

**CERTIFICATE OF MEDICAL FITNESS FOR PERSONS APPLYING TO OBTAIN OR RENEW A NAUTICAL LICENCE.**

issued in accordance Small Ships Regulations S.L. 499.52

**Ports and Yachting Directorate**



**WHAT TO DO:**

A local Medical Practitioner who may be your General Practitioner (GP) **registered in Malta** must fill in Part B of the Medical Report. Please read the **Notes about Fitness at PART C**. Then, if you have any doubts about your fitness, talk to your Doctor **before** you ask for the medical examination.

Medical certificates must be revalidated at periods not exceeding 10 years. The local Medical Practitioner may prescribe a lesser period of validity.

**PART A - To be completed by the Applicant**

|          |          |                |
|----------|----------|----------------|
| Name:    | Surname: | Telephone No:  |
| Address: |          | Mobile No:     |
|          |          | Date of Birth: |
|          |          | Nationality:   |

Applicant's Signature: ..... Date: .....

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**PART B Medical Report - To be completed by a duly qualified local Medical Practitioner**

**SECTION 1 - Cardiac**

**Box 1**

**Box 2**

|                                                                                                                                                        |     |  |    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|--|
| (a) Is there evidence of serious congenital heart disease requiring Consultant Cardiological review at least every year?                               | Yes |  | No |  |
| (b) Is the applicant suffering from attacks of angina of effort or receiving continuous treatment to prevent angina from manifesting itself?           | Yes |  | No |  |
| (c) Has the applicant suffered from myocardial infarction or unstable angina, or has undergone coronary artery bypass surgery or coronary angioplasty? | Yes |  | No |  |
| <i>If YES please answer the following:</i>                                                                                                             |     |  |    |  |
| (1) give the time elapsed since the event;                                                                                                             |     |  |    |  |
| (2) if the applicant remains on medication, give details;                                                                                              |     |  |    |  |
| (3) give details of any continuing symptoms/clinical signs of heart disease.                                                                           |     |  |    |  |
| <i>(Please use Section 8 if necessary)</i>                                                                                                             |     |  |    |  |
| (d) Has the applicant uncontrolled complete heart block?                                                                                               | Yes |  | No |  |
| (e) Has a cardiac pacemaker been implanted?                                                                                                            | Yes |  | No |  |
| <i>If Yes please answer the following: Is the applicant attending a pacemaker clinic for at least annual review?</i>                                   |     |  |    |  |
| (f) Has a Cardioverter/Defibrillator device been implanted?                                                                                            | Yes |  | No |  |
| (d) Is there currently a serious disturbance of cardiac rhythm associated with documented ischaemic or valvular heart disease?                         | Yes |  | No |  |
| (d) Is the applicant in need of medication to prevent paroxysmal arrhythmia (except for beta blockers, verapamil and digoxin)?                         | Yes |  | No |  |
| <i>If YES please give details</i>                                                                                                                      |     |  |    |  |
| (i) Has the applicant undergone heart transplant or heart/lung transplant surgery?                                                                     | Yes |  | No |  |
| (j) Has the applicant evidence of an aortic aneurysm that has not been successfully treated by surgery?                                                | Yes |  | No |  |

**SECTION 2 - Diabetes Mellitus**

|                                                               |     |  |    |  |
|---------------------------------------------------------------|-----|--|----|--|
| (a) Is the applicant a diabetic requiring insulin injections? | Yes |  | No |  |
|---------------------------------------------------------------|-----|--|----|--|

**SECTION 3 - Nervous System**

|                                                                                                                                                                                                                            |     |  |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|--|
| (a) Is the applicant liable to epileptic seizures or other sudden disturbances of the state of consciousness other than simple syncope? (If there is any doubt the opinion of a consultant neurologist should be obtained) | Yes |  | No |  |
| (b) Is there a history of any major or minor stroke within the last five years?                                                                                                                                            | Yes |  | No |  |
| (c) Is there a history of Multiple Sclerosis or Parkinson's disease?                                                                                                                                                       | Yes |  | No |  |
| (d) Is there a history of malignant brain tumor in the last five years?                                                                                                                                                    | Yes |  | No |  |
| (e) Is there a history of serious head injury with continuing symptoms?                                                                                                                                                    | Yes |  | No |  |
| (f) Is there deafness of a degree that would interfere with communication by radio/telephone?                                                                                                                              | Yes |  | No |  |

**SECTION 4 - Psychotic Illness**

|                                                                                                                                        |     |  |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|--|
| (a) Has the applicant suffered from a psychotic illness or required treatment for a psychotic illness in the past two years?           | Yes |  | No |  |
| (b) Has the applicant suffered from a serious mental disorder requiring treatment with psychotropic medication in the last six months? | Yes |  | No |  |
| (c) Is there any history of alcoholism during the last two years?                                                                      | Yes |  | No |  |
| (d) Is there any history of drug or substance misuse during the last two years?                                                        | Yes |  | No |  |

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**SECTION 5 - Vision**

|                                                                                                                                                  |     |  |     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|-----|--|
| (a) Is there any evidence of a colour vision defect likely to lead to inability to distinguish red, green and white lights at 1 mile distance? * | Yes |  | No  |  |
| * If Ishihara Plates are used ensure that aids to colour vision are not being worn.                                                              |     |  |     |  |
| (b) Can the applicant read 6/6 on the Snellen Chart at six metres distance in at least one eye with glasses or contact lenses if necessary?      | No  |  | Yes |  |
| (c) Can the applicant read 6/6 with at least one eye without any visual aid?                                                                     | No  |  | Yes |  |
| (d) Has the applicant an adequate field of vision with no progressive disease in at least one eye?                                               | No  |  | Yes |  |

**SECTION 6 - Malignant Growths**

|                                                                                                                                                 |     |  |    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|--|
| (a) Does the applicant suffer from malignant disease likely to impair physical or mental fitness to undertake duties in the foreseeable future? | Yes |  | No |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|--|

**SECTION 7 - Musculoskeletal System**

|                                                                                                                                                                                |    |  |     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|-----|--|
| (a) Has the applicant reasonable physique to enable him to undertake intended duties and particularly to physically assist other persons to evacuate a vessel in an emergency? | No |  | Yes |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|-----|--|

**SECTION 8 - Additional Notes/Restrictions**

*(Please give the Section number to which these notes refer)*

**SECTION 9 - Certification**

I declare that I have examined the applicant in PART A and that my findings are recorded in PART B.

(Tick "v" against the appropriate box):

I certify the applicant Mr/Ms .....

**Nautical Licence**

Fit to operate a motor vessel

Unfit to operate a motor vessel:

.....  
Signature of the local Medical Practitioner & Medical Registration Number

.....  
Official Stamp of the local Medical Practitioner and Address Date

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**PART C - Notes about Fitness**

**YOU ARE UNLIKELY TO BE ISSUED WITH A CERTIFICATE OF COMPETENCE IF, FOR EXAMPLE:**

- you are liable to epileptic seizures or sudden disturbances of the state of consciousness
- you have had a coronary thrombosis or heart surgery
- you suffer problems with heart rhythm, or have a disease of the heart or arteries
- your blood pressure is not well controlled with drugs
- you need injections of insulin for diabetes
- you have had a stroke, or unexplained loss of consciousness
- you have had severe head injury with continuing loss of consciousness
- you suffer from Parkinson's Disease or Multiple Sclerosis
- you are being treated for severe mental or nervous problems
- you have had alcohol or drug addiction problems
- you have profound deafness and cannot communicate on the radio/telephone
- you suffer from double or tunnel vision
- you have any other condition which would/could cause problems regarding your fitness to navigate a vessel

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## Ports and Yachting Directorate

Transport Malta of Triq Pantar, Lija, Malta LJA 2021 is the Data Controller for the purpose of the General Data Protection Regulation (GDPR) 2016/679 and CAP 586 Data Protection Act of the Laws of Malta. This Privacy Notice sets out the way in which we collect and process your Personal Information, as well as the steps we take to protect such information.

### 1. The information we collect and how we use it

- 1.1. From this form Transport Malta collects different types of information as required by Law and is used explicitly to process your Medical Fitness for Persons operating a motor vessel within Ports, Internal and Territorial Waters of Malta in accordance Small Ships Regulations (S.L. 499.52). It is to be noted that if the required information is not provided the said application could not be processed.
- 1.2. The primary purpose for collecting information is mainly to process the Medical Fitness for Persons operating a motor vessel within Ports, Internal and Territorial Waters of Malta, however, Personal information may also be used for related purposes that amongst other include: sending notifications, and for the provision of information with regards to any legislative amendments which may affect the services offered to you.

### 2. To whom we disclose information

- 2.1. This information will be solely used for the reasons detailed above. However there may be cases where personal information is shared with the following third parties for reasons listed below;
  - Any third party offering assistance in providing the service, including Insurance;
  - Any law enforcement body who may have any reasonable requirement to access your personal information;
  - Third party entities.

### 3. Data Subject Rights

- 3.1. With respect to your privacy rights, Transport Malta is obliged to provide you with reasonable access to the Personal Data that you have provided to us. Your other principal rights under data protection law are:
  - a. the right for information;
  - b. the right to access;
  - c. the right to rectification;
  - d. the right to erasure;
  - e. the right to restrict processing;
  - f. the right to object to processing;
  - g. the right to data portability;
  - h. the right to complain to a supervisory authority; and
  - i. the right to withdraw consent.
- 3.2. If you wish to access or amend any Personal Data we hold about you, or to request that we delete any information about you, you may contact us by sending a request to [dataprotection.tm@transport.gov.mt](mailto:dataprotection.tm@transport.gov.mt). We will acknowledge your request within seventy-two (72) hours and will do our utmost to handle it promptly. We will respond to these requests within a month, with a possibility to extend this period for particularly complex requests in accordance with Applicable Law.
- 3.3. At any time, you may object to the processing of your Personal Data, on legitimate grounds, except if otherwise permitted by applicable law.
- 3.4. In accordance with Applicable Law, we reserve the right to withhold personal data if disclosing it would adversely affect the rights and freedoms of others. Moreover, we reserve the right to charge a fee for complying with such requests if they are deemed manifestly unfounded or excessive.

### 4. Retention period

- 4.1. *Personal data will be retained for not more than 3 months from date of application should the application not be submitted complete or is rejected.*
- 4.2. Once the permit is issued the data will be retained for as long as needed to provide you with our service, or to comply with our legal obligations, resolve disputes and enforce our agreements.

### 5. Security

- 5.1. We take appropriate security measures to protect against loss, misuse and unauthorized access, alteration, disclosure, or destruction of your information. Additionally, steps will also be taken to ensure the ongoing confidentiality, integrity, availability, and resilience of systems and services processing personal information, and will restore the availability and access to information in a timely manner in the event of a physical or technical incident. All information gathered is kept confidential and is used solely for the Instructor Nautical Licence purposes.
- 5.2. If we learn of a security systems breach, we will inform you of the occurrence of the breach in accordance with Applicable Law.

### 6. Governing Law

All data collected in this form is processed in accordance with the General Data Protection Regulation (GDPR) 2016/679 and CAP 586 Data Protection Act of the Laws of Malta.

### 7. Data Protection Officer

- 7.1. Transport Malta has a Data Protection Officer ("DPO") who is responsible for matters relating to privacy and data protection. The DPO can be reached at the above address or by email: [dataprotection.tm@transport.gov.mt](mailto:dataprotection.tm@transport.gov.mt)

### 8. Contacting us

- 8.1. Please address any questions, comments and requests regarding the application process to [info.pyd@transport.gov.mt](mailto:info.pyd@transport.gov.mt)