APPLICATION TO CONDUCT SEAFARER MEDICAL EXAMINATIONS AS AN MCA APPROVED DOCTOR

In accordance with the Merchant Shipping (Maritime Labour Convention) (Medical Certification) Regulations 2010, as amended and the Merchant Shipping (Work in Fishing Convention) (Medical Certification) Regulations 2018, as amended.

PLEASE COMPLETE FORM, EVEN IF CV IS ALSO ENCLOSED, USING BLACK INK. USE CONTINUATION BOX ON PAGE 3 OF THIS FORM IF REQUIRED.

COMPANY OR ORGANISATION REPRESENTED

(if company approval sought)

PERSONAL DETAILS

Surname

Forename(s)

Home Address

Date of Birth

Telephone

Mobile

Postcode

E-mail

PROFESSIONAL DETAILS

Professional Address where examinations will be conducted - including room number (where appropriate)

Telephone

E-mail

Postcode

Alternative contact for MCA
(e.g. Practice Manager)

Name

Telephone

UK Registered Doctor
GMC Registration Number

Overseas Registered Doctor (If not on UK register, please give registration details including information on registration body)

Registration Number

Registration Body Contact Name

Registration Body Address

Telephone

Postcode

PROFESSIONAL QUALIFICATIONS / TRAINING

(including post-graduate courses)

PRESENT PROFESSIONAL COMMITMENTS

MOST RECENT PROFESSIONAL APPOINTMENTS

Date from / to	Position	Organisation	Main Responsibilities

EXPERIENCE RELEVANT TO SEAFARING

OCCUPATIONAL HEALTH QUALIFICATIONS AND EXPERIENCE

DETAILS OF PARTICIPATION IN A STRUCTURED PROGRAMME OF CONTINUING PROFESSIONAL DEVELOPMENT

ANY ADDITIONAL RELEVANT INFORMATION

PLEASE INDICATE YOUR AVAILABILITY TO UNDERTAKE MEDICAL EXAMINATIONS

	Morning: 8 am - 12 noon	Afternoon: 12 pm - 5 pm	Evening: After 5 pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

CONTINUATION BOX

FACILITIES

Approved doctors are required to have facilities needed to conduct examinations effectively and with courtesy. Please indicate which facilities you are able to provide:

	Please tick
readily accessible by public transport	
premises which comply with health and safety and fire requlations (and are so certified) such that seafarers are not put at risk	
efficient reception arrangements, even when other medicals are in progress	
a clean, warm and adequately furnished waiting area	
an examination room which enables confidential conversation to take place	
arrangements for a chaperone at all times when medical examinations will be carried out	
arrangements for urine sampling which are discreet, clean, have hand washing facilities	
adequate lighting, in terms of brightness and colour balance, for examination and vision testing	
a fixed visual acuity chart (Snellen type) and measured distance for testing (6m or 3m for half scale chart) clearly marked on the floor	
Ishihara colour vision test plates (24 plates)	
an adjustable couch with replacement covering and a screen or curtain to ensure privacy	
fixed height chart and scales	
arrangements for fitness testing on site or readily accessible ***Note:*** *If arrangements are in hand for provision of these facilities, please provide details including* ***date*** *when facilities will be in place* _____ _____	
schedules for servicing and calibration of all equipment in accordance with the manufacturers' recommendations, with records to confirm compliance	
e-mail and IT facilities including scanner and printer capable of printing double sided	
lockable facilities for confidential security paper storage	
hand washing facilities in the consulting room	
public liability insurance	

These facilities may be subject to audit by the Maritime and Coastguard Agency

DECLARATION

I declare that the information I have given is true and complete and hereby apply to become an MCA Approved Doctor.

Signature _____ Date _____

Please return this form to:
medical@mcga.gov.uk or
by post:

Maritime and Coastguard Agency, Seafarer Health and Safety Branch,
Bay 2/07, Spring Place, 105 Commercial Road, Southampton. SO15 1EG