



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS, TRANSPORT AND COMMUNICATION
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



APPLICATION FORM FOR SEAFARER'S MEDICAL EXAMINATIONS

A. APPLICANT'S PARTICULARS

Passport No/ CDC No/ SID No

Date of Birth

D	D	M	M	Y	Y	Y	Y

Full Name: Mr Mrs Ms Miss

Surname

Other Names

Place of Birth (Town and Country)

Town

Country

Nationality

Permanent Address (for contact)

House Number	Street	P.O. Box	Town City
Region	Postcode	Country	

Delivery Address (if different from above)

House Number	Street	P.O. Box	Town City
Region	Postcode	Country	

Landline/Mobile Numbers

1.	2.
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E-mail Address



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B. EXAMINATION FOR DUTY AS: Please tick appropriate course

Duty	Tick (<input type="checkbox"/>)
Master	
Master on ships of between 500 and 3000gt	
Master (near – coastal) on ships less than 500gt (NCV)	
Chief Mate	
Chief Mate on ships of between 500 and 3000gt	
Officer in charge of a navigational watch on ships of 500gt or more	
Officer in charge of a navigational watch on ships of less than 500gt (NCV)	
Officer in charge of a navigational watch on vessels up 100gt (NCV)	
Officer in charge of a navigational watch on vessels up 500gt Port Operations	
Able seafarer deck	
Able seafarer engine	
Chief engineer officer	
Second Engineer officer	
Chief Engineer officer on ships powered by main propulsion machinery of between 750 kW and 3000 kW	
Second Engineer officer on ships powered by main propulsion machinery of between 750 kW and 3000 kW	
Officer in charge of an engineering watch on ships powered by main propulsion machinery of 750 kW or more.	
Officer in charge of an engineering watch on ships powered by main propulsion machinery of less than 750 kW.	
Electro technical officer	
Electro technical rating	
Rating forming part of an engineering watch	
Rating forming part of a navigational watch	
Others (Specify)	

Applicant’s Signature and Photograph for inclusion on the Certificate

Please use a black pen to sign

Photograph

Attach Photograph of yourself here

Date:



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29	Severe headaches		
30	Ear (hearing. Tinnitus) nose throat problem		
S/N	Condition	Yes	No
31	Restricted mobility		
32	Back or joint problem		
33	Amputation		
34	Fractures / dislocations		

If you answered "YES" to any of the above question, please give details

Additional questions		Yes	No
35	Have you ever been signed off as sick or repatriated from a ship?		
36	Have you ever been hospitalized		
37	Have you ever been declared unfit for sea duty?		
38	Has your medical certificate ever been restricted or revoked?		
39	Are you aware that you have any medical problems, Diseases or illnesses		
40	Do you feel healthy and fit to perform the duties of your designated position / occupation		
41	Are you allergic to any medication		

Comments

Additional questions		Yes	No
42	Are you taking any non- prescribed medication		

If yes, please list the medications taken, and the purpose (s) and dosage (s):
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E. DECLARATION

I hereby certify that the personal declaration above is as true statement to the best of my knowledge.	
Signature of examinee _____	Date (day / month /year)...../...../.....
Witnessed by (signature): _____	Name (typed or printed): _____
Date and contact details for previous medical examination (if known) _____	



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N.B: Application for review of medical examinations result shall be made within 30 days from the date of issuance of results.

F. DOCTOR'S EXAMINATION REPORT

Medical examination

Sight

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

Visual acuity					
Unaided			Aided		
Right eye	Left eye	Binocular eye	Right eye	Left eye	Binocular
Distant					
Near					
Visual fields					
			Normal		Defective
Right eye					
Left eye					

Colour Vision

Not tested Normal Doubtful Defective

Hearing

Pure tone and audiometric (threshold values in dB)			
	1,000HZ	2,000HZ	3,000HZ
500HZ			
Right ear			
Left ear			

Speech and whisper test (meters)

	Normal	Whisper
Right ear		
Left ear		



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H. DOCTOR'S REMARKS AND DECLARATION

Assessment of fitness for services at sea on the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically.

Fit for lookout duty not fit for lookout duty

	Deck service	Engine	Catering service	other
services				
	Service			
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"/>

Without restrictions with restrictions Visual aid Yes No

Required

Describe restrictions (e.g. Specific position, of ship trade area)

Medical Fitness Certificate expiry (day/month/year): _____ / _____ / _____

Medical Fitness Certificate issued (day/month/year): _____ / _____ / _____

Signature of Approved Medical Practitioner: _____

Approved Medical Practitioner information:

Name:.....

License number:.....

Address:

Stamp:.....