

SEAFARER MEDICAL CERTIFICATE*(issued under the authority of authorising country details)*

This Medical Certificate has been issued in accordance with the provisions of the (International Convention on Standards of Training, Certification and Watch-keeping for Seafarers STCW 1978, as amended (STCW) Regulation I/9, Maritime Labour Convention 2006 (MLC 2006) Regulation 1.2 and regulation xxx of the authorising country) as applicable.*

SEAFARER INFORMATION

Surname:		Given Name(s):			
Date of Birth (dd/mm/yyyy)		Nationality:		Sex:	Choose an item.
		ID Document No:			
Capacity that the Seafarer will Serve Onboard In:		<input type="checkbox"/> Deck <input type="checkbox"/> Engineer <input type="checkbox"/> GMDSS <input type="checkbox"/> Rating <input type="checkbox"/> Catering <input type="checkbox"/> Other			

DECLARATION OF APPROVED MEDICAL PRACTITIONER**

I confirm that identification documents were checked:	
The seafarers hearing meets the required medical standards:	
Unaided hearing is satisfactory:	
Vision acuity meets the required medical standards:	
Colour vision meets the required standard:	
Date of last colour vision test (dd/mm/yyyy):	
Seafarer fit for lookout duties:	
Is the seafarer free from any medical condition likely to be aggravated by service at sea or render the seafarer unfit for such service or to endanger the health of other persons on board?	
Is the seafarer fit for service?	
Are there any limitations or restrictions on fitness? If so, specify the limitation. Click or tap here to enter text.	
I hereby confirm that the medical examination has been carried out in accordance with the ILO/IMO <i>Guidelines on the Medical Examinations of Seafarers</i> and the national guidelines of the authorising Administration.	
Name of Approved** Medical Practitioner:	_____
Signature of Approved** Medical Practitioner:	_____
Date of Examination (dd/mm/yyyy): _____	Stamp/Seal
Expiry date of certificate (dd/mm/yyyy): _____	
SEAFARER ACKNOWLEDGEMENT	
I <u>Name of Seafarer</u> confirm that I have been informed of the content of certificate and the right to get a review***.	
Signature: _____	Date: _____

** For persons who are assigned shipboard safety, security or environmental protection duties, the medical standards referenced on the certificate are the standards as specified in STCW Regulation 1/9 and any other standards as specified by the authorizing Administration. For any other persons serving onboard, the medical standards shall be as specified by ILO and the authorizing Administration.*

*** The Medical Practitioner shall be approved by the national Administration, after inspection of medical facilities/recordkeeping, to carry out STCW/ILO medical examination.*

**** The review shall be carried out by a body/Medical Practitioner authorized by national Administration and this information should be made available to the seafarer*