



Process approval

Yes

No

Signature of Registrar of Seafarers.....

APPLICATION FORM FOR THE MEDICAL PRACTITIONER.

Issued in accordance with the Maritime Labour Convention Reg. 1.2 and Merchant Shipping (Seafarer Medical Examination And Certification) Regulations, 2016 Reg. 16.

WARNING TO APPLICANTS:

A false declaration may lead to legal proceedings.

Part 1: General particulars of applicant

Medical practitioner

Medical facility

Postal Address

Telephone..... Email

Physical location

Date of registration KMPDU registration No.

Part 2: Undertaking

The medical practitioner should be aware of the role of the medical examination in the enhancement of safety and health at sea and in assessing the ability of seafarers to perform their routine and emergency duties and to live on board:

- (i) The consequences of impairment from illness while working at sea will depend on the routine and emergency duties of the seafarer and on the distance of the ship from shore-based medical care. Such impairments may adversely affect ship operations, as both the individual and those who provide care will not be available for normal duties. Illness at sea can also put the individual at risk because of the limited care available, as ships' officers only receive basic first-aid and other medical training, and ships are only equipped with basic medical supplies. Medication used by seafarers needs to be carefully assessed as it can lead to impairment from side effects that cannot be readily managed at sea. Where medication is essential to control a potentially life-threatening condition, inability to take it may lead to serious consequences.
- (ii) Infectious diseases may be transmitted to others on board. This is particularly relevant to food-borne infections in those who prepare or handle food or drinks. Screening for relevant infections may be undertaken at the medical examination or at other times.
- (iii) Limitations to physical capability may affect ability to perform routine and emergency duties (e.g. using breathing apparatus). Such limitations may also make rescue in the event of injury or illness difficult.
- (iv) The medical examination can be used to provide an opportunity to identify early disease or risk factors for subsequent illness. The seafarer can be advised on preventive measures or referred for further investigation or treatment in order to maximize their opportunities for continuing their career at sea. However, the seafarer should be made aware that it does not replace the need for other clinical contacts or necessarily provide the main focus for advice on health maintenance.
- (v) If a medical condition is identified, any adverse consequences may be reduced by increasing the frequency of surveillance, limiting duties to those where the medical condition is not relevant or limiting the pattern of voyages to ensure that health care is readily available.
- (vi) Seafarers need to be able to adjust to living and working conditions on board ships, including the requirement to keep watches at varying times of the day and night, the motion of the vessel in bad weather, the need to live and work within the limited spaces of a ship, to climb and lift weights and to work under a wide variety of weather conditions (see Appendix C, table B-1/9, for examples of relevant physical abilities).
- (vii) Seafarers should be able to live and work closely with the same people for long periods of time and under occasionally stressful conditions. They should be capable of dealing effectively with isolation from family and friends and, in some cases, from persons of their own cultural background.

Guidelines on the medical examinations of seafarers Shipping operations and shipboard duties vary substantially. For a fuller understanding of the physical demands of particular categories of work on board ships, medical practitioners should acquire knowledge of the STCW Convention, 1978, as amended, and Merchant Shipping (Seafarer Medical Examination And Certification) Regulations, 2016 as amended and should consult the Kenya Maritime Authority, shipping company and trade union representatives and otherwise endeavor to learn as much as possible about seafaring life.

Part 3: Checklist

DOCUMENTS SUBMITTED WITH THIS APPLICATION (tick appropriately)

I hereby submit the following documents with this application

Document Description	Yes/no	Remarks
written application expressing interest to be approved to carry out medical examinations of seafarers		
Certified copy of national identity or passport		
Two passport-size photos (with white background)		
Certified degree certificate from a recognized university. (In case the certificate is from university outside Kenya then provide a notarized copy of English translation of the certificate)		
Certified copy for proof of registration and valid annual subscription to the Kenya Medical Practitioners and Dentists Board.		
Valid Kenya medical practitioner and dentist's license.		
Certified copy of KRA PIN number		
Certified copy of tax compliance		
Valid certificate of good conduct		
Prove for tenancy/lease/ownership for the place where you will be working from.		

Notes

- I. Providing false information is an offence punishable by either a prison term or fine or both;
- II. The Authority may seek to verify physically any pertinent information from the business premises;
- III. The Authority may cancel, suspend or revoke a license issued if deems fit to do so.

FACILITIES TO BE EXAMINED		
• Vision acuity test facility		
• Color vision test facility		
• Speech/Hearing/balance test facility		
• Cardiovascular checking facility		
• Respiratory testing facility		
• Neurological testing equipment		
• Gastrointestinal /renal testing equipment		
• ENT equipment		
• X-ray equipment		
• Clean, decent and modest medical facility		

Part 4: Declaration

I hereby declare that the information contained in this application is true and correct. I am aware that if I submit false information, Certificates or other documents that are later found to be fraudulent or not authentic, then the application will be declined immediately and legal action may be taken against me

Signature of medical practitioner.....date of application.....

Part 4 : FOR OFFICIAL USE ONLY

Requirements

Approval

Requirements met

Issuance Approval

Yes

No

yes

No

.....
verification committee

.....
Registrar of Seafarers

.....
.....
.....
.....

Fee paid for Application Forms Kshs/USD..... Receipt No.....	Licensing fee Paid Kshs/USD..... Receipt No.....
Certificate.....	Approved by(Name).....
Valid Till.....	
Remarks.....	

Designation.....Signature.....Date.....
.....