



Medical in Confidence

# Maritime Volunteer Service

Registered as a Charity in England and Wales, number: 1048454

And in Scotland, number: SC 039269

## Medical Form 1 for General Active Service (Please use block Capitals)

### Notes to the applicant

1. Before you can serve in the Maritime Volunteer Service (MVS) you must report on your general fitness to your MVS Head of Unit.
2. You will meet the MVS medical requirement for general active service if this Medical Form shows ticks in column 2 only. However, if there are any ticks in column 1, specialist medical advice may be required to enable you to serve. There is space for comments following the fitness questions. Your Head of Unit will advise you of the required procedure. The final decision on your fitness to serve afloat rests with the MVS Chief Medical Adviser who may require further evidence, in confidence, from your doctors.
3. If you are under 65 years old, you are required to complete a Medical Report every 5 years. If you are over 65 years old you are required to complete a Medical Report every 2 years.
4. Please fill in this form, making sure you answer all the questions. Please use a black pen and write in CAPITALS

### PART A - PERSONAL DETAILS

Membership List	<input type="text"/> (A, B or T)	Membership Number	<input type="text"/>
Title (Mr, Mrs, Miss)	<input type="text"/>	Initials	<input type="text"/>
		Surname	<input type="text"/>
Forenames	<input type="text"/>		
Address	<input type="text"/>		
Post Code	<input type="text"/>	Telephone	<input type="text"/>

### PART B - DOCTOR'S DETAILS

Give the name and address of the Doctor (or Group practice) with whom you have been registered for the last 12 months

Name	<input type="text"/>		
Address	<input type="text"/>		
Post Code	<input type="text"/>	Telephone	<input type="text"/>

### PART C - PERMISSION

I understand that I have the right to see any medical report before it is sent to the MVS Chief Medical Adviser.

I do/do not\* wish to see such a report before it is sent.

\* delete as required

I authorise my Doctors and Specialists to release confidential information to the MVS Chief Medical Adviser, if any matter affecting my fitness arises during my service afloat or in connection with this application

Signature	<input type="text"/>	Date	<input type="text"/>
-----------	----------------------	------	----------------------

The Maritime Volunteer Service registered in England as a Company Limited by Guarantee  
Company Number 3003565 Registered Office: 17 Cromwell Road, Chesterfield, Derbyshire, S40 4<sup>TH</sup>

Medical in Confidence



Medical in Confidence

# Maritime Volunteer Service

Registered as a Charity in England and Wales, number: 1048454

And in Scotland, number: SC 039269

## Notes about Fitness

The Maritime Volunteer Service (MVS) trains regularly and members must be fit enough for general duties which include: Operations Room watches ashore of up to 12 hours duration (Operational Support Branch)

Periods at sea of up to 24 hours duration in sea states of moderate or less (Seaman and Engineer Branches)

In addition to this questionnaire, applicants for seaman or engineer sea-going branches will need a full medical examination and eyesight tests before being able to undertake sea watch keeping duties in MVS offshore training craft or if acting as Inshore Coxswain or Coastal skipper for a commercial allocation. Medical Form ML5 from the Maritime and Coastguard Agency (MCA) will be required.

If you have answered "Yes" to any of the following questions you are unlikely to be passed fit for sea watch keeping duties. You may be passed fit for other sea duties/training after further medical enquiries by the MVS Chief Medical Adviser. In exceptional circumstances, a medical examination may be required for non-watch keeping duties.

## PART D YOUR HEALTH - Please tick the appropriate boxes below

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Are you liable to (or have had in the last two years) any episode involving fainting, difficulty with balance, disturbed/loss of consciousness?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had a severe head injury or brain surgery or a stroke; in the past two years or with any continuing side effects?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had a coronary thrombosis (heart attack) or heart disease (e.g. angina or myocarditis) in the past three years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have problems with heart rhythm or have a pacemaker or implanted defibrillator?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you take medication to help control raised blood pressure AND your blood pressure is not well controlled OR you are experiencing side effects of the medication/  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you become breathless on moderate exertion e.g. walking briskly uphill?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you are taking medication (tablets or insulin) for diabetes?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you skeletal, muscular or neurological problem(s) that can affect the use of your limbs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have deafness that could impair communications?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you being treated for blindness or a substantial reduction (6/60 with glasses) in vision in either eye. Your vision with one or both eyes is 6/18 or worse with glasses: 6/60 or worse without glasses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you being treated for, or have a history of, any major psychiatric or addiction?  | <input type="checkbox"/> | <input type="checkbox"/> |

## Additional questions for applicants anticipating sea-going watch keeping duties

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 12. Have you abnormal field of vision, or progressive disease, in both eyes?                | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you at any time been tested and found to have a colour vision defect               | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is your vision with one or both eyes 6/9 or worse with glasses (6/36 or worse without)? | <input type="checkbox"/> | <input type="checkbox"/> |

## IMPORTANT

You must tell your Head of Unit at once if you have any mental or physical disability which could affect your fitness.

## ANY COMMENTS ABOUT YOUR FITNESS

## DECLARATION

I, the undersigned, declare that the answers given above are true to the best of my knowledge and that I have no reason to believe that I am unfit for general active service with the Maritime Volunteer Service

Signature

Date

The Maritime Volunteer Service registered in England as a Company Limited by Guarantee  
Company Number 3003565 Registered Office: 17 Cromwell Road, Chesterfield, Derbyshire, S40 4<sup>TH</sup>

Medical in Confidence