



✓ 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 name**

**GP signature**

**GP stamp**

**Clinic phone 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.

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.