

Dear Medical Examiner


The following is a serving member of the National Sea Rescue Institute (NSRI), or has applied to join the NSRI

..... Station

NSRI crewmembers are expected to perform strenuous physical work on a rolling, pitching boat, often in the most hostile weather and should therefore be in good medical, physical, emotional and mental health.

Please use the Merchant Shipping (Eyesight and Medical Examination) Regulations, 2004 to guide your examination of the patient in the context of fitness for operational duty.

If, in your opinion, the candidate is fit for duty, kindly complete the attached certificate for our records.



Dr. Cleeve Robertson
CEO - NSRI

CERTIFICATE OF MEDICAL FITNESS (to be filled in by Doctor)

I HAVE EXAMINED ID NUMBER

FIT FOR SEA-GOING DUTY ☐ **FIT FOR SHORE DUTY** ☐ **UNFIT** ☐

COMMENT:

.....

NAME OF MEDICAL PRACTITIONER

PRACTICE NUMBER

HPCSA NUMBER

SIGNATURE OF MEDICAL PRACTITIONER

DATE

NSRI PHYSICAL FITNESS CERTIFICATE (to be filled in by the Station Commander)

PASSED SEA CREW ☐ **PASSED SHORE CREW** ☐ **UNFIT** ☐

COMMENT:

.....

NAME OF STATCOM

SIGNATURE OF STATCOM

DATE

**NATIONAL SEA RESCUE INSTITUTE OF SOUTH AFRICA
MEDICAL REPORT**

NAME OF APPLICANT ID NUMBER

DATE OF BIRTH: NSRI STATION: OCCUPATION:

LAST EXAMINATION: SEA GOING EXPERIENCE:

PERSONAL HISTORY	TO BE COMPLETED AND SIGNED BY THE APPLICANT	YES	NO	IF "YES", THEN DETAILS
1.	Are you troubled, or have you been troubled with any ailment disease or abnormality (congenital or otherwise) or do you suffer from ill health in any respect at all?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Have you ever sought medical advice in connection with any symptom or condition, or been a patient in a hospital, mental institution or nursing home, or undergone any medical examinations (including xrays, or specialised laboratory tests) not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Are you currently, or have recently taken medication (prescribed or not) or receiving injections, using an inhaler, or on a special diet?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Do you have a family history of tuberculosis, diabetes, heart disease, stroke, high blood pressure, mental disease porphyria or other hereditary disease?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Do you suffer from allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Have you ever suffered from:-			
(a)	Fits, convulsions, epilepsy, fainting, giddiness or any mental or nervous disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
(b)	Tuberculosis, asthma, bronchitis, pleurisy, pneumonia, persistent coughing, coughing up blood or any other lung disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
(c)	Arthritis, rheumatism, rheumatic fever or any other disorder of joints or muscles?	<input type="checkbox"/>	<input type="checkbox"/>	
(d)	Chest pains, shortness of breath, palpitations, high blood pressure or other disorders of the heart or circulation?	<input type="checkbox"/>	<input type="checkbox"/>	
(e)	Diabetes, indigestion, peptic ulcer, diarrhoea, constipation or any intestinal complaint, hepatitis or other liver disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
(f)	Kidney, bladder or other genito-urinary disease?	<input type="checkbox"/>	<input type="checkbox"/>	
(g)	Jaundice, hepatitis, bilharzia, malaria, or other tropical disease?	<input type="checkbox"/>	<input type="checkbox"/>	
(h)	Eye or visual defects.	<input type="checkbox"/>	<input type="checkbox"/>	
(i)	Discharging ears, ear infection, deafness or ringing noises in the ears.	<input type="checkbox"/>	<input type="checkbox"/>	
(j)	Bleeding tendencies.	<input type="checkbox"/>	<input type="checkbox"/>	
(k)	Concussion, head injury, joint injury, back injury or bone fractures?	<input type="checkbox"/>	<input type="checkbox"/>	
(l)	Motion sickness (sea, air or car).	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Do you smoke? (cigarettes, pipe, cigars, dagga, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Have you ever taken drugs other than prescribed by any doctor?	<input type="checkbox"/>	<input type="checkbox"/>	
	(including medicines from a chemist)	<input type="checkbox"/>	<input type="checkbox"/>	
10.	What is your average daily consumption of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Have you any other illnesses or injuries not mentioned on this list, or do you know anything in connection with your health which may endanger your life during a maritime operation?	<input type="checkbox"/>	<input type="checkbox"/>	

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

CREW MEMBER OR PROSPECTIVE CREW MEMBER

DATE

**NATIONAL SEA RESCUE INSTITUTE OF SOUTH AFRICA
MEDICAL REPORT**

SYSTEMATIC MEDICAL EXAMINATION OF

(TO BE COMPLETED AND SIGNED BY A MEDICAL PRACTITIONER)

1. PHYSIQUE: Good..... Poor..... 2. HEIGHT: cm 3. WEIGHT: kg 4. EYE COLOUR: 5. HAIR COLOUR:
 6. CHEST EXPANSION: Exp Ins ABDOMEN:
 7. VISION: R6/ L6/ SPECTACLES: R6/ L6/
 8. COLOUR VISION: ISHIHARA PLATES: Done Not Done
 9. URINALYSIS: Albumen Glucose Blood
 10. BLOOD PRESSURE
 Resting:
 Repeat 1:
 Repeat 2:

CLINICAL EXAMINATION	NORMAL	ABNORMAL	NOTES
1. Head, scalp, face and neck			
2. Nose, septum, airway.....			
3. Sinuses			
4. Mouth, throat, teeth, speech			
5. Ears: internal and external			
6. Tympanic membrane			
7. Exostosis			
8. Eustachian tube function (ear clearing)			
9. Pupillary reflexes			
10. Ophthalmoscopic.....			
11. Eye movements			
12. Visual fields			
13. Abdomen and GI tract			
14. Herniae			
15. Endocrine system			
16. Genito urinary system			
17. Posture and gait			
18. Spine			
19. Upper limbs and movement			
20. Lower limbs and movement			
21. Cranial nerves			
22. Reflexes			
23. Sensation			
24. Cerebellar functions			
25. Emotional stability, phobia			
26. Mental capacity			
27. Identifying marks			
28. Chest, lung fields			
29. Cardiac auscultation			
30. Vascular system			
31. Pulse rate/min			
32. Romberg test			

SPECIAL INVESTIGATION (WHEN INDICATED)

Notes: 1. Chest X-ray to be done when indicated. 2. Respiratory function test when indicated. 3. Stress ECG – recommended every five years and every three years after the age of 40yrs. 4. EEG – To be done when indicated. 5. Fasting lipogram when indicated.

SPECIAL INVESTIGATIONS WILL ALWAYS BE FOR THE PATIENT'S ACCOUNT AND NOT NSRI OR NETCARE

MEDICAL PRACTITIONER

DATE