

MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA

DR RANBIR SINGH CLINICS

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Last/Family Name

WEWEWE

First Name

WEWEWE

Position Applied For

A E/Eng

Date of Birth

1975-07-09

Sex

0

Nationality

ID (Passport/Discharge book) No:

523523452

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of MLC 2006 Reg 1.2; STCW 2010 Reg A-I/9 & the guidance for the conduct of medical examination issued by the Directorate, as amended from time to time. On the basis of the seafarer's personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for and taking in account of fitness standards required by employers and / or insurers, my opinion is -

- | | | |
|-----|--|----------------------------------|
| (a) | that the hearing meets the required standards for his / her rank:-
Unaided hearing is satisfactory | Yes / No
Yes / No |
| (b) | Visual acuity meets the required standards for his/her rank
Colour Vision meets the required standard (valid for 6 years)
that he / she is fit / unfit for look out duty | Yes / No
Yes / No
Yes / No |
| (c) | that he / she needs / does not need visual aids / to carry spares | Yes / No |
| (d) | that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure on board vessel | Yes / No |
| (e) | that the seafarer is not suffering from any disease likely to be aggravated by, or render him/her unfit for, service at sea or likely to endanger the health of other persons on board ships | Yes / No |
| (f) | this seafarer is UNFIT FOR DUTY**/FIT FOR DUTY with / without restrictions*as mentioned below, | |

* This Medical Certificate is issued with following restrictions

[Large empty box for restrictions]

** Reason for being unfit

[Large empty box for reason for being unfit]

Physician Signature:: _____

Clinic Stamp

Physician Name Printed:: **Raj Parekh**

[Large empty box for clinic stamp]

Date: **2015-07-15**

Certificate No.: **C18274157**

Valid till: **2015-07-08**

Approving Authority of Medical Examiner: Director General of Shipping, Govt. of India.

I acknowledge, that I have been advised of the content of the medical certificate and of the rights for a review and my obligations.

Seafarers signature with Date :- _____

**MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA**

SURNAME: WEWEWE	GIVEN NAME (S): WEWEWE	
DATE OF BIRTH: DAY 09 MONTH 07 YEAR 1975	PLACE OF BIRTH CITY: _____	SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
POSITION ON BOARD: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> RATING <input type="checkbox"/>	Mailing Address:	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	_____	_____	BOOK <input type="checkbox"/> LANTERN <input type="checkbox"/>
LEFT EYE	_____	_____	YELLOW Abnormal RED Abnormal GREEN Abnormal BLUE Abnormal
		RIGHT EAR _____	LEFT EAR _____

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 NOT APPLICABLE

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?
(the visual test it is required every six years)

YES NO

Date of the last colour vision test: (Day/Month/Year) **2015-07-15**

Are glasses or contact lenses necessary to meet the required vision standards? YES NO

Able for watchkeeping? YES NO

Is applicant taking any non-prescription or prescription medications? YES NO

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES NO

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: ~~(HE)~~ ~~(SHE)~~ IS FOUND TO BE ~~(FIT)~~ ~~(NOT FIT)~~ FOR DUTY AS A (MASTER / DECK OFFICIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN: Raj Parekh

ADDRESS: _____

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: _____

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: _____

SIGNATURE OF PHYSICIAN: _____ STAMP OF PHYSICIAN: _____ DATE: **2015-07-15**

EXPIRY DATE OF CERTIFICATE: **2015-07-08**

*This certificate is issued by the Panama Maritime Authority in compliance with the requirements
of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006*

F-ALM-012
Rev.05

Page 1 de 1
Date: 15/09/2014

**FORMAT FOR RECORDING MEDICAL EXAMINATIONS
OF SEAFARER**

Name (last, first, middle) : **WEWEWE WEWEWE**

Date of birth (day/month/year): **09/07/1975**

Sex : Male Female

Home Address :

Passport No./discharge book No : **523523452**

Department : (deck/engine/radio/food handling/other) :

Routine and emergency duties :

Type of ship (container,tanker,passenger,fishing) :

Trade area (e.g.,coastal, tropical, worldwide) :

EXAMINEE'S PERSONAL DECLARATION (ASSISTANCE SHOULD BE OFFERED BY MEDICAL STAFF)

Have you ever had any of the following conditions?

	Condition	YES	NO	Condition	YES	NO
1	Eye / vision problem	<input type="checkbox"/>	<input type="checkbox"/>	19 Do you smoke, use alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	20 Operation/surgery	<input type="checkbox"/>	<input type="checkbox"/>
3	Heart/vascular disease	<input type="checkbox"/>	<input type="checkbox"/>	21 Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>
4	Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	22 Dizziness/fainting	<input type="checkbox"/>	<input type="checkbox"/>
5	Varicose veins/piles	<input type="checkbox"/>	<input type="checkbox"/>	23 Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
6	Asthma/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	24 Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
7	Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	25 Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>
8	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	26 Loss of memory	<input type="checkbox"/>	<input type="checkbox"/>
9	Thyroid problems	<input type="checkbox"/>	<input type="checkbox"/>	27 Balance problems	<input type="checkbox"/>	<input type="checkbox"/>
10	Digestive disorder	<input type="checkbox"/>	<input type="checkbox"/>	28 Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
11	Kidney problems	<input type="checkbox"/>	<input type="checkbox"/>	29 Ear (hearing/tinnitus) nose throat problems	<input type="checkbox"/>	<input type="checkbox"/>
12	Skin problems	<input type="checkbox"/>	<input type="checkbox"/>	30 Restricted mobility	<input type="checkbox"/>	<input type="checkbox"/>
13	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	31 Back or joint problems	<input type="checkbox"/>	<input type="checkbox"/>
14	Infectious/contagious diseases	<input type="checkbox"/>	<input type="checkbox"/>	32 Amputation	<input type="checkbox"/>	<input type="checkbox"/>
15	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	33 Fractures/dislocation	<input type="checkbox"/>	<input type="checkbox"/>
16	Genital disorders	<input type="checkbox"/>	<input type="checkbox"/>			
17	Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>			
18	Sleep problem	<input type="checkbox"/>	<input type="checkbox"/>			

If any of the above questions were answered "yes", please give details

	Additional questions	YES	NO
34	Have you ever been signed off as sick or repatriated from a ship	<input type="checkbox"/>	<input type="checkbox"/>
35	Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
36	Have you ever been declared unfit for a sea duty?	<input type="checkbox"/>	<input type="checkbox"/>
37	Has your medical certificate ever been restricted or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
38	Are you aware that you have any medical problems, diseases or illness?	<input type="checkbox"/>	<input type="checkbox"/>
39	Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input type="checkbox"/>	<input type="checkbox"/>
40	Are you allergic to any medications?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

		SI	NO
41	Are you taking any non-prescription or prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____

Date (day/month/year) : **2015-07-15**

Witnessed by: **Raj Parekh**

Name: (typed or printed): _____

I, hereby authorize the release of all my previous medical records from any health professionals,. health, institutions and public authorities to **Raj Parekh** (the approved medical practitioner).

Signature of examinee: _____

Date (day/month/year) : **2015-07-15**

Witnessed by: _____

Name: (typed or printed): _____

Date and contact details for previous medical examination (if known): _____

MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (if yes, specify which type and for what purpose)

Visual acuity						Visual Fields	
Unaided			Aided			Normal	Defective
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular		
Distant							

Color vision	<input type="checkbox"/> Not Tested	<input type="checkbox"/> Normal	<input type="checkbox"/> Doubtful	<input type="checkbox"/> Defective
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Hearing

Pure tone and audiometry (threshold values in dB)					
500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear					
Left ear					

Speech and whisper test (meters)

	Normal	Whisper
Right ear		
Left ear		

Clinical Data

Height: _____ (cm) Weight: _____ (Kg)

Pulse rate: _____ (/minute) Rhythm: _____

Blood Pressure: Systolic: _____ (mmHg) Diastolic: _____ (mmHg)

Urinalysis: Glucose: _____ Protein: _____ Blood: _____

	Normal	Abnormal		Normal	Abnormal
Head	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>
Sinuses, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>
Mouth/teeth	<input type="checkbox"/>	<input type="checkbox"/>	Vascular (inc. Pedal pulses)	<input type="checkbox"/>	<input type="checkbox"/>
Ears (general)	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen and viscera	<input type="checkbox"/>	<input type="checkbox"/>
Tympanic membrane	<input type="checkbox"/>	<input type="checkbox"/>	Hernias	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Anus (non rectal exam.)	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input type="checkbox"/>	<input type="checkbox"/>	G-U system	<input type="checkbox"/>	<input type="checkbox"/>
Pupils	<input type="checkbox"/>	<input type="checkbox"/>	Upper and lower extremities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eye movement	<input type="checkbox"/>	<input type="checkbox"/>	Spine (C/S, T/S and L/S)	<input type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input type="checkbox"/>	<input type="checkbox"/>	Neurologic (full brief)	<input type="checkbox"/>	<input type="checkbox"/>
Breast examination	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance	<input type="checkbox"/>	<input type="checkbox"/>
Chest X-ray	<input checked="" type="checkbox"/> Not Performed	<input type="checkbox"/> Performed (day/month/year) _____			

Results: Normal

Other diagnostic tests and results:

Test: _____

Result: _____

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

<input type="checkbox"/> Fit for look-out	<input type="checkbox"/> Not fit for look-out duty
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	Deck Service	Engine service	Catering service	Other services
Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Without restrictions	With restrictions	Visual aid required	<input checked="" type="checkbox"/> Si	<input type="checkbox"/> No
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Describe restrictions (e.g. specific positions, type, of ship, trade area)

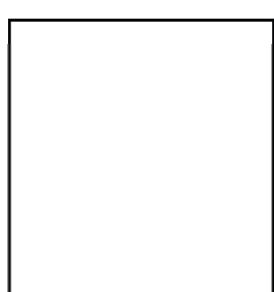
Medical certificate's date of expiration (day/month/year): 2015-07-08Date of medical certificate issued (day/month/year): 2015-07-15Number of medical certificate: C18274157Name of medical practitioner (typed or printed): Raj Parekh

Licence number of medical practitioner: _____

Address of medical practitioner: _____

Authorized by: _____

Signature of medical practitioner: _____

Seal: 

PHYSICAL EXAMINATION REPORT / CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT WEWEWE		FIRST NAME WEWEWE		MIDDLE INITIAL	
DATE OF BIRTH MONTH 07 DAY 09 YEAR 1975		PLACE OF BIRTH CITY _____ COUNTRY _____		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
EXAMINATION FOR DUTY AS MASTER <input type="checkbox"/> RATING <input type="checkbox"/> MATE <input type="checkbox"/> MOU DECK <input type="checkbox"/> ENGINEER <input type="checkbox"/> MOU ENGINE <input type="checkbox"/> RADIO OFF <input type="checkbox"/> SUPERNUMERARY <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT:			
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE					
HEIGHT	WEIGHT lbs	BLOOD PRESSURE / mm of Hg	PULSE /min	RESPIRATION per min.	GENERAL APPERANCE
VISION: <u>RIGHT EYE</u> <u>LEFT EYE</u>			HEARING		
WITHOUT GLASSES _____			RT. EAR _____ LT. EAR _____		
WITH GLASSES _____					
COLOR TEST TYPE: BOOK <input type="checkbox"/> LANTERN <input type="checkbox"/> CHECK IF COLOR TEST IS NORMAL			YELLOW <input type="checkbox"/> RED <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input type="checkbox"/>		
HEAD AND NECK Abnormal			HEART (CARDIOVASCULAR) Abnormal		
LUNGS Abnormal			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) <small>IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?</small> Abnormal		
EXTREMITIES: UPPER Abnormal LOWER Abnormal					
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSON ON BOARD ? Abnormal					
SIGNATURE OF APPLICANT			2015-07-15 DATE		
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESCENCE OF THE EXAMINING PHYSICIAN					
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO :			WEWEWE WEWEWE (NAME OF THE APPLICANT)		
NAME AND DEGREE OF PHYSICIAN Raj Parekh					
ADDRESS _____					
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY _____					
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 2015-07-15					
SIGNATURE OF PHYSICIAN _____			2015-07-15 DATE		

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician ,wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION (To be completed by examining physician)