

NAME OF CLINIC

DOH ACCREDITATION NUMBER
Clinic Address
Clinic Contact Information
Email Address

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Approved and authorized 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: <u>CRUZ</u>		GIVEN/FIRST NAME: <u>SHONE</u>		MIDDLE NAME: <u>C</u>
AGE: <u>36</u>	DATE OF BIRTH: <u>09/13/1987</u>	PLACE OF BIRTH: <u>GENSAN</u>	NATIONALITY: <u>FLURINO</u>	
GENDER: <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	CIVIL STATUS: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED	RELIGION: <u>CATHOLIC</u>		
ADDRESS: <u>BUA, WENSON</u>		SEAMAN'S BOOK NUMBER: <u>987654321</u>		
PASSPORT NUMBER: <u>123456789</u>		COMPANY: <u>2600</u>		
POSITION ON BOARD: <input checked="" type="checkbox"/> LEAD <input type="checkbox"/> ENGINE <input type="checkbox"/> CATERING <input type="checkbox"/> OTHERS: <u>SPECIFY</u>				
DECLARATION OF THE AUTHORIZED PHYSICIAN				
CONFIRMATION THAT IDENTIFICATION DOCUMENTS WERE CHECKED AT THE POINT OF EXAMINATION: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
HEARING MEETS THE STANDARDS IN STCW CODE, SECTION A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
UNAIDED HEARING SATISFACTORY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
VISUAL ACUITY MEETS STANDARDS IN STCW CODE, SECTION A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
COLOUR VISION MEETS STANDARDS IN STCW CODE, SECTION A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
Date of last colour vision test: (Day/Month/Year) <u>10/11/23</u>				
VISUAL AIDS (tick if worn) <input type="checkbox"/> SPECTACLES <input type="checkbox"/> CONTACT LENSES <input type="checkbox"/>				
FIT FOR LOOKOUT DUTIES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
NO LIMITATIONS OR RESTRICTIONS ON FITNESS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
IF "NO" SPECIFY LIMITATIONS OR RESTRICTIONS: <u>None</u>				
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 checked="" type="checkbox"/>				
THIS IS TO CERTIFY THAT A MEDICAL AND PHYSICAL EXAMINATION WAS GIVEN TO		SEAFARER'S NAME AND SIGNATURE: <u>SHONE CRUZ</u>		
NAME OF SEAFARER: <u>SHONE CRUZ</u>		UNIT FOR DUTY: <input type="checkbox"/>		
REMARKS: <u>None</u>		UNIT FOR DUTY: <input type="checkbox"/>		
NAME AND SIGNATURE OF EXAMINING/AUTHORIZED PHYSICIAN: <u>None</u>		DATE OF EXAMINATION: <u>10/11/23</u>		
APPROVED BY: <u>None</u>		MEDICAL DIRECTOR		
NAME OF ISSUING AUTHORITY: <u>None</u>		ADDRESS: <u>None</u>		
PHYSICIAN'S CERTIFYING AUTHORITY: <u>None</u>		PHYSICIAN'S LICENSE NUMBER: <u>None</u>		
I HAVE READ AND UNDERSTOOD AND HAVE 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: <u>None</u> DATE: <u>09/03/2023</u>				
DATE OF ISSUANCE: DAY/MONTH/YEAR: <u>09/03/2023</u> DATE OF EXPIRATION: DAY/MONTH/YEAR: <u>09/03/2023</u>				

ANNEX D

A. O. No. 2013-0006

NAME OF CLINIC

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GIVEN/FIRST NAME:

MIDDLE NAME:

CRUZ

SHANE

C

AGE:

DATE OF BIRTH:

1987

PLACE OF BIRTH:

NATIONALITY:

36

01 DAY 13 MONTH

YEAR

GENSAN

FLURINO

GENDER:

MALE

FEMALE

CIVIL STATUS: SINGLE

MARRIED

RELIGION: CATHOLIC

ADDRESS

Bua, wenson

PASSPORT NUMBER:

SEAMAN'S BOOK NUMBER:

123456789

987654321

POSITION ON BOARD:

COMPANY:

2600

DECK

ENGINE

CATERING

OTHERS

SPECIFY

DECLARATION OF THE AUTHORIZED PHYSICIAN

CONFIRMATION THAT IDENTIFICATION DOCUMENTS WERE CHECKED AT THE POINT OF EXAMINATION

YES

NO HEARING MEETS THE STANDARDS IN STCW CODE, SECTION A-1/9?

YES

NO

UNAIDED HEARING SATISFACTORY?

YES

NO

VISUAL ACUITY MEETS STANDARDS IN STCW CODE, SECTION A-1/9?

YES

NO

COLOUR VISION MEETS STANDARDS IN STCW CODE, SECTION A-1/9?

ES

NO

Date of last colour vision test: (Day/Month/Year)

/

/

VISUAL AIDS (tick if worn)

SPECTACLES

CONTACT LENSES

FIT FOR LOOKOUT DUTIES?

YES

NO

NO LIMITATIONS OR RESTRICTIONS ON FITNESS?

YES

NO

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

NO

THIS IS TO CERTIFY THAT A MEDICAL AND PHYSICAL EXAMINATION WAS GIVEN TO

SHONE CRUZ

(NAME OF SEAFARER)

PHOTO

FIT FOR DUTY.

UNFIT FOR DUTY

(MUG SHOT)

GOOD

PASSPORT SIZE

NAME AND SIGNATURE OF EXAMINING/AUTHORIZED PHYSICIAN

DATE OF EXAMINATION YEAR/MONTH/YEAR 10 / 11 / 23

APPROVED BY

MEDICAL DIRECTOR

of

NAME OF ISSUING AUTHORITY.

ADDRESS.

OFFICIAL STAMP

PHYSICIAN'S CERTIFYING AUTHORITY.

PHYSICIAN'S LICENSE NUMBER:

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: 09.03.2023
(THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN)
DATE OF ISSUANCE: DAY/MONTH/YEAR
DATE OF EXPIRATION: DAY/ MONTH/ YEAR
DOH-PEME-SB
Revision 01
10/17/2013
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