



✓ This form should be included with your application for near coastal certificate of competency (AMSA form 426).

For more help, scan the QR code or go to [AMSA.gov.au/form1850](https://www.amsa.gov.au/form1850)



## How to complete this form



### Near coastal seafarer applicant instructions

- Complete **Section 1** below.
- Call your GP and ask if they can test your eyesight and colour vision with an Ishihara plate test.
  - If they can**, book in with your GP only.
  - If not**, book an optometrist appointment before you see your GP.
- Bring your form and proof of ID to the appointment(s). This proof of ID can be:
  - passport
  - Australian driver's licence
  - other photo ID.

Your doctor and/or optometrist will check your medical fitness using our [Standards for the medical assessment of domestic seafarers](#).



### General Practitioner (GP) instructions

Are you assessing the applicant's eyesight?

- If **YES**, complete **Sections 2 & 3** of this form.
- If **NO**, complete **Section 3** of this form.

You will need to assess the applicant based on the 'Duties to be assessed for' they have ticked in **Section 1**.



### Optometrist instructions

Complete **Section 2** of this form.

You will need to assess the applicant's vision based on the 'Duties to be assessed for' they have ticked in **Section 1**.



## Section 1 – Applicant details

To be completed by the applicant – use UPPER CASE

Given name/s

Exactly as listed on ID

Family name

Exactly as listed on ID

Phone

Email

Residential address

Gender

- Male  
 Female  
 Indeterminate/  
 Intersex/Unspecified

Date of birth

/  /   
 Day      Month      Year

Duties to be assessed for (tick all that apply)

- Deck/Mate/Master  
 Coxswain  
 General Purpose Hand  
 Engineer

**Please ensure that you sign here only after this entire form has been completed by yourself and the GP**

I acknowledge that I have been advised of the content of the medical examination, and of my right to seek a review of the content of this certificate. In the event of a change in my medical status, I acknowledge the validity of this certificate should be reviewed by a GP. If I am taking long-term medication or have been advised of any restrictions, I will notify the vessel's master.

Near coastal seafarer applicant name

Near coastal seafarer applicant signature

Once completed, submit this form with your certificate of competency application form 426 (see [AMSA.gov.au/form426](https://www.amsa.gov.au/form426)).

**Section 2 – Eye assessment** *To be completed by an optometrist or GP that can complete this specialised eye test*



Please assess the seafarer applicant against the [Standards for the medical examination of domestic seafarers](#). To view the standards, scan the QR code to the left, or click the link above.

**Please assess colour using the Ishihara plate test and without the use of colour lenses. For other vision tests, the applicant can use vision aids if necessary.**

	Distant vision			Near vision	Colour vision	Visual fields
	Better eye	Other eye	Both eyes			
<b>Deck department</b>	Not less than:					
Master, Coxswain, GPH (Navigation and/or lookout duties)	6/6	6/9	6/6	N8 for charts, weather maps and N12 for other reading tasks with or without visual aids	Normal	Normal visual fields
<b>Engine department standards</b>						
Engine room	6/12	6/60	6/12	N12 to read instrument gauges on control panels, computer screens with or without visual aids	Not applicable	Sufficient visual fields

**Outcome of eye assessment**

Left eye      6/..... Letter test for near vision (Snellen Principle) can be conducted with or without aids to vision (i.e. spectacles or contact lenses)

Right eye     6/.....

Meets visual acuity standards  Y       N

Meets colour vision standards  Y       N

Testing conducted with aids to vision  Y       N

Meets the standard with monocular vision  Y       N       N/A

\*Applicant can be issued a restriction to daylight hours if they do not have normal colour vision. If this is the case, please specify this in Section 3 Medical examination. Colour must be assessed using the Ishihara plate test and without the use of colour lenses.

**Optometrist ID check and signature**

**i** Optometrist to complete below section if they have conducted the eye assessment. If a GP has conducted the eye assessment, leave this blank and go to Section 3.

**Proof of identity check**

I have sighted the following ID for the seafarer applicant:

- Passport
- Australian driver's licence
- Other photo ID:

Type of photo ID

Passport, Australian driver's licence, or other photo ID number

**Optometrist appointment date**

/  /   
Day      Month      Year

*Please add the date of the seafarer applicant's appointment with the Optometrist to do the eyesight assessment.*

**Optometrist name**

**Optometrist signature**

**Optometrist stamp**

**Clinic phone number**



## Section 3 – Medical examination

To be completed by a GP



Please assess the seafarer applicant against the [Standards for the medical examination of domestic seafarers](#). To view the standards, scan the QR code to the left, or click the link above.

Please complete this section after the eye assessment has been completed.

### Outcome of medical examination

Based on the applicant's personal declaration, my clinical examination and diagnostic test results (if required), I declare that, in accordance with the Standards for the medical examination of domestic seafarers, the applicant is:

**Fit**, and is not suffering from a medical condition likely to be aggravated by, or to render them unfit for service at sea or likely to endanger the health of other persons on board.

**Unfit**

**Fit, but with restrictions:**

Please state what restrictions should be applied to the seafarer applicant. E.g. Restricted duties, locations, vessels or other medical restrictions

**AMSA advice for GP:** You can issue this certificate for the period of time shown adjacent, based on the person's age at the date of the examination. You may enter a lesser period of time if appropriate (for example, if you feel the person needs to be re-examined to review their treatment). This certificate should not be issued until the eye checks section has been completed.

Age	Duration
18 or under	Up to 1 year
19 to 50	Up to 4 years
51 to 60	Up to 2 years
61 or older	Up to 1 year

**Medical certificate expiry date**

/  /   
Day    Month    Year

### Medical practice ID check and signature

**i** This section can be completed by the medical practice front office staff.

#### Proof of identity check

I have sighted the following ID for the seafarer applicant:

- Passport
- Australian driver's licence
- Other photo ID:

Type of photo ID

Passport, Australian driver's licence, or other photo ID number

#### GP appointment date

/  /   
Day    Month    Year

Please add the date of the seafarer applicant's appointment with the GP to do the medical examination.

**GP name**

**GP signature**

**GP stamp**

**Clinic phone number**

This certificate is issued in compliance with the Marine Safety (Domestic Commercial Vessel) National Law Act 2012, and the Marine Order 505 (certificates of competency – national law) 2022.

Your personal information is being collected to deliver AMSA's functions under the Australian Maritime Safety Authority Act 1990, the Navigation Act 2012 and/or the Marine Safety (Domestic Commercial Vessel) National Law Act 2012. Failure to provide personal information may mean we cannot provide a service to you. More details about how we handle your personal information can be found in AMSA's Privacy Policy (visit [www.amsa.gov.au/privacy](http://www.amsa.gov.au/privacy)).