

MEDICAL CERTIFICATE FOR SERVICE AT SEA

(In accordance with ILO /WHO D.2/ 1997 & STCW Reg I/9 and MLC Reg 1.2)

Family Name		
Given Names		
Date of birth (day/month/year)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home address		
Passport No./Discharge Book No.:		
Nationality :		

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
Parasitical 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) ___/___/___

Official stamp (also print name of medical examiner):

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)

MEDICAL EXAMINATION IS VALID 2 YEARS UNTIL Date (day/month/year) __ / __ / __