

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 Labour Convention 2006 (MLC 2006) Regulation 1.2 and regulation of the authorizing country as applicable.*

SEAFARER INFORMATION

Family Name:	Given Name(s):	Exam Date:	Birth Date (day/month/year):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Passport No./Seaman Book No.:	Home Address:			
Nationality:	Capacity that the seafarer will serve onboard : Deck: <input type="checkbox"/> Engineer <input type="checkbox"/> Rating <input type="checkbox"/> Catering (F&B) <input type="checkbox"/> Other <input type="checkbox"/>			

DECLARATION OF APPROVED** MEDICAL PRACTITIONER

I confirm the identification documents were checked:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Color vision meets standard*?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the seafarer's hearing meet medical standards?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date of last color vision test:	(dd/mm/yyyy):
Is unaided hearing satisfactory*?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Vision acuity meets medical standards*?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is the seafarer fit for service?	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have evaluated the above named examinee according to company medical guidelines.			<input type="checkbox"/> YES <input type="checkbox"/> NO
On the basis of the examinee's personal declaration, my clinical examination and diagnostic test results recorded on the medical examination form, I declare the examinee:		<input type="checkbox"/> Fit <input type="checkbox"/> Not fit for look-out duty or <input type="checkbox"/> NA	
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?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Are there any limitations or restrictions on fitness (e.g. specific position, type of ship, trade area)? If so, specify the limitation:

Place of examination:	Date of examination:	Medical certificate expiration date (day/month/year):
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SIGNATURE

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 my Authorizing Administration.

*I _____ (seafarer name) confirm that I have been informed of the content of certificate and the right to get a review***.*

**Official stamp and National
License/Certification number**

**Medical examiner signature
(print name if not legible)**

Examinee's signature

**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 I/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 of Malta and the Bahamas.*

*** 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.*