

SJÓVINNUSTÝRIÐ

Partur A og B skal fyllast út av sjófolkinum

Kanning av sjófolki – útfyllingarblað

Bert til fólk 16 ár og eldri

FAROESE MARITIME AUTHORITY

Parts A and B to be completed by the seafarer

Medical certificate for examination of seafarers

To be used only for persons of 16 years of age or older

A Eftirnavn / Surname :		Fornavn / First name(s) :		Føðingardagur (dagur-mðr.-ár) / Date of birth (day-month-year) Kyn (M/K) / Sex (M/F) :					
Starv / Occupation :				Ríkisborgaraskapur / Nationality :					
Bústaður (gøta, húsanr.) / Home address (street, house number) :			Postnr. og býur / bygd / Postal code and town/city :		Land / Country :				
B EGIN FRÁGREIÐING		Nei	Ja	Nær (ár)	EGIN FRÁGREIÐING		Nei	Ja	Nær (ár)
OWN DECLARATION		No	Yes	When (year)	OWN DECLARATION - continued		No	Yes	When (year)
Hava tygum áður siglt við føroyskum skipum / Have you previously served on Faroese ships :					Sjúku ella brek í eygum / Eye diseases :				
Hava tygum áður verið til læknakanning fyri sjófolk / Have you previously undergone a medical examination for seafarers :					Ringan rygg, lumbago og iskias íroknað / Pain in the back including lumbago and sciatica :				
Hava tygum áður, eftir læknakanning, fingið sýting fyri at mynstra ella játtan at mynstra við avmarkingum / Have you been declared unfit for sea service or fit subject to limitations at any previous medical examination :					Sálarsjúkur viðgjørðar við heilivági / Mental disorders for which you have received medical treatment :				
Hava tygum verið innlagdur á sjúkrahúsi / Have you been admitted to hospital :					Alkohol- ella rúsevnamisnýtsla, ið er viðgjørð / Alcohol- and drug abuse for which you have been treated :				
Hava tygum, innanfyri 2 tey seinastu árinum, havt samanhangi sjúkrareglu í meira enn 30 dagar / Have you within the last two years had uninterrupted periods of sick leave of more than 30 days :					Ovurviðkvæmi, astma íroknað / Hypersensitive reactions, including asthma :				
Hava tygum trupulleika við at orientera tygum í myrkri / Do you have difficulties in orientating yourself under reduced lighting :					Eksem / Eczema :				
Hava tygum, ella hava tygum áður, havt hesar sjúkur / Do you suffer or have you suffered from any of the following diseases					Nýta tygum heilivág regluliga / Do you use medicine regularly :				
Lungnasjúkur, lungnatuberklar íroknað / Lung diseases, including pulmonary tuberculosis (TB) :					Undirritaði gevir við hesum samtykki til, at upplýsingar um fyrrverandi sjúkur kunnu fáast frá læknnum, sjúkrahúsum, øðrum viðgerðarstovnum og almennum myndugleikum / I hereby give my consent that information about any previous diseases may be obtained from doctors, hospital, other treatment centres and public authorities				
Maga- og garnasjúkur, magasár íroknað / Stomach and intestinal diseases including gastric ulcer :									
Sjúkur í hjarta ella æðralagi / Heart and circulatory diseases :					Dagf:Date: Undirskrift sjófolksins./Seafarer's signature:				
Sjúkur í nýrum ella bløðru / Kidney and bladder diseases :									
Sukursjúku / Diabetes :									
Sjúku ella brek í oyrum / Ear diseases :									

Hendan síðan (partur C) verður fylt út av læknanum

Part C to be completed by the doctor

KANNING LÆKNANS										
C <i>Doctor's examination (see list of diseases and conditions)</i>										
Kenna tygum tann kannaða, og eru tygum lækni hansara? <i>Is the person examined known to you and does he/she use you as a doctor?</i>				<input type="checkbox"/> Nei/No <input type="checkbox"/> Ja/Yes						
Eg kenni ikki tann kannaða, men hann hevur prógvað sín samleika við/ <i>The person examined is unknown to me, but has satisfied me as to his identity by showing me:</i>				<input type="checkbox"/> Siglingarbók <i>Faroese discharge book</i>		<input type="checkbox"/> Koyrikort. <i>Driving</i>	<input type="checkbox"/> Passi <i>Passport</i>			
Hædd / Height:		(cm.)	BMI:	Kanning av sjón og hoyrn/Examination of vision and hearing (Ishihara)						
Vekt / Weight:		(kg.)								
Albumin:			Hjarta / Heart:	Sjónarringur/Field of vision - Normal/Normal:		<input type="checkbox"/> Nei/	<input type="checkbox"/> Ja/Yes			
Glukosa/Glucose:			Lungu / Lungs:	Sjónarstyrki / Vision acuity (See list par. V4)		Uttan eygnaglós / Without correction	Við vanligu nýttum eygnaglósnum / With correction normally used			
Blóðtrýst / Blood pressure:			Abdomen:	Høgra eyga / Right eye:						
Tenn / Teeth:			Húð/Skin:	Vinstra eyga / Left eye:						
Eygu / Eyes:			Ekstremitetir/Extremities:	Bæði eygu saman/Both eyes simultaneously:						
Munnhola / Oral cavity:			Brokk / Hernia:	Hoyrn / Hearing (see V1)	Vanligt mál / Normal speech	Vanligt mál í 4 m. Fjarstøðu / Normal speech at a	Oyrnakanning / Otoscopy:			
Refleksir / Reflexes:			Ryggur / Spinal column:	Uttan hoyritól / Without hearing aid:	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nei/No	<input type="checkbox"/> J <input type="checkbox"/> N	Høgra oyra/ Right ear:			
Møguligar viðmerkingar/Special remarks (if any):				Við hoyritóli / With hearing aid:	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nei/No	<input type="checkbox"/> J <input type="checkbox"/> N	Vinstra oyra/ Left ear:			
				Result:			Skikkaður til kagtænastu/ <i>Fit for look-out duty:</i>	Ikki skikkaður til kagtænastu/ <i>Unfit for look-out duty</i>	Ikki kagtænastu og ikki maskintænastu/ <i>Unfit for look-out duty</i>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Er tann kannaði eftir tygara meting skikkaður til skipsarbeiði?/ <i>Is the examined in your opinion fit for duty...</i>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Um "Nei", verður orsøkin upplýst/If "No", please state the reason:			
							Um fôrleikin er avmarkaður, upplýs hvussu/ <i>If fitness is conditional, state limitations in regard to:</i>			
a) Tíð/Time:		b) Arbeiðisumhvørvi/Field of work:		c) Handils umhvørvi/Trading area:						
Stað og dagfesting, læknanstempul og undirskrift/ <i>Place and date, doctor's stamp and signature:</i>										
Skiparin ella reiðarí skal senda sjóvinnustýrinum váttanina / <i>The certificate should be forwarded to the Faroese Maritime Authority by the master or shipping company.</i>										

Læknakanningin er gjørd sambært kunngerð um læknakanning av sjófólki, STCW 2010 og MLC 2006

The Medical Examination is issued according to the Order on Medical Examination, STCW 2010 and MLC 2006

I hereby declare that I performed the medical examination according to the Order on Medical Examination, STCW 2010 and MLC 2006 and that I am a certified maritime medical practitioner.

Date and place	Full name, signature and stamp

