**MEDICAL CERTIFICATE FOR SERVICE AT SEA**

This Medical Certificate has been issued to meet the requirements of both the International Convention on Standards of Training, Certification and Watch-keeping for Seafarers STCW 1978, as amended (STCW), and the Maritime Labour Convention 2006 (MLC 2006)

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| 1. Authorizing Authority and requirements under which the document is issued |
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| **2. Seafarer information** | |
| Family Name: | Given Names |
| Date of birth (day/month/year) | Sex:  Male  Female |
| Nationality : | Department:  Deck  Engine  Hotel |

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| **3. Declaration of the recognized medical practitioner** | | | |
| I confirm the identification documents were checked at the point of examination:  YES  NO | | | |
| Colour vision meets standards in STCW code, section A-I/9? (testing only required every 6 years) **\***  YES  NO  N/A | Date of last colour vision test (dd/mm/yyyy): | | |
| Hearing meets the standards in STCW code, section A-I/9? **\***  YES  NO  N/A | | | |
| Is unaided hearing satisfactory?  YES  NO | | | |
| Vision acuity meets the standards in STCW code, section A-I/9? **\***  YES  NO  N/A | | | |
| For Deck and Engine personnel:  Fit for look-out duty  Not fit for look-out duty | | | |
| For Hotel Personnel:  Hearing and sight are satisfactory and seafarer is fit to work at sea?  Yes  No | | | |
| No limitations or restrictions on fitness?  Yes  No  (if “No” specify limitations or restrictions): | | | |
| 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 onboard?  YES  NO | | | |
| *I hereby confirm that the medical examination has been carried out in accordance with the ILO/IMO Guidelines on the Medical Examinations of Seafarers.*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Official stamp (incl. name) Medical examiner signature*  *of issuing authority (print name if not legible)* | | | *I have been informed of the content of the certificate and of the right to have the case reviewed if limitations are imposed:*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Examinee’s signature, signed in the presence of the medical practitioner* |
| *Date of Examination:*  *(dd/mm/yyyy):* | | *Expiry date of certificate:*  *(dd/mm/yyyy):* | |

**\* N/A for Hotel personnel**