

Item No	Description of medical examination task	May be delegated to other qualified personnel
1	Personal information <ul style="list-style-type: none"> - Full name - DOB - Norwegian national identity number/D number - Address - Nationality - ID-document 	 X X X X X X
2	Service on board <ul style="list-style-type: none"> - Position (Department) - Job tasks 	 X X
3	Type of ship	X
4	Trade area	X
5	Signature of the seafarer's self-declaration – confirmed and witnessed	X
6	Signature of consent to collect medical information	
7	Review of the self-declaration together with the seafarer – medical history taking	
8	Review of regular medicines in use	
9	Vision <ul style="list-style-type: none"> - Distance vision - Near vision - Visual fields - Colour vision 	 X X X X
10	Hearing <ul style="list-style-type: none"> - Audiometry - Speech and whisper test 	 X
11	Basic clinical findings <ul style="list-style-type: none"> - Height - Weight - Blood pressure - Pulse rate 	 X X X X
12	Urine analysis	X
13	Clinical examination	
14	Physical capacities according to STCW Table B-I/9 <ul style="list-style-type: none"> - Strength - Stamina - Flexibility - Balance and coordination - Size - Exercise capacity - Fitness for specific tasks 	 X X X X X X X
15	Tuberculosis check	
16	Chest X-ray ⁱ	Referred
17	Other diagnostic laboratory tests <ul style="list-style-type: none"> - Decision on which tests to carry out - Carrying out the tests 	 X
18	Decision on which medical reports to collect	
19	Review of medical reports	
20	Risk assessment of medication in use	
21	Overall individual risk assessment	
22	Decision	
23	Signing the appropriate medical form	

¹ See item G7 in the "Form for assessment of medical fitness" for further details.

Please find the requirements in the Regulations on Tuberculosis [Regulations on Tuberculosis Control](#)