

船員健康證明 SEAFARER'S MEDICAL CERTIFICATE

茲證明持證人按照經修正的《1978年海員培訓、發證和值班標準國際公約》規則 I/9 的規定和《2006年海事勞工公約》規則 1.2 的相關規定體檢合格，但受載明限制的制約。This is to certify that the lawful holder has been found duly qualified in accordance with the provisions of regulation I/9 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended and the provisions of Regulation 1.2 of Maritime Labour Convention, 2006, subject to any limitations or restrictions indicated.

本聯為申辦證明及航行必備文件之用

姓名 Seafarer's Name :(Last, first, middle)	性別 Gender : (男 Male/女 Female)	貼相片處 最近二年內 1 吋脫帽半身照片
出生日期 Date of Birth: (Day/month/year)	國籍 Nationality:	
出生地 Place of Birth:		

醫師認可聲明 Declaration of the recognized medical practitioner:

YES NO

1	身份證明文件在健康檢查時是否經過核實？ Confirmation that Identification documents were checked at the point of examination?		
2	聽力是否達到標準？Hearing meets the standards?		
3	裸耳聽力是否符合要求？Unaided hearing satisfactory?		
4	視力是否達到標準？ Visual acuity meets the standards?		
5	色覺是否符合標準？Colour vision meets the standards?		
上次色覺測試日期 Date of last colour vision test:			
6	適合執行瞭望任務嗎？Fit for look-out duty?		
7	船員是否不存在下列身體狀況：由於海上服務而使健康惡化，或可能使船員不適合該服務，或使其他船上人員的健康受到危害 Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the health of other persons on board?		
8	對職責有無限制嗎？Any limitations or restrictions on fitness?		
如果“有”，具體說明何種限制 If “Y” specify limitations or restrictions.			
9	體檢日期 Date of examination: (day/month/year)		
10	證書有效期限：Expiry of certificate: (day/month/year) : <small>自體檢之日起最多兩年，除非海員未滿 18 歲 Maximum two years from date of examination unless the seafarer is under the age of 18</small>		

合格 Fit for duty

不合格 Unfit for duty

日期 Date: _____ 體檢醫師簽名 Signature of Authorised Medical Practitioner _____ 簽發機構印章：Issuing Authority (Seal) _____

我已被告知證書的內容和審查的權利。I have been informed of the content of the certificate and of the right to a review.

船員簽名 Signature of Seafarer : _____

船員體格(健康)檢查證明書

MEDICAL CERTIFICATE OF SEAFARER

一、基本資料

姓名 Name : _____ 性別 Gender : 男 Male 女 Female 身分證 Id Card : _____

出生年月日 Date of birth : _____ 年齡 Age : _____ 國籍 Nationality : _____

住址 Address : _____

現職 Occupation : 航行員 Nav. 輪機員 Eng. 值機員 GMDSS
乙級船員 crew(當值 Watch 非當值 Non-watch)

二、個人聲明

船員個人聲明(由醫療人員提供協助) Seafarer's personal declaration(Assistance should be offered by medical staff)

你是否曾有以下的情況 Have you ever had any of the following conditions? :

情況 Condition	是/YES	否/NO	情況 Condition	是/YES	否/NO
1. 眼睛/視力問題 Eye/vision problem	<input type="checkbox"/>	<input type="checkbox"/>	18. 睡眠問題 Sleep problem	<input type="checkbox"/>	<input type="checkbox"/>
2. 高血壓 High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	19. 吸煙、飲酒或吸毒嗎 Do you smoke, use alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
3. 心臟/血管疾病 Heart/vascular disease	<input type="checkbox"/>	<input type="checkbox"/>	20. 手術/外科手術 Operation/surgery	<input type="checkbox"/>	<input type="checkbox"/>
4. 心臟手術 Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	21. 癲癇/抽搐 Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>
5. 靜脈曲張 Varicose veins/piles	<input type="checkbox"/>	<input type="checkbox"/>	22. 頭暈/昏厥 Dizziness/fainting	<input type="checkbox"/>	<input type="checkbox"/>
6. 氣喘/支氣管炎 Asthma/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	23. 意識喪失 Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
7. 血液疾病 Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	24. 精神問題 Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
8. 肥胖 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	25. 沮喪 Depression	<input type="checkbox"/>	<input type="checkbox"/>
9. 甲狀腺問題 Thyroid problem	<input type="checkbox"/>	<input type="checkbox"/>	26. 自殺未遂 Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>
10. 消化疾病 Digestive disorder	<input type="checkbox"/>	<input type="checkbox"/>	27. 失去記憶 Loss of memory	<input type="checkbox"/>	<input type="checkbox"/>
11. 腎臟問題 Kidney problem	<input type="checkbox"/>	<input type="checkbox"/>	28. 平衡問題 Balance problem	<input type="checkbox"/>	<input type="checkbox"/>
12. 皮膚問題 Skin problem	<input type="checkbox"/>	<input type="checkbox"/>	29. 嚴重頭痛 Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
13. 過敏 Allergies	<input type="checkbox"/>	<input type="checkbox"/>	30. 耳(聽覺/耳鳴)/鼻/喉問題 Ear (hearing, tinnitus)/nose/throat problem	<input type="checkbox"/>	<input type="checkbox"/>
14. 傳染病/傳染性疾病 Infectious/contagious diseases	<input type="checkbox"/>	<input type="checkbox"/>	31. 行動不便 Restricted mobility	<input type="checkbox"/>	<input type="checkbox"/>
15. 疝氣 Hernia	<input type="checkbox"/>	<input type="checkbox"/>	32. 背部或關節問題 Back or joint problem	<input type="checkbox"/>	<input type="checkbox"/>
16. 生殖器疾病 Genital disorder	<input type="checkbox"/>	<input type="checkbox"/>	33. 截肢 Amputation	<input type="checkbox"/>	<input type="checkbox"/>
17. 懷孕 Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	34. 骨折/脫臼 Fractures/dislocations	<input type="checkbox"/>	<input type="checkbox"/>

如果對上述任何回答是“是”，請詳述。 If you answered "yes" to any of the above questions, please give details : _____。

三、附加問題 Additional questions

附加問題 Additional questions	是 /YES	否 /NO
35 你是否曾經因病被解僱或遣返? Have you ever been signed off as sick or repatriated from a ship?	<input type="checkbox"/>	<input type="checkbox"/>
36 你是否曾經住院? Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
37 您是否曾被告知不適合海上職務? Have you ever been declared unfit for sea duty?	<input type="checkbox"/>	<input type="checkbox"/>
38 您的醫療證明是否曾經被限制或撤銷過? Has your medical certificate even been restricted or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
39 您是否知道自己有任何健康問題、病症或疾病? Are you aware that you have any medical problems, diseases or illnesses?	<input type="checkbox"/>	<input type="checkbox"/>
40 您是否感覺健康並適合履行指定的職位/工作的職責? Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input type="checkbox"/>	<input type="checkbox"/>
41 你是否對藥物過敏? Are you allergic to any medication?	<input type="checkbox"/>	<input type="checkbox"/>
42 您是否正在服用任何非處方藥或處方藥? Are you taking any non-prescription or prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>
如果有，請列出服用藥品、目的和劑量 If yes, please list the medications taken, and the purpose(s) and dosage(s)_____。		

特此證明以上個人聲明是真實的 I hereby certify that the personal declaration above is a true statement to the best of my knowledge. °

船員簽名 Signature of **seafarer** : _____

日期 (日/月/年) Date (day/month/year): : _____

四、體格檢查 Medical examinations

檢測類別	項目						
體位 Body position	身 高 Height		體 重 Weight				
耳 Ear	聽力 左 Hearing L <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		聽力 右 Hearing R <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		耳疾 Diseases <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		
眼 Eyes	視力 Visual Acuity <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal	裸眼視力 Unaided Visual Acuity		矯正視力 Aided Visual Acuity		眼疾 Diseases <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal	色覺 Color vision <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
		左 LT	右 RT	左 LT	右 RT		
鼻 Nose <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal	咽 喉 Throat <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		齒 Teeth <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal				
心臟 Heart	脈搏 Pulse <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal	雜音 Murmur <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		節律 Rhythm <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		血壓 Blood pressure <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal	
肺臟 Lung	聽診 Auscultation <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal	雜音 Rale, Rhonchi, Wheezing <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		呼吸 Breathing <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		胸部 X 光片 Chest X-Ray <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal	
腹部 Abdomen	肝臟 Liver <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		脾 Spleen <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		盲腸 Appendix <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		疝氣 Hernia <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
脊柱及四肢 Spine & Extremities	畸型 Deformity <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		骨膜 Periosteum <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal			關節 Joint <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal	
其他部位 Other	皮膚病 Skin Disease <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		神經系統 Neural system <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal				
血液檢查 Blood	白血球 W.B.C <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		紅血球 R.B.C <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		血色素 Hgb <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal		
尿液檢查 Urine	尿糖 Urine sugar <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal			尿蛋白 Urine protein <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal			
法定傳染病 Statutory Infectious Diseases	梅毒血清反應 V.D.R.L <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal						
體檢結果： <input type="checkbox"/> 合格 Fit for duty <input type="checkbox"/> 不合格 Unfit for duty (不合格者請註明患有檢查標準某項某款樣態名稱)						醫院 Hospital (加蓋印信) (Endorsed)	
日期：中華民國 年 月 日 (西元 A.D. : day/ month / year)							
體檢醫師 (簽名或蓋章) : Doctors Signature							
簽 證 欄	It is certified that Mr./Ms. _____ has been examined to the ROC medical and visual standards laid down pursuant to the "Maritime Labour Convention, 2006 (MLC 2006)" and "International Convention on Standards of Training, Certification and Watchkeeping for seafarers, 1978, as amended", by the medical practitioner of public hospital and found fit for his/her position on board ship.						
船員簽名 : Seafarer's signature							

注意事項及檢查標準詳見如背面

一、注意事項：

(一) 醫師注意事項：

1. 體檢醫師請注意檢查標準。
2. 體檢醫師核對身分證及相片無訛後，依本表所列各項目詳細檢驗，逐一記載，並請於體檢結果欄內註明「正常」或「異常」其異常者，請註明該受檢驗人患有檢查標準某項某款疾病名稱。
3. 體檢完竣後，由體檢醫師簽名或蓋章，填寫年月日，加蓋體檢醫師印信。

(二) 受體檢船員注意事項：

1. 船員申請體檢應出示身分證。
2. 船員經體檢而被拒絕發給合格證明者得重新申請與船東、船東團體或船員團體均無關係，但為主管機關認可之醫師再度檢驗。

(三) 體格檢查證明書自發給之日起，有效期間為二年。但船員年齡未滿十八歲之體格檢查證明書有效期間為一年。船員持有之體格檢查證明書在航行中到期或最近過期且遇有緊急情況，得允許該船員工作至其可從合格醫師處取得體格檢查證明書之下一停靠港，其期間不得超過三個月。

二、船員體格檢查要項

(一) 船員體格或健康檢查發現有下列情形之一，認定不能勝任工作者：

1. 患有傳染病防治法所定傳染病尚未痊癒。
2. 航行員必須具有正常的顏色感知能力，能夠區分紅、綠、藍、黃顏色，輪機員和值機員(電信人員)申請人必須能夠感知紅色、黃色和綠色。但事務部門或旅客部門人員，不在此限。
3. 有客觀事實足認適應工作環境困難。

(二) 船員經發現有下列情形之一者，視力檢查為不合格：

1. 擔任當值工作之航行員及乙級船員其視力以史奈倫視力表(snellen chart)測驗或同等效力測試，任一眼矯正視力未達○·五。
2. 擔任當值工作之輪機員及乙級船員其視力以史奈倫視力表(snellen chart)測驗或同等效力測試，任一眼矯正視力未達○·四及兩眼合併矯正視力未達○·四。
3. 非擔任當值工作之乙級船員，其視力以史奈倫視力表(snellen chart)測驗或同等效力測試，任一眼矯正視力未達○·四及兩眼合併矯正視力未達○·四。
4. 航行員、輪機員、電信人員及參加航行當值之乙級船員，有色盲或夜盲。

(三) 電信人員之聽力，須在離開三十公分兩耳均能聽到碼錶秒時音。

三、其他：本表辦理之體格檢查及健康檢查，應由中央衛生福利主管機關衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院為之。

1. Notes:

(1) Note to doctors:

a. Doctors are requested to pay attention to examination criteria.

b. After checking that there is no discrepancy between the patient's ID and photograph, doctors should carry out a thorough inspection of all the items in this list and make a record of each. Doctors are also requested to write 'Normal' or 'Abnormal' in the results column, and to record what illnesses precluded the crewman from passing the examination.

c. Upon completion of the examination, the doctor should provide his/her signature and seal, and fill out the date. The doctor's credentials should also be stamped.

(2) Notes for seafarers undergoing examinations:

a. Seafarers should present their ID at the examination.

b. Reapplication by seafarers who fail the medical examination bears no relation to the shipowner, shipowner's groups or seafarers' groups. However, the repeat examination must be conducted by a doctor authorized by the supervisory authorities.

(3) The medical certificate is effective from the date of examination and valid for 2 years. However, the medical certificate of seafarers less than 18 years old is effective from the date of examination and valid for 1 year. In cases where the medical certificate of a seafarer expires in the course of a voyage, or will expire in the near future and in urgent cases, the seafarer may be permitted to work on board without a valid certificate until the next port of call where the seafarer can obtain a certificate from a qualified medical practitioner, provided that the period of such permission does not exceed 3 months.

2. Key points for seafarers undergoing the medical examination:

(1) The seafarers having one of the following situations will fail in the medical or health examination.

a. Suffering from an infectious disease specified in the Communicable Disease Control Act, and who have not undergone treatment for this disease.

b. Navigation officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green; although this does not apply to the general affairs or a passenger department personnel.

c. There are objective facts enough to recognize that the physical and mental conditions that are difficult to adapt to the work environment.

(2) Seafarer's eyesight criteria:

a. The aided visual acuity of the officers in charge of a navigational watch and ratings forming part of a navigational watch, according to eye chart test, less than 0.5 in either eye qualify as a 'fail'.

b. The aided visual acuity of the officers in charge of an engineering watch and ratings forming part of an engineering watch, according to eye chart test, less than 0.4 in either eye and less than 0.4 combined eyesight vision qualify as a 'fail'.

c. The aided visual acuity of the ratings not forming part of a watch, according to eye chart test, less than 0.4 in either eye and less than 0.4 combined eyesight vision qualify as a 'fail'.

d. The officers, radio operators and ratings of a navigational watch who suffer from color blindness qualify as a 'fail'.

(3) Radio operators unable to hear the second hand ticking on a chronograph at a distance of 30cm in either ear qualify as a 'fail'.

3. Others: The medical examination and check-ups referred to within these regulations are required to be carried out by the Public hospitals or hospitals that have passed the accreditation of teaching hospitals by the Ministry of Health and Welfare.

