

# SEAFARER MEDICAL REPORT FORM (ML5) AND ML5 CERTIFICATE

## WHO MAY USE THIS FORM

This form is for use by the following applicants. Please tick why you need this form/certificate:

1. Applicant for an MCA Boatmaster's Licence or Certificate

New applicant

Revalidation of existing certificate

Change of existing license

2. Applicant for a Royal Yachting Association commercial endorsement for working on Code vessels i.e. those operating under the MCA Codes of Practice for small commercial vessels and the Large Yacht Code (LY2), no more than 60 miles from shore

3. Crew on a seagoing vessel

Domestic Passenger vessel

4. Any other reason (please specify)

**Note:** Boatmasters working as a Master on a seagoing passenger ship require a full seafarer medical certificate (ENG 1) following examination by an MCA Approved Doctor. An ENG 1 is always an acceptable alternative to an ML5 certificate. Details of the procedure for obtaining an ENG 1 and a list of Approved Doctors is available in a Merchant Shipping Notice and can be consulted on the GOV.UK webpage at: <https://www.gov.uk/guidance/seafarers-medical-certification-guidance>.

Further details of medical requirements for all Boatmasters and those working on Code vessels are available from the website above, or the MCA Medical Administration Team in Southampton HQ.

## TO THE APPLICANT

### WHAT TO DO

1. The purpose of the ML5 form is to obtain a factual report of your medical history and present state of health, enabling your doctor to decide on your fitness to navigate safely and to undertake emergency duties. The form is designed so that, if **Part B** shows ticks in the "NO" boxes only without any qualifying remarks by the doctor then they will also complete **Part C** which is an ML5 medical certificate. This certificate confirms you are medically fit to hold a BML or RYA endorsement or to work on vessels listed on this form.
2. Applicants for any RYA training are advised to be medically assessed **before** starting any period of training, to ensure they meet the fitness standards.
3. If you are based abroad and no UK registered medical practitioner is available, you are advised to obtain an ENG 1 certificate (or recognised equivalent issued by an Approved Doctor) in accordance with the Maritime Authority of any of the countries recognised as having standards equivalent to the UK. This list is available on the MCA website.
4. Complete **Part A** of the form (but do not sign the declaration until you are with the doctor). Complete **Part B** with your GP, then take/send to RYA or your local MCA Marine Office for endorsement (if applicable, see point 6).

### NOTES ABOUT FITNESS

If you have any ticks in any of the "YES" boxes on the inside of this report, or if you have any medical conditions noted in Section 9, or if you have any of the following conditions, your report will require further assessment by an MCA Medical Assessor.

- you do not meet the MCA's requirements for colour vision/visual acuity (See Part B, Section 5)
- you are liable to epileptic seizures or sudden disturbances of the state of consciousness
- you have had a coronary thrombosis (heart attack) or have undergone heart surgery
- you have problems with heart rhythm, or have a disease of the heart or arteries
- you have abnormal blood pressure that is not well controlled with drugs
- you have diabetes
- you have had a stroke, or unexplained loss of consciousness
- you have had severe head injury with continuing impairment
- you have Parkinson's Disease or Multiple Sclerosis
- you are being treated for psychological or nervous problems
- you have had alcohol or drug dependency problems within the last 5 years
- you have profound deafness and cannot communicate clearly on the radio/telephone
- you have double or tunnel vision
- you have any other condition which could cause problems regarding your fitness to navigate a vessel.
- you are markedly overweight
- your mobility is impaired

5. You must stop working if you become unfit due to illness or injury during the validity of your ML5 medical certificate. Even if this is a temporary change you are obliged to tell the issuing authority (MCA or RYA). For instance if you have diabetes and your treatment changes from diet or tablets to insulin, you must immediately cease work and inform the issuing authority. You will need to obtain a new ML5 report and be medically reassessed before your license can be reinstated. If you fail to do so, your medical certificate will automatically be suspended.
6. If their commercial endorsement is not required, you need not show an unrestricted 5 year ML5 medical certificate to the RYA or MCA Marine Office; just keep it safely ready for inspection when requested. However if there is a tick in any "YES" box and you consequently do not have a medical certificate you may apply to the RYA or MCA Marine Office for review by a Medical Assessor. See **Part D** below.

## MEDICAL REVIEW

If the doctor is unable to complete in full the ML5 certificate at **Part C** because a medical condition is indicated, please complete **Part D** of this form (if necessary consulting **MO/RYA**) and send it for review by an MCA Medical Assessor, who will make a decision on whether your licence/endorsement can be issued. The referral to an MCA Medical Assessor is a paper based assessment, therefore if you have any additional information you would like to provide to support your referral this should be submitted with your ML5 report in a sealed envelope marked "Private and Confidential".

If you require a medical referral you will need to complete **Part D** on page 11. This information will be used to assist the Medical Assessor in assessing your medical condition in line with the work which you are to carry out. Your information will be seen and recorded by staff within the MCA Medical Administration Team prior to referral to the Medical Assessor. Anonymised information will be included in the Assessor's annual report which is used by the MCA to ensure decisions are being made in line with MCA standards and are being applied consistently.

## PART A - PERSONAL DETAILS

*(to be completed by the APPLICANT)*

(Please PRINT and use black ink)

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex M/F \_\_\_\_\_  
 Work Tel. No \_\_\_\_\_ Home Tel. No \_\_\_\_\_  
 Mobile Tel. No \_\_\_\_\_ Email Address \_\_\_\_\_  
 Date of first BML/RYA endorsement or last revalidation (if applicable) \_\_\_\_\_

### YOU MUST SIGN THIS DECLARATION WHEN YOU ARE WITH THE DOCTOR WHO WILL BE FILLING IN PART B OF THIS REPORT

I authorise my doctor(s) and specialist(s) to release reports/medical information about my condition relevant to my fitness, to the MCA Medical Assessor. I authorise the Secretary of State to disclose such relevant medical information as may be necessary to the investigation of my fitness, to my doctor/s and MCA Medical Assessors.

I declare that I have checked the details given on the enclosed form and that, to the best of my knowledge and belief, they are correct. I understand that it is a criminal offence if I make a false declaration to obtain certification and can lead to prosecution. I have read the notes on the reverse of the certificate (page 10).

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## PART B - MEDICAL REPORT

*(to be completed by the EXAMINING DOCTOR)*

### Notes for the Doctor

1. Only qualified medical practitioners fully registered and holding a valid Licence to Practice with the General Medical Council are permitted to complete this form.
2. This medical report and certificate is required for applicants who are working on commercially operated boats including passenger boats, either on inland waters or at sea up to 60 miles from shore. Therefore, in completing the form, please be aware of the applicant's work environment and responsibilities.

#### Routine duties could include:

- navigating the boat safely
- safely berthing and unberthing the boat
- helping passengers on and off the boat
- moving and lifting objects up to 30 kg
- operating equipment such as winches and handling ropes
- climbing access ladders

Emergency duties could include:

- rescuing persons from the water
- tackling a fire
- provision of first aid
- carrying out an evacuation of the boat
- climbing in and out of a liferaft at sea

3. In summary, be aware that the safety of fare paying passengers may depend on the fitness of the applicant to operate the vessel in adverse sea and weather conditions. They need also to be capable of responding reliably and effectively to emergencies such as breakdown, collision or capsizing that call for physical and mental resilience. The applicant should therefore not be subject to any increased likelihood of sudden incapacity that could prevent them returning the boat safely to its moorings.

You should establish the nature of the duties undertaken, as these may vary from work on calm inland waterways to the open sea. The vessel may have a number of crew members or the applicant may be the sole competent person on whom the safety of passengers depends.

4. **IF HAVING COMPLETED THE FOLLOWING REPORT THERE ARE NO TICKS IN A "YES" BOX AGAINST ANY OF THE QUESTIONS, AND YOU HAVE NO OTHER MEDICAL CONCERNS, PLEASE COMPLETE THE CERTIFICATE PROFORMA AT PART C AND RETAIN A COPY FOR VERIFICATION PURPOSES. OTHERWISE PLEASE LEAVE BLANK.**

If any medical concerns are indicated on the form, you may be contacted in due course by an MCA Medical Assessor.

## SECTION 1 - CARDIAC

*Tick as appropriate*

### Coronary artery disease

a) Is the applicant having attacks of angina of effort, or receiving continuous treatment to prevent angina from manifesting itself? YES  NO

b) Has the applicant had myocardial infarction, unstable angina, or undergone coronary artery bypass surgery or coronary angioplasty? YES  NO

*If YES - please answer the following:*

i) What was the nature of the event? \_\_\_\_\_

ii) When was the most recent episode? \_\_\_\_\_

iii) If the applicant remains on medication, give details \_\_\_\_\_

iv) Give details of any continuing symptoms / clinical signs of heart disease \_\_\_\_\_

### Arrhythmias

c) Has the applicant uncontrolled complete heart block? YES  NO

d) Has a cardiac pacemaker been implanted? YES  NO

*If YES, when did the applicant last attend a pacemaker clinic? \_\_\_\_\_*

e) Has a cardioverter / defibrillator device been implanted? YES  NO

f) Is there currently a serious or disabling disturbance of cardiac rhythm? YES  NO

g) Is the applicant in need of medication to prevent paroxysmal arrhythmia? YES  NO

### Other

h) Is there evidence of serious congenital heart disease requiring continuing consultant cardiological review? YES  NO

i) Is there any history or evidence of heart failure or cardiomyopathy? YES  NO

j) Has the applicant undergone heart transplant or heart / lung transplant surgery? YES  NO

k) Has the applicant evidence of an aortic aneurysm that has not been successfully treated by surgery? YES  NO

l) Is today's resting systolic blood pressure 170 mm Hg or greater? YES  NO

Is today's resting diastolic blood pressure 100 mm Hg or greater? YES  NO

m) Is there any history of Stroke? YES  NO

n) Is there any history of Deep Vein Thrombosis? YES  NO

## SECTION 2 - ENDOCRINE AND METABOLIC

Does the applicant have any of the following?:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| i) Endocrine disease (thyroid, adrenal including Addison's disease, pituitary, ovaries, testes) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ii) Diabetes - non insulin treated by diet  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| iii) Diabetes - non insulin treated by oral medication  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| iv) Diabetes - insulin using  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| v) Obesity - BMI over 35 (if so, please specify in Section 9)                                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

## SECTION 3 - NERVOUS SYSTEM

- a) Has the applicant had any form of epileptic attack? YES  NO
- i) If **YES**, please give date of last attack \_\_\_\_\_
- ii) Is the applicant still being treated? YES  NO
- iii) If **NO**, please give the date when treatment ceased \_\_\_\_\_
- b) Is there a history of blackout or impaired consciousness within the last 5 years? YES  NO
- If **YES**, please give date(s) and details in Section 9
- c) Does the applicant have narcolepsy/cataplexy or any obstructive sleep apnoea? YES  NO
- If **YES**, please give details in Section 9
- d) Is there a history of, or evidence of any of the conditions listed 1-8 below?  
If **YES**, please give details in Section 9
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (1) TIA   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (2) Sudden and disabling dizziness/vertigo within the last year with a liability to recur | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (3) Subarachnoid haemorrhage  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (4) Serious head injury within the last 10 years  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (5) Brain tumour, either benign or malignant, primary or secondary                        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (6) Other brain surgery   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (7) Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (8) Dementia or cognitive impairment  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

## SECTION 4 - PSYCHIATRIC ILLNESS

a) Is there a history of, or evidence of any of the conditions listed 1-6 below?

If **YES**, please give details including date(s), prognosis, period of stability and details of medication, dosage and any side effects in Section 9

**NB.** If applicant remains under specialist care ensure details are given in Section 9.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (1) A psychotic illness within the past 5 years                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (2) A neurotic illness (anxiety/depression) within the past 5 years | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (3) Persistent alcohol misuse in the past 12 months                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (4) Alcohol dependency in the past 3 years                          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (5) Persistent drug misuse in the past 12 months                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (6) Drug dependency in the past 3 years                             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (7) Disorder of personality (clinically recognised)                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (8) Any other mental health and cognitive disorders                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

## SECTION 5 - SENSORY

- a) Is there any evidence of a colour vision defect as assessed using Ishihara plates?  
*When testing, please ensure that aids to colour vision are not being worn.* YES  NO
- b) Does the applicant **lack** the ability to read 6/6 on the Snellen Chart at six metres distance in at least one eye with glasses or contact lenses if worn? Testing should be done on each eye separately. YES  NO
- c) Does the applicant **lack** the ability to read 6/60 with at least one eye without any visual aid? Testing should be done on each eye separately. YES  NO
- d) Has the applicant any defects in their field of vision in either eye? YES  NO
- e) Is there evidence of any progressive disease in either eye? YES  NO
- f) Does the applicant have any other eye condition which could limit vision, either now or within the next 5 years? YES  NO
- g) Is there profound deafness that prevents communication by radio/telephone? YES  NO

## SECTION 6 - MALIGNANT DISEASE

- a) Does the applicant have any malignant disease likely to impair physical or mental fitness to undertake duties in the foreseeable future? YES  NO
- b) Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise cerebrally?  
*If YES, please give details (dates, diagnosis and whether there is current evidence of dissemination) in Section 9* YES  NO

## SECTION 7 - MUSCULOSKELETAL LIMITATIONS

Height (m) \_\_\_\_\_ Weight (kg) \_\_\_\_\_

- a) Does the applicant **lack** the strength and flexibility needed to:
- i) perform their normal duties such as mooring and lock operations and YES  NO
  - ii) physically assist other people who have fallen overboard or who need to evacuate the vessel in an emergency? YES  NO
- b) If the applicant works at sea, do they **lack** strength and flexibility to get in and out of a moving liferaft? *Leave blank if not applicable* YES  NO
- c) Is excessive obesity likely to interfere with the activities listed above or prevent access to areas of the vessel with size restrictions? *If YES, please give details in Section 9* YES  NO
- d) Is there currently any disability of the spine, limbs or hands likely to limit duties or safety procedures while working? YES  NO
- e) Has the applicant had a hip/knee replacement or other limb prosthesis? YES  NO
- f) Does the applicant lack sufficient fitness to be responsible for the safety of fare paying passengers (if applicable)? YES  NO

## SECTION 8 - RESPIRATORY SYSTEM

- a) Is there a history of, or evidence of any of the conditions listed below:
- i) Sinusitis / Nasal Obstruction YES  NO
  - ii) Chronic Bronchitis and / or Emphysema YES  NO
  - iii) Pneumothorax YES  NO
  - iv) Asthma YES  NO

## SECTION 9 - OTHER MEDICAL CONDITIONS / ADDITIONAL INFORMATION

If you have ticked **YES** to any of the above questions or have written in the boxes below and so are not able to issue a certificate, this form will be referred to one of the MCA's Medical Assessors.

- a) If you have ticked **YES** to any of the questions, please look at the job requirements noted in Part B on page 2 and, if you consider that there is any additional information which could help the Assessor, for instance about the nature of any treatments, prescribed medications, frequency and severity of the condition, any associated risk factors or any indicators of prognosis, **please give details below.**
- b) If the applicant has a medical condition not included in the list of questions, please look at the job requirements noted in Part B on page 2 and, if you consider it may have an effect on their ability to meet these, **please give details below.**

- c) Is the applicant taking any medication that can **impair** safety critical duties? YES  NO   
(if yes please specify the medication in the box below)

**Examples:**

*Has a warning in the product information leaflet indicating that they should not drive or work with moving machinery*  
*Psychoactive: Sleeping tablets, medications for mental health problems, sedating antihistamines (OTC or prescribed)*  
*May increase risk of sudden incapacitation: insulin*  
*May impair vision: hyoscine*

- d) Is the applicant taking any medication with risk of acute complications? YES  NO   
(if yes please specify the medication in the box below)

**Examples:**

*Increases risk of bleeding: warfarin*  
*Danger if medications stopped: replacement hormones/insulin, anti-convulsants, anti-hypertensives, oral antidiabetics*  
*Anti infection agents*  
*Anti metabolites and cancer treatments*  
*Medications supplied to be used for emergencies: asthma, allergy*

**SECTION 10 - DECLARATION BY EXAMINING DOCTOR**

I certify that I have examined the applicant named in **PART A** and that my findings are recorded above in **PART B** of this report.

- a) \* There are no ticks in any "YES" box and I have completed the ML5 certificate proforma at **PART C** and retained a copy.
- b) \* There are ticks in the "YES" boxes in Section 1 - 8.
- c) \* There is any other significant medical condition detailed in Section 9.

\* Delete a, b or c as appropriate.

Signature of Examining Medical Practitioner \_\_\_\_\_

Date of Examination \_\_\_\_\_

GMC Number \_\_\_\_\_

Name and Address  
(Please PRINT) \_\_\_\_\_

Official Stamp

Tel. No \_\_\_\_\_

Are you the applicant's General Practitioner ?

YES

NO

*If you are not the applicant's GP, you should ask for photographic ID to confirm the identity of the person examined.*

**Usual Medical Practitioner or Medical Adviser (if different from above)**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode/County \_\_\_\_\_

**PART C - ML5 CERTIFICATE**

*(to be completed by the EXAMINING DOCTOR)*

**Notes for the completion of Part C**

1. If you have not ticked any "YES" Box in **Part B** of this form and have not made comments in Section 9, please complete the following certificate proforma at **Part C**, **OTHERWISE IT SHOULD BE LEFT BLANK.**
2. A copy of the certificate should be retained by the Doctor for verification purposes.





**ML5 CERTIFICATE OF MEDICAL FITNESS  
based on the  
MARITIME AND COASTGUARD AGENCY ML5 REPORT**

**This is to certify that**

Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Postcode \_\_\_\_\_

has been assessed by me for medical fitness in accordance with the criteria specified by the Maritime and Coastguard Agency (MCA) in the ML5 form and all assessment ticks are in the "NO" Box (right hand column). I have not included any comments affecting fitness in Section 9.

A practical test of capability for current duties has not been carried out.

Signed (Medical Practitioner) \_\_\_\_\_

Name (Block Letters) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Doctor's Official Stamp

GMC Registration Number

\_\_\_\_\_

Certificate valid until \*

\_\_\_\_\_

\*maximum 5 years from date of issue or 65th birthday, whichever comes soonest. 1 year for those over 65 years of age

Date issued \_\_\_\_\_

Name of RYA / MO  
Endorsing Officer \*\*

Signature \_\_\_\_\_

RYA or MO Stamp

Signature of Holder \_\_\_\_\_

Date \_\_\_\_\_

\*\* Endorsement only required for those applying for a BML or RYA Endorsement (See Note 6 of Notes to Applicant on Page 1 of ML5 form)

## **NOTES TO THE HOLDER OF THIS CERTIFICATE**

- **It is your personal responsibility not to work when you are temporarily unfit to do so because of illness or injury. You must therefore tell the issuing authority (MCA or RYA), if during the validity of your ML5 certificate, you suffer from or develop any of the following:**
    - a) **a serious health problem or injury where you do not fully recover;**
    - b) **any of the conditions listed below:**
      - **epileptic seizures or sudden disturbances of consciousness**
      - **coronary thrombosis (heart attack) or heart surgery**
      - **problems with heart rhythm**
      - **disease of the heart or arteries**
      - **uncontrolled blood pressure**
      - **diabetes requiring insulin treatment**
      - **stroke or unexplained loss of consciousness**
      - **head injury with continuing loss of consciousness**
      - **Parkinson's Disease or Multiple Sclerosis**
      - **mental or nervous problems**
      - **alcohol or drug dependency problems**
      - **profound deafness**
      - **serious deterioration in vision or long term eye disease**
    - c) **any other disability or illness (mental or physical) which affects your fitness to work, in particular to navigate safely and to be able to undertake emergency duties. For instance if you have diabetes and your treatment changes from diet or tablets to insulin.**
- Your BML/RYA endorsement will not be valid during your illness and you will need to obtain a new ML5 report/certificate once you have recovered in order for your license to be reinstated.**
- **Those not requiring a BML or RYA endorsement do not need to have their ML5 certificates endorsed by the RYA or MCA Marine Office, but should retain them for inspection as necessary, noting the 5 year validity.**

**Notes for applicant**

1. If there are ticks in any "YES" Box in Section B, or if the doctor has made qualifying remarks in Section 9, he/she cannot complete the ML5 certificate proforma, and the MCA Marine Office/RYA cannot issue your BML/RYA endorsement. However, in these circumstances you have the right to have your case reviewed and the MCA Marine Office/RYA can refer your form to an MCA Medical Assessor for a decision on your fitness to undertake your work on a boat.  
**ANY FORM SENT FOR REVIEW SHOULD NOT BE MORE THAN 3 MONTHS OLD AT THE TIME OF APPLICATION.**
2. For the purposes of medical review, you may wish to provide further information regarding your fitness to hold a BML/RYA endorsement. This may include medical evidence from your GP, a specialist consultant or an optometrist as appropriate. Medical evidence should be submitted with this form to your local MCA Marine Office or the RYA in an envelope marked "Private and Confidential" for forwarding to the MCA's Medical Assessor.
3. The Medical Assessor may speak to your GP, rather than requesting written reports for which you would have to pay. Telephone calls often allow for evaluation of your health issues and the nature of your work.
4. Based on the evidence you have provided the MCA Medical Assessor will decide whether or not to issue an ML5 medical certificate. It will then be for the MCA Marine Office/RYA to decide whether the BML/RYA endorsement can be issued.

The validity of the Assessor's certificate will be subject to the job description detailed below. Please therefore complete fully.

a) **Details of vessel** To Sea  Categorical Waters

Type of Vessel  Size

**b) Proposed area of operation**

Up to  miles from point of departure Up to  miles offshore Longest length of trip

Area of Operation (including Category of Water) \_\_\_\_\_

**c) Type of operation involved** (e.g. passenger pleasure trips, fish farm supplies, night time operations etc)**d) Other relevant risk factors** (e.g. communications with shorebased staff, nature of passengers, etc)**e) Minimum number of crew** (other than applicant)

holders of BMLs  additional crew with same qualifications  unqualified but trained/experienced crew  trainees/others

**f) Passengers** (where applicable)

Maximum number of fare-paying passengers carried

**g) Medication** (Please list all prescribed medication you are currently taking including dosage).**h) Details of any regular review/monitoring of condition**

Please check that you have completed the above, giving as much detail as possible (continue overleaf if necessary)

**Incomplete/missing information may hold up your application.**

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