



Questionnaire regarding the Medical Fitness Examination for Seafarers

Please fill in this questionnaire thoroughly as preparation for your examination.

Personal details:

Last name:	First name:	Date of birth:
Address (multiple lines):	Telephone number (mobile and/or landline):	E-mail (multiple lines):
Nationality:	Birthplace and country:	
Shipping company / employer:	Type of service on board:	
Initial examination	Last medical fitness examination (MM/YYYY):	
Follow-up examination	Name of physician and place:	
I have brought my German Medical Certificate with me.		
Does your employer pay accident insurance contribution for you to BG Verkehr / Are you employed under German flag? Please include the cost absorption declaration (Kostenübernahme-Erklärung) !		

Details on existing conditions:

Have you ever been declared medically unfit? (medical fitness examination for seafarers, medical fitness examination for military service, etc.) No Yes	Over the last two years, have you been certified to be unfit for work or have you been transferred from the ship to a position at land due to illness? No Yes
Have you been involved in an accident prior to your initial examination or since the last medical fitness examination for seafarers? No Yes When? Which injury/injuries? Any remaining issues from this injury/these injuries?:	Do you currently suffer from any health problems or are you currently receiving any medical/dental treatment? No Yes I am currently off-sick from work. Illness: Last dentist appointment:
Are you registered as a handicapped person? No Yes Degree of disability?:	Do you have any allergies? No Yes Which?:
Do you take any medication on a regular basis? No Yes Which?:	Do you smoke? (cigarettes, pipe, shisha, e-cigarettes, any other) No Yes
Do you drink alcohol? No Yes Occasionally daily Amount: ?	Do you take drugs? No Yes not anymore since:
Have you ever been treated or operated in a hospital? No Yes When?: What for?:	
For female crew members: Are you pregnant? No Yes (See Leaflet)	

Are you suffering or have you ever suffered from the following illnesses /anomalies?

Please answer each question with yes or no. Any answers with yes, please clarify below under remarks.

	No	Yes		No	Yes		No	Yes
1. Visual aid (e.g. glasses or contact lenses)			9. Frequent or severe headache (e.g. migraine, cluster headache)			17. Mental diseases (e.g. depression, psychoses, anxiety)		
2. Colour vision deficiency/ weakness			10. Infections (e.g. jaundice (hepatitis), diarrhoea)			18. Dizziness, unconsciousness imbalance		
3. Nyctalopia (night blindness)			11. Metabolic disease (e.g. diabetes, obesity, thyroid disease)			19. Blood diseases (e.g. anaemia, leukaemia)		
4. Eye disease (e.g. glaucoma)			12. Diseases of the genito-urinary system (e.g. kidney stones, urinary tract infections)			20. Cancer		
5. Dental problems, prosthesis, implants			13. Diseases of the digestive system (e.g. stomach, bowel, liver, gall bladder, e.g. haemorrhoids, blood in the stool)			21. Skin diseases (e.g. psoriasis, eczema)		
6. Sleep disturbances			14. Sexually transmitted diseases (STD)			22. Hernia		
7. Cardiovascular diseases (e.g. high blood pressure, thrombosis, varicose veins, cardiac arrhythmias, heart attack)			15. Diseases of the locomotor system (e.g. broken bones, amputations, endoprotheses, back/joint problems, reduced mobility)			23. Neurological diseases (e.g. seizures, stroke, multiple sclerosis, Parkinson's disease)		
8. Respiratory diseases (e.g. frequent bronchitis, asthma, tuberculosis)			16. Ear disorders (e.g. tinnitus, hardness of hearing, hearing aid)			24. Any other diseases that are not listed		

Remarks (multiple lines):

Declaration:

I hereby declare that the above mentioned and personally completed details are true, complete and have been given to the best of my knowledge. Omitting any significant medical problems or stating false information may result in legal action.

It has been referred to the information sheet regarding data protection by the BG Verkehr / Ship Safety Division on the website <https://www.deutsche-flagge.de/en/data-protection>.

place, date

signature

In the case of minors: signature of the person entitled custody; the assent applies to any acts of legal significance relating to the medical fitness for sea service.