Inspectie Leefomgeving en Transport
Ministerie van Infrastructuur en Waterstaat

Appendix H

Format Medical Fitness Statement for Caribbean Netherlands ships engaged on local voyages

1 Details applicant

1.1 Name

1.2 Address

1.3 Place

1.4 Date of birth

1.5 Identification type/number/country

2 Statement physician

The undersigned declares that the questionnaire of appendix H of the Regulation Seafarers has been filled in truthfully and that the person involved appears to be medically fit for the position of master on Caribbean Netherlands ships engaged on local voyages

2.1 Name physician

2.2 BIG number

2.3 Address

2.4 Place and date

2.5 Signature physician

This statement is valid for three years after signing (Regulation Seafarers article 10.12)

For questions and consultation, you can apply to the marine medical advisor of the Human Environment and Transport Inspectorate (ILT) mas@ilent.nl

Notes:

This statement is for operating local vessels certified under 41B of the regulation Safety Seagoing Vessels and may be used instead of a medical fitness certificate. (Regulation Seafarers Article 10.11)

The model of this statement is based on appendix H of the Regulation Seafarers

Appendix H
Questionnaire

Questionnaire to be filled in by the examinee together with a physician, of their choice, who is registered under the Dutch Individual Health Care Professions Act (BIG) (for example a family physician or occupational physician)

1	Do you have reduced vision, with or without optical aids, that could affect safe navigation? Seeing with one eye is permitted.*	☐ Yes ☐ No
2	Is your color vision disrupted for the colors red and green?	☐ Yes ☐ No
3	Do you have reduced hearing in one or both ears such that you cannot understand conversational speech, whether or not with a hearing aid, at 2 meters with each ear individually?	☐ Yes ☐ No
4	Is your stamina significantly reduced as a result of a chronic illness, such as heart failure or respiratory illness?	☐ Yes ☐ No
5	Is your ability to concentrate or capacity to hold your attention significantly limited as a result of a chronic illness such as brain injury or recurrent depression?	☐ Yes ☐ No
6	Do you suffer from a chronic illness as a result of which the chance of acute inability to work is elevated, such as cardiac arrhythmia, poorly controlled diabetes, or epilepsy?	☐ Yes ☐ No
7	Do you have a physical limitation as a result of which the normal use of an arm, hand, leg or foot is limited or absent?	☐ Yes ☐ No
8	Do you use alcohol, drugs or other addictive substances to a degree that leads to unsafe behavior?	☐ Yes ☐ No
9	Do you regularly use medication that, according to the leaflet, can affect your driving ability, such as antidepressants, pain killers, sleeping pills and the like?	☐ Yes ☐ No
10	Do you have another condition or physical limitation that could affect safe navigation?	☐ Yes ☐ No

* Note for the physician: the permissible lower limit of visual acuity, with or without optical aids, is 0.8 with both eyes together.

If all the questions are answered with NO, the medical fitness statement can be signed by the physician.

If one or more questions are answered with YES, you must present this to a designated marine medical examiner to assess whether you are still adequate and eligible for a medical fitness certificate for work on board a ship. The costs of visiting the doctor are at your expense.