Maritime & Coastguard Agency

Seafarer Medical Report (ML5) and ML5 Certificate

This form is for use by the following applicants only. Please tick why you need this form/certificate:	
1. New applicant for an MCA Boatmaster's Licence (BML) or Certificate	☐
2. Revalidation or change of existing BML or Certificate	☐
3. Applicant for Royal Yachting Association (RYA) commercial endorsement, working no more than 60 miles from shore	☐
4. Crew on a seagoing Domestic Passenger Vessel (Class VI or VI(A))	☐
5. Master or Crew of a small commerical vessel certified for area category 2 to 6	☐
6. Current ML5 has expired, used for: BML ☐ RYA Commercial Endorsement	☐

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**.

If you are unclear on what type of medical fitness certificate you need please refer to our website at https://www.gov.uk/guidance/seafarers-medical-certification-guidance or call us on 0203 81 72835.

TO THE APPLICANT – PLEASE READ THIS INFORMATION CAREFULLY

Please take a form of photographic identification with you to the ML5 Medical examination.

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 undertake emergency duties.

Complete Part A of the form (but do not sign the declaration until you are with the doctor). The Doctor will complete Part B. If **Part B** shows all ticks in the "**NO**" boxes without any other remarks then the doctor will complete **Part C, the ML5 Medical Certificate**. This certificate confirms you are medically fit to hold a BML, RYA commercial endorsement or to work on vessels listed on this form. Once both the report and certificate have been completed, please take/send both to your local MCA Marine Office or RYA for the commercial endorsement as necessary. If you do not require a commercial endorsement, just keep your ML5 certificate ready for inspection when requested.

However, if you have a tick in any of the "**YES**" boxes on the inside of this report, or if you have any medical conditions noted in Section 9, your report will require further assessment by an MCA ML5 Medical Assessor. **Your local MCA Marine Office or RYA (depending on what you wish to use your ML5 certificate for) can refer your report form to an MCA ML5 Medical Assessor once you have completed Part D – Medical Review. Please do not send your ML5 report directly to MCA Seafarer Safety and Health Team or your previous ML5 Medical Assessor, this will delay your application. If you are unclear on where you should send your form please call us on 0203 81 72835.**

RYA applicants are advised to be medically assessed **before** starting any training, to ensure they meet the fitness and eyesight standards.

If you are based abroad and no UK GMC registered medical practitioner (holding a valid license to practice) is available, you are advised to obtain an ENG 1 certificate (or recognised equivalent) issued by an Approved Doctor; lists of Approved Doctors and recognised equivalent certificates are available on the MCA website as above.

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.

You MUST stop working if you become unfit due to illness or injury during the validity of your ML5 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.

PART A – PERSONAL DETAILS

Surname _____ Forename(s) _____

Home Address _____

_____ Postcode _____

Gender Male / Female (*delete as applicable) Date of Birth _____

Telephone Number _____ Nationality _____

Mobile Number _____ Email address _____

Date of first BML/RYA endorsement or last revalidation (if applicable) _____

Have you had an ML5 referral or restriction before? (if yes please provide issues & expiry dates and restriction/s) _____

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

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 12).

Signature of Applicant _____ Date _____

NOTES FOR THE DOCTOR – Please read this information carefully

As the Doctor you must sign and date the declaration on page 8 when you and/or the Optician has completed the report. Only qualified medical practitioners fully registered and holding a valid UK Licence to Practice with the General Medical Council are permitted to complete this form. Please ensure that you confirm the applicant's identity before examination. We have advised the applicant of the need to produce photographic identification.

Vision Assessment: Only complete the vision assessment if you are able to fully and accurately complete **all** the questions. If you are unable to do this, you must advise the applicant of this and advise them to arrange to have this part of the assessment completed by an optician or optometrist.

Medical Report: This medical report and certificate is required for applicants who intend to work 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 30kg
- operating 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

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 capsize 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.

You must examine the applicant fully and complete sections 1 – 10 of the medical assessment. Please obtain details of the applicant's medical history when you complete the report.

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 THE CERTIFICATE BLANK.

Once you have completed the report please return both the report and certificate (if you have issued one) to the seafarer. If any medical concerns are indicated on the form, you may be contacted in due course by an MCA Medical Assessor.

If you have any questions regarding the completion of this medical report please contact us on 0203 81 72835 or by email at seafarer.s&h@mcga.gov.uk

PART B – MEDICAL REPORT

Section 1 – Cardiac

Coronary Heart 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?* D D M M Y Y

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

f) Is there currently a serious or disabling disturbance of cardiac rhythm, such as atrial fibrillation? **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 therapy? **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 170mm Hg or greater? **YES** ☐ **NO** ☐

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

n) Is there any history of stroke? **YES** ☐ **NO** ☐

o) 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** ☐ **NO** ☐

ii) Diabetes – non insulin, treated by diet alone **YES** ☐ **NO** ☐

iii) Diabetes – non insulin, treated by oral medication **YES** ☐ **NO** ☐

iv) Diabetes – insulin using **YES** ☐ **NO** ☐

v) Obesity – BMI over 35 **YES** ☐ **NO** ☐

Please write BMI here (including BMIs of under 35) _____

Section 3 – Nervous System

a) Has the applicant had any form of epileptic attack? **YES** ☐ **NO** ☐

i) *If **YES**, please give details of last attack* _____

ii) Is the applicant still being treated? **YES** ☐ **NO** ☐

iii) *If **NO**, please give the* date when treatment ceased | D | D | M | M | Y | Y |

b) Is there a history of blackout or impaired consciousness within the last 5 years? **YES** ☐ **NO** ☐
If YES, please give dates and details in Section 9.

c) Does the applicant have narcolepsy/cataplexy or any obstructive sleep apnoea? **YES** ☐ **NO** ☐
If YES, please give dates and 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 dates and details in Section 9.

(1) TIA **YES** ☐ **NO** ☐

(2) Sudden and disabling dizziness/vertigo within the last year with a liability to recur **YES** ☐ **NO** ☐

(3) Subarachnoid haemorrhage **YES** ☐ **NO** ☐

(4) Serious head injury within the last 10 years **YES** ☐ **NO** ☐

(5) Brain tumour, either benign or malignant, primary or secondary **YES** ☐ **NO** ☐

(6) Other brain surgery **YES** ☐ **NO** ☐

(7) Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis **YES** ☐ **NO** ☐

(8) Dementia or cognitive impairment **YES** ☐ **NO** ☐

Section 4 – Psychiatric Illness

a) Is there a history of, or evidence of any of the conditions listed in 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. **N.B.** If applicant remains under specialist care ensure details are given in Section 9.*

(1) A psychotic illness in the past 5 years **YES** ☐ **NO** ☐

(2) A neurotic illness (anxiety/depression) in the past 5 years **YES** ☐ **NO** ☐

(3) Persistent alcohol misuse in the past 12 months **YES** ☐ **NO** ☐

(4) Alcohol dependency in the past 3 years **YES** ☐ **NO** ☐

(5) Persistent drug misuse in the past 12 months **YES** ☐ **NO** ☐

(6) Drug dependency in the past 3 years **YES** ☐ **NO** ☐

(7) Disorder of personality (clinically recognised) **YES** ☐ **NO** ☐

(8) Any other mental health and cognitive disorders **YES** ☐ **NO** ☐

Section 5 - Sensory

Vision Assessment

To be completed by a doctor or optician/optometrist

Seafarer's Details

Surname: _____ **Forename(s):** _____

Date of Birth: _____ **Photo ID Checked:** ☐ (please tick to confirm you have checked the photo ID)

The purpose of the vision test is to ensure that the seafarer is able to reach the minimum standards of acuity and their colour vision shows no red/green deficiency. Colour vision should be tested using either 24 or 38 Ishihara plates. If the applicant fails on the first attempt, please retest once, does not pass on retest, then to be considered as a fail.
Applicants who fail the Ishihara colour plate test may take this report to one of the MCA CAD test centres as listed in MIN 564, for a CAD test.

24 PLATE TEST: 2 errors or fewer – **PASS**
5 errors or more – **FAIL**
3 or 4 errors – **RETEST**

38 PLATE TEST: 3 errors or fewer – **PASS**
6 errors or more – **FAIL**
4 or 5 errors – **RETEST**

a) Did the applicant **fail** the Ishihara colour plate test **YES** ☐ **NO** ☐
When testing, please ensure that aids to colour vision are not being worn.

b) Does the applicant **lack** the ability to read 6/6 on the Snellen chart at 6 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** ☐

For all applicants record the visual acuity of each eye

Uncorrected		Corrected (if necessary)	
Right	**Left**	**Right**	**Left**
6/____	6/____	6/____	6/____

d) Has the applicant any defects in their field of vision in either eye? **YES** ☐ **NO** ☐
If YES, please give details in Section 9.

e) Is there evidence of any progressive disease in either eye? **YES** ☐ **NO** ☐
If YES, please give details in Section 9.

f) Does the applicant have any other eye condition which could limit vision, either now or within the next 5 years? If YES, please give details in Section 9. **YES** ☐ **NO** ☐

You must sign and date this section.

Name of examining Doctor/optician (print)

_____

Signature of examining Doctor/optician

_____

Date of signature D D M M Y Y

Your GOC, HPC or GMC Number _____

Doctor/Optometrist/Optician Stamp:

Section 5 – Sensory (continued)

g) Is there deafness that significantly impairs communication by radio or 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 any other malignant tumour (e.g. malignant melanoma) with a significant liability to metastasise cerebrally? **YES** ☐ **NO** ☐

If YES, please give details including date(s), diagnosis and whether there is current evidence of dissemination – in Section 9.

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? **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 life raft? Leave blank if not applicable. **YES** ☐ **NO** ☐

c) Is the applicant's build likely to interfere with the activities listed above or prevent access to areas of the vessel with limited space? *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 knee/hip 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 following:

i) Sinusitis/Nasal Obstruction **YES** ☐ **NO** ☐

ii) Chronic Bronchitis and/or Emphysema **YES** ☐ **NO** ☐

iii) Pneumothorax **YES** ☐ **NO** ☐

Please continue to the next page >

Section 8 – Respiratory System (continued)

8 a) iv) Asthma

Please ensure you read the MCA asthma definitions below before answering the questions.

Mild asthma – frequent episodes of wheezing requiring use of beta agonist inhaler or the introduction of a corticosteroid inhaler. Regular use of a preventer inhaler may effectively eliminate symptoms and the need for more than occasional use of a rapid acting bronchodilator reliever inhaler.

Exercise or cold induced asthma – episodes of wheezing and breathlessness provoked by exertion especially or cold. Episodes may be effectively controlled by either long-term preventer inhalers, short term reliever inhalers used prior to or during exercise or by oral medication.

Moderate asthma – frequent episodes of wheezing despite regular use of inhaled steroid (or steroid/long acting beta agonist) treatment requiring continued use of frequent beta agonist inhaler treatment, or the addition of other medication, occasional requirement for oral steroids.

Severe asthma – frequent episodes of wheeze and breathlessness, frequent hospitalisation, frequent use of oral steroid treatment.

Does the applicant have:

*If the answer is **YES** to any of the below**,** please provide details in section 9.*

a) History of severe childhood asthma with any symptoms at all present during the last five years? **YES** ☐ **NO** ☐

b) Exercise or cold induced asthma? **YES** ☐ **NO** ☐

c) Mild asthma that requires treatment with bronchodilator reliever inhalers (either alone or to supplement regular use of preventer inhalers) on more than two days a month? **YES** ☐ **NO** ☐

d) Moderate or severe asthma as an adult? **YES** ☐ **NO** ☐

e) Any hospital admissions over the last three years (due to asthma), or had oral steroid treatment for asthma during the last three years? **YES** ☐ **NO** ☐

Please continue to the next page leaving the space below blank >

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, 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 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 on page 2 and, if you consider it may have any effect on their ability to meet these, **please give details below**.

c) Is the applicant taking any medication that can **impair** safety duties? **YES** ☐ **NO** ☐

(If yes, please specify 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 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 am fully registered and hold a valid Licence to Practice with the UK General Medical Council, I have examined the applicant named in **PART A** and that my findings are recorded above in **PART B** of this report.

Please tick a, b or c as appropriate.

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 "**YES**" boxes in Section 1 – 8, so I have not issued the ML5 certificate. ☐

c) There is any other significant medical condition detailed in Section 9, so I have not issued the ML5 certificate ☐

Date of Examination | D | D | M | M | Y | Y |

GMC Number _____

Signature of Examining Medical Practitioner _____

Name (print) _____

Address (print) _____

_____

_____

Telephone Number _____

OFFICIAL STAMP

Are you the applicant's General Practitioner? **YES** ☐ **NO** ☐

Usual Medical Practitioner or Medical Advisor (if different from above)

Full name _____

Address _____

_____

County _____

Postcode _____

PART C – ML5 Certificate

Notes for the completion of Part C

1. If you have <u>not</u> 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.

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Maritime & Coastguard Agency

ML5 CERTIFICATE OF FITNESS

based on the

MARITIME AND COASTGUARD AGENCY ML5 REPORT

This is to certify that:

Surname _____

Forename(s) _____

Date of Birth _____

Home Address _____

_____

Post Code _____

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.

Doctors Official Stamp

Signed (Medical Practitioner) _____

Name (Block Letters) _____

Address _____

_____

Postcode _____

This certificate is valid until*

D	D	M	M	Y	Y

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

Date issued _____ GMC Registration Number _____

Name of RYA / MO Endorsing Officer** _____

RYA or MO Stamp

** *Endorsement is only required for those applying for a BML or RYA endorsement*

Signature _____

Signature of Holder _____

Date _____

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**
- **myocardial infarction (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 including anxiety or depression**
- **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 licence 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 validity.

PART D – MEDICAL REVIEW – to be completed by the APPLICANT (where appropriate)

Notes for the applicant - Incomplete or missing information will delay your application. ANY FORM SENT FOR REVIEW SHOULD NOT BE MORE THAN 3 MONTHS OLD AT THE TIME OF APPLICATION.

1. If there are ticks in any **"YES"** box in Section B, or if the Doctor has made remarks in Section 9, they cannot complete the ML5 certificate, 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 or RYA (only for RYA Commercial Endorsement applicants), can refer your form to an MCA Medical Assessor** for a decision based on your fitness to undertake your work on a boat.

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 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 ML5 Medical Assessor.

3. The Medical Assessor may speak to your GP or specialist, 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.

Details of vessel	To Sea ☐ Categorised Waters ☐
Type of Vessel	_____ Vessel Size _____
Proposed area of operation	Up to ☐ miles from point of departure Up to ☐ miles offshore Longest length of trip ☐ * mins/hours/days/weeks/months (*delete as applicable)
Operational at night	YES / NO (*delete as appropriate)
Area of operation (including category)	
Type of operation involved (e.g. passenger pleasure trips, fish farm supplies, etc.)	
Other relevant risk factors (e.g. communications with shore based staff, nature of passengers, etc.)	
Minimum Number of Crew (other than applicant)	Holders of BMLs ☐ Additional crew with same qualifications ☐ Unqualified but trained/experienced crew ☐ Trainees/others ☐
Passengers (where applicable)	Maximum number of fare-paying passengers ☐
Medication (please list all prescribed medication you are currently taking including dosage), or write 'None' if appropriate	
Details of any regular review/monitoring of condition	

Privacy Notice: If your ML5 Report form is referred to an ML5 Medical Assessor the personal information collected on this form will be shared and managed by the Maritime and Coastguard Agency (MCA) to fulfil statutory duties under Merchant Shipping (Maritime Labour Convention) (Medical Certification) Regulations 2010. MCA will be notified of the ML5 Assessor's final decision. An anonymised record containing this information and the ML5 Assessor's rationale for the decision will be completed by the Assessor and submitted to MCA for audit purposes. For further information on how the MCA handle your personal information and your rights please see our Personal Information Charter.

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.

Signature of Applicant _____ **Date** _____

PART E – CONTINUATION BOX