physically assist other persons to evacuate a vessel in an emergency?	**No**		**Yes**	

SECTION 8 Additional Notes

(Please give the Section number to which these notes refer)

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SECTION 9 Certification

I certify that I examined the applicant in **PART A** and the findings are recorded in **PART B.**

Signature of the Registered Medical Practitioner | **Date**

Name & Address

Official Stamp

Are you the applicant's General Practitioner?

Yes ☐ **No** ☐

Notes about Fitness

YOU ARE UNLIKELY TO BE ISSUED WITH A LICENCE/CERTIFICATE IF, FOR EXAMPLE:

- you are liable to epileptic seizures or sudden disturbances of the state of consciousness
- you have had a coronary thrombosis or heart surgery
- you suffer problems with heart rhythm, or have a disease of the heart or arteries
- your blood pressure is not well controlled with drugs
- you need injections of insulin for diabetes
- you have had a stroke, or unexplained loss and consciousness
- you have had severe head injury with continuing loss of consciousness
- you suffer from Parkinson's disease or Multiple Sclerosis
- you are being treated for mental or nervous problems
- you have had alcohol or drug addition problems
- you have profound deafness and cannot communicate on the radio/telephone
- you suffer from double or tunnel vision
- you have any other condition which would/could cause problems regarding your fitness to navigate a vessel