**MEDICAL CERTIFICATE FOR SERVICE AT SEA**

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

|  |  |
| --- | --- |
| Family Name: | Given Names |
| Date of birth (day/month/year)  Country of Birth: | Sex:  Male  Female |
| Home address: | |
| Passport No./Discharge Book No:  Nationality : | Department:  Deck  Engineer  Rating  Catering/F&B |

|  |  |
| --- | --- |
| **DECLARATION OF APPROVED\*\* MEDICAL PRACTITIONER** | |
| I confirm the identification documents were checked: YES NO | |
| Color vision meets standard\*?  YES NO | Date of last colour vision test: (dd/mm/yyyy): |
| Does the seafarer’s hearing meet medical standards? YES NO | |
| Is unaided hearing satisfactory\*? YES NO | |
| Vision acuity meets medical standards\*? YES NO | |
| 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? YES NO | |

I have evaluated the above named examinee and 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 |  |  |  |  |
| Unfit |  |  |  |  |
| Without restrictions | | With restrictions | |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| *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.*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Official stamp and National Medical examiner signature*  *License/Certification number (print name if not legible)* | | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Examinee’s signature signed in the presence of the medical practitioner* | |
| *Place of Examination* | *Date of Issue:*  *(dd/mm/yyyy):* | | *Valid until:*  *(dd/mm/yyyy):* |

*\*for persons who are assigned shipboard safety, security or environmental protection duties, the medical standards reference 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 on board, the medical standards shall be as specified by ILO and the authorizing administration.*