



**Merchant Shipping Secretariat
Ministry of Ports & Shipping**

MSS

Seafarer Medical Examinations Feedback Report

In order to help the MSS to monitor and maintain consistency of standards of seafarer medical examinations, it would be helpful if you would complete the questions below following your seafarer medical examination. Please amplify your replies overleaf if necessary.

Name of AMP : Date of examination :
 Address where examination carried out :

CONDUCT OF MEDICAL EXAMINATION

(Delete as appropriate)

Official use

Were you easily able to obtain an appointment? Yes / No	
Were you advised how to get there? Yes / No	
Were you advised to bring: (Please tick) photo ID <input type="checkbox"/> your previous certificate <input type="checkbox"/> spectacles	<input type="checkbox"/>
Where was the examination undertaken?	
What was your impression of the examination room?	
Were you asked to produce photographic identity on arrival? Yes / No	
If this was not your first seafarer medical, did the doctor ask for your previous certificate (to destroy)? Yes / No	
Did you complete the details on the front of the medical examination report yourself? Yes / No If so, did the doctor go through your answers with you? Yes / No	
Did the doctor have access to your previous records? Yes / No	
Were you asked to undress to your underwear so that a physical examination could be undertaken? Yes / No	
Which of the following tests were carried out by the doctor?	Tick as appropriate
a) Weight	
b) Height	
c) Blood pressure	
d) Teeth (were you asked when you last saw a dentist? Yes / No	
e) Ears/Hearing	
f) Breathing	
g) Reflexes	
h) Abdominal Examination	
Did the doctor examine your eyesight? Yes / No	
Was the distance from the chart marked clearly on the floor or wall?	

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Yes / No	
Did you undertake a colour vision test? Yes / No	
Were the colour plates presented in a random order? Yes / No	
If you failed, were you advised to take a supplementary test? (lantern or other) Yes / No	
Did the doctor ask you if you would require immunisation? Yes / No	
Were you asked to provide a urine sample at the surgery?; or Yes / No did you bring along a sample to the appointment? Yes / No	
Did the doctor give you any lifestyle or hygiene advice ? (if applicable) Yes / No	
Were you asked to sign your certificate in front of the doctor? Yes / No	
If you failed the examination or were issued with a restricted certificate, were you also given a Notice of Failure or Restriction form and advised how to appeal? Yes / No	
How long did the examination take?	
How much did the examination cost?	
Overall, how would you rate the conduct of the examination? Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Very Good <input type="checkbox"/>	
What was the result of your examination? Pass with no restrictions <input type="checkbox"/> Pass with restrictions <input type="checkbox"/> Temporarily Unfit <input type="checkbox"/> Permanently Unfit <input type="checkbox"/>	

**Please complete the checklist below, as far as you were able to observe
FACILITIES** *(Tick as appropriate)*

Ready accessibility by public transport Yes / No	
Efficient reception arrangements Yes / No	
A clean, warm and adequately furnished waiting area Yes / No	
An examination room where confidential conversation could take place Yes / No	
Chaperoning arrangements (where required) Yes / No	
Arrangements for urine sampling which were discreet, clean, had hand washing facilities and which did not involve samples being carried through patient areas Yes / No	
Adequate lighting, in terms of brightness and colour balance, for examination and vision testing Yes / No	
Professional examination equipment, including an adjustable couch with replaceable covering Yes / No	
Hand washing facilities in the consulting room	

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Yes / No

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) Yes / No

Further details from questions overleaf, and any other comments/observations e.g. Doctor's manner, professionalism, courtesy, cleanliness

All information provided on this form will be treated in **STRICT CONFIDENCE**. However, in order that we can follow up and report back to you on any points you have raised, it would be helpful to have your name and address below, but this is not compulsory. The doctor will be asked to comment on the points raised.

Are you willing for the doctor to be told your name? Yes / No

Name (in full) :

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Address :

Tel. No. :

Date :

Signature :

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