

SEAFARER MEDICAL REPORT FORM (ML5) AND ML5 CERTIFICATE

WHO MAY USE THIS FORM

This form is for use by the following applicants. Please tick why you need this form/certificate:

1. Applicant for an MCA Boatmaster's Licence or Certificate
New applicant Revalidation of existing certificate Change of existing license
2. Applicant for an Royal Yachting Association commercial endorsement for working on Code vessels i.e. those operating under the MCA Codes of Practice for small commercial vessels and the Large Yacht Code (LY2), no more than 60 miles from shore
3. Crew on a seagoing vessel Domestic Passenger vessel
4. Any other reason (please specify) _____

Note: Boatmasters working as a Master on a seagoing passenger ship require a full seafarer medical certificate (ENG 1) following examination by an MCA Approved Doctor. An ENG 1 is always an acceptable alternative to an ML5 certificate. Details of the procedure for obtaining an ENG 1 and a list of Approved Doctors is available in a Merchant Shipping Notice and can be consulted on the MCA's webpage at: <http://mcga.gov.uk/c4mca/mcga07-home/workingatsea/mcga-ml5-medicalinfo.htm>

Further details of medical requirements for all Boatmasters and those working on Code vessels are available from the website above, or the MCA Medical Administration Team.

TO THE APPLICANT

WHAT TO DO

1. First read the Notes about Fitness below. Then take the form to any doctor with a licence to practise from the UK General Medical Council (preferably your GP), for completion of **Part B** of the form and the certificate at **Part C**. He/she may charge you a fee for this service. If you have doubts about any aspect of your fitness (including eyesight), you may wish to discuss these with the doctor (and in the case of eyesight, your optician) before you ask the doctor to complete the form.
2. Applicants for any RYA training are advised to be medically assessed **before** starting any period of training, to ensure they meet the fitness standards.
3. If you are based abroad no UK registered medical practitioner is available, you are advised to obtain an ENG 1 certificate (or recognised equivalent issued by an MCA Approved Doctor) in accordance with the Maritime Authority of any of the countries listed as having standards equivalent to the UK. This list is available on the MCA website.
4. Complete **Part A** of the form (but do not sign the declaration until you are with the doctor), then take/send to RYA or your local MCA Marine Office for endorsement (if applicable, see point 6).

NOTES ABOUT FITNESS

If you have any ticks in any of the Yes boxes on the inside of this report, or if you have any medical conditions noted in Section 8, or if you have any of the following conditions, your report will require further assessment by an MCA Medical Assessor.

- you do not meet the MCA's requirements for colour vision/visual acuity (See Part B, Section 5)
- you are liable to epileptic seizures or sudden disturbances of the state of consciousness
- you have had a coronary thrombosis (heart attack) or have undergone heart surgery
- you suffer problems with heart rhythm, or have a disease of the heart or arteries
- you have abnormal blood pressure that is not well controlled with drugs
- you have diabetes
- you have had a stroke, or unexplained loss of consciousness
- you have had severe head injury with continuing impairment
- you suffer from Parkinson's Disease or Multiple Sclerosis
- you are being treated for psychological or nervous problems
- you have had alcohol or drug dependency problems within the last 5 years
- you have profound deafness and cannot communicate clearly on the radio/telephone
- you suffer from double or tunnel vision
- you have any other condition which could cause problems regarding your fitness to navigate a vessel.

5. It is your personal responsibility not to work when you are temporarily unfit to do so from illness or injury. If during the validity of your ML5 certificate you develop any medical condition your certificate will automatically become invalid. You must tell the issuing authority (MCA or RYA) if during the validity of your ML5 certificate, you have a serious health problem or you develop any of the above conditions or any other disability or illness which affects your fitness to work, in particular your ability 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, 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.

6. If you are not applying for a BML/RYA commercial endorsement you do not need to have your ML5 certificate endorsed by the RYA or MCA Marine Office, but should retain it for inspection as necessary, noting the 5 year validity. Anyone in this category who has a tick in a "YES" box on the ML5 form indicating a medical condition affecting their fitness may apply to the MCA for review by a Medical Assessor, via the RYA or MCA Marine Office as appropriate - see **Part D**.

PURPOSE OF THE ML5 REPORT AND CERTIFICATE

The purpose of the ML5 form is to obtain a factual report of your state of health and medical history and to indicate your fitness for working onboard a boat. If **Part B** of the report shows ticks in "NO" boxes only, without any qualifying remarks by the doctor, they will also complete **Part C** which is an **ML5 certificate** indicating you are medically fit to hold a BML or RYA endorsement or to work on vessels listed on the front of this form. You should then submit the whole form to an MCA Marine Office or the RYA in support of your application for a BML or RYA endorsement. Your ML5 certificate will be endorsed and returned to you to retain as evidence of your fitness.

MEDICAL REVIEW

If the doctor is unable to complete in full the ML5 certificate at **Part C** because a medical condition is indicated, please complete **Part D** of this form (if necessary consulting MO/RYA) and send it for review by an MCA Medical Assessor, who will make a decision on whether your licence/endorsement can be issued. The referral to an MCA Medical Assessor is a paper based assessment, therefore if you have any additional information you would like to provide to support your referral this should be submitted with your ML5 report in a sealed envelope marked "Private and Confidential".

If you require a medical referral you will need to complete **Part D** on page 9. This information will be used to assist the Medical Assessor in assessing your medical condition in line with the work which you are to carry out. Your information will be seen and recorded by staff within the MCA Medical Administration Team prior to referral to the Medical Assessor. Anonymised information will be included in the Assessors annual report which is used by the MCA to ensure decisions are being made in line with MCA standards and are being applied consistently.

PART A - PERSONAL DETAILS

(to be completed by the APPLICANT)

(Please PRINT and use black ink)

Surname _____ Forename(s) _____
Home Address _____
Postcode _____
Date of Birth _____ Place of Birth _____ Sex M/F _____
Work Tel. No _____ Home Tel. No _____
Mobile Tel. No _____ Email Address _____
Date of first BML/RYA endorsement or last revalidation (if applicable) _____

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

I authorise my doctors and specialists to release confidential medical information to the MCA's Medical Assessor to assist in their medical assessment, and/or if any matter affecting my fitness arises during the validity period of the BML/RYA endorsement or in connection with this application.

I also authorise the MCA's Medical Assessor to advise the MCA of my fitness.

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 true and correct. I understand it is a criminal offence to withhold information regarding any medical condition. I have read the notes on the reverse of the certificate (page 8).

Signature of Applicant _____ Date _____

PART B - MEDICAL REPORT

(to be completed by the EXAMINING DOCTOR)

Notes for the Doctor

1. You should not complete this form and certificate unless you are a Medical Practitioner licenced to practise by the UK General Medical Council.
2. This medical report and certificate is required for applicants who are working on commercially operated boats including passenger boats, either on inland waters or at sea up to 60 miles from shore. In completing the form, you are asked to take account in broad terms of the environment in which the applicant will be working and to keep in mind that he or she is likely to have to fulfil some or all of the following duties:
 - navigate the boat safely
 - safely berth and unberth the boat
 - help passengers on and off the boat
 - move and lift objects up to 30 kg
 - operate equipment such as winches and handle ropes
 - climb access ladders

In an emergency the applicant may be required to

- rescue persons from the water
- tackle a fire
- provide first aid
- carry out an evacuation of the boat
- climb in and out of a liferaft at sea

3. In completing this form you should be aware that the safety of fare paying passengers may depend on the fitness of the applicant to operate the vessel in adverse sea and weather conditions. They need also to be capable of responding reliably and effectively to emergencies such as breakdown, collision or capsizes that call for physical and mental resilience and should therefore not be subject to any increased likelihood of sudden incapacity that could prevent them returning the boat safely to its moorings.

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

4. **IF HAVING COMPLETED THE FOLLOWING 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 PROFORMA AT PART C AND RETAIN A COPY FOR VERIFICATION PURPOSES. OTHERWISE PLEASE LEAVE BLANK.**

If any medical concerns are indicated on the form, you may be contacted in due course by an MCA Medical Assessor.

SECTION 1 - CARDIAC

Tick as appropriate

Coronary artery disease

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

b) Has the applicant suffered from 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? _____

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

f) Is there currently a serious or disabling disturbance of cardiac rhythm? YES NO

g) Is the applicant in need of medication to prevent paroxysmal arrhythmia (except for beta blockers, verapamil and digoxin)? 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 surgery? 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 >170 mm systolic Hg or greater? YES NO

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

m) Is there any history of Stroke? YES NO

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

SECTION 2 - ENDOCRINE AND METABOLIC

Does the applicant suffer from any of the following:

- | | | |
|-------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| i) Endocrine disease (thyroid, adrenal including Addison's disease, pituitary, ovaries, testes) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ii) Diabetes - non insulin treated by diet | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| iii) Diabetes - non insulin treated by oral medication | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| iii) Diabetes - insulin using | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| iii) Obesity - BMI over 35 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

SECTION 3 - NERVOUS SYSTEM

- a) Has the applicant had any form of epileptic attack? YES NO
- i) If **YES**, please give date of last attack _____
- ii) Is the applicant still being treated? YES NO
- iii) If **NO**, please give the date when treatment ceased _____
- b) Is there a history of blackout or impaired consciousness within the last 5 years? YES NO
- If **YES**, please give date(s) and details in Section 8
- c) Does the applicant suffer from narcolepsy/cataplexy or any obstructive sleep apnoea? YES NO
- If **YES**, please give details in Section 8
- d) Is there a history of, or evidence of any of the conditions listed 1-8 below?
If **YES**, please give details in Section 8
- | | | |
|-------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| (1) TIA | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (2) Sudden and disabling dizziness/vertigo within the last year with a liability to recur | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (3) Subarachnoid haemorrhage | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (4) Serious head injury within the last 10 years | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (5) Brain tumour, either benign or malignant, primary or secondary | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (6) Other brain surgery | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (7) Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (8) Dementia or cognitive impairment | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

SECTION 4 - PSYCHIATRIC ILLNESS

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

If **NO**, go to Section 5

If **YES**, please give details including date(s), prognosis, period of stability and details of medication, dosage and any side effects in Section 8

NB. If applicant remains under specialist care ensure details are given in Section 8.

- | | | |
|---------------------------------------------------------------------------------|------------------------------|-----------------------------|
| (1) Significant psychiatric disorder within the past 6 months | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (2) A psychotic illness within the past 5 years, including psychotic depression | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (3) Persistent alcohol misuse in the past 12 months | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (4) Alcohol dependency in the past 3 years | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (5) Persistent drug misuse in the past 12 months | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (6) Drug dependency in the past 3 years | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (7) Mood / Affective disorder | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (8) Disorder of personality (anxiety state / depression) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (9) Other mental health and cognitive disorders | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

SECTION 5 - SENSORY

- a) Is there any evidence of a colour vision defect as assessed using Ishihara plates?
When testing, please ensure that aids to colour vision are not being worn. YES NO
- b) Does the applicant **lack** the ability to read 6/6 on the Snellen Chart at six 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
- d) Has the applicant any defects in their field of vision in either eye? YES NO
- e) Is there evidence of any progressive disease in either eye? YES NO
- f) Does the applicant have any other eye condition which could limit vision, either now or within the next 5 years? YES NO
- g) Is there profound deafness that prevents communication by radio/telephone? YES NO

SECTION 6 - MALIGNANT DISEASE

- a) Does the applicant suffer from 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 other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise cerebrally?
If YES, please give details (dates, diagnosis and whether there is current evidence of dissemination) in Section 8 YES NO

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 and 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 liferaft? *Leave blank if not applicable* YES NO
- c) Is excessive obesity likely to interfere with the activities listed above or prevent access to areas of the vessel with size restrictions? *If YES, please give details in Section 8* 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 hip/knee replacement or other limb prosthesis? YES NO
- f) Do you consider the applicant fit enough 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 conditions listed below:
- i) Sinusitis / Nasal Obstruction YES NO
 - ii) Chronic Bronchitis and / or Emphysema YES NO
 - iii) Pneumothorax YES NO
 - iv) Asthma YES NO

SECTION 9 - OTHER MEDICAL CONDITIONS / ADDITIONAL INFORMATION

- a) If you have marked **YES** to any of the above questions and so are not able to issue a certificate, this form may be referred to one of the MCA's Medical Assessors. Please provide any additional information on the conditions identified (or any other medical conditions not specified above relevant to the job requirements noted in B2) including the dates and nature of any treatment etc which may help the Assessor to decide on fitness and, where relevant, risk factors such as diabetes, smoking, family history of heart disease, BP, urinalysis, height, weight and BMI.

- b) Is the applicant currently taking any medication which may impair safe discharge of duties (e.g. sedating agents) or which may increase their own risk in the event of an injury (e.g. anticoagulants such as warfarin - acceptable for inland waters but not for work at sea)? *If so, please give details, including dosage, below.*

SECTION 10 - CERTIFICATION

I certify that:

- a) I have examined the applicant named in **PART A** and that my findings are recorded above in **PART B** of this report.
 - b) * There are no ticks in any "YES" box and I have completed the ML5 certificate proforma at **PART C** and retained a copy.
 - c) * There are ticks in the "YES" boxes specified below, and I have not completed the ML5 certificate proforma.
- * Delete b or c as appropriate.

Section (s)							
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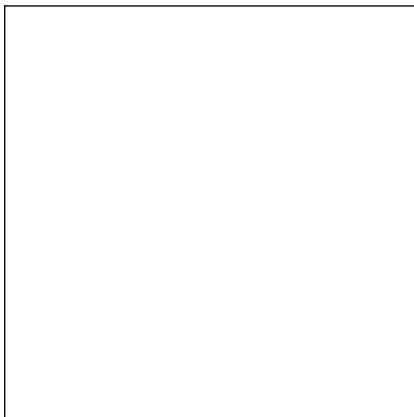
Signature of Examining Medical Practitioner _____

Date of Examination _____

GMC Number _____

Name and Address
(Please PRINT) _____

Official Stamp



Tel. No _____

Are you the applicant's General Practitioner ?

YES

NO

If you are not the applicant's GP, you should ask for photographic ID to confirm the identity of the person examined.

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

Full Name _____

Address _____

Postcode/County _____

PART C - ML5 CERTIFICATE

(to be completed by the EXAMINING DOCTOR)

Notes for the completion of Part C

1. If you have not ticked any "YES" Box in **Part B** of this form and have not made comments in Section 8, please complete the following certificate proforma at **Part C**, **OTHERWISE IT SHOULD BE LEFT BLANK.**
2. A copy of the certificate should be retained by the Doctor for verification purposes.

**ML5 CERTIFICATE OF MEDICAL FITNESS
based on the
MARITIME AND COASTGUARD AGENCY ML5 REPORT**

This is to certify that

Surname _____

Forename(s) _____

Date of Birth _____

Home Address _____

Postcode _____

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 8.

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

Signed (Medical Practitioner) _____

Name (Block Letters) _____

Address _____

Postcode _____

Doctor's Official Stamp

GMC Registration Number

Certificate valid until * _____

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

Date issued _____

Name of RYA / MO Endorsing Officer ** _____

Signature _____

RYA or MO Stamp

Signature of Holder _____ Date _____

** Endorsement only required for those applying for a BML or RYA Endorsement (See Note 6 of Notes to Applicant on Page 1 of ML5 form)

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
 - coronary thrombosis (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
 - 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.
- Your BML/RYA endorsement will not be valid during your illness and you will need to obtain a new ML5 report/certificate once you have recovered in order for your license to be reinstated.
- Those not requiring a BML or RYA endorsement do not need to have their ML5 certificates endorsed by the RYA or MCA Marine Office, but should retain them for inspection as necessary, noting the 5 year validity.

Notes for applicant

1. If there are ticks in any "YES" Box in Section B, or if the doctor has made qualifying remarks in Section 8, he/she cannot complete the ML5 certificate proforma, and the MCA Marine Office/RYA cannot issue your BML/RYA endorsement. However, in these circumstances you have the right to have your case reviewed and the MCA Marine Office/RYA can refer your form to an MCA Medical Assessor for a decision on your fitness to work on a boat.
ANY FORM SENT FOR REVIEW SHOULD NOT BE MORE THAN 3 MONTHS OLD AT THE TIME OF APPLICATION.
2. For the purposes of medical review, you may wish to provide further information regarding your fitness to hold a BML / RYA endorsement. This may include medical evidence from your GP, a specialist consultant or an optometrist as appropriate. Medical evidence should be submitted with this form to your local MCA Marine Office or the RYA in an envelope marked "Private and Confidential" for forwarding to the MCA's Medical Assessor.
3. To assist the Medical Assessor in making a decision, they will need to know about the type of work you will be carrying out.
4. Based on all the evidence the MCA Medical Assessor will decide whether or not you meet the necessary requirements and if so, will issue an ML5 certificate restricting duties and/or type of operation, if necessary. It will then be for the MCA Marine Office/RYA to decide whether the BML/RYA endorsement can be issued.

Please complete the following, giving as much detail as possible (continue overleaf if necessary):

a) Details of vesselTo Sea Categorised Waters Type of Vessel Size **b) Proposed area of operation**Up to miles from point of departureUp to miles offshoreLongest length of trip

Area of Operation (including Category of Water) _____

c) Type of operation involved (e.g. passenger pleasure trips, fish farm supplies, night time operations etc)**d) Other relevant risk factors (e.g. communications with shorebased staff, nature of passengers, etc)****e) Minimum number of paid crew (other than applicant)**holders of BMLs additional crew with
same qualifications unqualified but trained/
experienced crew trainees/others **f) Passengers (where applicable)**Maximum number of fare-paying passengers carried **g) Medication (Please list all prescribed medication you are currently taking including dosage).****h) Details of any regular review/monitoring of condition**

Empty continuation box for text input.

