

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-móðr.-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 syting 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 :					Epilepsi ella onnur krampa herindi / Epilepsy or other convulsive fits :				
Hava tygum verið innlagdur á sjúkrahúsi / Have you been admitted to hospital :					Sálarsjúkur viðgjørðar við heilivági / Mental disorders for which you have received medical treatment :				
Hava tygum, innanfyri 2 tey seinastu árin, 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 :					Alkohol- ella rúsevnamisnýtsla, ið er viðgjørð / Alcohol- and drug abuse for which you have been treated :				
Hava tygum trupulleika við at orientera tygum í myrkri / Do you have difficulties in orientating yourself under reduced lighting :					Ovurviðkvæmi, astma íroknað / Hypersensitive reactions, including asthma :				
Hava tygum, ella hava tygum áður, havt hesar sjúkur / Do you suffer or have you suffered from any of the following diseases					Eksem / Eczema :				
Lungnasjúkur, lungnatuberklar íroknað / Lung diseases, including pulmonary tuberculosis (TB) :					Álvarsligan skaða við varandi meini / Serious accidents causing permanent disability :				
Maga- og garnasjúkur, magasár íroknað / Stomach and intestinal diseases including gastric ulcer :					Nýta tygum heilivág regluliga / Do you use medicine regularly :				
Sjúkur í hjarta ella æðralagi / Heart and circulatory diseases :					Undirritaði gevur við hesum samtykki til, at upplýsingar um fyrrverandi sjúkur kunnu fáast frá læknum, 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				
Sjúkur í nýrum ella bløðru / Kidney and bladder diseases :									
Sukursjúku / Diabetes :									
Sjúku ella brek í oyrum / Ear diseases :									
				Dagf.Date:	Undirskrift sjófolksins/Seafarer's signature:				

Hendan síðan (partur C) verður fylt út av lækninum

Part C to be completed by the doctor

KANNING LÆKNANS												
C Doctor's examination (see list of diseases and conditions)												
Kenna tygum tann kannaða, og eru tygum lækni hansara? Is the person examined known to you and does he/she use you as a doctor?				<input type="checkbox"/> Nei/No		<input type="checkbox"/> Ja/Yes						
Eg kenni ikki tann kannaða, men hann hevur prógvað sín samleika við/ The person examined is unknown to me, but has satisfied me as to his identity by showing me:				<input type="checkbox"/> Siglingarbók Faroese discharge book		<input type="checkbox"/> Koyrikort. Driving		<input type="checkbox"/> Passi Passport				
Hædd / Height:		(cm.)		BMI:		Kanning av sjón og hoyrn/Examination of vision and hearing (Ishihara)						
Vekt / Weight:		(kg.)		Litblindni/Colour blindness:		<input type="checkbox"/> Nei		<input type="checkbox"/> Ja/Yes				
Urine:		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 eygnagløsum / Without correction		Við vanliga nýttum eygnagløsum / 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 hoyritóli / 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/ Fit for look-out duty:			Ikki skikkaður til kagtænastu/ Unfit for look-out duty		
							<input type="checkbox"/>			<input type="checkbox"/>		
							<input type="checkbox"/>			<input type="checkbox"/>		
Er tann kannaði eftir tygara meting skikkaður til skipsarbeiði? Is the examined in your opinion fit for duty... <input type="checkbox"/> Nei/No <input type="checkbox"/> Ja/Yes												
Um "Nei", verður orsøkin upplýst/If "No", please state the reason:												
Um førleikin er avmarkaður, upplýs hvussu/ If fitness is conditional, state limitations in regard to:												
a) Tíð/Time:			b) Arbeiðsumhvørvi/Field of work:			c) Handils umhvørvi/Trading area:						
Stað og dagfesting, læknans stempel og undirskrift/ Place and date, doctor's stamp and signature:												
Skiparin ella reiðarí skal senda sjóvinnustýrinum vátanina / The certificate should be forwarded to the Faroese Maritime Authority by the master or shipping company.												

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

Faroese recognition of foreign certificates under the STCW Convention

It is hereby announced - in pursuance of *Order No. 5 from 30th January 2002* on the recognition of foreign certificates for service on merchant ships and in co-operation with the Danish Maritime Authority - that the basis for the issuance of Faroese recognition certificates has now been established for the countries mentioned below with the remarks given:

Country	Exam. requirements or extra duty	Remarks
Argentina	Yes	The undertaking covers only recognition of certificates for service on Argentine shelf area.
Australia	No	
Brazil	No	
Canada	No	
Croatia	Yes	
Egypt	Yes	
EU-states, Norway and Iceland	No	
India	No	
New Zealand	No	
Philippines	Yes - see, however the remarks	The exam requirements are withdrawn if the applicant has graduated after 1st January 2001 from: - Maritime Academy of Asia and the Pacific (MAAP) - John B. Lacson Foundation, Inc. (Iloilo) - University of Cebu - Philippines Merchant Marine Academy (PMMA)
Russia	Yes - see, however the remarks	The exam requirements are withdrawn if the applicant has graduated from one of the maritime academies in Novorossisk, St. Petersburg or Vladivostok.
Singapore	No	A Singapore certificate as a marine engineer class 5 is recognized only on the basis of a passed exam or extra duty.
South Africa	Yes	
Ukraine	Yes - see, however the remarks	The exam requirements - except for chief engineers - are withdrawn if the applicant has graduated after 1st January 2001 from: - Kiev State Maritime Academy - Kherson State Maritime Institute - Odessa National Maritime Academy - Sevastopol National Technical University (Faculty of Maritime Technologies and Navigation)
USA	No	

The exam requirements are withdrawn in pursuance of the provisions of the Order for persons with previous extra duty as officers on board Faroese ships on the basis of a declaration of fitness of duty. The withdrawal of exam requirements does not apply in connection with an exam or approved course in Faroese Maritime law for senior officers.

Check list

Use this check list if you want to be sure that you have remembered to enclose all necessary documentary proof for "Application for issue of Faroese recognition certificate".

Mandatory documentation is marked with an (*)

Masters

*) Certificate of competency as master (STCW reg. II/2)	
*) Certificate of competency as radio operator (STCW reg. IV/2)	
*) Faroese Medical Certificate for Seafarers and Fishermen	
*) Documentation of payment of 500 DDK	
*) Certificate "Medical Care on board ships, equipped with ship's medicine chest" (STCW reg. VI/4)	
*) Certificate of training in Faroese law course	
*) Copy of page with photo in passport	
*) Certificate for Basic Safety Training and Instruction (STCW reg. VI/1)	
Certificate of proficiency on tankers (STCW reg. V/1) ¹	
Copy of diploma ²	
Operative interview ³	
Copy of ARPA certificate (only Polish masters) ⁴	

Chief mates

*) Certificate of competency as chief mate (STCW reg. II/2)	
*) Certificate of competency as radio operator (STCW reg. IV/2)	
*) Faroese Medical Certificate for Seafarers and Fishermen	
*) Documentation of payment 500 DDK	
*) Certificate of training in Faroese law course	
*) Certificate for Basic Safety Training and Instruction (STCW reg. VI/1)	
Certificate of proficiency on tankers (STCW reg. V/1) ¹	
Copy of diploma ²	
Operative interview ³	
Copy of ARPA certificate (only Polish deck officers) ⁴	

Officers in charge of a navigational watch

*) Certificate of competency as officer in charge of a navigational watch (STCW reg. II/1)	
*) Certificate of competency as radio operator (STCW reg. IV/2)	
*) Faroese Medical Certificate for Seafarers and Fishermen	
*) Documentation of payment 500 DDK	
*) Certificate for Basic Safety Training and Instruction (STCW reg. VI/1)	
Certificate of Proficiency on tankers (STCW reg. V/1) ¹	
Copy of diploma ²	
Operative interview ³	
Copy of ARPA certificate (only Polish deck officers) ⁴	

Chief engineers and second engineers

*) Certificate of competency as chief engineer or second engineer (STCW reg. III/2)	
*) Faroese Medical Certificate for Seafarers and Fishermen	
*) Documentation of payment 500 DDK	
*) Certificate of training in Faroese law course	
*) Certificate for Basic Safety Training and Instruction (STCW reg. VI/1)	
Certificate of Proficiency on tankers (STCW reg. V/1) ¹	
Copy of diploma ²	
Operative interview ³	

Officers in charge of an engineering watch

*) Certificate of competency as officer in charge of an engineering watch (STCW reg. III/1)	
*) Faroese Medical Certificate for Seafarers and Fishermen	
*) Documentation of payment 500 DDK	
*) Certificate for Basic Safety Training and Instruction (STCW reg. VI/1)	
Certificate of Proficiency on tankers (STCW reg. V/1) ¹	
Copy of diploma ²	
Operative interview ³	

¹ Mandatory if the applicant is going to serve as an officer on a tanker.

² Enclose copy of diploma if the applicant has a certificate of competency issued in an institution not approved by the Nordic countries.

³ Enclose documentary proof of operative interview if the applicant has a certificate of competency issued in an institution not approved by the Nordic countries.

⁴ Enclose copy of the ARPA certificate if the applicant has a certificate of competency as a master or deck officer issued in Poland.