

<b>First and last name of seafarer's doctor:</b>	
<b>E-mail address of seafarer's doctor:</b>	
<b>Name of practice:</b>	
<b>Street address of practice:</b>	
<b>Postal address of practice:</b>	
<b>Phone number of practice:</b>	<b>Manager of practice:</b>
<b>Internal audit date:</b>	<b>Place and signature:</b>
<b>1. Eyesight examination</b>	
Snellen chart available	Yes <input type="checkbox"/> No <input type="checkbox"/>
Correct distance to chart	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ishihara colour test plates available	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lighting in accordance with recommendations from supplier	Yes <input type="checkbox"/> No <input type="checkbox"/>
Office furnished in accordance with recommendations from supplier	Yes <input type="checkbox"/> No <input type="checkbox"/>
Knowledge of other eyesight tests	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2. Hearing examination</b>	
Audiometry equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Calibration of equipment performed regularly	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>3. Other test equipment</b>	
Routines and available facilities for testing of physical capability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Equipment for performing spirometry when necessary	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other equipment:	
<b>4. Furnishing of examination room</b>	
Office clean and tidy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Examination table and paper sheets available	Yes <input type="checkbox"/> No <input type="checkbox"/>
Height and weight measurement equipment available	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lighting adequate for making sound medical judgements	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other equipment:	
<b>5. Clinical knowledge</b>	
Good general knowledge of medicine	Yes <input type="checkbox"/> No <input type="checkbox"/>
Good knowledge of selection medicine	Yes <input type="checkbox"/> No <input type="checkbox"/>
Basic course in maritime medicine	Yes <input type="checkbox"/> No <input type="checkbox"/>
Refresher course in maritime medicine within last five years	Yes <input type="checkbox"/> No <input type="checkbox"/>
Knowledge and application of the Health Regulations and the Public Administration Act	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>6. Execution of medical judgement</b>	
Case history is known or obtained before examination	Yes <input type="checkbox"/> No <input type="checkbox"/>
Clinical examination of seafarer is carried out	Yes <input type="checkbox"/> No <input type="checkbox"/>
Specialist statements, statements from company/master solicited when needed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Health counselling provided when required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Chaperon available if necessary	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>7. Quality system</b>	
Implemented quality system in compliance with the Health Regulations	Yes <input type="checkbox"/> No <input type="checkbox"/>
Implemented quality system in accordance with internationally recognised standard or the Guide to the Health Regulations	Yes <input type="checkbox"/> No <input type="checkbox"/>
Implemented quality system in use in the practice	Yes <input type="checkbox"/> No <input type="checkbox"/>
Quality system periodically reviewed by management in order to improve the system	Yes <input type="checkbox"/> No <input type="checkbox"/>