

Crew medical questionnaire



MEDICAL QUESTIONNAIRE / SELF CERTIFICATION FORM

When completed, this document can be used as evidence to partially satisfy the RFS Standard requirements in respect of record keeping..

ONE FORM SHOULD BE COMPLETED AND SIGN BY EACH SKIPPER/CREW MEMBER.

Complete all parts by ticking the boxes and providing more details if required.

Name.....

Date of last health check:

This form needs to be updated within a period of 2 years for over 18s, annually for under 18s.

Have you ever had the following?	No	Yes	If yes please give further details
Anaemia or other blood disorders?			
Disorders of the nervous system including epilepsy, balance problems, dizziness or light-headedness?			
Recurrent or persistent headaches?			
Psychiatric illness or trouble with nerves, stress, depression or anxiety, early waking or unpleasant dreams or difficulty sleeping?			
Disease of the heart or circulation including angina, chest pains, palpitations swollen ankles, leg cramps when walking and high blood pressure?			
Allergy to any food, drug or other substance at home or at work? Please describe the effect.			
Asthma, bronchitis or chest disease such as persistent cough or breathlessness?			
Stomach or duodenal ulcer, indigestion, heartburn or stomach pains?			
Bowel disorder or problems?			
Kidney or bladder disorder, pain, blood or frequency in passing urine?			
Diabetes or thyroid disease?			
Hernia or rupture?			
Disorder of the back, neck, joints or muscles?			

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Disorder affecting the hands or arm?			
Skin disease or dermatitis?			
	No	Yes	If yes please give further details
Ear disease or deafness?			
Eye disorders including colour blind-ness? Have you had laser/corneal surgery?			
Hepatitis, jaundice or other liver or gall bladder disease?			
Disturbed sleep from snoring or breathing difficulty, daytime sleepiness, or diagnosed with a sleep disorder?			
Do you take illegal drugs or believe you have an alcohol problem?			
Have you ever had a serious injury or broken bones?			
Have you ever had an operation?			
Have you had or are you waiting for any tests, investigations or treatment?			
Are you taking any drugs or medicines? If yes, please list.			
Have you left a job for medical reasons?			
Have you ever had an illness caused by your work?			
Have you been away from work for at least two weeks due to illness in the past two years?			
Do you suffer from any other health problem or disability, which is relevant to your job or the proposed job?			

Declaration

I declare that the information I have provided about my medical fitness is to the best of my belief true and complete. As a result of completing this form I understand that I may be asked for clarification of one or more points arising from the questionnaire, and I may be asked to gain a medical fitness certificate from an MCA approved doctor.

I also understand that if, in the event that I am offered work, it is subsequently shown that I have knowingly provided misleading or false information, or knowingly withheld medication information, I may be in breach of my work agreement.

Print name..... Date..... Signature.....

The information captured on this form will remain confidential between the skipper and the crew member named. During an RFS Audit this form may be shown to an RFS Auditor. The information will not be copied or removed from the vessel in any format.