

30074415



Republic of South Africa

South African Maritime Safety Authority

Seafarer Medical Fitness Certificate

QMS-OP-1003



This certificate is issued under the authority of the SAMSA in accordance with the provisions of Regulation I/9 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended, by the Medical Practitioner approved by SAMSA in accordance with those provisions and the Merchant Shipping (Training, Certification and Safe Manning) Regulations, 2021 (the Regulations)

Surname

WISMAN

Forename(s)

NICHOLAS

Date of Birth

28.8.1999

Gender

Female ☐Male ☒

Nationality

NSA

ID No (SA Citizens)

990828544087

PP No (non SA Citizens)

Occupation (dept)

Deck



Engine



Catering



Other (specify)

I, the undersigned Medical Practitioner, have evaluated the above-named applicant in accordance with the requirements of Section A-I/9 of the STCW Code and Regulation 88 of the Regulations. On the basis of the applicant's personal declaration, my clinical examination and diagnostic test results recorded on the Medical Examination form, I declare that I have found the applicant to be:

Fit - no limitations or restrictions on fitness



Fit - with limitations as per below



Unfit - details below



The following restrictions or causes applies to the applicant as per above fit - with limitation or unfitness:

Duties

Location/Vessels

Medical

I can confirm the following:

Eyesight

Visual Acuity meets standards

Yes ☒No ☐

Visual Aids required

Yes ☐No ☒

Colour Vision meets standards

Yes ☒No ☐

Date of last colour vision

7.2.2025

Fit for lookout duties (deck)

Yes ☒No ☐

Hearing

Meets hearing standards

Yes ☒No ☐

Unaided hearing satisfactory

Yes ☒No ☐

The applicant is free from any medical condition likely to be aggravated by service at sea, in that it may render them unfit, or endangering the health of others on board.

Yes ☒No ☐

Date of Examination (dd/mm/yyyy)

7.2.2025

Date of expiry (dd/mm/yyyy)

6.2.2027

Name of Medical Practitioner

Dr. GORDON GREEFF

MBChB, DOM

Cape Town

HSPCA Registration number

M1014810

Signature of Medical Practitioner

Medical Practitioner's stamp

Drs. Rosendorff, De Kock,
Daya & Greeff (Inc)
SUITE 1201
CHRISTIAAN BARNARD MEMORIAL HOSPITAL
CAPE TOWN, 8001
TEL: +27 21 424-2003

I, the applicant, acknowledge that I have been advised of the content of the medical examination form

Signature of Applicant

Version no. - Date	Document	Reference
Ver.1.0 - 10/12/2021	Seafarer Medical Certificate	QMS-OF-1003.6