Questionnaire regarding the Medical Fitness Examination for Seafarers

Please fill in this questionnaire thoroughly before your examination.

Last name:	First name:	Date of birth:
Address:	Telephone-Number (mobile and/or landline):	E-mail:
Nationality:	Birthplace and country:	
Shipping company:	Last Grade/Region of trade:	
Are you currently unfit for work? No ☐ Yes ☐ since when?	Initial check-up ☐ Follow-up ☐ Gate of last medical fitness examination for seafarers (MM/YYYY): Physician's name and place: I have brought ☐ lost ☐ not brought ☐ my German Medical Certificate for Service at Sea.	
Does your employer pay accident insurance contribution for you to BG Verkehr / Are you employed under German flag? No ☐ **yes** ☐ **Please include proof of insurance.** (Download www.deutsche-flagge.de)		

Have you ever been declared medically unfit? (medical fitness examination for seafarers, medical fitness examination for military service, etc.) No ☐ Yes ☐	Have you been certified to be unfit for work within the last two years or have you been transferred from the ship to a position at land due to illness? No ☐ Yes ☐
Have you been involved in an accident prior to your initial check-up or since the last medical fitness examination for seafarers? No ☐ Yes ☐ When? Which injury/injuries? Any remaining issues from this injury/these injuries?:	Do you currently suffer from any health problems or are you currently receiving any medical/dental treatment? No ☐ Yes ☐ Details:
Are you registered as a handicapped person? No ☐ Yes ☐ Degree of disability?:	Do you have any allergies? No ☐ Yes ☐ Which?:
Do you take any medication on a regular basis? No ☐ Yes ☐ Which?:	Do you smoke? No ☐ Yes ☐ Amount per day?:
Do you drink alcohol? No ☐ Yes ☐ Occasionally ☐ daily ☐ Amount?:	Do you take any drugs? No ☐ Yes ☐ ☐ not any more since:
Have you been treated or operated in a hospital within the last 2 years? No ☐ Yes ☐ When? Illness?:	
For female crew members: Are you pregnant? No ☐ Yes ☐	

Are you suffering or have you ever suffered from the following illnesses /abnormalities?
Please answer each question with yes or no. Any answers with yes, please clarify below under remarks.

	yes	no		yes	no		yes	no
1. Visual aid (e.g. glasses or contact lenses)	☐	☐	9. Frequent or severe headache (e.g. migraine, cluster headache)	☐	☐	17. Mental diseases (e.g. depression, psychoses, anxiety)	☐	☐
2. Colour vision deficiency/ weakness	☐	☐	10. Infections (e.g. jaundice (hepatitis), diarrhoea)	☐	☐	18. Dizziness, unconsciousness imbalance	☐	☐
3. Nyctalopia (night blindness)	☐	☐	11. Sexually transmitted diseases (STD)	☐	☐	19. Blood diseases (e.g. Anaemia, Leukaemia, Coagulopathy)	☐	☐
4. Eye disease (e.g. glaucoma)	☐	☐	12. Diseases of the genito-urinary system (e.g. bladder/kidney stones, frequent urinary tract infections, haemorrhoids)	☐	☐	20. Cancer (carcinosis)	☐	☐
5. Dental problems, prostheses, implants	☐	☐	13. Diseases of the digestive system (e.g. liver, stomach, gall; blood in the stool)	☐	☐	21. Skin diseases (e.g. psoriasis, eczema)	☐	☐
6. Sleep disturbances	☐	☐	14. Metabolic diseases (e.g. diabetes, overweight, thyroid disease)	☐	☐	22. Hernia	☐	☐
7. Cardiovascular diseases (e.g. high blood pressure, heart surgeries, thrombosis, varicose veins, cardiac arrhythmias, heart attack, cardiac valve disease, embolisms)	☐	☐	15. Diseases of the locomotor system (e.g. broken bones, amputations, endoprotheses, back/joint problems, reduced mobility)	☐	☐	23. Neurological diseases (e.g. convulsions, stroke, multiple sclerosis, Parkinson's disease)	☐	☐
8. Respiratory diseases (e.g. frequent bronchitis, asthma, tuberculosis)	☐	☐	16. Ear disorders (e.g. tinnitus, hearing aid, hardness of hearing)	☐	☐	24. Any other diseases that are not listed	☐	☐

Remarks:

Declaration:
I hereby declare that the above mentioned and personally completed details are true, complete and have been given to the best of my knowledge. Omitting any significant medical problems may result in legal action.

place, date

signature
In the case of minors: signature of the person having the custody; the assent applies to any acts of legal significance relating to the medical fitness for sea service.