



**MINISTRY OF TRANSPORT**  
**DEPARTMENT OF MARINE ADMINISTRATION**  
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Date: 30<sup>th</sup> October 2015

## Marine Guidance ( 1/2015)

### “Online Certification System to issue Myanmar Seafarer’s Medical Certificates”

<b>Applicable to:</b>	Ship Masters, seafarers, maritime institutions, shipowners and Seafarer Recruitment and Placement Services (SRPS), approved medical doctors and approved medical referees.
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**Ref:**

- (a) *Shipping Circular 4/2012*
- (b) *Shipping Circular 1/2013*
- (c) *Notification 108/2012*
- (d) *International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, and the Code, including Manila amendments;*
- (e) *ILO/WHO publication Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers.*

1. With effect from the Date of 31 July 2012, the approved medical doctors, medical referees, shipowners, agents, masters and seafarers have been following the Guidance for Seafarer Medical Examinations and Certifications, as amended.
2. Medical certificates to seafarers are to be issued in accordance with the provisions of section A-I/9 and guidelines in B-I/9 of the revised STCW Code and shall be valid for 2 years, but not more than 1 year in the case of a seafarer under the age of 18 years or over the age of 60 years.
3. In order to establish a credible system for issuance of medical certificates for Myanmar seafarers as well as for efficient verification from the database system, the online certification is introduced on the real time basis.
4. Once a medical certificate is issued to a seafarer the system will automatically report to the DMA. The examinee seafarer will receive a printed **medical certificate** in A5 size with security paper and a medical examination records (booklet). This **medical certificate** should only be available for inspection by authorities that may be collected by ship master. Medical examination records (booklet) which is stamped as **“CONFIDENTIAL (to be kept by seafarer only)”** should only be kept by seafarer individually and that should not be exposed to other parties without the permission of the seafarer concerned. The contents of the medical records will be kept confidential and shall only be used to facilitate the treatment of the seafarer.


5. In view of the above requirements the latest version of the Guidance for Seafarer Medical Examinations and Certifications, as amended has been published and downloadable from the [website: \*\*http://www.dma-mm.org/\*\*](http://www.dma-mm.org/) issued by the Department of Marine Administration.
6. The existing medical certificate will remain valid until its expiry date.
7. This Marine Guidance serves to inform with effect from the date of **1 November 2015** that may serve as supplement to the Shipping Circular No. 4/2012.

Attachment: Appendix A: Specimen of medical certificate  
Appendix B: Specimen of medical records booklet

Maung Maung Oo  
Director General  
Department of Marine Administration

## 24.9 Form VI

## Medical Records



**GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR**  
**MINISTRY OF TRANSPORT**  
**DEPARTMENT OF MARINE ADMINISTRATION**  
 YANGON, MYANMAR

**MEDICAL RECORDS  
 FOR  
 MYANMAR SEAFARERS**

Issued under the provision of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW), 1978, as amended and to meet the requirements of the Maritime Labour Convention (MLC), 2006

Name of Seafarer : \_\_\_\_\_  
 Seafarer's Book Number : \_\_\_\_\_  
 VALID UP TO : \_\_\_\_\_  
 REGISTRATION DATE : \_\_\_\_\_

**CONFIDENTIAL**  
 (သင်္ဘောသားကိုယ်တိုင် သိမ်းဆည်းထားရန် အတုကံသာ)

REGISTRATION NO.: \_\_\_\_\_ YANGON

### Record of Medical Examinations for Seafarers

Issued under the provision of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW), 1978 as amended and in line with the Maritime Labour Convention (MLC, 2006) of ILO

#### I. Examinee's Information

Full Name: \_\_\_\_\_

Age \_\_\_\_\_ Date of birth (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex  male  female

Passport No. : \_\_\_\_\_

Seafarer's Book No. : \_\_\_\_\_

N.R.C No. : \_\_\_\_\_

Home address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Department served on board (deck/ engine / radio/ catering/other) \_\_\_\_\_  
 \_\_\_\_\_

Routine and emergency duties (if known): \_\_\_\_\_  
 \_\_\_\_\_

Type of ship (e.g. general cargo, container, tanker, bulk, passenger) \_\_\_\_\_

Trade area (e.g. coastal, near-coastal, tropical, ASEAN, worldwide) \_\_\_\_\_  
 \_\_\_\_\_

## II. Examinee's Personal Declaration

*Have you ever had any of the following conditions?*

Condition	Yes	No
1. Eye/vision problem	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
3. Heart/vascular disease	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>
5. Varicose veins/piles	<input type="checkbox"/>	<input type="checkbox"/>
6. Asthma/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
7. Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>
8. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
9. Thyroid problem	<input type="checkbox"/>	<input type="checkbox"/>
10. Digestive disorder	<input type="checkbox"/>	<input type="checkbox"/>
11. Kidney problem	<input type="checkbox"/>	<input type="checkbox"/>
12. Skin problem	<input type="checkbox"/>	<input type="checkbox"/>
13. Allergies	<input type="checkbox"/>	<input type="checkbox"/>
14. Infectious/contagious diseases	<input type="checkbox"/>	<input type="checkbox"/>
16. Hernia	<input type="checkbox"/>	<input type="checkbox"/>
18. Genital disorders	<input type="checkbox"/>	<input type="checkbox"/>
17. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
18. Sleep problems	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you smoke, use alcohol or drugs?
20. Operation/surgery
21. Epilepsy/seizures
22. Dizziness/fainting
23. Loss of consciousness
24. Psychiatric problems
25. Depression
26. Attempted suicide
27. Loss of memory
28. Balance problem
29. Severe headaches
30. Ear(hearing, tinnitus)/nose/throat problems
31. Restricted mobility
32. Back or joint problem
33. Amputation
34. Fractures/dislocations

*If you answered "yes" to any of the above questions, please give details:*

Additional question	Yes	No
---------------------	-----	----

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 35. Have you ever been signed off as sick or repatriated from a ship?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been hospitalized?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Have you ever been declared unfit for sea duty?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Are you aware that you have any medical problems, diseases or illnesses?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Are you allergic to any medications?  | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

42. Are you taking any non-prescription or prescription medications?  Yes  No

If "yes", please list the medications taken, and the purpose(s) and dosage(s):

**RELEASE**

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Witnessed by (signature): \_\_\_\_\_

Name of witness: \_\_\_\_\_

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. \_\_\_\_\_ (the approved medical doctor).

Signature of examinee \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Witnessed by (signature): \_\_\_\_\_

Name of witness: \_\_\_\_\_

Date and contact details for previous medical examination (if known):

### III. Medical Examination

(to be completed by the physician)

#### Sight

Use of glasses or contact lenses: Yes  No   
 (if yes, specify which type and for what purpose)

#### Visual acuity

Unaided	Right eye	Left eye	Binocular
Distant			
Near			
Aided	Right eye	Left eye	Binocular
Distant			
Near			

#### Visual Field

Normal

Defective

Right eye	<input type="checkbox"/>	<input type="checkbox"/>
Left eye	<input type="checkbox"/>	<input type="checkbox"/>

#### Color vision

Not tested       Normal  
 Doubtful       Defective

#### Hearing

##### Pure tone and audiometry (Threshold values in dB)

Ear	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right				
Left				

##### Speech and whisper test (metres)

Ear	Normal	Whisper
Right		
Left		

### IV. Clinical findings

(to be completed by the physician)

Height: \_\_\_\_\_ cm; Weight: \_\_\_\_\_ (kg)

Pulse rate: \_\_\_\_\_ /minute; Rhythm \_\_\_\_\_

Blood pressure: *Systolic*: \_\_\_\_\_ (mm Hg); *Diastolic*: \_\_\_\_\_ (mm Hg)

Urinalysis: Glucose: \_\_\_\_\_ Protein: \_\_\_\_\_ Blood: \_\_\_\_\_

	Normal	Abnormal
1. Head	<input type="checkbox"/>	<input type="checkbox"/>
2. Sinuses, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>
3. Mouth/teeth	<input type="checkbox"/>	<input type="checkbox"/>
4. Ears (general)	<input type="checkbox"/>	<input type="checkbox"/>
5. Tympanic membrane	<input type="checkbox"/>	<input type="checkbox"/>
6. Eyes	<input type="checkbox"/>	<input type="checkbox"/>
7. Ophthalmoscopy	<input type="checkbox"/>	<input type="checkbox"/>
8. Pupils	<input type="checkbox"/>	<input type="checkbox"/>
9. Eye movement	<input type="checkbox"/>	<input type="checkbox"/>
10. Lungs and chest	<input type="checkbox"/>	<input type="checkbox"/>
11. Breast examination	<input type="checkbox"/>	<input type="checkbox"/>

- |                                  |                          |                          |
|----------------------------------|--------------------------|--------------------------|
| 12. Heart                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Skin                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Varicose veins               | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Vascular (inc. pedal pulses) | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Abdomen and viscera          | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Hernia                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Anus (not rectal exam.)      | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. G-U system                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Upper and lower extremities  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Spine (C/S, T/S and L/S)     | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Neurologic (full brief)      | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Psychiatric                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. General appearance           | <input type="checkbox"/> | <input type="checkbox"/> |

### Chest X-ray

Not performed     Performed (date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

Results: \_\_\_\_\_  
 \_\_\_\_\_

### ECG

Results: \_\_\_\_\_  
 \_\_\_\_\_

### Ultrasound

Results: \_\_\_\_\_  
 \_\_\_\_\_

### Other diagnostic test(s) and result(s)

Test: \_\_\_\_\_      Result: \_\_\_\_\_

Medical doctor's comments and assessment of fitness, with reasons for any limitations:



## V. Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded on the medical examination form, I declare the examinee medically:

Fit for lookout duty       Not fit for lookout duty

	Deck Service	Engine Service	Catering Service	Other Services
Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Without Restriction		<input type="checkbox"/> With restrictions	
Visual aid required	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

*Describe restrictions (e.g., specific positions, type of ship, trade area):*

Medical certificate date of expiry (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical certificate date of issue (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Reg. Number of Medical certificate: \_\_\_\_\_

Signature of medical doctor: \_\_\_\_\_

### Medical doctor information

Name of medical doctor: \_\_\_\_\_

License Number: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

## Medical Certificate for service at sea

1. Under the authority of the **Department of Marine Administration** this certificate is issued under the provisions of the International Convention on Standards of Training, Certification and watchkeeping for Seafarers (STCW), 1978, as amended and to meet the requirements of the Maritime Labour Convention (MLC), 2006.

### 2. Seafarer information

Full Name: \_\_\_\_\_

Seafarer's Book No.: \_\_\_\_\_

Date of birth: (dd/mm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  male       female

Nationality: \_\_\_\_\_

Photo

### 3. Declaration of the recognized medical doctor

	Yes	No
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3.1 Confirmation that identification documents were checked at the point of examination:	<input type="checkbox"/>	<input type="checkbox"/>
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3.2 Hearing meets the standards in STCW Code, section A-I/9:	<input type="checkbox"/>	<input type="checkbox"/>
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3.3 Unaided hearing satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>
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3.4 Visual acuity meets standards in STCW Code, section A-I/9?	<input type="checkbox"/>	<input type="checkbox"/>
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3.5 Colour vision meets standards in STCW Code, section A-I/9?	<input type="checkbox"/>	<input type="checkbox"/>
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3.5.1 Date of last colour vision test: \_\_\_\_/\_\_\_\_/\_\_\_\_

3.6 Fit for lookout duties?	<input type="checkbox"/>	<input type="checkbox"/>
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3.7 No limitations or restrictions on fitness? If "no", specify limitations or restrictions:	<input type="checkbox"/>	<input type="checkbox"/>
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3.8 Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons onboard?

3.9 Date of Examination: (dd/mm/yyyy): \_\_\_\_\_

3.10 Date of Expiry: (dd/mm/yyyy): \_\_\_\_\_

**4. Details of the approved medical doctor**

**Commitment:**

The recognized medical doctor has not knowingly omitted or falsified any material information relevant to this form.

Official stamp:	Signature:
Name of doctor:	
License No.:	
Clinic:	

**5. Acknowledgement:**

I have been informed that I have the right to appeal and advised how to make an appeal in case of result as temporarily or permanently unfit for service or imposed limitations on my duties due to reasons which have been explained.

Seafarer's signature: \_\_\_\_\_

*This certificate is issued to meet the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW), 1978, as amended and the Maritime Labour Convention (MLO), 2006.*

**NOTICE TO THE HOLDER OF THIS CERTIFICATE**

- 1) This booklet of the medical examination records should be kept by seafarer individually while serving on board a ship and should not be exposed to other parties without the permission of the seafarer concerned. The contents of the medical records will be kept confidential and shall only be used to facilitate the treatment of the seafarer.
- 2) The medical certificate (A5 size), that is issued together with this medical records booklet, contains only information directly relevant to the functional requirements of the seafarer's duties and details of any medical conditions or test results other than those listed herein are not recorded in that Certificate in accordance with the ILO/MO Guidelines on the Medical Examination of Seafarers, Appendix G.
- 3) The shipowner or manager or Master of the ship may collect the medical certificate (A5 size) in respect of joining on board ship or prior thereto. The ship Master will maintain the medical certificates of all crew members and make available on board for inspection by authorities.
- 4) If the medical certificate expires during a voyage it may extend to be valid for a period of no more than 3 months from the date of expiry mentioned in it until the next port of call where a medical practitioner recognised by the Party is available.
- 5) It has been confirmed that the seafarer has been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-9.9 of the STCW Code and that seafarer who has been refused a medical certificate or has had a limitation imposed on his ability to work shall be given the opportunity to have a further examination by another independent medical doctor or by an independent medical referee in line with the appeals procedure in section 15 of the Guidance for Seafarer Medical Examinations and Certifications (downloadable website: <http://www.dma-nm.org/>) issued by the Department of Marine Administration.

\*\*\* Seafarers are warned not to alter, correct or insert in any way tamper with the entries on this certificate since the certificate is in a format which minimizes the likelihood of alteration of its contents or fraudulent copy.

Name of Clinic: \_\_\_\_\_

Address: \_\_\_\_\_




**CONFIDENTIAL**

(သေတံသားကိုယ်တိုင် သိမ်းဆည်းထားရန် အထွတ်သာ)

This medical certificate should be retained for at least five years from the date of issue.

## 24.10 Form VII

## Medical Certificate

		GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR MINISTRY OF TRANSPORT DEPARTMENT OF MARINE ADMINISTRATION				
<b>MEDICAL CERTIFICATE FOR MYANMAR SEAFARERS</b> issued under the provisions of the STCW Convention, 1978, as amended, and the Maritime Labour Convention, 2006						
Full Name:	Certificate No.	Seafarer Book No.	Date of Birth	Nationality	Gender	
	12345699	88888	dd-mm-yy	Myanmar	MALE	
<i>Declaration of the recognized medical doctor</i>						
ID checked at the point of examination	YES <input type="checkbox"/> NO <input type="checkbox"/>	Hearing standards as STCW A I/9		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Visual acuity standards as STCW A-I/9	YES <input type="checkbox"/> NO <input type="checkbox"/>	Unaided hearing satisfactory		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Colour vision standards as STCW A-I/9	YES <input type="checkbox"/> NO <input type="checkbox"/>	No limitations or restrictions on fitness		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Date of last colour vision test (dd/mm/yy):		If "no", specify limitations or restrictions:				
Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons onboard?				YES <input type="checkbox"/> NO <input type="checkbox"/>		
Date of examination	Date of expiry	Fit for lookout duty	Deck	Engine	Steward/Others	
dd-mm-yy	dd-mm-yy	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>	
I have been informed of the contents of the certificate and understood the important notes thereof:		<i>Detail of issuing authority:</i> Name of Medical Centre:				
Seafarer's signature				Signature of doctor: Name of doctor: Licence Number:		

## IMPORTANT NOTES

- The original of the certificate must be kept available in accordance with regulation 1/2, paragraph 11 of the STCW Convention while serving on board a ship.
- The medical certificate contains only information directly relevant to the functional requirements of the seafarer's duties and details of any medical conditions or test results other than those listed herein are not recorded in this Certificate in accordance with the ILO/IMO Guidelines on the Medical Examination of Seafarers, Appendix G.
- The shipowner or manager or Master of the ship may collect *medical certificates* in respect of joining on board ship or prior thereto. The ship Master will maintain the medical certificates of all crew members and make available on board for *inspection* by authorities. Medical *examination records* (booklet) should only be kept by seafarer individually and those should not be exposed to other parties without the permission of the seafarer concerned. The contents of the medical records will be kept *confidential* and shall only be used to facilitate the treatment of the seafarer.
- If the medical certificate expires during a voyage it may extend to be valid for a period of no more than 3 months from the date of expiry mentioned in it until the next port of call where a medical practitioner recognised by the Party is available.
- It has been confirmed that the seafarer has been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code and that seafarer who has been refused a medical certificate or has had a limitation imposed on his ability to work shall be given the opportunity to have a further examination by another independent medical doctor or by an independent medical referee in line with the appeals procedure is provided in section 15 of the *Guidance for Seafarer Medical Examinations and Certifications* (downloadable website: <http://www.dma-mm.org/>) issued by the Department of Marine Administration.

DMA-Online MC/R/11-2015