



Maritime &
Coastguard
Agency

ML5 Medical Report and Certificate

This form is for use by the following applicants only. Please tick why you need this form/certificate:	
1. New applicant for an MCA Boatmaster's Licence (BML) or Certificate	<input type="checkbox"/>
2. Revalidation or change of existing BML or Certificate	<input type="checkbox"/>
3. Applicant for Royal Yachting Association (RYA) commercial endorsement, working no more than 60 miles from shore	<input type="checkbox"/>
4. Crew on a seagoing Domestic Passenger Vessel (Class VI or VI(A))	<input type="checkbox"/>
5. Master or Crew of a small commercial vessel certified for area category 2 to 6	<input type="checkbox"/>
6. Master or Crew of a fishing vessel under 24m*	<input type="checkbox"/>
7. Current ML5 has expired, used for:	
BML: <input type="checkbox"/> RYA Commercial Endorsement: <input type="checkbox"/> Fishing Vessel under 24m* <input type="checkbox"/>	

To the Applicant and Doctor: Please read the notes at the end of this form prior to completion.

PART A PERSONAL DETAILS

Surname _____ Forename(s) _____

Home Address _____

Postcode _____

Gender Male / Female (*delete as applicable) Date of Birth _____

Telephone Number _____ Nationality _____

Mobile Number _____ Email address _____

Date of first BML/RYA endorsement or last revalidation (if applicable) _____

Have you had an ML5 referral or restriction before? (if yes please provide issues & expiry dates and restriction/s) _____

YOU MUST SIGN THIS DECLARATION WHEN YOU ARE WITH THE DOCTOR WHO WILL BE FILLING IN PART B OF THIS FORM

I declare that I have checked the details given on the enclosed form and that, to the best of my knowledge and belief, they are correct. I understand that it is a criminal offence if I make a false declaration to obtain certification and can lead to prosecution. I have read the notes on the reverse of the certificate (page 12).

Signature of Applicant _____ Date _____

PART B MEDICAL REPORT**Section 1 – Cardiac****Coronary Heart Disease**

a) Is the applicant having attacks of angina of effort, or receiving continuous treatment to prevent angina from manifesting itself? YES NO

b) Has the applicant had myocardial infarction, unstable angina, or undergone coronary artery bypass surgery or coronary angioplasty? YES NO

If **YES** – please answer the following:

i) What was the nature of the event? _____

ii) When was the most recent episode? _____

iii) If the applicant remains on medication, give details _____

iv) Give details of any continuing symptoms / clinical signs of heart disease _____

Arrhythmias

c) Has the applicant uncontrolled complete heart block? YES NO

d) Has a cardiac pacemaker been implanted? YES NO

If **YES**, when did the applicant last attend a pacemaker clinic?

D	D	M	M	Y	Y
---	---	---	---	---	---

e) Has a cardioverter / defibrillator device been implanted? YES NO

f) Is there currently a serious or disabling disturbance of cardiac rhythm, such as atrial fibrillation? YES NO

g) Is the applicant in need of medication to prevent paroxysmal arrhythmia? YES NO

Other

h) Is there evidence of serious congenital heart disease requiring continuing consultant cardiological review? YES NO

i) Is there any history or evidence of heart failure or cardiomyopathy? YES NO

j) Has the applicant undergone heart transplant or heart / lung transplant therapy? YES NO

k) Has the applicant evidence of an aortic aneurysm that has not been successfully treated by surgery? YES NO

l) Is today's resting systolic blood pressure 170mm Hg or greater? YES NO

m) Is today's resting diastolic blood pressure 100mm Hg or greater? YES NO

n) Is there any history of stroke? YES NO

o) Is there any history of Deep Vein Thrombosis? YES NO

Section 2 – Endocrine and Metabolic

Does the applicant have any of the following?:

- i) Endocrine disease (thyroid, adrenal including Addison’s disease, pituitary, ovaries, testes) YES NO
- ii) Diabetes – non insulin, treated by diet alone YES NO
- iii) Diabetes – non insulin, treated by oral medication YES NO
- iv) Diabetes – insulin using YES NO
- v) Obesity – BMI over 35 YES NO

Please write BMI here (including BMIs of under 35) _____

Section 3 – Nervous System

a) Has the applicant had any form of epileptic attack? YES NO

i) If **YES**, please give details of last attack _____

ii) Is the applicant still being treated? YES NO

iii) If **NO**, please give the date when treatment ceased

D	D	M	M	Y	Y
---	---	---	---	---	---

b) Is there a history of blackout or impaired consciousness within the last 5 years?
If YES, please give dates and details in Section 9. YES NO

c) Does the applicant have narcolepsy/cataplexy or any obstructive sleep apnoea?
If YES, please give dates and details in Section 9. YES NO

d) Is there a history of, or evidence of any of the conditions listed 1-8 below?
If YES, please give dates and details in Section 9.

- (1) TIA YES NO
- (2) Sudden and disabling dizziness/vertigo within the last year with a liability to recur YES NO
- (3) Subarachnoid haemorrhage YES NO
- (4) Serious head injury within the last 10 years YES NO
- (5) Brain tumour, either benign or malignant, primary or secondary YES NO
- (6) Other brain surgery YES NO
- (7) Chronic neurological disorders e.g. Parkinson’s disease, Multiple Sclerosis YES NO
- (8) Dementia or cognitive impairment YES NO

Section 4 – Psychiatric Illness

a) Is there a history of, or evidence of any of the conditions listed in 1-6 below?

*If **YES**, please give details including date(s), prognosis, period of stability and details of medication, dosage and any side effects in Section 9. **N.B.** If applicant remains under specialist care ensure details are given in Section 9.*

- (1) A psychotic illness in the past 5 years YES NO
- (2) A neurotic illness (anxiety/depression) in the past 5 years YES NO
- (3) Persistent alcohol misuse in the past 12 months YES NO
- (4) Alcohol dependency in the past 3 years YES NO
- (5) Persistent drug misuse in the past 12 months YES NO
- (6) Drug dependency in the past 3 years YES NO
- (7) Disorder of personality (clinically recognised) YES NO
- (8) Any other mental health and cognitive disorders YES NO

Section 5 - Sensory

Vision Assessment

To be completed by a doctor or optician/optometrist

Seafarer's Details

Surname: _____ **Forename(s):** _____

Date of Birth: _____ **Photo ID Checked:** (please tick to confirm you have checked the photo ID)

The purpose of the vision test is to ensure that the applicant is able to reach the minimum standards of acuity and their colour vision shows no red/green deficiency. Colour vision should be tested using either 24 or 38 Ishihara plates. If the applicant fails on the first attempt, please retest once, if they do not pass on retest, then to be considered as a fail. Applicants who fail the Ishihara colour plate test may take this report to one of the MCA CAD test centres as listed in MSN 1886, for a CAD test.

24 PLATE TEST: 2 errors or fewer – **PASS**

5 errors or more – **FAIL**

3 or 4 errors – **RETEST**

38 PLATE TEST: 3 errors or fewer – **PASS**

6 errors or more – **FAIL**

4 or 5 errors – **RETEST**

- a) Did the applicant **fail** the Ishihara colour plate test YES NO
When testing, please ensure that aids to colour vision are not being worn.
- b) Does the applicant **lack** the ability to read 6/6 on the Snellen chart at 6 metres distance in at least one eye with glasses or contact lenses if worn? Testing should be done on each eye separately. YES NO
- c) Does the applicant **lack** the ability to read 6/60 with at least one eye without any visual aid? Testing should be done on each eye separately. YES NO

For all applicants record the visual acuity of each eye

Uncorrected

Corrected (if necessary)

Right	Left
6/____	6/____

Right	Left
6/____	6/____

- d) Has the applicant any defects in their field of vision in either eye? YES NO
 If YES, please give details in Section 9.
- e) Is there evidence of any progressive disease in either eye? YES NO
 If YES, please give details in Section 9.
- f) Does the applicant have any other eye condition which could limit vision, either now or within the next 5 years? If YES, please give details in Section 9. YES NO

You must sign and date this section.

Name of examining Doctor/optician (print)

Signature of examining Doctor/optician

Date of signature

D	D	M	M	Y	Y
---	---	---	---	---	---

Your GOC, HPC or GMC Number _____

Doctor/Optomertist/Optician Stamp:

Section 5 – Sensory (continued)

g) Is there deafness that significantly impairs communication by radio or telephone? YES NO

Section 6 – Malignant Disease

a) Does the applicant have any malignant disease likely to impair physical or mental fitness to undertake duties in the foreseeable future? YES NO

b) Is there a history of bronchogenic carcinoma or any other malignant tumour (e.g. malignant melanoma) with a significant liability to metastasise cerebrally? YES NO

If YES, please give details including date(s), diagnosis and whether there is current evidence of dissemination – in Section 9.

Section 7 – Musculoskeletal Limitations

Height (m)

Weight (kg)

--	--

a) Does the applicant **lack** the strength and flexibility needed to:
 i) perform their normal duties such as mooring and lock operations? YES NO

ii) physically assist other people who have fallen overboard or who need to evacuate the vessel in an emergency? YES NO

b) If the applicant works at sea, do they lack strength and flexibility to get in and out of a moving life raft? Leave blank if not applicable. YES NO

c) Is the applicant’s build likely to interfere with the activities listed above or prevent access to areas of the vessel with limited space? If **YES** please give details in Section 9. YES NO

d) Is there currently any disability of the spine, limbs or hands likely to limit duties or safety procedures while working? YES NO

e) Has the applicant had a knee/hip replacement or other limb prosthesis? YES NO

f) Does the applicant lack sufficient fitness to be responsible for the safety of fare paying passengers (if applicable)? YES NO

Section 8 – Respiratory System

a) Is there a history of, or evidence of any of the following:

i) Sinusitis/Nasal Obstruction YES NO

ii) Chronic Bronchitis and/or Emphysema YES NO

iii) Pneumothorax YES NO

Please continue to the next page >

Section 8 – Respiratory System (continued)**8 a) iv) Asthma**

Please ensure you read the MCA asthma definitions below before answering the questions.

Mild asthma – frequent episodes of wheezing requiring use of beta agonist inhaler or the introduction of a corticosteroid inhaler. Regular use of a preventer inhaler may effectively eliminate symptoms and the need for more than occasional use of a rapid acting bronchodilator reliever inhaler.

Exercise or cold induced asthma – episodes of wheezing and breathlessness provoked by exertion especially or cold. Episodes may be effectively controlled by either long-term preventer inhalers, short term reliever inhalers used prior to or during exercise or by oral medication.

Moderate asthma – frequent episodes of wheezing despite regular use of inhaled steroid (or steroid/long acting beta agonist) treatment requiring continued use of frequent beta agonist inhaler treatment, or the addition of other medication, occasional requirement for oral steroids.

Severe asthma – frequent episodes of wheeze and breathlessness, frequent hospitalisation, frequent use of oral steroid treatment.

Does the applicant have:

*If the answer is **YES** to any of the below, please provide details in section 9.*

- | | | |
|---|------------------------------|-----------------------------|
| a) History of severe childhood asthma with any symptoms at all present during the last five years? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b) Exercise or cold induced asthma? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c) Mild asthma that requires treatment with bronchodilator reliever inhalers (either alone or to supplement regular use of preventer inhalers) on more than two days a month? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d) Moderate or severe asthma as an adult? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e) Any hospital admissions over the last three years (due to asthma), or had oral steroid treatment for asthma during the last three years? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Please continue to the next page leaving the space below blank >

Section 9 – Other Medical Conditions/Additional Information

- a) If you have ticked YES to any of the questions, please look at the job requirements noted in Part B on page 2 and, you consider that there is any additional information which could help the Assessor, for instance about the nature of any treatments, prescribed medications, frequency and severity of condition, any associated risk factors or any indicators of prognosis, please give details below.
- b) If the applicant has a medical condition not included in the list of questions, please look at the job requirements noted on page 2 and, if you consider it may have any effect on their ability to meet these, **please give details below.**

- c) Is the applicant taking any medication that can **impair** safety duties? **YES** **NO**
(If yes, please specify medication in the box below)

Examples:

*Has a warning in the product information leaflet indicating that they should not drive or work with moving machinery. Psychoactive: Sleeping tablets, medications for mental health problems, sedating antihistamines (OTC or prescribed). May increase risk of sudden incapacitation: insulin
 May impair vision: hyoscine*

- d) Is the applicant taking any medication with risk of acute complications? **YES** **NO**
(If yes, please specify medication in the box below)

Examples:

*Increases risk of bleeding: warfarin
 Danger if medications stopped: replacement hormones/insulin, anti-convulsants, anti-hypertensives, oral antidiabetics
 Anti-infection agents
 Anti-metabolites and cancer treatments
 Medications supplied to be used for emergencies: asthma, allergy*

Section 10 – Declaration by Examining Doctor

I certify that I am fully registered and hold a valid Licence to Practice with the UK General Medical Council, I have examined the applicant named in **PART A** and that my findings are recorded above in **PART B** of this report.

Please tick a, b or c as appropriate.

- a) There are no ticks in any “**YES**” box and I have completed the ML5 certificate proforma at **PART C** and retained a copy.
- b) There are ticks in “**YES**” boxes in Section 1 – 8, so I have not issued the ML5 certificate.
- c) There is any other significant medical condition detailed in Section 9, so I have not issued the ML5 certificate

Date of Examination

D	D	M	M	Y	Y
---	---	---	---	---	---

GMC Number _____

Signature of _____

Examining Medical
Practitioner _____

Name (print) _____

Address (print) _____

Telephone Number _____

OFFICIAL STAMP

Are you the applicant's General Practitioner?

YES

NO

Usual Medical Practitioner or Medical Advisor (if different from above)

Full name _____

Address _____

County _____

Postcode _____

PART C ML5 Certificate

Notes for the completion of Part C

- If you have not ticked any “**YES**” box in Part B of this form and have not made comments in Section 9, please complete the following certificate proforma at Part C, **OTHERWISE IT SHOULD BE LEFT BLANK.**
- A copy of the certificate should be retained by the Doctor for verification purposes.

This page is left intentionally blank



Maritime &
Coastguard
Agency

ML5 CERTIFICATE OF FITNESS

based on the

MARITIME AND COASTGUARD AGENCY ML5 REPORT

This is to certify that:

Surname _____

Forename(s) _____

Date of Birth _____

Home Address

Post Code _____

has been assessed by me for medical fitness in accordance with the criteria specified by the Maritime and Coastguard Agency (MCA) in the ML5 form and all assessment ticks are in the **“NO”** Box (right hand column). I have not included any comments affecting fitness in Section 9.

A practical test of capability for current duties has not been carried out.

Doctors Official Stamp

Signed (Medical Practitioner) _____

Name (Block Letters) _____

Address _____

Postcode _____

This certificate is valid until*

D	D	M	M	Y	Y
---	---	---	---	---	---

*maximum 5 years from date of issue or 65th birthday, whichever comes soonest. 1 year for those over 65 years of age

Date issued _____ GMC Registration Number _____

Signature of Holder _____

Date _____

NOTES TO THE HOLDER OF THIS CERTIFICATE

It is your personal responsibility not to work when you are temporarily unfit to do so because of illness or injury. You must therefore tell the issuing authority (MCA or RYA), if during the validity of your ML5 certificate, you suffer from or develop any of the following:

a) a serious health problem or injury where you do not fully recover;

b) any of the conditions listed below:

- epileptic seizures or sudden disturbances of consciousness
- myocardial infarction (heart attack) or heart surgery
- problems with heart rhythm
- disease of the heart or arteries
- uncontrolled blood pressure
- diabetes requiring insulin treatment
- stroke or unexplained loss of consciousness
- head injury with continuing loss of consciousness
- Parkinson's Disease or Multiple Sclerosis
- mental or nervous problems including anxiety or depression
- alcohol or drug dependency problems
- profound deafness
- serious deterioration in vision or long-term eye disease

c) any other disability or illness (mental or physical) which affects your fitness to work, in particular to navigate safely and to be able to undertake emergency duties. For instance if you have diabetes and your treatment changes from diet or tablets to insulin.

This certificate should be retained for inspection as necessary, noting the validity.

PART D MEDICAL REVIEW to be completed by the APPLICANT (where appropriate)

If there are ticks in any “**YES**” box in Section B, or if the Doctor has made remarks in Section 9, they cannot complete the ML5 certificate. **However, in these circumstances you have the right to have your case reviewed by an MCA Medical Assessor** for a decision based on your fitness to undertake your work. Based on information you provide below the MCA Medical Assessor will decide whether an ML5 medical certificate can be issued. Please provide as much information as you can.

Incomplete or missing information will delay your application. Any form sent for review should not be more than 3 months old at time of application.

Details of vessel	To Sea <input type="checkbox"/>	Categorised Waters <input type="checkbox"/>
Type of Vessel	_____ Vessel Size _____	
Proposed area of operation	Up to _____ miles from point of departure Up to _____ miles offshore Longest length of trip _____ * mins/hours/days/weeks/months (*delete as applicable)	
Operational at night	YES / NO (*delete as appropriate)	
Area of operation (including category)		
Type of operation (e.g. passenger trips, fish farm, fishing operations etc.)		
Other relevant risk factors (e.g. communications with shore, nature of passengers, etc.)		
Minimum Number of Crew (other than applicant)	Holder of BMLs	Additional crew with same qualifications
	Unqualified but trained/experienced crew	Trainees/others
Passengers (where applicable)	Maximum number of fare-paying passengers	
Medication (list all prescribed medication you take including dosage), or write 'None' if appropriate		
Details of any regular review/monitoring of condition		

Privacy Notice: If your ML5 Report form is referred to an ML5 Medical Assessor the personal information collected on this form will be shared and managed by the Maritime and Coastguard Agency (MCA) to fulfil statutory duties under Merchant Shipping (Maritime Labour Convention) (Medical Certification) Regulations 2010. MCA will be notified of the ML5 Assessor's final decision. An anonymised record containing this information and the ML5 Assessor's rationale for the decision will be completed by the Assessor and submitted to MCA for audit purposes. For further information on how the MCA handle your personal information and your rights please see our [Personal Information Charter](#).

I authorise my doctor(s) and specialist(s) to release reports/medical information about my condition relevant to my fitness, to the MCA Medical Assessor. I authorise the Secretary of State to disclose such relevant medical information as may be necessary to the investigation of my fitness, to my doctor/s and MCA Medical Assessors.

Signature of Applicant _____ **Date** _____

PART E CONTINUATION BOX

NOTES TO THE APPLICANT – PLEASE READ THIS INFORMATION CAREFULLY

If after reading these notes you are unclear on what type of medical fitness certificate you need, or where you need to send it to please refer to our website at <https://www.gov.uk/guidance/seafarers-medical-certification-guidance>, email us at medical@mcga.gov.uk or call us on 0203 81 72835

1. Who needs an ML5 Medical Fitness Certificate?

You need an ML5 medical certificate if you're:

- the master of a passenger ship that does not go to sea (Class IV or V)
- the master of a commercial vessel that does not go to sea
- the master or a crew member of a small commercial vessel certificated for Area Category 2 to 6 (no more than 60 miles from a safe haven)
- a crew member or anyone else (for example catering staff) who normally works on a domestic passenger ship (Class VI or VIA) that goes to sea
- Master or Crew of a fishing vessel under 24m* (from 30th November 2023)

*An ML5 certificate is valid for fishermen working on fishing vessels under 24m, operating not more than 200 miles from the coastline of the UK or beyond the Continental shelf, and that are not at sea for more than 72 hours.

Boatmasters working as a Master on a seagoing passenger ship require a full seafarer medical certificate (ENG1) following examination by an MCA Approved Doctor. An ENG 1 is always an acceptable alternative to an ML5 certificate.

RYA applicants are advised to be medically assessed **before** starting any training, to ensure they meet the fitness and eyesight standards. Applicants such as these can send their completed ML5 application directly to the MCA Medical Admin Team with a covering letter explaining their circumstance and why they wish to be assessed prior to completing their training.

2. Who can complete the ML5 Medical Report?

Only qualified medical practitioners fully registered and holding a valid UK Licence to Practice with the General Medical Council are permitted to complete this form. If you are based abroad and no UK GMC registered medical practitioner (holding a valid license to practice) is available, you are advised to obtain an ENG 1 certificate (or recognised equivalent).

There is no set fee for an ML5 certificate but your doctor will probably charge for this service.

3. What do I need to do?

You will need to take original photographic ID with you to the ML5 Medical examination.

The purpose of the ML5 form is to obtain a factual report of your medical history and present state of health, enabling the doctor to decide on your fitness to navigate safely and undertake emergency duties.

You should complete Part A of the form (but do not sign the declaration until you are with the doctor). The Doctor will complete Part B. If Part B shows all ticks in the "NO" boxes without any other remarks then the doctor will complete Part C, the ML5 Medical Certificate. This certificate confirms you are medically fit to hold a BML, RYA commercial endorsement or to work on vessels listed on this form.

However, if you have a tick in any of the "YES" boxes on the inside of this report, or if you have any medical conditions noted in Section 9, your report will require further assessment by an MCA

ML5 Medical Assessor **once you have completed Part D – Medical Review (on page 12)**

4. Where do I send my ML5 report if it needs to be referred?

- For a BML, send the ML5 Report to your local MCA Marine Office or RSS in Cardiff depending on who is dealing with your application.
- For an RYA Commercial Endorsement, send the ML5 Report to RYA along with your application for commercial endorsement.
- For use on a fishing vessel, send the ML5 Report to: MCA Medical Admin Team, Spring Place, 105 Commercial Road, Southampton, SO15 1EG

5. What should I do if my medical history changes after an ML5 has been issued?

You MUST stop working if you become unfit due to illness or injury during the validity of your ML5 certificate. Even if this is a temporary change you are obliged to tell the issuing authority (MCA or RYA). For instance, if you have diabetes and your treatment changes from diet or tablets to insulin, you must immediately cease work and inform the issuing authority. You will need to obtain a new ML5 report and be medically reassessed before your license can be reinstated. If you fail to do so, your medical certificate will automatically be suspended.

NOTES FOR THE DOCTOR – Please read this information carefully

If you have any questions regarding the completion of this medical report please contact us on 0203 81 72835 or by email at medical@mcga.gov.uk

1. Who can complete the ML5 Medical Report?

Only qualified medical practitioners fully registered and holding a valid UK Licence to Practice with the General Medical Council are permitted to complete this form. There is no set fee for an ML5 examination, please agree the fee with the applicant prior to starting the examination.

2. The Examination

Please ensure that you confirm the applicant's identity before the examination. We have advised the applicant of the need to produce original photographic identification.

As the Doctor you must sign and date the declaration on page 8 when you and/or the Optician has completed the report, if this is not completed the form will be returned to you.

Vision Assessment: Only complete the vision assessment if you are able to fully and accurately complete **all** the questions. If you are unable to do this, you must advise the applicant of this and advise them to arrange to have this part of the assessment completed by an optician or optometrist.

Medical Report: This medical report and certificate is required for applicants who intend to work on commercially operated vessels. Therefore, in completing the form, please be aware of the applicant's work environment and responsibilities, examples of which are below:

Routine duties could include:

- navigating the boat safely
- safely berthing and unberthing the boat
- helping passengers on and off the boat
- moving and lifting objects up to 30kg
- operating winches and handling ropes
- climbing access ladders

Emergency duties could include:

- rescuing persons from the water
- tackling a fire
- provision of first aid
- carrying out an evacuation of the boat
- climbing in and out of a life raft at sea

Specific to fishing vessels:

- Fishing operations, handling nets, winches, pots, lines and wires
- Processing catch involving gutting, cleaning, sorting and stowage of catch to boxes or freezers
- Landing catch using boxes, cranes or Derricks
- Cleaning decks and other spaces

- Operation of machinery, engines, generators and winches etc.

They need to be capable of responding reliably and effectively to emergencies such as breakdown, collision or capsize that call for physical and mental resilience. The applicant should therefore not be subject to any increased likelihood of sudden incapacity that could prevent them returning the boat safely to its moorings. For those operating passenger vessels, the safety of fare paying passengers may depend on the fitness of the applicant to operate the vessel in adverse sea and weather conditions.

You should establish the nature of the duties undertaken, as these may vary from work on calm inland waterways to the open sea. The vessel may have a number of crew members or the applicant may be the sole competent person on whom the safety of passengers depends.

You must examine the applicant fully and complete sections 1 – 10 of the medical assessment. Please obtain details of the applicant's medical history when you complete the report.

If having completed the medical report there are no ticks in a "YES" box against any of the questions, and you have no other medical concerns, please complete the certificate at part C and retain a copy for verification purposes. **If you have ticked "YES" against any question or have medical concerns in section 9, please leave the certificate blank.**

Once you have completed the report please return both the report and certificate (if you have issued one) to the seafarer. If any medical concerns are indicated on the form, you may be contacted in due course by an MCA Medical Assessor.