



- ✓ Use this form for domestic or near coastal certificate of competency applications.
- ✓ Bring your photo ID and a copy of the medical examination standards when you see the Optometrist and/or GP. Use the link on the right to view the standards.
- ✗ For international marine qualifications use AMSA form 303. This certificate is NOT VALID to serve on regulated Australian vessels.

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



## 1 Applicant details (as recorded on proof of identity)

*To be completed by the applicant*

<b>Family name</b> <input type="text"/>	<b>Given name(s)</b> <input type="text"/>	<b>AMSA ID (if known)</b> <input type="text"/>
<b>Email</b> <input type="text"/>	<b>Permanent address</b> <input type="text"/>	<b>Phone</b> <input type="text"/>
<b>Proof of identity</b> <input type="checkbox"/> Passport <input type="checkbox"/> Other: Photo ID type <input type="text"/> <input type="checkbox"/> Australian driver license Passport, license or other photo ID number <input type="text"/>		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/other
		<b>Date of birth</b> <input type="text"/> / <input type="text"/> / <input type="text"/> Day    Month    Year

## 2 Examination details

*To be completed by the applicant*

You can book a single appointment with a specialised General Practitioner (GP) if they are able to perform both the health and eye checks. Please verify this with your practitioner beforehand. Otherwise you will need to book an optometrist test first, followed by your GP appointment.

<b>Date of GP examination</b> <input type="text"/> / <input type="text"/> / <input type="text"/> Day    Month    Year	<b>Place of examination</b> <input type="checkbox"/> ACT <input type="checkbox"/> NSW <input type="checkbox"/> NT <input type="checkbox"/> QLD <input type="checkbox"/> SA <input type="checkbox"/> TAS <input type="checkbox"/> VIC <input type="checkbox"/> WA <input type="checkbox"/> Overseas
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## 3 Eyesight

*To be completed by an optometrist or specialised GP*

Visual standards required <i>The applicant can use vision aids if necessary</i>	Distant vision			Near vision	Colour vision	Visual fields
	Better eye	Other eye	Both eyes			
<b>Deck department</b>	Not less than:					
1. 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
2. Operating lifting plant (vessels' cranes, hoists, etc.)	6/9	6/12	6/9	N12 with or without visual aids	Not required	Normal visual fields
3. Doesn't require duties in 1 or 2	6/18	6/60	6/18	N12 with or without visual aids	Not applicable	Sufficient visual fields
<b>Engine department</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

<b>Duty required</b> (tick all that apply)	Visual acuity meets standards <input type="checkbox"/> Yes <input type="checkbox"/> No    Notes:
<input type="checkbox"/> Deck/Mate/Master	Applicant requires aids to vision <input type="checkbox"/> Yes* <input type="checkbox"/> No    Notes:
<input type="checkbox"/> Coxswain	Colour vision meets standards (excludes Engineers) <input type="checkbox"/> Yes <input type="checkbox"/> No*    Notes:
<input type="checkbox"/> General Purpose Hand	Fit for lookout duties (excludes Engineers) <input type="checkbox"/> Yes <input type="checkbox"/> No    Notes:
<input type="checkbox"/> Engineer	

*\*Specify restrictions on page 2*

*\*If a specialised GP has completed the eyesight assessment, they are not required to fill in the below optometrist details.*

<b>Optometrist name</b> <input type="text"/>	<b>Optometrist signature</b> <input type="text"/>	<b>Optometrist stamp</b> <input type="text"/>
<b>Clinic phone number</b> <input type="text"/>		

## 4 Medical examination

To be completed by a GP

All sections of the medical standards below must be assessed. Any identified issues of relevance to fitness for sea service must be indicated (tick No) and commented below.

		Meets standards				Meets standards			
Assessment of older seafarer (if applicable)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Infectious diseases	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cardiovascular system	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Musculoskeletal, balance and coordination	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Diabetes and other endocrine disorders	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Neoplasms	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eyes/vision prescription (spectacles may be worn for visual acuity)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Neurological system	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Gastrointestinal system	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Obesity	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Genitourinary	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Prescribed medication, drugs and alcohol	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hearing, ear, nose and throat conditions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Psychiatric conditions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Haemopoietic diseases	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Respiratory system	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hearing meets standards	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Skin disorders	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If 'No' was answered for any of the above, provide comments below:

## 5 Examination outcome

To be completed by a GP

I have sighted the ID for the above-named applicant. Based on the applicant's personal declaration, my clinical examination and diagnostic test results (if required), I declare the applicant is:

### Outcome

**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.

<input type="checkbox"/> <b>Fit, but with restrictions</b>	<b>Restricted duties</b>	<b>Restricted locations/vessels</b>	<b>Other medical restrictions</b>
<input type="checkbox"/> <b>Unfit</b>			
<input type="checkbox"/> Must wear corrective lenses for distance vision			
<input type="checkbox"/> Must wear corrective lenses for near vision			
<input type="checkbox"/> Requires hearing aid			

You can issue this certificate for the period of time shown below, based on the person's age today. 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.

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

<b>GP name</b>	<b>GP signature</b>	<b>GP stamp</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Clinic phone number</b>		
<input type="text"/>		

## 6 Applicant acknowledgment

To be completed by the applicant

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, I will notify the vessel's master.

<b>Applicant name</b>	<b>Applicant signature</b>
<input type="text"/>	<input type="text"/>

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

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.