



Maritime &
Coastguard
Agency

SEAFARER MEDICAL CERTIFICATE (ENG 1)

This certificate is issued by the Maritime and Coastguard Agency (MCA), the issuing authority for the **Government of the United Kingdom**, in compliance with Article 10 of ILO Work in Fishing Convention (C.188), implemented by SI 2018/1108, the Merchant Shipping (Work in Fishing Convention) (Medical Certification) Regulations 2018, and the requirements of Regulation 1.2 of the Maritime Labour Convention, 2006, and the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW) Section A-1/9, implemented by SI 2010/737 the Merchant Shipping (Maritime Labour Convention) (Medical Certification) Regulations 2010.

Surname

PAPAGNA

Forename(s)

ROBERT

Proof of Identity seen at the time of examination. Tick document type:

Passport ☐Discharge Book ☐Other (specify document) DL/PA

Nationality

USA

Date of Birth

24 / 08 / 1974

Gender

M ☒F ☐

Occupation: (tick relevant box)

Deck ☒Engine ☐Catering ☐

Other (specify)

Fishing

Yes ☐No ☒

I confirm the following has been assessed and meets the standards in STCW A-1/9 (tick relevant box)

Visual Acuity

Yes ☒No ☐Colour Vision: Defective Yes ☐No ☒

Fit for look out duties:

Yes ☒No ☐

Date of Test

08 / 02 / 2021

Visual Aids (tick if worn)

Spectacles ☐Contact Lenses ☐

Hearing: Meets standards unaided

Yes ☒No ☐

Date of test

08 / 02 / 2021

If no, meets standards aided

Yes ☐No ☐

I have examined the seafarer named above and have found him/her to be free 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.

Medical Fitness Category (tick relevant box)

1. Fit - No limitations or restrictions on fitness

Yes ☒No ☐

(see below)

2. Fit - Subject to restrictions (detailed below)

Duties:

Location/Vessels/Other:

(MUST NOT contain any clinical information)

Date of Examination

08 / 02 / 2021

Expiry Date of Certificate

(No more than 2 years from the date of examination)

08 / 02 / 2023

Signature of Approved Doctor

Name of Approved Doctor

E. Grenet M.D.

I have read and understood the notes overleaf

Seafarer's Signature

MCA Approved Doctor's Official Stamp

(Name, address, telephone number)

MCA Approved Physician

E. Grenet M.D.

954-525-7595

healthmedcenter.net

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Serial Number

205729