

FORM OF MEDICAL FITNESS CERTIFICATE

MEDICAL FITNESS CERTIFICATE

ISSUED UNDER SHIPPING (MEDICAL FITNESS) REGULATIONS 2016

Seafarer's Name

Seafarers Number

Date of expiry of this Certificate (dd/mm/yyyy)

This certificate is valid for 12 months, from date of issue, for seafarers below the age of 18 and for 24 months for seafarers over 18 years of age.

I certify that I have examined the seafarer named above to the Medical and Visual Standards for Seafarers as contained in the First Schedule of the above-named Regulations and have found *him/her fit for seafaring subject to the following restrictions: *Delete as appropriate

Restrictions:

Official Stamp

Signed

Name

(An approved medical practitioner)

Date of Examination (dd/mm/yyyy)

The original or certified copy of the physical report must accompany an application for a Seafarers Document/Certificate. A duplicate copy clearly labelled 'certified copy' on its face and initialled by the examining Medical Doctor must be maintained by the applicant as evidence of physical qualification while serving on board a vessel.

FORM OF REPORT OF MEDICAL EXAMINATION

ISSUED UNDER SHIPPING (AMENDMENT) 2011

PHYSICAL EXAMINATION REPORT (This Report comprises 2 pages)

PLEASE COMPLETE CLEARLY IN CAPITAL LETTERS IN BLACK INK OR BY USE OF A TYPEWRITER

Last Name of Applicant:		First Name of Applicant:		Middle Initial:	
Seafarers Number (if assigned)					
Date of Birth:		Place of Birth:		Sex:	
<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>City</i>	<i>Country</i>	<input type="checkbox"/> : Male
					<input type="checkbox"/> : Female
Examination for Duty As:		Mailing Address of Applicant:			
<input type="checkbox"/> : Master <input type="checkbox"/> : Radio Officer <input type="checkbox"/> : Mate <input type="checkbox"/> : Rating <input type="checkbox"/> : Engineer					
MEDICAL EXAMINATION					
Height:	Weight:	Blood Pressure:	Pulse:	Respiration:	General Appearance:
Vision:	Right	Left Eye:	Hearing:		
With Glasses					
Without			<i>Right Ear</i>	<i>Left Ear</i>	
Colour Test Type:		<input type="checkbox"/> : Book	Check if Colour Test is Normal: Yellow Red Green Blue		
Head and Neck:		Heart (Cardiovascular):			
Lungs:		Speech (Is speech unimpaired for normal voice communication?):			
Extremities:					
<i>Upper</i>			<i>Lower</i>		
Is applicant suffering from any disease likely to be aggravated by, or to render him/her unfit for service at sea or likely to endanger the health of other persons on board? (Give further details overleaf if necessary):					

This is to certify that a physical examination was given to: _____

The Shipping (Medical Examination) Regulations have been/have not been* met and a Medical Certificate has/has not* been issued.

Delete as appropriate and tick box below

A Unrestricted sea service [] A(T) Unrestricted sea service, subject to medical supervision []
 B Restrictive Service only []

Details of any Restriction

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Period of restriction

- C. Temporarily [] (Review in (max. four) weeks)
- D. Indefinitely [] (Review in(max. six) months)
- E. Permanently []

Name and Degree of Medical Doctor

Address

Name of Medical Doctor's Certifying Authority

Date of Issue of Medical Doctor's Certificate

Signature of Medical Doctor

..... Date

Signature of Applicant

.....
 Date of Application

The signature should be affixed in the presence of the examining Medical Doctor and signed without touching any of the box lines.

Remarks to or further details of Medical Examination:

(to be completed by examining Medical Doctor)

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