Medical Fitness Certificate - MED2

Personal Details:

Name:	AE ID No.:	Mob. No.:
Nationality:	Date of Birth:	Gender: ☐ M ☐ F
Address/Company Name:		

Occupation:

☐ Vessel Master/Mate	☐ Abra Operator	☐ Marine Surveyor
☐ Fishing Boat Operator	☐ Engine Operator	☐ Marine Trainer
☐ Powerboat Operator	☐ Seaman	☐ Marine Pilot

Assessment:

I confirmed the following has been assessed and meets the standards in STCW A-1/9 *(check the relevant box)*

Visual Acuity: ☐ Yes ☐ No	**Colour Vision:** ☐ Yes ☐ No		**Date of test:** / /
Visual Aids: *(check if worn)*	☐ Spectacles	☐ Contact Lens	
Hearing: Meets standards unaided	☐ Yes	☐ No	**Date of test:** / /
If no, meets standards aided	☐ Yes	☐ No	

I have examined the seafarer above and have found him/her to be free from any medical condition likely to be aggravated by service at sea, or to render the seafarer unfit for such service, or to endanger the health of the other persons on board.

Medical Fitness Category: *(check the relevant box)*

1. **Fit -** No limitations or restriction fitness ☐ Yes ☐ No *(see below)*
2. **Fit -** For lookout duties ☐ Yes ☐ No ☐ N/A
3. **Fit -** Subject to restriction *(details below)*

Date of Examination: / /	**Doctor's Name & Signature:**
Expiry Date: *(Not more than 2 years from the date of examination)* / /	
I have read and understood the content of the certificate **Applicant Signature:**	**Doctor's Official Stamp:** *(Name, address, telephone no.)*