

Shipboard Medical Recruitment

Medical Staff Applicant Declaration

Applicant information

Full name:		Rank applied:	
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Availability

1. What is the earliest date you are available to join a ship for a 4-month assignment?	
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Nationality

2. Please list the Countries of any passports that you currently hold:	
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General information

	Yes	No
3. Do you have an unrestricted license to practice with a recognized National professional body?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you hold a current Advanced Cardiac Life Support (ACLS) /Advanced Life Support (ALS) certificate?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have at least 3 years post-registration experience?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have at least 12 months full time experience in Emergency Medicine within the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have experience in ICU/High Dependency Unit, anesthetics, and managing ventilated patients?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you eligible to be issued a United States C1D Visa?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you proficient in computer skills such as typing, and managing electronic files and folders?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you proficient with entering accurate patient clinical information into an Electronic Health Record?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you currently smoke or use tobacco products, or are you on a cessation program for less than 180 days?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have tattoos or piercings that would be visible while wearing short-sleeve shirts (of knee length skirt, for females)? If the answer is Yes, please provide details below.	<input type="checkbox"/>	<input type="checkbox"/>

Answer:

Statutory Seafarer Medical Exam and Health Disclosure

	Yes	No
13. International maritime law requires you to pass a Seafarer Medical Fitness Examination and be issued an unrestricted Seafarer's Medical Fitness Certificate prior to joining a ship. This is to ensure you are fit to carry out both your routine and emergency duties. There are a few conditions that may prevent the issuance of a fitness certificate including epilepsy, insulin dependent diabetes and obesity (BMI>35). BMI = (weight in kilograms)/(height in meters) ² or by using this online tool: http://bit.ly/29ubNRk Do you believe you could pass a fitness exam?	<input type="checkbox"/>	<input type="checkbox"/>
14. You are obligated to confidentially disclose if you are aware that you have a communicable disease which you could transmit to others including patients, or that your judgment or performance could be significantly affected by a medical condition or treatment. If you may have an infectious illness which you could transmit to patients, you must undergo all the necessary tests and act on the advice given to you by a suitably qualified doctor regarding the necessary treatment and/or modifications to your clinical practice. You acknowledge that it is a mandatory obligation to completely and accurately disclose any current or pre-existing medical condition during your seafarer medical fitness examination, and that your failure to do so may cause you to forfeit all benefits to which you might otherwise be entitled.	<input type="checkbox"/>	<input type="checkbox"/>
15. You acknowledge that prior to joining a ship to deliver clinical care, it is a requirement that you provide evidence of immunity or vaccination or infection status for the following diseases: HIV, Hepatitis B, Hepatitis C; Varicella, Measles, Mumps, Rubella, Pertussis and Tuberculosis.	<input type="checkbox"/>	<input type="checkbox"/>

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Medical Staff Applicant Declaration (cont'd)

Applicant information	
Full name:	Rank applied:

Professional disclosure	Yes	No
16. Have you ever been convicted of a criminal offence, or received a police caution, in any country? If the answer is Yes, please provide details below.	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you currently the subject of any police investigation and/or prosecution in any country? If the answer is Yes, please provide details below.	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had any legal cases considered, heard or concluded against you, or are you currently the subject of any investigation or proceedings by any regulatory health care body in any country? If the answer is Yes, please provide details below.	<input type="checkbox"/>	<input type="checkbox"/>
19. Have there been any disciplinary actions taken against you by your employer in any country? If the answer is Yes, please provide details below.	<input type="checkbox"/>	<input type="checkbox"/>
20. Has your employment or contract ever been terminated, or suspended, or have you been disqualified from the practice of your profession or required to practice it subject to specified limitations or medical supervision on grounds relating to your fitness to practice (conduct, performance or health) in any country? If the answer is Yes, please provide details below.	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you have any illness, communicable disease or physical condition which has required you to restrict or modify your professional activities? If the answer is Yes, please provide details below.	<input type="checkbox"/>	<input type="checkbox"/>

Acknowledgements	
22. By checking this box, you certify that this declaration is a true, accurate and complete statement. You understand that any false or misleading statement or deliberate concealment of facts may have significant health and safety consequences for yourself and your patients and may lead to legal action, including criminal, against you, or reporting to you licensing body and/or dismissal from the Company.	<input type="checkbox"/>

Signature: Date: