| NO | | |
|--|--|---|
| Date (day, month, year): | 23 / 11 / 2021 | |
| Type of medical examination: | Prior Regular | supervisory special supervisory |
| | | of attestation for category C boat skipper |
| | | of certificate for yacht commander |
| | International attestation for bo | at skipper (Res.40.EU) Other: |
| After a medical examination per | formed in accordance with the Rules | on Establishing Medical Fitness of Crew Members of Maritime Shi |
| Boats and Yachts, the following is co Convention 2006. we issue this: | mpliance with the requirements of the | STCW Convention 1978., as amended and the Maritime Labour |
| | CERTI | FICATE |
| ON MEDICAL FITNE | | OF MARITIME SHIPS, BOATS AND YACHTS OF CROATIA |
| First name, surname, names of fa | hther/mother: Diony, Sab | ellano Babayson |
| Gender: 🗸 Male 🗌 Female | Citizenship: Filipino | |
| Day of birth (dd/mm/yy): | 03 / 01 / 1967 Place / | country of birth: Bagakay Ozamis City |
| Adress of residence: Purok 03 | Bagakay Ozamis City, Misamis (| Occidental |
| Maritime service: ASP Crev | v Management Services Inc. | |
| Identity of the person was establ | shed on the basis of: ID card, se | aman's book, boarding approval, passport |
| (underline one of the above docu | ments)No.: <u>P2627396</u> | issued at: Ozamiz City |
| Declaration of the recognized me | dical practitioner: | |
| Confirmation that identification de | ocuments were checked at the po | int of examination: YES NO |
| MEDICAL EXAMINATION | | |
| HEIGHT 165 WEIGHT 66 | BLOOD PRESSURE _125/80 | PULSE 68 GENERAL APPEARANCE Normal |
| VISION | RIGHT EYE | LEFT EYE |
| WITHOUT GLASSES | | |
| WITH GLASSES | 20/40 | 20/40 |
| HEARING | RIGHT EAR Normal | LEFT EAR Normal |
| COLOR TEST TYPE | BOOK | LANTERN |
| | YELLOW RED | GREEN ✓ BLUE ✓ |
| Is applicant taking any non-presc | ription or prescription medication | s? YES <u>NO</u> |
| Hearing meets the standards in S | TCW Code, Section A-I/9? YES | NO NOT APLICABLE |
| Unaided hearing satisfactory? YES | NO | |
| Visual acuity meets standards in | STCW Code, Section A-I/9? <u>YES</u> I | 10 |
| Colour vision meets standards in | STCW Code, Section A-I/9? YES | NO |
| Date of the last colour vision test | : (Day/Month/Year) 23 / 11 / 2 | <u>02</u> 1 |
| Are glasses or contact lenses nec | essary to meet the required visio | n standards? <u>YES</u> NO |
| Able for request duty ? | YES NO | |
| | | 34, 35, 35, 37, 37, 37, 37, 37, 37, 37, 37, 37, 37 |

Based on examinee's personal statement, clinical examination, psychological examination and the results of functional and laboratory tests, the examinee was found to be:

| Fit for service on a merchant navy ship: on the deck in engine room | | Unfit for service on a mercha | nt navy ship: | |
|---|---|------------------------------------|-----------------------------|--|
| GMDSS-radio service in other se | rvices | | engine room | |
| Fit for: Fit for sea duty | | GMDSS-radio service Unfit for: | in other services | |
| - | Temporarily | unfit for: | | |
| without limitations | Temporarii | diffic for | | |
| with limitation | | | | |
| assessment of medical fitness was not give | n hacauca: | | | |
| assessment of medical nuless was not give | ii because. | | | |
| other remarks: | | | | |
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| | | | | |
| Is the seafarer free from any medical cond | | ervice at sea or to render the sea | afafers unifit for such | |
| service or to endanger the health of other | persons on bord. YES NO | | | |
| 5" 51 . I " . B | | | | |
| Place of examination: 5th Fir. Jettac B San Antonio St. | ldg. 920 Pres. Quriino Ave. corr Malate Manila Phils., | ner Date (dd/mm/yy): | 23 / 11 / 2021 | |
| Certificate expiry date: 22 / 1 | 1 / 2023 | | | |
| (acy, monay year) | | | | |
| | | Occupational medicine specialist | 's signature and fascimile: | |
| | STAMP | | | |
| | SIAII | Teresita F. Go License Numb | | |
| I hereby confirm that I am acquained with | the contents of my Medical Exar | | or. 0000001 | |
| | | | | |
| Confirming that the seafafer has been info Croatian Institute For Health Protection an | | cate and of the right to submit a | a written complaint with | |
| (signature of the examinee in the presence of the | authorized occupational hea | | | |
| occupational health specialist) | | | | |
| , | | | | |