



SEAFARER MEDICAL REPORT FORM (ML5) AND ML5 CERTIFICATE

WHO MAY USE THIS FORM

This form is for use in connection with an application for:

- a) *a Boatmaster's Licence for use on a non-seagoing local passenger boat ;*
- b) *an RYA Certificate or Boatmaster's Licence for operation under the MCA Small Commercial Vessel Code, or Large Yacht Code in Area Categories 2, 3, 4, 5 or 6 (i.e. up to 60 miles from shore);*

and by:

- c) *crew members on seagoing local passenger boats;*
- d) *those working on vessels operating under the MCA Small Commercial Vessels or Large Yacht Codes of Practice in Area Categories 2, 3, 4, 5 or 6 (i.e. up to 60 miles from shore) .*

Note: Applicants for a Boatmaster's Licence (BML) to work as skipper on a passenger boat (more than 12 passengers) at sea (beyond categorised waters), and those working on vessels operating under the Small Commercial Vessel Code in Area Categories 1 and 0 (i.e. more than 60 miles from shore), require a seafarer medical certificate (ENG 1 - MSF 4104) which may only be issued by an MCA approved doctor, or a medical certificate issued by a country recognised as equivalent. An ENG 1 medical certificate is always acceptable as an alternative to the ML5 certificate. Details of the procedure for obtaining an ENG 1 and list of doctors and equivalent certificates are given in Merchant Shipping Notices MSNs 1765(M) and 1777(M), available from any MCA Marine Office, or from the MCA's webpage www.mcga.gov.uk under 'Guidance & Regulations'.

Further details of medical requirements for non-seagoing Boatmasters, and those working on local passenger ships, vessels operating under MCA Codes of Practice and non-seagoing local passenger vessels, are given in Marine Guidance Note 264(M)

TO THE APPLICANT

WHAT TO DO

- 1) First read the **Notes about Fitness** on Page 2 overleaf. Then take the form to any Medical Practitioner registered with 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 report. If you have any doubts about your fitness, discuss them with the Doctor before you ask him/her to complete this form.
- 2) Complete **Part A** of the form (but do not sign the declaration until you are with the Doctor).

NOTES ABOUT FITNESS

You are unlikely to be issued with a Boatmaster's Licence or RYA Certificate if, for example:

- you are liable to epileptic seizures or sudden disturbances of the state of consciousness
 - you have had a coronary thrombosis or have undergone heart surgery
 - you suffer problems with heart rhythm, or have a disease of the heart or arteries
 - your blood pressure is not well controlled with drugs
 - you need injections of insulin for diabetes
 - you have had a stroke, or unexplained loss of consciousness
 - you have had severe head injury with continuing loss of consciousness
 - you suffer from Parkinson's Disease or Multiple Sclerosis
 - you are being treated for mental or nervous problems
 - you have had alcohol or drug addiction problems within the last 2 years
 - you have profound deafness and cannot communicate on the radio/telephone
 - you suffer from double or tunnel vision
 - you have any other condition which would/could cause problems regarding your fitness to navigate a vessel.
- 3) You must tell the issuing authority (MCA Marine Office or RYA) if, during the validity of your ML5 certificate, you develop any of the above conditions or a disability which affects your fitness to work. This includes mental as well as physical conditions. Your BML/RYA Certificate will not be valid during your illness and you will need to obtain a new ML5 report/certificate once you have recovered.
 - 4) Those not applying for a BML/RYA Certificate 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. Anyone in this category who has a tick 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 Marine Office.

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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 on board a boat. The form is designed so that, if Part B of the report shows ticks in Box 2 only, without any qualifying remarks by the doctor, he/she will also complete Part C which is an ML5 certificate indicating you are medically fit to hold a BML or RYA Certificate or to work on vessels listed on the front of this form. You should then submit the form to an MCA Marine Office or the RYA in support of your application for a BML or RYA Certificate. Your ML5 certificate will be endorsed and returned to you to retain as evidence of your fitness.

MEDICAL REVIEW OF ML5 REPORT BY MCA MEDICAL ASSESSOR

If there are ticks in Box 1, or if the doctor has made qualifying remarks in Section 8, he/she cannot complete the ML5 certificate pro-forma, and the Marine Office/RYA cannot issue your BML/RYA Certificate. However, in these circumstances you have the right to have your case reviewed and the Marine Office/RYA can refer your form to an MCA Medical Assessor for a final decision on your fitness to work on a boat.

For the purposes of medical review, you may wish to provide further information. This may include medical evidence from your GP or a specialist consultant, if appropriate, as to your fitness to hold a BML/RYA Certificate. Medical evidence should be submitted to your local Marine Office or the RYA in an envelope marked "Private and Confidential" for forwarding to the Medical Administration Section of the MCA. You will also need to include information about the work for which you need the Licence or Certificate; this should cover details such as the class of vessel, the intended area of operation, type of vessel, number of passengers, duties, and whether there are other competent crew.

Based on this 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.

PART A. PERSONAL DETAILS - to be completed by the APPLICANT

(Please PRINT and use black ink)

Surname	<input type="text"/>	Forename(s)	<input type="text"/>
Home Address	<input type="text"/>		
	Post Code		
	<input type="text"/>		
Date of Birth	<input type="text"/>	Work Tel. No.	<input type="text"/>
Place of Birth	<input type="text"/>	Home Tel. No.	<input type="text"/>
Date of first BML/ RYA Certificate (if applicable)	<input type="text"/>		

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 information to MCA's Medical Assessor, if any matter affecting my fitness arises during the validity period of the BML/RYA Certificate or in connection with this application.

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

Signature of Applicant

Date

Please move to PART B >

PART B. MEDICAL REPORT - to be completed by the Doctor**Notes for the Doctor**

This medical report and certificate is required for applicants who are working on commercially operated small 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 :

- to navigate the boat safely
- to safely berth and unberth the boat
- to help passengers on and off the boat
- to move and lift objects up to 30kg
- to operate equipment such as winches and to handle ropes
- to climb access ladders

In an emergency the applicant may be required to

- rescue persons from the water
- to tackle a fire
- to provide first aid
- to carry out an evacuation of the boat

If, having completed the following report there are no ticks in Box 1 against any of the questions, and you have no other medical concerns, please complete the certificate pro-forma at Part C and retain a copy for verification purposes.

SECTION 1 - Cardiac	Box 1	Box 2
a) Is there evidence of serious congenital heart disease requiring consultant cardiologist review at least every year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Is the applicant suffering from, or having attacks of angina of effort, or receiving continuous treatment to prevent angina from manifesting itself?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Has the applicant suffered from myocardial infarction, unstable angina, coronary artery bypass surgery or coronary angioplasty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES - please answer the following:		
i) What was the nature of the event?	<input style="width: 100%;" type="text"/>	
ii) How long has elapsed since the event ?	<input style="width: 100%;" type="text"/>	
iii) If the applicant remains on medication, give details	<input style="width: 100%;" type="text"/>	
iv) Give details of any continuing symptoms / clinical signs of heart disease	<input style="width: 100%;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		
d) Has the applicant uncontrolled complete heart block?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Has a cardiac pacemaker been implanted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES , is the applicant attending a pacemaker clinic for at least annual review?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) Has a cardioverter / defibrillator device been implanted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g) Is there currently a serious disturbance of cardiac rhythm associated with documented ischaemic or valvular heart disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h) Is the applicant in need of medication to prevent paroxysmal arrhythmia (except for beta blockers, verapamil and digoxin)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES , please give details	<input style="width: 100%;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>		
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SECTION 1 - Cardiac (Continued)	Box 1	Box 2								
i) Has the applicant undergone heart transplant or heart / lung transplant surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
j) Has the applicant evidence of an aortic aneurysm that has not been successfully treated by surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
SECTION 2 - Diabetes Mellitus										
a) Is the applicant a diabetic requiring insulin injections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
SECTION 3 - Nervous System										
a) Is the applicant liable to epileptic seizures or other sudden disturbances of the state of consciousness other than simple syncope? (If there is any doubt, the opinion of a consultant neurologist should be obtained)	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
b) Is there a history of any major or minor stroke within the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
c) Is there a history of Multiple Sclerosis or Parkinson's Disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
d) Is there a history of malignant brain tumour in the last five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
e) Is there a history of serious head injury with continuing symptoms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
f) Is there profound deafness that prevents communication by radio /telephone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
SECTION 4 - Psychiatric Illness										
a) Has the applicant suffered from psychotic illness or required treatment for a psychotic illness in the past two years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
b) Has the applicant suffered from a serious mental disorder requiring treatment with psychotropic medication in the last six months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
c) Is there any history of alcoholism during the last two years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
d) Is there any history of drug or substance misuse during the last two years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
SECTION 5 - Vision										
a) Is there any evidence of a colour vision defect likely to lead to inability to distinguish red, green and white lights at 1 mile distance? <i>When Ishihara Plates are used, ensure that aids to colour vision are not being worn.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
b) Can the applicant read 6/6 on the Snellen Chart at six metres distance in at least one eye with glasses or contact lenses if necessary ?	No* <input type="checkbox"/>	Yes <input type="checkbox"/>								
c) Can the applicant read 6/60 with at least one eye without any visual aid?	No* <input type="checkbox"/>	Yes <input type="checkbox"/>								
d) Has the applicant adequate field of vision with no progressive disease, in at least one eye?	No* <input type="checkbox"/>	Yes <input type="checkbox"/>								
<p>* Please give details for b), c), d)</p> <table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 25%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>										
SECTION 6 - Malignant Growths										
a) Does the applicant suffer from malignant disease likely to impair physical or mental fitness to undertake duties in the foreseeable future?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
SECTION 7 - Musculoskeletal										
a) Has the applicant reasonable physique to enable him to undertake intended duties and particularly to physically assist other persons to evacuate a vessel in an emergency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
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SECTION 8 - Other Medical Conditions

Does the applicant suffer from any other relevant medical conditions not specified above?

Yes

No

If **YES**, please give details below**SECTION 9 - Certification**I certify that I have examined the applicant named in **PART A** and that my findings are recorded above in **PART B** of this report.There are no ticks in any Box 1, and I have completed the ML5 certificate proforma at **PART C** and retained a copy. Yes No *

* If No, please specify the Section numbers of Part B of this form where a Box 2 has been ticked

Section (s)								

Signature of Examining Medical Practitioner

Date of Examination

GMC Registration Number

Name and Address
(Please PRINT)

<input type="text"/>
<input type="text"/>
<input type="text"/>

Official Stamp

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.

PART C. ML5 CERTIFICATE - to be completed by the Doctor

(Copy to be retained by the Doctor for verification purposes)

Notes for the completion of Part C

If you have not ticked any Box 1 in Part B of this form, please complete the following certificate proforma at Part C, otherwise it should be left blank.

PART C >

ML5 CERTIFICATE OF MEDICAL FITNESS

based on the

MARITIME AND COASTGUARD AGENCY (MCA) ML5 REPORT

This is to certify that

Surname

Forename(s)

Date of Birth

Home Address

Post Code :

has been assessed by me for medical fitness in accordance with the criteria specified by the MCA in the ML5 form and all assessment ticks are in Box 2 (right hand column). I have not included any comments affecting fitness in Section 8 (Additional Notes)

Signed (Medical Practitioner)

Name (Block letters)

Address

Post Code:

Doctor's Official Stamp

Certificate valid until*

*maximum 5 years from date of issue or
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 not required for those not applying for a BML or RYA Certificate (See Note 4) on Page 1 of ML5 form)

See Notes Overleaf >

NOTES TO THE HOLDER OF THIS CERTIFICATE

- You must tell the issuing authority (MCA Marine Office or RYA) if, during the validity of your ML5 Certificate, you develop any condition or a disability which affects your fitness to work. This includes mental as well as physical conditions. Your BML/RYA Certificate will not be valid during your illness and you will need to obtain a new ML5 report/certificate once you have recovered.
- Those not requiring a BML or RYA Certificate 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.