



ROYAL NORWEGIAN EMBASSY

## STATUTORY DECLARATION

### REQUIREMENTS FOR THE APPROVAL OF A DOCTOR ABROAD TO PERFORM A MEDICAL EXAMINATION OF EMPLOYEES ONBOARD NORWEGIAN SHIPS

I, the doctor, hereby confirm that:

- I understand that all Norwegian maritime medicals must be conducted in accordance with the at any time current regulations and instructions.
- I have the appropriate equipment required to conduct Norwegian maritime medicals in accordance with current regulations and instructions.
- I understand that if my application is approved, I must obtain a Norwegian national ID-number (“D-number”) and log-in details for the online portal for submission of electronic medical certificates. Both my ID-number and log-in details are private and confidential and must not be provided to any other person.
- I understand that the approval is only valid for a named doctor, not an office.
- I understand that the approval is time limited. An application for renewal may be lodged no later than one month before an existing approval expires.
- I understand that if my application is approved, I am required to notify the Embassy immediately of any changes to my contact details, or if I am no longer authorised as a physician. Failure to do so may cause my approval to be withdrawn.

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Doctor’s signature

Place and Date of signature

Signature block/stamp