Maritime & Coastguard Agency

Medical Report and Certificate

Please see https://www.gov.uk/government/publications/ml5-medical-report-form-and-certificate-msf-4112 for further information on this form
Please complete in black ink.

ML5

APPLICANTS: Read and complete all grey sections of this form. Take photo ID to your appointment. If 'YES' is answered to any of the questions, the form will need to be reviewed by an ML5 Assessor. See details on how to do this at end of this form.

PERSONAL DETAILS

Surname _____

Forename(s) _____

_____

Date of birth / /

Sex (as on passport) **MALE / FEMALE**

Nationality _____

Home Address

Postcode

Tel no.

Email address

GP surgery address (if different to examining doctor)

GP Postcode

REASON FOR ML5 – Please tick

1. New applicant for MCA Boatmaster's Licence (BML) or Certificate ☐
2. Revalidation or change of existing BML or Certificate ☐
3. Applicant for Royal Yachting Association (RYA) commercial endorsement, working no more than 60 miles from UK shore ☐
4. Crew on seagoing Domestic Passenger Vessel (Class VI or VI(A)) ☐
5. Master or Crew of a small commercial vessel certified for area category 2 to 6 ☐
6. Master or Crew of a fishing vessel under 24m ☐
7. Current ML5 expired or will soon expire, used for:
   BML: ☐ Fishing Vessel under 24m ☐
   RYA Commercial Endorsement ☐

Have you had an ML5 referred to an ML5 Assessor previously? If yes, please provide date and outcome

MORE INFORMATION

If you have any questions regarding this form please contact the MCA Medical Administration Team (MAT) on 0203 81 72835 or medical@mcga.gov.uk

Please also refer to section 14 Notes for he Doctor and Section 16 Notes for the Applicant.

What is an ML5 medical needed for? An ML5 medical certificate is needed for applicants who intend to work on commercially operated vessels on UK inland or inshore waterways and some seagoing vessels including some fishing vessels. The purpose is to ensure the applicant is fit for their role and are not at particular risk of a medical issue occurring which may not only negatively impact their wellbeing but impair the safe and effective functioning of the vessel, safety of crew, passengers, water users and the environment. Some may work single handed or be the sole competent person onboard. Adverse weather and conditions are not uncommon in UK waters.

Maritime & Coastguard Agency

Medical examination report
Vision Assessment

To be completed by an Optician, Optometrist or Doctor

ML5

SECTION 1 – SENSORY - VISION

INSTRUCTIONS FOR APPLICANTS

Your vision needs to be tested **WITH and WITHOUT** any visual aids you wear. If you wear contact lenses please take a case and solution to your appointment.

INSTRUCTIONS FOR HEALTH PROFESSIONALS:

VISUAL ACUITY - Please use a Snellen chart and TEST UNAIDED VISION FIRST.
Please check each eye separately both WITH and WITHOUT visual aids.
COLOUR VISION – Please use 24 or 38 plate Ishihara book not an online version. NO AIDS TO COLOUR VISION CAN BE USED. If the applicant fails their colour vision test on their first attempt, please retest once. If they do not pass again then to be considered as a fail. Applicants who fail the Ishihara test may take this report to one of the MCA CAD test centres as listed in MSN 1886, for a CAD test at their own cost.

SEAFARER DETAILS

Surname _____

Forename(s) _____

Date of birth | | | | | | | | | **Confirmation photo ID checked** ☐

ISHIHARA PASS CRITERIA

24 PLATES:
2 errors or fewer – **PASS**
5 errors or more – **FAIL**
3 or 4 errors. - **RETEST**

38 PLATES:
3 errors or fewer - **PASS**
6 errors or more - **FAIL**
4 or 5 errors - **RETEST**

a. Did the applicant FAIL the Ishihara colour plate test? **Yes** ☐ **No** ☐

VISUAL TESTING OUTCOMES – WHEN TESTED ON A SNELLEN CHART

UNCORRECTED		CORRECTED (if necessary)	
Right 6/ ☐	**Left 6/** ☐	**Right 6/** ☐	**Left 6/** ☐

a. Does the applicant NOT have 6/6 vision or better in one eye, with or without aids? **Yes** ☐ **No** ☐

b. Does the applicant NOT have 6/12 vision or better in the other eye, with or without aids? **Yes** ☐ **No** ☐

c. Does the applicant LACK the ability to read 6/60 in each eye separately without aids? **Yes** ☐ **No** ☐

IF YES IS ANSWERED TO ANY OF THE FOLLOWING QUESTIONS – PLEASE PROVIDE MORE INFORMATION IN SECTION 12

d. Does the applicant have any visual field defects? **Yes** ☐ **No** ☐

e. Does the applicant have progressive eye disease in either eye? **Yes** ☐ **No** ☐

f. Does the applicant have any other eye condition which could impair vision either currently or within the next five years? **Yes** ☐ **No** ☐

HEALTH PROFESSIONAL

Name _____

Signature _____

GOC/HPC/GMC number | | | | | | | | | | |

Date | | | | | | | | |

Doctor/Optician/Optometrist Stamp

Maritime & Coastguard Agency

Medical examination report

Medical Assessment

Must be filled in by a doctor

ML5

DOCTOR – Please undertake history and examination to complete this form. If you tick 'YES' to any of the questions, PLEASE PROVIDE FURTHER INFORMATION in the Section 12 at end of the form.

SECTION 1 -SENSORY - HEARING

	Yes	No
1. Is there deafness that significantly impairs communication by radio or telephone, or to hear emergency alarms?		
2. Does the applicant wear hearing aids?		

SECTION 2 - CARDIAC

a. Coronary artery disease

	Yes	No
1. Is there a history or evidence of coronary artery disease?		
2. Are there abnormalities on cardiac examination? (heart rate & rhythm, murmurs)		

If No go to Section 2b, if Yes please answer all questions below and provide details in Section 12.

	Yes	No
3. Is the applicant having symptoms of angina or receiving preventative treatment?		
4. Has the applicant ever had Acute Coronary Syndrome including myocardial infarction?		
5. Has the applicant undergone coronary angioplasty or bypass surgery?		

If YES please give details below

Nature of event

Date and nature of most recent episode

b. Cardiac arrhythmia

	Yes	No
1. Is there a history or evidence of cardiac arrhythmia or channelopathy?		

If No go to Section 2c, if Yes please answer all questions below and provide details in Section 12.

	Yes	No
2. Has the applicant had a significant disturbance of cardiac rhythm in the past 5 years? (eg atrial fibrillation or flutter, narrow or broad complex tachycardia, longQT)		
3. Is medication needed to prevent paroxysmal arrhythmia?		
4. Has a device such as pacemaker or defibrillator been implanted?		

Please give date implanted.

Please give date of last check.

c. Blood pressure

Todays BP

	Yes	No
1.Is todays resting systolic pressure 170mmHg or greater?		
2. Is today's resting diastolic pressure 100mmHg or greater?		

d. Valvular/ congenital heart disease

	Yes	No
1. Is there a history or evidence of valvular or congenital heart disease?		

If No go to Section 2e, if Yes please answer all questions below and provide details in Section 12.

	Yes	No
2. Is there a history of congenital heart disease requiring ongoing cardiological review?		
3. Is there a valvular heart disease which has required surgery or is under ongoing cardiology review?		
4. Is the applicant symptomatic of their condition?		

e. Peripheral vascular disease

	Yes	No
1. Is there a history or evidence of peripheral vascular disease?		

If No go to Section 2f, if Yes please answer all questions below and provide details in Section 12.

	Yes	No
2. Is there a history or evidence of an aortic aneurysm or dissection not successfully treated surgically?		
3. Is there history or evidence of peripheral arterial disease impacting exercise capability?		

f. Other Cardiovascular

	Yes	No
1. Is there a history or evidence of heart failure or cardiomyopathy? Please provide NYHA class if known		
2. Has the applicant had a TIA or stroke?		
3. Is there a history of Pulmonary Embolus or Deep Vein Thrombosis?		
4. Has the applicant undergone heart or heart/lung transplant?		
5. Is the applicant undergoing or awaiting any cardiovascular investigations or referrals?		

SECTION 3 – ENDOCRINE AND METABOLIC

a General

	Yes	No
1. Is there a history or evidence of endocrine disease (thyroid, adrenal including Addison's disease, pituitary, ovaries, testes)	☐	☐
2. Is there history or evidence of diabetes? **If No go to Section 4, if Yes please answer all questions below and provide details in Section 12.**	☐	☐

b Diabetes

Does the applicant have:	Yes	No
1. Diabetes controlled by diet alone	☐	☐
2. Diabetes controlled by oral medication	☐	☐
3. Diabetes controlled by oral medication which can cause hypoglycaemia?	☐	☐
4. Diabetes controlled by injectable medication but NOT INSULIN	☐	☐
5. Diabetes controlled by insulin	☐	☐

Date most recent HBA1C

Result most recent HBA1C

	Yes	No
6. Is there a history or evidence of complications of diabetes (including hypoglycaemia in past 3 years requiring assistance)?	☐	☐

For those on insulin
Describe how the applicant controls their insulin dependent diabetes (fingerpricks, CGM, time in range)

SECTION 4 – PSYCHIATRIC ILLNESS

	Yes	No
1. Is there a history or evidence of psychiatric illness in the past 5 years? **If No go to Section 5, if Yes please answer all questions below and provide details in Section 12.**	☐	☐
2. A psychotic illness in the past 5 years	☐	☐
3. Anxiety or depression in the past 5 years	☐	☐
4. Disorder of personality (clinically recognised)	☐	☐
5. Attention Deficit Hyperactivity Disorder	☐	☐
6. Dementia or cognitive impairment	☐	☐
7. Concerns which have resulted in investigation or referral for the possibility for such diagnoses?	☐	☐
8. Hospital admission for mental health issues	☐	☐

SECTION 5 – SUBSTANCE MISUSE

	Yes	No
1. Is there a history or evidence of drug or alcohol misuse or dependence in the past 3 years? **If No go to Section 6, if Yes please answer all questions below and provide details in Section 12.**	☐	☐
2. Persistent alcohol misuse or dependence in the past 3 years?	☐	☐
3. Persistent drug misuse in the past 12 months?	☐	☐
4. Drug dependency in the past 3 years?	☐	☐
5. Are there health complications from drug or alcohol use?	☐	☐

Please provide further information in Section 12 to include amount, frequency and type of substance.

SECTION 6 - NEUROLOGICAL

	Yes	No
1. Is there a history or evidence of any Neurological Disorder or injury as listed below? **If No go to Section 7, if Yes please answer all questions below and provide details in Section 12.**	☐	☐
2. Seizure activity	☐	☐

If yes, Date of first seizure

Date of last seizure

Has there been more than one seizure?	☐	☐

Please note cause if seizure provoked

3. Is the applicant still on anti-epileptic medication? If no longer treated, when did this end?	☐	☐
4. Sudden and disabling vertigo within past year with liability to recur?	☐	☐
5. Subarachnoid haemorrhage	☐	☐
6. Serious head injury within the past 10 years?	☐	☐
7. Any form of brain tumour?	☐	☐
8. Other Intracranial surgery or pathology?	☐	☐
9. Chronic neurological disorders such as MS, Parkinsons	☐	☐
10. Blackout or impaired consciousness in past 5 years?	☐	☐
11. Narcolepsy/Cataplexy or Obstructive Sleep Apnoea?	☐	☐

SECTION 7 – RESPIRATORY

Is there a history or evidence of the following:

	Yes	No
1. Chronic Obstructive Pulmonary Disease?	☐	☐
2. Pneumothorax	☐	☐
3. Any respiratory disease under ongoing secondary care review?	☐	☐
4. Asthma	☐	☐

If No Asthma go to Section 8, if Yes please answer all questions below and provide details in Section 12.

PLEASE READ – MCA ASTHMA DEFINITIONS BEFORE ANSWERING ASTHMA SECTION

Mild asthma – symptoms requiring use of reliever inhaler only no more than two days per month or symptoms controlled with low dose MART. Reliever inhalers may be SABA, AIR therapy with low dose ICS/formeterol.(NICE24).

Exercise or cold induced asthma – asthma overall controlled but symptoms provoked by exertion or cold..

Moderate asthma – symptoms occurring nocturnally or early morning, or interfering with normal activity and requiring moderate dose MART. No hospital attendance, or admission. Occasional requirement or oral steroids in the past three years.

Severe asthma – symptoms not controlled, hospital attendance or admission or need for oral steroid treatment within past two years. Lost work days. Need for moderate dose MART with additional medication or on biologics.

b Asthma

Does the applicant have:
If Yes please answer all questions below and provide details in Section 12.

	Yes	No
1. History of severe childhood asthma with any symptoms present at all in the past 5 years?	☐	☐
2. Exercise or cold induced asthma?	☐	☐
3. Asthma that requires reliever inhalers on more than two days per month?	☐	☐
4. Moderate or severe asthma as an adult?	☐	☐
5. Any hospital admissions due to asthma in past three years?	☐	☐
6. A requirement for oral steroids in the past three years?	☐	☐

SECTION 8 – MALIGNANT DISEASE

Is there a history or evidence of the following:

	Yes	No
1. Malignant disease likely to impair physical or mental fitness to undertake duties in the foreseeable future?	☐	☐
2. Malignancy with significant liability to cause cerebral metastasis?	☐	☐
3. Any significant long term side effects for the treatment of cancer which may impair capability?	☐	☐
4. Is the applicant still under secondary care follow-up?	☐	☐

If No go to Section 9, if Yes please provide details in Section 12.

SECTION 9 – MUSCULOSKELETAL

Height (m) _____ Weight (kg) _____
BMI _____

	Yes	No
1. Is the applicant's BMI over 35?	☐	☐
2. Does the applicant **LACK** the strength and flexibility needed to:		
a) Perform routine duties such as mooring and lock operations?	☐	☐
b) Physically assist other people who may have fallen overboard or need to evacuate in an emergency?	☐	☐
3. If the applicant works at sea, do they **LACK** strength and flexibility to get in and out of a life raft? Leave blank if not applicable.	☐	☐

Date of last sea survival course if known _____

4. Is the applicant's build likely to interfere with the activities listed above or prevent access to areas of the vessel with limited space?	☐	☐
5. Is there any disability of the spine, limbs or hands likely to limit duties or safety procedures?	☐	☐
6. Has the applicant had a joint replacement or limb prosthesis?	☐	☐
7. Does the applicant **LACK** sufficient fitness to be responsible for the safety of paying passengers (if applicable?)	☐	☐

SECTION 10 – OTHER CONDITIONS

If 'Yes', provide further details in Section 12.

	Yes	No
1. Significant renal issues such as calculi or need for dialysis?	☐	☐
2. Is there a history of anaphylaxis?	☐	☐

SECTION 10 - OTHER CONDITIONS continued

	Yes	No
3. Gastrointestinal issues which could cause incapacitation such as pancreatitis or significant Inflammatory Bowel Disease?	☐	☐
4. Has the applicant seen, still seeing, or been referred for Specialist review for any condition in the past 2 years?	☐	☐
5. Is there any illness which may cause significant fatigue or functional impairment at work?	☐	☐
6. Does any medication currently taken cause side effects such as drowsiness or impaired function?	☐	☐
7. Does the applicant have any other medical condition which may affect work on a vessel?	☐	☐

SECTION 11 - MEDICATION

Please provide details of all current medication, continuing on a separate sheet if necessary.

	Yes	No
1. Is the applicant taking medication which may impair safety duties?	☐	☐
2. Is the applicant taking medication with risk of acute complications eg DOAC and bleeding?	☐	☐

Medication	Dosage
Reason for taking:	
Approx. start date:	
Medication	**Dosage**
Reason for taking:	
Approx. start date:	
Medication	**Dosage**
Reason for taking:	
Approx. start date:	
Medication	**Dosage**
Reason for taking:	
Approx. start date:	
Medication	**Dosage**
Reason for taking:	
Approx. start date:	

SECTION 12 – FURTHER INFORMATION

Please add any additional relevant information not covered, including any prolonged period off work if appropriate.
For ALL questions which have been answered 'Yes' provide further information below.
Continue overleaf if necessary.
Please advise the applicant the Assessor may need further information.

SECTION12 – FURTHER INFORMATION CONTINUATION SHEET

SECTION 13 – DECLARATION BY EXAMINING DOCTOR

a Outcome of ML5 medical examination

Please tick one of the following:

a. There are **NO** ticks in any 'Yes' box and I have completed the ML5 certificate on page 9. ☐

b. There **ARE** ticks in a 'Yes' box or further information provided in Section 12 so I have **NOT** issued an ML5 certificate. **Please direct the applicant to Section 15 to request a review by an ML5 Assessor.** ☐

b Details of Examining Doctor

Surname

Forename

Address

GMC number **Tel no**

Email

Please tick if you practice at the General Practice surgery where the applicant is registered or you had complete access to their GP medical record whilst completing this medical. ☐

I confirm that I have full GMC registration and a UK license to practice.
I confirm that I have seen and examined the applicant in person.
I confirm this report was filled in by me and I have retained a copy.

OFFICIAL STAMP

Signature

Date

SECTION 14 - NOTES FOR COMPLETING FORM - DOCTOR

Who can complete the ML5 Medical Report?
Only doctors with full GMC registration with a UK License to Practice. No specialist training is required to undertake an ML5 medical, but it is useful to have an understanding of routine and emergency duties that may be involved working on a vessel as listed below.
Routine duties could include: safe navigation, berthing the vessel, aiding passengers, moving and lifting heavy objects, operating winches and ropes, climbing ladders. Fishing may also involve handling fishing gear, processing, stowing and landing catch
Emergency duties could include: responding to breakdown, collision or capsize, rescuing persons from the water, fire fighting, providing first aid, evacuating a vessel, climbing into a life raft at sea

What is the fee for an ML5 medical? There is no set fee for an ML5 examination, please agree the fee with the applicant prior to starting the examination.

Photo ID needed: The MCA recommend either driving licence, passport, discharge book or National Citizen ID card.

Vision Assessment: If you are not in a position to complete this **fully**, please leave it blank and advise the applicant they will need to see an Optician or Optometrist.

Do I have to examine the applicant? This remains a key part of the ML5 medical, especially important if you do not have full access to the applicant's GP medical records.

What happens if 'Yes' is ticked to a question? Do not complete the certificate on page 9. The applicant can request their case is reviewed by one of the ML5 Medical Assessors. These are doctors experienced in Maritime Medicine engaged by the MCA. The applicant needs to send the complete form to either the RYA, a Marine Office or direct to the MCA MAT. There is no charge to the applicant for this. An ML5 Medical Assessor may contact you for further information. Any fee associated with this is the liability of the applicant. Please ensure the applicant has signed the consent for release of medical information on page 1.

Maritime & Coastguard Agency

ML5 CERTIFICATE OF FITNESS
based on the
MARITIME AND COASTGUARD AGENCY
ML5 REPORT

ML5

This is to certify that:
Surname _____

Forename(s) _____

Date of birth ☐☐/☐☐/☐☐☐☐

Home address _____

_____

Postcode ☐☐☐☐☐☐☐☐

has been assessed by me for medical fitness in accordance with the criteria specified by the Maritime and Coastguard Agency (MCA) in the ML5 form and all assessment ticks are answered 'No'. I have not included any comments affecting fitness in Section 12.
A practical test of capability for current duties has not been carried out.

Signed and stamped by Medical Practitioner

Name _____

Address _____

_____

Postcode ☐☐☐☐☐☐☐☐

This certificate is valid until*

☐☐/☐☐/☐☐☐☐

5 years from date of issue or 65th birthday, whichever comes soonest. 1 year for those over 65 years

Date issued ☐☐/☐☐/☐☐☐☐ GMC number _____

Signature of Holder

Date ☐☐/☐☐/☐☐☐☐

NOTES TO THE HOLDER OF THIS CERTIFICATE

It is your personal responsibility not to work when you are temporarily unfit to do so because of illness or injury. You must therefore tell the issuing authority (MCA or RYA), if during the validity of your ML5 certificate, you suffer from or develop any of the following:

a) a serious health problem or injury where you do not fully recover;

b) any of the conditions listed below:

- **seizures or sudden disturbances of consciousness**
- **myocardial infarction (heart attack) or heart surgery**
- **problems with heart rhythm**
- **disease of the heart or arteries**
- **uncontrolled blood pressure**
- **diabetes requiring insulin treatment**
- **stroke or unexplained loss of consciousness**
- **head injury with continuing loss of consciousness**
- **Parkinson's Disease or Multiple Sclerosis**
- **mental health issues problems including anxiety, depression or psychosis**
- **alcohol or drug dependency problems**
- **profound deafness**
- **serious deterioration in vision or long-term eye disease**

c) any other disability or illness (mental or physical) which affects your fitness to work, in particular to navigate safely and to be able to undertake emergency duties. For instance if you have diabetes and your treatment changes from diet or tablets to insulin.

This certificate should be retained for inspection as necessary, noting the validity.

SECTION 15 – MEDICAL REVIEW to be completed by the APPLICANT (where appropriate)

If the doctor has ticked the 'yes' box against any of the medical conditions listed or writes any comments in section 12 of the form, the doctor will not be able to issue the ML5 certificate. However, in these circumstances you have the right to have your case reviewed by an MCA Medical Assessor for a decision based on your fitness to undertake your work. Based on information you provide below the MCA Medical Assessor will decide whether an ML5 medical certificate can be issued. Please provide as much information as you can.
Incomplete or missing information will delay your application. Any form sent for review should not be more than 3 months old at time of application.

IF REFERRAL IS NEEDED: WORK DETAILS

Vessel Seagoing ☐ Categorised waters ☐

Vessel Type _____ **Vessel Size (m)** _____

Area of Operation (including category of waters) (in miles)

Maximum distance from departure _____

Maximum distance offshore. _____

Longest trip duration (hrs/days) _____

Operational at night Yes ☐ No ☐ Area of Operation (including category) _____

Do you have lookout responsibilities? Yes ☐ No ☐

Type of operation (e.g. passenger trips, fish farm, fishing operations etc.)

_____

Other relevant risk factors (e.g. communications with shore, nature of passengers, etc.)

_____

Number of Crew (EXCLUDING applicant)

BML Holders ☐ Other trained crew ☐ Unqualified but experienced ☐ Trainees ☐

Role of Applicant _____

Max number fare-paying passengers ☐

Applicant Declaration and consent

Privacy Notice: If your ML5 Report form is referred to an ML5 Medical Assessor the personal information collected on this form will be shared and managed by the Maritime and Coastguard Agency (MCA) to fulfil statutory duties under Merchant Shipping (Maritime Labour Convention) (Medical Certification) Regulations 2010. MCA will be notified of the ML5 Assessor's final decision. An anonymised record containing this information and the ML5 Assessor's rationale for the decision will be completed by the Assessor and submitted to MCA for audit purposes. For further information on how the MCA handle your personal information and your rights please see our Personal Information Charter.

Declaration: I declare that I have checked the details given on the enclosed form and that, to the best of my knowledge and belief, they are correct. I understand that it is a criminal offence if I make a false declaration to obtain certification and can lead to prosecution. I have read the notes on the reverse of the certificate.

Consent: I authorise my doctor(s) and specialist(s) to release reports/medical information about my condition relevant to my fitness, to the MCA Medical Assessor. I authorise the Secretary of State to disclose such relevant medical information may be necessary to the investigation of my fitness, to my doctor/s and MCA Medical Assessors.

Signature: _____ **Date:** ☐☐/☐☐/☐☐☐☐

SECTION 16 - NOTES FOR THE APPLICANT

If after reading these notes you are not sure whether you need an ENG1 or ML5 medical, where to send your ML5 form or have any other questions - please refer to our website at https://www.gov.uk/guidance/seafarers-medical-certification-guidance, email medical@mcga.gov.uk or call us on 0203 81 72835.

Incomplete ML5 forms that require review will be rejected, please ensure all personal contact details are provided to avoid delays with your application.

Who needs an ML5 Medical?

- the Master of a passenger ship that does not go to sea (Class IV or V)
- the Master of a commercial vessel that does not go to sea
- the Master or a crew member of a small commercial vessel certificated for Area Category 2 to 6 (no more than 60 miles from a safe haven)
- a crew member or anyone else (for example catering staff) who normally works on a domestic passenger ship (Class VI or VIA) that goes to sea
- Master or Crew of a fishing vessel over 10m but under 24m operating not more than 200 miles from the UK coast or beyond the Continental shelf, and that are not at sea for more than 72 hours.

Boatmasters working as a Master on a seagoing passenger ship require an ENG1 medical with an MCA Approved Doctor.

An ENG 1 is always an acceptable alternative to an ML5 certificate but not vice versa.

Should I have a medical before starting training?
This is recommended to ensure you meet the fitness and eyesight standards. For instance, colour deficient vision will mean you are not fit to undertake lookout duties. Send your completed ML5 application directly to the MCA Medical Admin Team with a letter explaining you have not yet started training.

Who can complete the ML5 Medical Report?
Only doctors fully registered and licensed to work in the UK are permitted to complete this form. If you are based abroad and no UK GMC registered medical practitioner is available, you are advised to obtain an ENG1 certificate (or recognised equivalent).

What do I need to take to my medical?

Take your original photo ID - preferably passport, driving licence, discharge book or National Citizen ID card. Take your glasses and if you wear contact lenses, take a case and solution to remove them. A list of any medication you are on.
Complete page 1 of the ML5 form but do not sign the declaration until you are with the doctor who will complete the rest.

Will I get my ML5 certificate at the end of the medical examination?
If all questions are answered 'No' on the form and no further information is flagged, the doctor can complete the ML5 Medical Certificate and give it to you at the time of the appointment. This certificate confirms you are medically fit to hold a BML, RYA commercial endorsement or to work on vessels listed on this form.

If any questions are answered 'Yes', or any medical conditions are noted in Section 12, your report needs to be referred on to an MCA ML5 Medical Assessor (even if the examining doctor is

an ENG1 Approved Doctor). The ML5 Medical Assessors are doctors experienced in Maritime Medicine and familiar with the differences between ML5 and ENG1 medical systems. They will make a decision based on the your fitness to undertake your role and the Medical Standards in MSN 1886 (M+F).

The ML5 referral does not involve a face to face appointment although you may be contacted by email or telephone if required. In order to start the referral process the applicant should complete section 15 of the ML5 Medical Report (MSF 4112), and send the entire ML5 Medical Report to:

RYA Commercial Endorsement: to the RYA along with your commercial endorsement application.
Fishing: to the MCA Medical Admin Team, Spring Place, 105 Commercial Road, Southampton, SO15 1EG
BML and all other applicants as per page 1: your local MCA Marine Office or RSS in Cardiff depending on who is dealing with your application.

Any ML5 medical that is required by a local authority, such as for a Boatman's License, should be referred to the requesting authority not MCA.

You can provide further information regarding your fitness if you wish, this may include medical evidence from your GP, a specialist consultant or optometrist as appropriate. Medical evidence can be submitted with the ML5 form in an envelope marked "Private and Confidential" for forwarding to the MCA ML5 medical assessor.

Once the ML5 has been referred to the ML5 medical assessor, they have 10 working days to determine whether or not they can issue an ML5 medical certificate based on the evidence provided. If not, they may request additional information

The possible outcomes following a ML5 Referral to an ML5 medical assessor are:

Fit: The certificate has no restrictions placed on it, but may be limited in validity either due to the applicant's age or if there is a clinical need.

Fit with Restriction: An ML5 Certificate is issued and the assessor has decided that it is necessary to place restrictions on the applicant's area of operation or duties. It may also be limited in validity either due to the applicant's age or if there is a clinical need.

Unfit: If after considering all the information available to them, it is clear to the ML5 assessor that the applicant does not meet the medical standards they will be made unfit, and no ML5 certificate will be issued. A letter will be issued to the applicant explaining the outcome.

The ML5 medical assessor will sometimes issue a compliance letter to the applicant to accompany their medical certificate. This is to emphasize that the certificate is issued on the basis of the applicant's current medical status, including any treatment or monitoring to which they are subject under their GP or consultant. Any change to that treatment may require a review of their medical certification.

There is no charge for a referral. In order to ensure that the referral is dealt with promptly, it is important to ensure that the medical assessor is provided with all available supporting information they may need to make their decision when the form is submitted.

How much does an ML5 medical cost? The fee is not set and is decided by the doctor undertaking the medical. There is no extra cost to you if your case needs to be referred onto an ML5 Medical Assessor.

How long does an ML5 medical last?
Under 65yrs and no medical issues – 5 yearly up to your 65th birthday. For example if you are 62 years, the certificate will be issued up until your 65th birthday.
Over 65 years and no medical issues – maximum of one year.
If your form is referred to an ML5 Medical Assessor, the length of your medical certificate will depend on your medical condition.

What should I do if I have a change in my health after an ML5 has been issued?
You MUST stop working if you become unfit due to illness or injury during the validity of your ML5 certificate. Even if this is a temporary you are obliged to tell the issuing authority (MCA or RYA). For instance, if you have diabetes and your treatment changes from diet or tablets to insulin, you must immediately cease work and inform the issuing authority. You will need to obtain a new ML5 report and be medically reassessed before your license can be reinstated. If you fail to do so, your medical certificate automatically becomes invalid.