



Maritime &
Coastguard
Agency

SEAFARER MEDICAL CERTIFICATE (ENG 1)

This certificate is issued by the Maritime and Coastguard Agency (MCA), the issuing authority for the Government of the United Kingdom, in compliance with Article 10 of ILO Work in Fishing Convention (C.188), implemented by SI 2018/1108, the Merchant Shipping (Work in Fishing Convention) (Medical Certification) Regulations 2018, and the requirements of Regulation 1.2 of the Maritime Labour Convention, 2006, and the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW) Section A-1/9, implemented by SI 2010/737 the Merchant Shipping (Maritime Labour Convention) (Medical Certification) Regulations 2010.

Surname

PAPACHRYSTOS TOMOU

Forename(s)

ALEXANDROS

Proof of Identity seen at the time of examination. Tick document type:

Passport ☒

Discharge Book ☐

Other (specify document)

Nationality

SOUTH AFRICAN

Date of Birth

22-12-2002

Gender

M ☒

F ☐

Occupation: (tick relevant box)

Deck ☒

Engine ☐

Catering ☐

Other (specify)

Fishing

Yes ☐

No ☒

I confirm the following has been assessed and meets the standards in STCW A-1/9 (tick relevant box)

Visual Acuity

Yes ☒

No ☐

Colour Vision: Defective

Yes ☐

No ☒

Fit for look out duties:

Yes ☒

No ☐

Date of Test

17-02-2022

Visual Aids (tick if worn)

Spectacles ☐

Contact Lenses ☐

Hearing: Meets standards unaided

Yes ☒

No ☐

Date of test

17-02-2022

If no, meets standards aided

Yes ☐

No ☐

I have examined the seafarer named above and have found him/her to be free 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.

Medical Fitness Category (tick relevant box)

1. Fit - No limitations or restrictions on fitness

Yes ☒

No ☐

(see below)

2. Fit - Subject to restrictions (detailed below)

Duties:

Location/Vessels/Other:

(MUST NOT contain any clinical information)

Date of Examination

17-02-2022

Expiry Date of Certificate

(No more than 2 years from the date of examination)

16-02-2024

Signature of Approved Doctor

[Signature]

Name of Approved Doctor

DR. GRAHAM ROSENDORFF

I have read and understood the notes overleaf

Seafarer's Signature

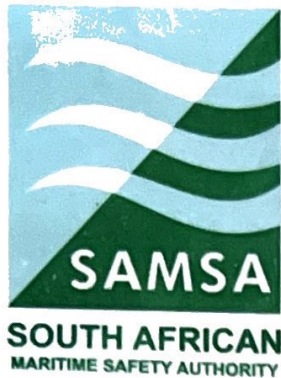
[Signature]

MCA Approved Doctor's Official Stamp

(Name, address, telephone number)

Drs. Rosendorff, De Kock
Daya & Greeff (Inc)
SUITE 1201
CHRISTIAN BERNARD MEMORIAL HOSPITAL
CAPE TOWN, 8007
TEL: 27 21 424-2003

Serial Number



SEAFARER MEDICAL CERTIFICATE

This certificate is issued by the South African Maritime Safety Authority in compliance with the requirements of Article 2(a)(iii) of the Merchant Ships (Minimum Standards) Convention 1976 (ILO No. 147 & No. 73) and Regulation I/9 and Section A-I/9 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978 as amended, the Maritime Labour Convention 2006 and the Merchant Shipping (Eyesight and medical examination) Regulations 2013 as amended.



Surname: <u>PAPACHRYSTOMOU</u>		Forename(s) <u>ALEXANDROS</u>	
Proof of identity seen at the time of examination? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Date of birth <u>22/12/2002</u>	Gender M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Passport No. <u>[REDACTED]</u>	Discharge Book No. _____		
Nationality as stated in identity document: <u>SA</u>			
Occupation: (tick relevant box)			
Deck <input checked="" type="checkbox"/>	Engine <input type="checkbox"/>	Catering <input type="checkbox"/>	Other (specify) _____

I confirm the following has been assessed and meets the standards in STCW A-I/9 (tick relevant box)

Visual Acuity Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Colour Vision: Date of Test: <u>17.02.2022</u> Defective Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fit for look out duties: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Visual (tick if worn)	Spectacles <input type="checkbox"/>	Contact Lenses <input type="checkbox"/>
Hearing unaided Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hearing with aid Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of hearing test <u>17.02.22</u>

I have examined the seafarer named above and have found him/her to be free 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.

Medical Fitness Category (tick the relevant box)

1. Fit - No limitations or restrictions on fitness Yes ☒ No ☐ (see below)
2. Fit - Subject to Restrictions (detailed below)

Duties:

Location/Vessels

Date of Examination <u>17.02.2022</u>	Expiry Date of Certificate No more than 2 year from the date of examination) <u>16.02.2024</u>
Signature of Approved Doctor <u>[Signature]</u>	
Name of Approved Doctor <u>DR. GRAHAM ROSENDORFF</u>	
I have read and understood the notes overleaf <u>[Signature]</u>	
Seafarer's Signature <u>[Signature]</u>	
Serial Number: <u>[REDACTED]</u>	