



HALCYON MARINE HEALTHCARE SYSTEMS, INC.

DOH Accreditation No.: 13-006-1820-MF-2
Ground and 3rd Floors, Maria Cornelia Building
222 Sen. Gil J. Puyat Ave., Makati City 1230 Philippines

NORTH 
SERVICE, STRENGTH, QUALITY

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Approved 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:		GIVEN/FIRST NAME:		MIDDLE NAME:
AGE:	DATE OF BIRTH: DAY MONTH YEAR		PLACE OF BIRTH:	NATIONALITY:
GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		CIVIL STATUS: SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/>		RELIGION:
ADDRESS:				
PASSPORT NUMBER:			SEAMAN'S BOOK NUMBER:	
POSITION ON BOARD: DECK <input type="checkbox"/> ENGINE <input type="checkbox"/> CATERING <input type="checkbox"/> OTHERS <input type="checkbox"/> SPECIFY _____			COMPANY:	
DECLARATION OF THE AUTHORIZED PHYSICIAN				
CONFIRMATION THAT IDENTIFICATION DOCUMENTS WERE CHECKED AT THE POINT OF EXAMINATION:			YES <input type="checkbox"/>	NO <input type="checkbox"/>
HEARING MEETS THE STANDARDS IN STCW CODE, SECTION A-1/9?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
UNAIDED HEARING SATISFACTORY?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
VISUAL ACUITY MEETS STANDARDS IN STCW CODE, SECTION A-1/9?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
COLOUR VISION MEETS STANDARDS IN STCW CODE, SECTION A-1/9?				
Date of last colour vision test: (Day/Month/Year)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
VISUAL AIDS (Tick if worn)		SPECTACLES <input type="checkbox"/>	CONTACT LENSES <input type="checkbox"/>	
FIT FOR LOOKOUT DUTIES?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
NO LIMITATIONS OR RESTRICTIONS ON FITNESS?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
	THIS IS TO CERTIFY THAT A MEDICAL AND PHYSICAL EXAMINATION WAS GIVEN TO:			
	_____ (NAME OF SEAFARER)			
	<input type="checkbox"/> IN COMPLIANCE WITH NORTH P & I CLUB STANDARDS			
	_____ NAME AND SIGNATURE OF EXAMINING/AUTHORIZED PHYSICIAN			
	DATE OF EXAMINATION: DAY/MONTH/YEAR			
	APPROVED BY:			
	_____ MEDICAL DIRECTOR			
	NAME OF ISSUING AUTHORITY: _____ ADDRESS: _____ PHYSICIAN'S LICENSE NUMBER: _____			

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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: _____

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

HMHS Form No. DOC-27 - 03(2/28/18)

DOH-PEME-SB
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IMPORTANT INTEGRAL NOTES

1. Only information directly relevant to the functional requirements of the seafarer's duties is included in this Certificate. (ILO/IMO Guidelines on the Medical Examinations of Seafarers Appendix G)
2. Details of any medical condition identified or test results other than those listed herein are not recorded in this Certificate. (ILO/IMO Guidelines on the Medical Examinations of Seafarers Appendix G).
3. A Medical Examination Report (MER) containing the medical history, clinical findings and other diagnostic tests and results of the seafarer is contained in a separate document in compliance with ILO/IMO Guidelines on the Medical Examinations of Seafarers Appendix F and DOH Guidelines.
4. This certificate is neither a certificate of general health nor a certification of the absence of illness. It is a confirmation that the seafarer is expected to be able to meet the minimum requirements for performing the routine and emergency duties specific to their post at sea safely and effectively during the period of validity of the medical certificate. (ILO/IMO Guidelines on the Medical Examinations of Seafarers Part I. IV. Paragraph 18)
5. This medical certificate shall be valid for a maximum period of two (2) years subject to physician's recommendations.

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6. An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.