

MEDICAL CERTIFICATES MUST BE COMPLETED CORRECTLY OR YOU WILL BE REQUIRED TO RETAKE YOUR MEDICAL AT YOUR COST**Annex III: Draft Format of a Seafarer Medical Certificate****SEAFARER MEDICAL CERTIFICATE***(Issued under the authority of authorising country details.)*

*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 and regulation xxx of the authorising country)*as applicable*

SEAFARER INFORMATION

Surname:	SURNAME	Given Name (s):	FIRST NAMES
Date of Birth (dd/mm/yyyy):	DD/MM/YY	Nationality:	XXXXX
		ID Document no:	12345
Capacity that the seafarer will serve onboard serve in:			
Deck:	Engineer	GMDSS	Rating
			Catering
			Other

DECLARATION OF APPROVED MEDICAL PRACTITIONER**

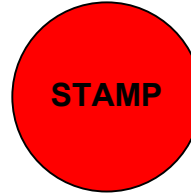
I confirm that identification documents were checked	YES / NO
Does the seafarers hearing meet medical standards*?	YES / NO
Is unaided hearing satisfactory*?	YES / NO
Vision acuity meets medical standards*?	YES / NO
Colour vision meets standard*?	YES / NO
Date of last colour vision test? (dd/mm/yyyy)	DD/MM/YY
Is the seafarer fit for lookout duties: YES/NO/Not applicable	You will not have look out duties
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 on board	YES NO
	<u>MUST be complete and be 'YES'</u>
Is the seafarer fit for service	YES NO
	<u>MUST be complete and be 'YES'</u>
Are there any limitations or restrictions on fitness? If so specify the limitation.	
<i>Limitation are allowed as long as they are taken into account onboard</i>	

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 the authorising Administration.

Name of Approved** Medical Practitioner: PRINTED NAME OF DOCTOR

Signature of Approved** Medical Practitioner: SIGNATURE OF DOCTOR

Date of Examination (dd/mm/yyyy) : DD/MM/YY Stamp/Seal



Expiry date of certificate (dd/mm/yyyy): ***MUST NOT be greater than 2 years from date of examination
MUST not expire before end of contract***

SEAFARER ACKNOWLEDGEMENT

I Name of seafarer confirm that I have been informed of the content of certificate and the right to get a review***.

Signature: SIGNATURE Date: (dd/mm/yyyy) DD/MM/YY

** For persons who are assigned shipboard safety, security or environmental protection duties, the medical standards referenced on the certificate are the standards as specified in STCW Regulation 1/9 and any other standards as specified by the authorizing Administration. For any other persons serving onboard, the medical standards shall be as specified by ILO and the authorizing Administration.*

**** The Medical Practitioner shall be approved by the national Administration, after inspection of medical facilities/recordkeeping, to carry out STCW/ILO medical examination.**

***You may have to prove
Doctor approved***

***** The review shall be carried out by a body/Medical Practitioner authorized by national Administration and this information should be made available to the seafarer**