

DANISH MARITIME AUTHORITY
Parts A and B to be completed by the seafarer

Medical certificate for examination of seafarers
To be used only for persons of 16 years of age or older

A. Surname Doroliat	Firstname James	Date of birth in format "day-month-year" 2022-04-08	SEX(M/F) Male
Occupation Web Developer		Nationality Filipino	
Home address (street, house number) faked 51 street District A Geron		Postal code and town/city	Country

B.	OWN DECLARATION	No	Yes	When (year)	OWN DECLARATION	No	Yes	When (year)
	Have you previously served in Danish ships	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020	Eye diseases	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020
	Have you previously undergone a medical examination for seafarers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020	Pain in the back including lumbago and sciatica	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020
	Have you been declared unfit for sea service or fit subject to limitations at any previous medical examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020	Epilepsy or other convulsive fits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020
	Have you been admitted to hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020	Mental disorders for which you have received medical treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020
	Have you within the last two years had unbroken periods of sick leave of more than 30 days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020	Alcohol- and drug abuse for which you have been treated	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020
	Do you have difficulties in orientating yourself under reduced lighting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020	Hypersensitive reactions, including asthma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020
Do you suffer or have you suffered from any of the following diseases					Eczema	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020
	Lung diseases, including pulmonary tuberculosis (TB)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020	Serious accidents causing permanent disability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020
	Stomach and intestinal diseases including gastric ulcer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020	Do you use medicine regularly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020
	Heart and circulatory diseases	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020	I hereby give my consent that information about any previous diseases may be obtained from doctors, hospital, other treatment centres and public authorities			
	Kidney and bladder diseases	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020				
	Diabetes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020				
	Ear diseases	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2019-2020				
					Date	Signature:		

Part C to be completed by the doctor

C. Doctor's examination (see list of diseases and conditions)									
Is the person examined known to you and does he/she use you as a doctor?				<input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes		
The person examined is unknown to me, but has satisfied me as to his identity by showing me				<input checked="" type="checkbox"/> Danish discharge book			<input checked="" type="checkbox"/> Driving licence		
				<input checked="" type="checkbox"/> Passport					
Height (cm)				Examination of vision and hearing					
Weight (kg)				BMI Colour Vision Colour blindness.... <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Urine	Alb.	Negative	Heart	Normal	Field of vision Normal....		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Sugar	Negative	Lungs	Normal	Vision acuity (See list par. V4)		without correction	with correction normally used	
Blood pressure	120/80	Abdomen	Normal	Right Eye.....		20/25			
Teeth	Normal	Skin	Normal	Left Eye.....		20/25			
Eyes	Normal	Extremities	Normal	Both eyes simultaneously..		Normal			
Oral cavity	Normal	Hernia	Negative	Hearing (see V1)	Normal speech		Normal speech at a distance of 4 m		
Reflexes		Spinal column	Negative	Without hearing aid	Normal		Normal		
Special remarks (if any)				With hearing aid				Left ear	
				Result:		<input checked="" type="checkbox"/> Fit for look-out duty		<input checked="" type="checkbox"/> Unfit for look-out duty <input checked="" type="checkbox"/> Unfit for look-out duty and	

			engine-room duty
	Is the examined in your opinion fit for duty?.....	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If "no", please state the reason		
	If fitness is conditional, state limitations in regard to		
	a) Time	b) Field of work	c) Trading area
The certificate should be forwarded to the Danish Maritime Authority by the master or the shipping company.	Place and date, doctor's stamp and signature S-803E-2000 FILIPINO TERESITA F. GONZALES, M.D. LIC. NO. 055997 MERITA DIAGNOSTIC CLINIC INC. 5th Floor Jettac Bldg 920 Pres. Quirino Ave.cor. San Antonio, Malate, Manila		