WEST

MEDICAL CERTIFICATE FOR SERVICE AT SEA

SURNAME/LAST NAME:	GIVEN/FIRST NAME:	MIDDLE NAME:

Age:	Date of Birth: DAY MONTH YEAR	Place of Birth:	Nationality:

Gender: Male □ Female □	Civil Status: Single □ Married □	Religion:

Address:

Passport Number:	Seaman's Book Number:

Position on Board: □ DECK □ ENGINE □ CATERING □ OTHER Specify: ………………	Company:

DECLARATION OF THE AUTHORIZED PHYSICIAN		
CONFIRMATION THAT IDENTIFICATION DOCUMENTS WERE CHECKED AT THE POINT OF EXAMINATION	YES □	NO □
HEARING MEETS THE STANDARDS IN STCW CODE, SECTION A-1/9?	YES □	NO □
UNAIDED HEARING SATISFACTORY?	YES □	NO □
VISUAL ACUITY MEETS STANDARDS IN STCW CODE, SECTION A-1/9?	YES □	NO □
COLOUR VISION MEETS STANDARDS IN STCW CODE, SECTION A-1/9? Date of last colour vision test: (Day / Month / Year)	YES □	NO □
VISUAL AIDS (tick if worn)	SPECTACLES □	CONTACT LENSES □
FIT FOR LOOKOUT DUTIES?	YES □	NO □
FIT BUT AT RISK? If "AT RISK" specify limitations or restrictions:	YES □	NO □

PASSPORT PHOTO

THIS IS TO CERTIFY THAT A MEDICAL AND PHYSICAL EXAMINATION IN ACCORDANCE WITH WEST OF ENGLAND RECOMMENDED PROTOCOLS HAS BEEN CARRIED OUT

NAME OF SEAFARER: ……………………………………………………………………………………………………

RESULT:

FIT FOR DUTY: □ FIT BUT AT RISK: □ UNFIT FOR DUTY: □

Name and Signature of Examining Authorized Physician:

Date of Examination: (Day / Month / Year) ………………………………………………………………………

Approved by: ……………………………………………………………………………………………………

Title: ………

NAME OF CLINIC: ………………………………………………………………………………………………

ADDRESS: ………………………………………………………………………………………………………

PHYSICIAN'S CERTIFYING AUTHORITY: ……………………………………………………………………

PHYSICIAN'S LICENSE NUMBER: …………………………………………………………………………

I HAVE READ AND UNDERSTOOD AND WAS INFORMED OF THE CONTENTS OF THE CERTIFICATE AND OF THE RIGHT TO A REVIEW IN ACCORDANCE WITH PARAGRAPH 6 OF SECTION A-1/9 OF THE STCW CODE.

Seafarer's Name and Signature: ……………………………………………………… Date: ………………………………………………

(This signature should be affixed in the presence of the examining physician)

Date of Issuance:	DAY	MONTH	YEAR	Date of Expiration:	DAY	MONTH	YEAR