



SECRETARÍA DE COMUNICACIONES

Y

TRANSPORTES

SUBSECRETARÍA DE TRANSPORTE
DIRECCIÓN GENERAL DE PROTECCIÓN Y MEDICINA PREVENTIVA EN EL
TRANSPORTE

Psychophysical Aptitude Record

PERSONAL INFORMATION	
Name: FERMIN CORTES HERNANDEZ RFC: COHIF701012 CURP: COHF701012HNTRRR01 Gender: MASCULINO Expedient Number in DGPMP: 70868 Previous Expedient in DGPMP: Nationality: MEXICAN	
EXAM INFORMATION	
Exam Date: 2016-08-01 Transport Mode: MARITIME	Category: GROUP TWO
AS A RESULT OF THE INTEGRAL PSYCHOPHYSICAL EXAMINATION, THAT WAS DONE, THE DICTUM WAS: MEDICALLY FIT to perform his routine and emergency duties at sea TAKEN FROM STOWTICR. 16 JANUARY 01, 2013. BUSHLANDS ON THE MEDICAL EXAMINATION OF SEAFARERS	
ADDITIONAL MEDICAL INFORMATION	
Blood Group: A Wear Glasses: <input checked="" type="checkbox"/> Spectacles: <input checked="" type="checkbox"/> Contact: <input type="checkbox"/>	RH: POSITIVE Observations and Restrictions Affecting: USO DE LENTES GRADUADOS Y PORTAR OTROS DE REPUESTO
NAME, PROFESSIONAL LICENSE NUMBER AND SIGNATURE OF THE AUTHORIZED MEDICAL AUTHORITY BY THE DGPMP: ROBERTO GARCIA (S) (M) (C) C. 55 / Prof. 1462551	PLACE PRACTICE EXAM: MAZATLAN
I, ROBERTO GARCIA, under oath, declare before the Director General de Protección y Medicina Preventiva en el Transporte, that this dictum derived from integral psychophysical examination, realized on 01/08/2016, was given to the person named FERMIN CORTES HERNANDEZ, who is a seafarer, and was obtained using the best medical practices by qualified personnel, who are responsible for the information provided and psychophysical fitness, if necessary. As well as the suitable equipment. Appointed that if necessary, they will be replaced by the person named FERMIN CORTES HERNANDEZ, shall fail to truth, declared null and void in a maximum of five (5) years in prison, and one hundred to three hundred days of fine in accordance with the provisions of the Mexican Penal Code.	
Signature:	
VALIDITY PERIOD	
For: 01/08/2016 To: 01/08/2018	FINGERPRINT AND SIGNATURE

Note: according to Article 32 of Regulation preventive medicine service in transportation, published on September 1, 2010, the psychophysical aptitude record, will have a term of validity calendar days counted from the date of issue, in order that personnel obtain or revalidate the life or federal license, certificate or book sea and maritime identity. If terminating validity of the certificate which the personnel carry and return, the personnel did not get, renew, revalidation or revalidate the federal license, as well as the permits issued by the Secretariat for each mode of transportation federal and auxiliary services, should be practiced again the respective exam and obtain the corresponding permit once.

The personnel must carry at all times, every call time listed on the original general communication records, or certified copy of the certificate of medical record in format that indicate the medical requirements for each mode of transport issued by the Direction.

Maritime Profile

Use of and every personnel from groups one, two, three and four, must undergo an integral psychophysical exam, in order to evaluate their psychophysical aptitude for a safe and efficient performance of their duties sea book, sea or maritime identity conferred, as a periodicity of two years except those under 18 years of age for those who will be every six months.

The expiration of this record is determined by Annex I Abstract of International Conventions on Standards of Training, Certification and Watchkeeping for seafarers, 1978, as amended, Regulation I / 4 Medical standards.



SEAFARER MEDICAL CERTIFICATE

(Issued under the authority of Secretary of Transportation, Mexico)

This Medical Certificate has been issued in accordance with the provisions of the International Convention on Standards of Training, Certification and Watch-keeping for Seafarers STCW 1978, as amended (STCW) Regulation I/9, Maritime 2006 Labour Convention 2006 (MLC) Regulation 1.2 and article 22 of the rules of preventive medicine service in transport (DGPMP), Mexico.

SEAFARER INFORMATION

Surname: Fermin	Given Name(s) Cortes Hernández	
Date of Birth (dd/mm/yyyy): 12/10/1970	Nationality: Mexican	Gender: Male/Female
	ID Document: G12690113	
Capacity that the seafarer will serve onboard serve in: Deck: GMDSS Rating Catering Other: First Engineer Officer		

DECLARATION OF APPROVED MEDICAL PRACTITIONER

I confirm that identification documents were checked: YES / NO	
Does the seafarers hearing meet medical standards*?	YES / NO
Is unaided hearing satisfactory*?	YES / NO
Vision acuity meets medical standards*?	YES / NO
Colour vision meets standard*?	YES / NO
Date of last colour vision test? (dd/mm/yyyy)	18/08/2016
Is the seafarer fit for lookout duties: YES/NO/Not applicable	
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 on board? YES/NO	
Is the seafarer fit for service? YES/ NO	
Are there any limitations or restrictions on fitness? If so specify the limitation. Without restrictions. Reading Glasses.	

Dr. Luis Arturo Sánchez Reynoso

CED. PROF. 886803

CLINICA HOSPITAL SIGLO XXI

RELIARIO DOMINGUEZ No. 2303 TEL. (660) 835 54 18

CENTRO MAZATLAN, SIN.

CEL. 669 115 51 22

I hereby confirm that the medical examination has been carried out in accordance with the ILO/IMO Guidelines on the Medical Examinations of Seafarers and the national guidelines of the authorizing Administration.

Name of Approved** Medical Practitioner: **Luis Arturo Sánchez Reynoso**

Signature of Approved** Medical Practitioner: _____

Date of Examination (dd/mm/yyyy): **18/08/2016**

Stamp/Seal

Expiry date of certificate (dd/mm/yyyy): **20/07/2018**

Dr. Luis Arturo Sánchez Reynoso
C.E.D. PROF. 886603
CLINICA HOSPITAL SIGLO XXI
PUEBLA 20 DOMINGUEZ No. 2803 TEL. (060) 065 54 18
CIUDAD: HAZATLAN, GIN. CEL. 069 119 51 22

SEAFARER ACKNOWLEDGEMENT

I Name of seafarer confirm that I have been informed of the content of certificate and the right to get a review***

Signature: _____

Date: (dd/mm/yyyy) **18/08/2016**

*For persons who are assigned shipboard safety, security or environmental protection duties, the medical standards referenced on the certificate are the standards as specified in STCW Regulation 1/9 and any other standards as specified by the authorizing Administration. For any other persons serving onboard, the medical standards shall be as specified by ILO and the authorizing Administration.

** The Medical Practitioner shall be approved by the national Administration, after inspection of medical facilities/recordkeeping, to carry out STCW/ILO medical examination.

*** The review shall be carried out by a body/Medical Practitioner authorized by national Administration and this information should be made available to the seafarer



LABORATORIO SIGLO XXI

Q.B. Lilián de Fátima Castellón Barraza

BELISARIO DOMINGUEZ ESQUINA CON MORELOS

TEL.: 985-63-28 CEL. 044 6691 20-64-58

MAZATLAN, SINALOA.

CED. PROF. 5279898

REG. S.S.A. 10837

DOCTOR: LUIS ARTURO SANCHEZ REYNOSO

PACIENTE: FERMIN CORTES HERNANDEZ

DIA MES AÑO

18 DE AGOSTO DE 2016.

DRUGS ABUSE

PARAMETER	RESULT	REFERENCE PARAMETER
AMPHETAMINES.....	NEGATIVE.	NEGATIVE
COCAINE	NEGATIVE.	NEGATIVE
THC (CANNABINOIDS).....	NEGATIVE.	NEGATIVE
PHENCYCLIDINE.....	NEGATIVE.	NEGATIVE.
METADON	NEGATIVE.	NEGATIVE.
BENZODIAZEOINES.....	NEGATIVE.	NEGATIVE.
METHAMPHETAMINES.....	NEGATIVE.	NEGATIVE.
MORPHINE(OPIATES).....	NEGATIVE.	NEGATIVE.
BARBITURATES.....	NEGATIVE.	NEGATIVE.

Q.B. LILIAN CASTILLON BARRAZA.



LABORATORIO SIGLO XXI

Q.B. Lilián de Fátima Castellón Barraza

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ALCOHOL

PARAMETER

RESULT

REFERENCE PARAMETER

BLOOD ALCOHOL:.....

0.2 mg/dl

NEGATIVE OF 0.0- 10.0 mg/dl

TOXIC LEVEL FROM 50-100 mg/dl

Q.B. LILIAN CASTELLON BARRAZA