

NAME OF CLINIC

DOH ACCREDITATION NUMBER

Clinic Address

Clinic Contact Information

Email Address

A. O. NO. 2013-0000

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Approved and authorized by the Department Of Health (DOH) and the Maritime Industry Authority (MARINA) of the Republic of the Philippines Issued in compliance with STCW Convention, 1978, as amended Section A-1/9 Paragraph 7 and the Maritime Labour Convention, 2006

SURNAME/LAST NAME: <u>Han</u>		GIVEN/FIRST NAME: <u>Arturo</u>		MIDDLE NAME: <u>Britol</u>
AGE: <u>23</u>	DATE OF BIRTH: <u>10</u> DAY <u>10</u> MONTH <u>2000</u> YEAR	PLACE OF BIRTH: <u>Manila City</u>		NATIONALITY: <u>Filipino</u>
GENDER: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	CIVIL STATUS: SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/>	RELIGION: <u>Catholic</u>		

ADDRESS

PASSPORT NUMBER: SEAMAN'S BOOK NUMBER.

POSITION ON BOARD:	COMPANY:
DECK <input type="checkbox"/> ENGINE <input checked="" type="checkbox"/> CATERING <input type="checkbox"/> OTHERS <input type="checkbox"/> SPECIFY	

DECLARATION OF THE AUTHORIZED PHYSICIAN

CONFIRMATION THAT IDENTIFICATION DOCUMENTS WERE CHECKED AT THE POINT OF EXAMINATION? YES ☒ NO ☐

HEARING MEETS THE STANDARDS IN STCW CODE, SECTION A-1/97? YES ☒ NO ☐

UNAIDED HEARING SATISFACTORY? YES ☒ NO ☐

VISUAL ACUITY MEETS STANDARDS IN STCW CODE, SECTION A-1/97? YES ☒ NO ☐

COLOUR VISION MEETS STANDARDS IN STCW CODE, SECTION A-1/97? YES ☒ NO ☐

Date of last colour vision test: (Day/ Month/ Year) 1 / 10 / 2023

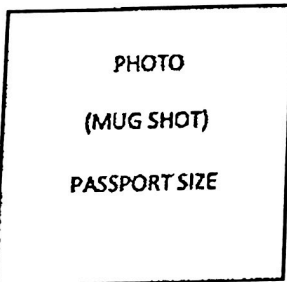
VISUAL AIDS (tick if worn) SPECTACLES ☒ CONTACT LENSES ☐

FIT FOR LOOKOUT DUTIES? YES ☒ NO ☐

NO LIMITATIONS OR RESTRICTIONS ON FITNESS? YES ☒ NO ☐

If "NO" specify limitations or restrictions:

IS APPLICANT SUFFERING FROM ANY MEDICAL CONDITION LIKELY TO BE AGGRAVATED BY SERVICE AT SEA OR TO RENDER THE SEAFARER UNFIT FOR SUCH SERVICE OR TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES ☐ NO ☒



THIS IS TO CERTIFY THAT A MEDICAL AND PHYSICAL EXAMINATION WAS GIVEN TO Arturo Britol Han
(NAME OF SEAFARER)

RESULT: FIT FOR DUTY ☒ UNFIT FOR DUTY ☐

John P. Dumawal

NAME AND SIGNATURE OF EXAMINING/AUTHORIZED PHYSICIAN

DATE OF EXAMINATION DAY/MONTH/YEAR 1 / 10 / 2023

APPROVED BY:

MEDICAL DIRECTOR

OFFICIAL STAMP

NAME OF ISSUING AUTHORITY.

ADDRESS.

PHYSICIAN'S CERTIFYING AUTHORITY.

PHYSICIAN'S LICENSE NUMBER:

I HAVE READ AND UNDERSTOOD AND WAS INFORMED OF THE CONTENTS OF THE CERTIFICATE AND OF THE RIGHT TO A REVIEW IN ACCORDANCE WITH PARAGRAPH 6 OF SECTION A-1/9 OF THE STCW CODE.

SEAFARER'S NAME AND SIGNATURE: Arturo B. Han DATE: _____

(THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN)

DATE OF ISSUANCE: DAY/ MONTH/ YEAR DATE OF EXPIRATION: DAY/ MONTH/ YEAR