

<b>MSS</b> <i>EXAMINATION UNIT</i>	<b>APPLICATION TO REGISTER AS AN APPROVED MEDICAL PRACTISIONER</b>	Form No: EX-FO-017 Date of Issue: 2015.01.01 Rev. No: 02 Rev. Date: 2016.09.22 Reviewed by : MR Approved by : DGMS
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**Form No: EX/FO/017**

**APPLICATION TO REGISTER AS AN APPROVED MEDICAL  
PRACTISIONER**

Even if a CV is also enclosed, please complete this form using black ink in CAPITAL letters. Use continuation box on page 3 of this form if

**COMPANY OR ORGANIZATION REPRESENTED**  
 Name: .....  
 Address: .....

**PERSONAL DETAILS**  
 Surname: .....  
 Forename (s): .....  
 Home address: .....  
 Date of birth: ..... Telephone: .....  
 Mobile: ..... E-mail : .....

**PROFESSIONAL DETAILS**  
 Professional address where examinations will be conducted: .....  
 .....  
 SLMC registration No. : ..... Telephone: .....  
 E-mail: ..... Fax : .....

**PROFESSIONAL QUALIFICATIONS / TRAINING**  
 .....  
 .....  
 .....  
 .....  
**SPECIALITY / EXPERT KNOWLEDGE**  
 .....  
 .....  
 .....  
 .....

**MOST RECENT PROFESSIONAL APPOINTMENTS**

Date from / to	Position	Organization	Main Responsibilities

**PRESENT PROFESSIONAL COMMITMENTS**

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**EXPERIENCE RELEVANT TO SEAFARING**

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**OCCUPATIONAL HEALTH QUALIFICATIONS AND EXPERIENCE**

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**PARTICIPATION IN CLINICAL OR GENERAL AUDIT PROCEDURES**

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**DETAILS OF PARTICIPATION IN A STRUCTURED PROGRAMME OF CONTINUING PROFESSIONAL DEVELOPMENT**

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**ANY ADDITIONAL RELEVANT INFORMATION**

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**PLEASE INDICATE YOUR AVAILABILITY TO UNDERTAKE MEDICAL EXAMINATIONS**

	0800 to 1200 hrs	1200 to 1700 hrs	After 1700 hrs
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

**CONTINUATION BOX**

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**FACILITIES**

**Approved doctors are required to have facilities needed to conduct examinations effectively and with courtesy. THESE FACILITIES MAY BE SUBJECT TO AUDIT BY THE DGMS. Please indicate which facilities you are able to provide:**

*Please tick*

ready accessibility by public transport	
premises which comply with health and safety and fire regulations (and are so certified) such that seafarers are not put at risk	
efficient reception arrangements, even when other medicals are in progress	
a clean, warm and adequately furnished waiting area	
an examination room which enables confidential conversation to take place	
chaperoning arrangements	
arrangements for urine sampling which are discreet, clean, have hand washing facilities and which do not involve samples being carried through patient or public areas	
adequate lighting, in terms of brightness and colour balance, for examination and vision testing	
a fixed visual acuity chart (Snellen type) and measured distance for testing (6m or 3m for half scale chart) clearly marked on the floor or wall	
Ishihara colour vision test plates (24 plates)	
Shall meet the requirements of minimum in-service eyesight standards for seafarers as mention in Table A-I/9 of the STCW Code	
an adjustable couch with replacement covering	
fixed height chart and scales	
arrangements for immunisation, audiometry, and fitness testing on site or readily accessible	
equipment & facilities to ensure the seafarer meets the minimum entry level and in-service physical abilities in accordance with Table B-I/9 of the STCW Code (shall be available at a readily available place, if this not faceable at the medical examination centre)	
schedules for servicing and calibration of all equipment in accordance with the manufacturers' recommendations, with records to confirm compliance	
lockable facilities for confidential medical records / form storage	
hand washing facilities in the consulting room	
public liability insurance	

**DECLARATION**

***I declare that the information I have given is true and complete and hereby apply to become a DGMS Approved Medical Practitioner.***

Signature: .....

Date: .....