



香港特別行政區政府海事處

MARINE DEPARTMENT

THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

Medical Assessment Form
(Holder of Local Certificate of Competency)

健康評估表
(本地合格證明書持有人)

PART I — Personal Details

第I部分 — 個人資料

Surname 姓氏 (英文) :		Forename(s) in full 名 (英文) :			
Name in Chinese 姓名 (中文) :			Date of birth 出生日期 :		
H.K. Identity Card No. or Passport No. 香港身份證或護照號碼 :				Gender 性別 :	

PART II¹ — Medical Assessment

第II部分¹ — 健康評估

List of RMP:
認可醫生名單:



When completing this part, RMP should refer to the Marine Department's stipulated Guidelines for Conducting the Medical Assessment of Local Certificate of Competency Holders.

在填寫本表格時，認可醫生應參照海事處發出的本地合格證明書持有人健康評估指引。

Risk Group 1 – Sudden Loss of Consciousness, Altered Awareness, Epilepsy and Sleep Disorders

第一組風險 — 突發性失去意識、知覺改變、腦癇和睡眠障礙

- 1 Does the applicant have a history of epilepsy or epileptic attack in the past five years? ☐ Yes 是 ☐ No 否
在過去五年中，申請人是否有患過腦癇症或腦癇發作病歷？
If ☒ YES, please give details of the last attack and the date when treatment ceased.
如 ☒ 是，請提供最近一次發作的資料和治療終止的日期

¹ Part II, III & V are to be completed by a Marine Department-recognized registered medical practitioner (RMP).
第II, III 和 V 部分由海事處認可註冊醫生（“認可醫生”）填寫。

2	<p>Did the applicant have blackout or an impairment of consciousness (including sleep apnoea) within the past two years? 在過去兩年內，申請人是否曾有昏厥或意識障礙（包括睡眠窒息症）？</p> <p>If <input checked="" type="checkbox"/> YES, has the applicant had following conditions? 如<input checked="" type="checkbox"/>是，申請人是否有患過下列情況？</p> <p>Seizure 發作</p> <p>Migraine 偏頭痛</p> <p>Sleep apnoea 睡眠窒息症</p> <p>Narcolepsy 昏睡症</p> <p>Malignant neoplasms 惡性腫瘤</p> <p>Syncope 昏厥</p> <p>Intracranial surgery/injury 顱內手術／受傷</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Risk Group 2 – Mental Health Conditions Including Alcohol and Substance Abuse 第二組風險 — 精神健康疾病，包括酒精和物質濫用		
3	<p>Does the applicant have a history of regular use of any drugs (including prescribed medicine), substances or alcohol at any point over the past three years? 在過去三年的任何時候，申請人是否有定期使用任何藥物（包括處方藥）、物質或酒精的情況？</p> <p>If <input checked="" type="checkbox"/> YES, has the applicant had the following conditions? 如<input checked="" type="checkbox"/>是，申請人是否有過下列情況？</p> <p>Alcohol abuse 酗酒</p> <p>Drug dependence/persistent substance abuse 藥物依賴／物質濫用</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
4	<p>Does the applicant have a history of mental health problems over the past five years? 在過去五年中，申請人是否有精神健康問題病歷？</p> <p>If <input checked="" type="checkbox"/> YES, has the applicant had the following conditions? 如<input checked="" type="checkbox"/>是，申請人是否有過下列情況？</p> <p>Acute psychosis 急性思覺失調</p> <p>Mood/affective disorders 心境／情感障礙</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Risk Group 3 – Cardiovascular Disease 第三組風險 — 心臟及血管疾病		
5	<p>Does the applicant have a history of cardiovascular conditions in the past year? 申請人在過去一年內是否有心臟及血管疾病病歷？</p> <p>If <input checked="" type="checkbox"/> YES, has the applicant had the following conditions? 如<input checked="" type="checkbox"/>是，申請人是否有過下列情況？</p> <p>Valvular heart disease 心臟瓣膜疾病</p> <p>Congenital heart disease 先天性心臟病</p> <p>Hypertension 高血壓</p> <p>Cardiac event 心臟意外</p> <p>Cardiac arrhythmias and conduction defects 心律不正及傳導缺陷</p> <p>Ischaemic cerebrovascular disease 腦血管缺血性疾病</p> <p>Implantation of cardiac pacemaker 植入心臟起搏器</p> <p>Implantation of cardioverter defibrillator 植入心臟復律除顫器</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

Risk Group 4 – Diabetes Mellitus 第四組風險 — 糖尿病			
6	Does the applicant have uncontrolled or insulin-treated diabetes mellitus? 申請人是否患有不受控制或使用胰島素治療的糖尿病？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Risk Group 5 – Medical Conditions Affecting Physical Capabilities 第五組風險 — 影響運動系統疾病			
7	Does the applicant have any conditions that significantly affect his/her mobility or his/her physical operation of a vessel? 申請人是否有任何嚴重影響其肢體活動功能或船舶實際操作的情況？ If <input checked="" type="checkbox"/> YES, has the applicant had the following conditions? 如 <input checked="" type="checkbox"/> 是，申請人是否有過下列情況？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
	Artificial limbs 使用義肢	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
	Osteoarthritis 骨關節炎	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
	Multiple sclerosis 多發性硬化症	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
	Parkinson's disease 柏金遜症	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
	Obesity (BMI over 35) 肥胖症（體重指標超過35）	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
8	Does the applicant have Meniere's disease or other forms of chronic or recurrent disabling vertigo? 申請人是否患有美尼爾氏症（耳水不平衡）或其他形式的慢性或複發性致失能眩暈？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Risk Group 6 – Chronic Respiratory Disease 第六組風險 — 慢性呼吸系統疾病			
9	Does the applicant have any health problem affecting his/her lungs or breathing to the extent that it incapacitates him/her? 申請人是否有任何健康問題影響到其肺部或呼吸，致使其失去行動能力？ If <input checked="" type="checkbox"/> YES, has the applicant had the following conditions? 如 <input checked="" type="checkbox"/> 是，申請人是否有過下列情況？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
	Chronic obstructive pulmonary disease with usage of supplement oxygen 需要使用輔助氧氣的慢性阻塞性肺病	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
	Asthma 哮喘	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Risk Group 7 – Medical Conditions Affecting Communication Ability 第七組風險 — 影響語言溝通能力疾病			
10	Does the applicant have unclear speech which will impair his/her ability to call for help during an emergency? 申請人有否言語不清，會影響其在緊急情況下尋求幫助的能力？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
11	Is the applicant <u>unable</u> to hear a whispered voice in a quiet room? Hearing aids are acceptable provided that their use does not impede watch-keeping duties to be adequately performed. 申請人 <u>不能</u> 在環境肅靜的房間裡聽到耳語嗎？如不妨礙履行正常值班職責是允許使用助聽器。	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

Risk Group 8 – Eye Disease			
第八組風險 — 眼科疾病			
12	Has the applicant been diagnosed with any chronic or progressive or recurrent eye disorders? 申請人是否被診斷患有任何慢性或漸進性或複發性眼部疾病? If <input checked="" type="checkbox"/> YES, has the applicant had the following conditions? 如 <input checked="" type="checkbox"/> 是，申請人是否有過下列情況？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
	Glaucoma 青光眼	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
	Maculopathy 黃斑病	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
	Diabetic retinopathy 糖尿病視網膜病變	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Risk Group 9 – Medical Conditions Affecting Memory and Cognitive Function			
第九組風險 — 影響記憶及認知能力疾病			
13	Does the applicant have dementia or cognitive impairment? 申請人是否患有癡呆症或認知障礙? If <input checked="" type="checkbox"/> YES, has the applicant had the following conditions? 如 <input checked="" type="checkbox"/> 是，申請人是否有過下列情況？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
	Alzheimer's Disease 阿滋海默症	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
	Vascular Dementia 血管性認知障礙症	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
	Mild Cognitive Impairment 輕度認知障礙	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Other Medical Conditions			
其他醫療狀況			
14	Has the applicant used any medication that may impair his/her ability in performing routine and emergency duties? 申請人有否服用任何對其執行一般及應急職責的能力有負面影響的藥物？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
15	Does the applicant have any conditions that can impair his/her fitness to operate a vessel? 申請人有否對操作船隻的適合性有負面影響的健康狀況？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
16	For a revalidation application: have there been any significant changes to the applicant's eyesight and hearing including visual or hearing aids that would affect his/her ability to perform duties? 如屬延展證明書期限申請：申請人的視力和聽力（包括使用助視器或助聽器）有否任何重大改變，而會影響其履行職責的能力？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

If “Yes” was answered for any of the above, or if there are any medical conditions not included in the questions, or there is any additional information which could help with the health assessment, the assessing medical practitioner should provide details below:
如上述任何一項回答“是”，或有發現不在上述問題內所包括的健康狀況，或有任何附加資料有助於健康評估，負責評估的醫生應於此提供詳細資訊：

PART III¹ — Basic Health Examination

第III部分¹ — 基本體格檢查

Height (cm): 身高 (厘米)	Weight (kg): 體重 (公斤)	Body Mass Index (BMI) 體重指標
_____	_____	_____
Urinary Glucose: 尿液化驗(尿糖)	Urinary Protein: 尿液化驗(尿蛋白)	$\frac{Weight(kg)}{\{Height(m)\}^2}$
_____	_____	
Pulse rate (per minute): 心率 (每分鐘)	Rhythm: 心律	
_____	_____	
Blood pressure (mm Hg): 血壓 (毫米汞)	$\left[\begin{array}{cc} \text{Systolic:} & \text{Diastolic:} \\ \text{收縮壓} & \text{舒張壓} \end{array} \right]$	
	_____	_____

Please give details of other relevant physical examination findings below (if applicable) :

請於此詳細說明其他相關體格檢查結果 (如適用) :

PART IV — Examinee's Declaration

第IV部分 — 體檢者聲明

I hereby confirm that the information given to the medical practitioner by me is truthful and that I have not concealed any information about my state of health.

我特此確認，我向醫生提供的資料是真實的，我沒有隱瞞任何有關我的健康狀況資料。

Signature of Examinee

體檢者簽署

Date 日期 :

PART V¹ — Medical Fitness Certificate

第V部分¹ — 健康證明書

Applicant 申請人

Name 姓名 _____

I.D. No. 身份證號碼 _____

On the basis of my assessment recorded above, I certify that the applicant is medically:

根據我以上的評估記錄，我作出證明，申請人的健康評估為：

(Please tick one of the following blocks in sections A, B, or C)

(請在以下 A、B 或 C 部分中勾選一方框)

A. Fit to operate a local vessel: Without restrictions ☐ With restrictions: ☐
適合操作本地船隻 沒有限制 設有限制

B. Unfit to operate a local vessel: ☐
不適合操作本地船隻

C. Based on the available health information, the applicant's fitness is considered doubtful, and the applicant is required to undergo a further medical examination on [] item by a medical specialist or provide evidence of treatment for the condition concerned for his/her health status to be considered acceptable. ☐

根據現有的健康資訊，申請人的健康狀況被認為有疑問，需要接受由專科醫生對 [] 項目進行進一步檢查或提供治療證明以確認其健康狀況被接受。

Remarks and description of restrictions if applicable:

備註及具體說明何種限制（如適用）

This medical fitness certificate is valid until* : DD/MM/YYYY

本健康證明書有效期至

Date

日期

Signature of Medical Practitioner

醫生簽署

Registration No.

註冊編號

Stamp of Medical Practitioner

醫生蓋印

* RMP may issue a certificate of medical fitness for a lesser period if appropriate.

如需要，認可醫生可簽發較短期限的健康證明書。

Certificate issue duration	證書有效期限	Age	年齡
Up to 5 years	不多於五年	18 to 64 years old	18 歲或以上但未滿65歲
Up to 3 years	不多於三年	65 to 69 years old	65 歲或以上但未滿70歲
Up to 1 year	不多於一年	70 years old or more	年滿70歲或以上

Guidance Notes 填表須知

At the time of the initial issue/revalidation of the Local Certificate of Competency or serving on the specified type of local vessel, an applicant is required to hold a valid Medical Fitness Certificate (Holder of Local Certificate of Competency).

本地合格證明書在首次簽發／延展期限，或在指明類型本地船隻上工作時，申請人需要持有有效的健康證明書（本地合格證明書持有人）。

The primary objectives of a medical assessment of fitness for duty at sea are:

- to ensure that individuals are fit to perform the essential tasks of their job at sea effectively; and
- to anticipate and where possible, prevent the avoidable occurrence of ill-health offshore which could place individuals, their colleagues, passengers and emergency personnel at risk.

履行海上職責人士而進行健康評估的主要目的為：

- 確保個人適合有效地執行海上工作的基本任務，和
- 在預計有可能發生的情況下，避免離岸工作中因身體欠佳狀況出現對個人、伙伴、乘客及應急人員構成危害。

Notes of applicants 申請人須知

- 1 The information on the medical assessment form will be used by the Marine Department to determine if an applicant is medically fit to operate a local vessel.
海事處對健康評估表上的資料用於評估申請人的健康狀況是否適合操作本地船隻。
- 2 This form is to be submitted to the Marine Department for the application or revalidation of Local Certificate of Competency.
此表格提交給海事處作申請本地合格證明書或本地合格證明書續期之用。
- 3 Having a medical condition will not necessarily debar an applicant from working onboard a local vessel. Whether the applicant concerned will be allowed to work onboard a local vessel with medical conditions will depend on the nature of the medical conditions, results of the medical assessment, together with the circumstances and mode of vessel operation.
有醫療狀況的申請人不一定會被禁止在本地船上工作，而是會因應醫療狀況的性質、醫療評估的結果，以及有關情況和船隻操作模式作考慮。
- 4 When an applicant normally uses visual aids or hearing aids, they must be used during the medical examination. An applicant should provide his/her medical record to medical practitioner for reference if needed.
如申請人一般需使用助視鏡或助聽器，則在接受健康檢查時必須配帶。如有需要，申請人應提供其病歷報告給醫生作參考。
- 5 Each valid medical fitness certificate can only be used for a one-time application to extend the validity of each type of local certificate of competency. Applications for the initial issuance of local certificates of competency are not subject to this restriction.
每份有效的健康證明書只可作出一次性辦理每類別本地合格證明書的延展期限申請使用。本地合格證明書的首次簽發申請則不受此限制。
- 6 Any person who makes, assists in making or procures to be made any false representation for the purpose of procuring, either for himself or for any other person, a local certificate of competency commits an offence.
任何人如為了為自己或他人取得本地合格證明書，作出或協助作出任何虛假陳述，或促致作出任何虛假陳述，即屬犯罪。

Personal Data Collection Statement

收集個人資料聲明

1. Purposes of Collection 收集目的

The personal data provided by means of this form will be used by the Marine Department for the following purposes:

海事處會使用透過本表格所獲得的個人資料作下列用途：

- (a) activities relating to the processing of your application for a Local Certificate of Competency;
辦理有關審批你所提出申請本地合格證明書的事務；
- (b) facilitating communication between the Marine Department and yourself;
方便海事處與你聯絡；
- (c) assisting in the enforcement of any other Ordinances and Regulations by other Government Bureaux and Departments;
藉此協助其他政府決策局和部門執行其他法例和規例；
- (d) limited personal data of successful applicants may be used via the Marine Department's Internet website for verification of the issued certificate by any third party; and
成功申請人的有限個人資料會用於海事處的互聯網網頁以供第三者查證本處所發出的證書；以及
- (e) for statistics and research purposes on the condition that the resulting statistics or results will not be made available in a form which will identify the data subjects.
供作統計及研究用途，但所得的統計數字或研究成果，不會以能辨識各有關的資料當事人或其中任何人的身份的形式提供。

2. Classes of Transferees 獲轉交資料的部門／人士

The personal data you provided by means of this form may be disclosed to other Government Bureaux and Departments for the purposes mentioned in paragraph 1 above.

你透過本表格所提供的個人資料會向其他政府部門、決策局及有關機構，以作上述第 1 段所列的用途。

3. Access to Personal Data 索閱個人資料

You have a right of access and correction with respect to personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by this form.

根據《個人資料(私隱)條例》第 18 及 22 條及附表 1 第 6 條，你有權索閱及修正你的個人資料。你的索閱權包括獲取本申請表所提供的個人資料副本一份。

4. Enquires 查詢

Enquiries concerning the personal data collected by means of this form, including the making of access and correction, should be addressed to:

有關透過本申請表收集的個人資料的查詢，包括索閱及修正資料，應寄往：

Officer-in-charge
River Trade and Local Examination Section
Marine Department
Room 303, 3/F, Harbour Building 38 Pier Road, Central
Hong Kong

香港
中環統一碼頭道38號
海港政府大樓3樓303室
內河航行及本地考試組主管

Enquiry Number 查詢電話：2852 3052