

MEDICAL CERTIFICATE FOR SERVICE AT SEA

| | | |
|----------------------------------|----------------|--|
| Family Name | | |
| Given Name | | Middle name |
| Date of birth (day/month/year) | Place of Birth | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home address | | |
| Passport No./Discharge Book No.: | | |

I have evaluated the above named examinee according to _____
(national law, regulation or other requirement)

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:

Fit for look-out duty Not fit for look-out duty

| | 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"/> |
| <input type="checkbox"/> Without restrictions | | <input type="checkbox"/> With restrictions | | |
| Visual aid required | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

| | | | |
|--|---------------------------------------|--|--|
| Chest X-ray | <input type="checkbox"/> normal | <input type="checkbox"/> not performed | |
| Bacteriological stool test* ¹ | <input type="checkbox"/> negative | <input type="checkbox"/> not performed | |
| Parasitological stool test* ² | <input type="checkbox"/> negative | <input type="checkbox"/> not performed | |
| Vaccination records | <input type="checkbox"/> satisfactory | <input type="checkbox"/> to be renewed | |

Describe any restrictions (e.g., specific position, type of ship, trade area):

Place of examination: _____ Date (day/month/year) ____/____/____

Medical certificate's date of expiration (day/month/year) ____/____/____

Official stamp (also print name of medical examiner if not legible):

Signature of medical examiner: _____

Authorised by: _____ (competent authority)

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

Examinee's signature: _____
(To be signed in the presence of the medical examiner)