



# Palau Ship Registry

## MARINE NOTICE 194.2

**To: ALL SHIPOWNERS, MANAGERS, MASTERS, and REGISTRATION OFFICERS OF MERCHANT SHIPS AND RECOGNIZED ORGANIZATION.**

**Subject: SEAFARER MEDICAL EXAMINATION, MEDICAL STANDARDS AND CERTIFICATES**

### 1. Purpose

- 1.1 This publication provides guidance on the medical examination and certification requirements for seafarers in accordance with the Republic of Palau Maritime Regulations, International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended and the Maritime Labour Convention 2006 (MLC 2006).

### 2. Requirements

- 2.1 In accordance with the provisions of STCW Regulation I/9 and the MLC 2006, all seafarers shall be medically fit prior to being employed or assigned any tasks onboard a Palau registered ship.

### 3. Applicability

- 3.1 These specific guidelines are applicable to all persons serving onboard who are required to be trained and certified in accordance with STCW 1978, as amended, and to whom the MLC 2006 is applicable as outline in this publication.
- 3.2 For seafarers who do not require STCW certification, the Palau Ship Registry may accept a medical certificate provided that the standards meet the substance of the STCW requirements and the certificate is issued by a Medical Practitioner in accordance with the provisions of the STCW or MLC 2006.

### 4. Qualifications of Medical Practitioners

- 4.1 The Palau Ship Registry will accept medical examinations and certificates either from Public Hospitals or from Medical Practitioners who are:
  - a. A Licensed physician with independence from employers, workers and their representatives in exercising medical judgment with respect to examination procedures; and
  - b. Be experienced in general and occupational medicine or maritime occupational medicine;



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- 4.2 The Palau Ship Registry recognizes medical examiners approved by competent authorities of State that are party of the MLC 2006, Medical Examination (Seafarers) Convention 1946 (ILO No. 73); or STCW 1978, as amended.

## 5. Guidance to Medical Examiners

- 5.1 The seafarer must provide the medical practitioner with a photographic Identity document and a copy of the last medical fitness certificate, if the medical examination is not the first examination.
- 5.2 Seafarers shall advise the medical practitioner if he or she has previously failed a seafarer medical examination, any significant medical condition he or she may have, and/or any medical treatment he or she are undergoing at the time of the examination.
- 5.3 The medical examination may be carried out onboard the vessel subject to the following conditions:
- a. The medical examination is conducted prior to the seafarer being assigned duties or in the case of a medical fitness certificate that is due to expire, prior to the expiry of that certificate.
  - b. The vessel has appropriate facilities and equipment to enable a medical examination to be carried out.
- 5.4 The medical practitioner should be satisfied in each case that no disease or defect is present which could either be aggravated by working at sea, or represent an unacceptable health risk to the individual seafarer, other crew members or the safety of the ship.

## 6. Pre-Sea and Periodic Medical Exams

- 6.1 Pre-sea examinations are those conducted before a person embarks upon a seafaring career. Periodical medical examinations are those conducted either before a seafarer reports to a ship or at periodic intervals during the seafarer's career.
- 6.2 The Palau Ship Registry requires all seafarers to undergo a medical examination and to obtain a valid medical certificate showing medical fitness for duty prior to employment aboard a vessel. The medical examination is to be completed not more than 12 months prior to the date of making application and



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normally every two years thereafter. If the seafarer is under the age of 18, an annual medical exam is required. There is no difference in the scope of the medical exam for both pre-sea and periodic medical exams.

- 6.3 In addition, prior to or during employment on a Palau registered vessel, seafarers must undergo, or provide proof by submitting a new Medical Certificate confirming that they have undergone a medical exam, including mental health counseling, if they have been subjected to a situation involving robbery, hostage taking or piracy aboard the vessel.
- 6.4 A model medical examination form is provided in Annex I. This form is not mandatory; however, it details the minimum requirements that a medical examiner should cover during an examination of a seafarer.

## **7. Determination of Fitness for Duty**

- 7.1 The Palau Ship Registry applies the medical standards (Annex II) as specified in the STCW 1978 as amended and the ILO/IMO Guidelines on the Medical Examinations of Seafarers for the purpose of seafarer's medical examination and certification.

## **8. Medical Certificate**

- 8.1 The medical certificate shall be in English or if the language used is not English, the text shall include a translation into English. A model of the Medical Certificate is provided in Annex III. This certificate is not mandatory; however, it details the minimum requirements that a medical certificate should have when presented to the Palau Ship Registry.

## **9. Exemptions**

- 9.1 A seafarer whose certificate has expired during the course of a voyage may continue to work until the next port of call at which a medical examination can be conducted, or for up to three months from the date of expiry of the certificate, whichever is earlier. The validity of the certificate cannot be extended.
- 9.2 In urgent cases, a newly hired seafarer may work without a valid medical certificate until the next port of call where the seafarer can obtain a medical certificate from a qualified medical practitioner, provided that the period of work without a valid certificate does not exceed three (3) months and the seafarer



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concerned is in possession of a medical certificate that has expired with the past six (6) months.

## 10. Suspension and cancellation of a medical certificate

10.1 If a medical practitioner, after conducting a medical examination onboard a Palau registered vessel, has reasonable grounds to believe that:

- a. There has been a significant change in the medical fitness of a seafarer while holding a valid medical fitness certificate or;
- b. The seafarer is not complying with the terms of a condition of issuance of the medical fitness certificate;

The medical practitioner may either;

- a. Suspend the certificate until the seafarer has undergone a further medical examination; or
- b. Suspend the certificate for such period as he or she considers the seafarer will remain unfit to go to sea; or
- c. Cancel the certificate if he or she believes the seafarer will remain permanently unfit to go to sea and notify the seafarer accordingly.

10.2 A seafarer whose medical fitness certificate is suspended for more than three (3) months or cancelled has a right of review of that suspension or cancellation.

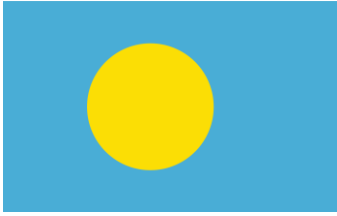
## 11. Appeal

11.1 A seafarer whose medical fitness certificate is suspended for more than three (3) months or cancelled may appeal the suspension or cancellation to the Director of the Bureau of Commercial Development. All appeals must be in writing in the English Language and received by the Director of the Bureau of Commercial Development within thirty (30) calendar days of issuance of the citation.

11.2 Upon a request for an appeal, the Director shall hold a hearing within 45 calendar days and shall grant an opportunity to the appellant to present evidence and argument on all issues involved pertaining to the suspension or cancellation.

11.3 Within fifteen (15) working days after the hearing, the Director shall render a decision, either to

- (a) uphold the suspension or cancellation, or
- (b) rescind the suspension or cancellation.



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11.4 The decision of the Director shall be final.

## 12. Contact

12.1 In order to obtain further information, contact information is provided below:

### **PALAU SHIP REGISTRY**

Piraeus, Greece, 18536  
5, Sachtouri Street, 6th floor  
info@palaushipreg.com  
T: +30 2104293697

**\*\*This Marine Notice supersedes Marine Notice 194.1\*\***

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## ANNEX I

### MODEL MEDICAL EXAMINATION FORM

#### CONFIDENTIAL FORM

Pre-sea Exam  Periodic Exam

Name (last, first, middle): \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: Male  Female

Home Address: \_\_\_\_\_

Passport No / Seafarer's Identification and Record Book No.: \_\_\_\_\_

Type of ship (container, tanker, passenger, fishing): \_\_\_\_\_

Trade area (e.g. coastal, international): \_\_\_\_\_

#### Examinee's personal declaration (assistance should be offered by medical staff)

Have you ever had any of the following conditions:

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	<input type="checkbox"/>	<input type="checkbox"/>	18. Sleeping problems	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	19. Do you smoke	<input type="checkbox"/>	<input type="checkbox"/>
3. Heart/vascular disease	<input type="checkbox"/>	<input type="checkbox"/>	20. Operation / surgery	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	21. Epilepsy / seizures	<input type="checkbox"/>	<input type="checkbox"/>
5. Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	22. Dizziness / fainting	<input type="checkbox"/>	<input type="checkbox"/>
6. Asthma/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	23. Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
7. Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	24. Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
8. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	25. Depression	<input type="checkbox"/>	<input type="checkbox"/>
9. Thyroid problem	<input type="checkbox"/>	<input type="checkbox"/>	26. Attempted Suicide	<input type="checkbox"/>	<input type="checkbox"/>
10. Digestive disorder	<input type="checkbox"/>	<input type="checkbox"/>	27. Loss of memory	<input type="checkbox"/>	<input type="checkbox"/>
11. Kidney problem	<input type="checkbox"/>	<input type="checkbox"/>	28. Balance problems	<input type="checkbox"/>	<input type="checkbox"/>
12. Skin problem	<input type="checkbox"/>	<input type="checkbox"/>	29. Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
13. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	30. Ear/nose/throat problems	<input type="checkbox"/>	<input type="checkbox"/>
14. Infectious/contagious diseases	<input type="checkbox"/>	<input type="checkbox"/>	31. Restricted mobility	<input type="checkbox"/>	<input type="checkbox"/>
15. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	32. Back problems	<input type="checkbox"/>	<input type="checkbox"/>
16. Genital disorders	<input type="checkbox"/>	<input type="checkbox"/>	33. Amputation	<input type="checkbox"/>	<input type="checkbox"/>
17. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	34. Fractures/dislocations	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above questions were answered "yes" please give details

Additional questions

Yes No



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- 35. Have you ever been signed off as sick or repatriated from a ship?
- 36. Have you ever been hospitalized?
- 37. Have you ever been declared unfit for sea duty?
- 38. Has your medical certificate ever been restricted or revoked?
- 39. Are you aware that you have any medical problems, diseases, or illnesses?
- 40. Do you feel healthy and fit to perform the duties of your designated position
- 41. Are you allergic to any medications?

Comments

- 42. Are you taking any non-prescription or prescription medication?

If yes, please list the medications taken, the purpose and dosages

I hereby certify that the personal declaration above is a true statement to the best of my knowledge

Signature of examinee: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Witnessed by: (*Signature*) \_\_\_\_\_

Name: (*Typed or printed*): \_\_\_\_\_

I hereby authorized the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. \_\_\_\_\_ (the medical practitioner)

Signature of examinee: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Witnessed by: (*Signature*) \_\_\_\_\_

Name: (*Typed or printed*): \_\_\_\_\_

### Medical Examination

Pre-sea       Periodic       Other

### Sight



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	Visual Acuity					
	Unaided			Aided		
	Right Eye	Left Eye	Binocular	Right Eye	Left Eye	Binocular
Distant						
Near						

	Visual Field	
	Normal	Defective
Right Eye		
Left Eye		

**Color Vision**    Not Tested     Normal     Doubtful     Defective

**Hearing**

	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4000 Hz	6000 Hz
Right Ear						
Left Ear						

*Pure tone and audio metry (threshold values in dB)*

	Normal	Whisper
Right Ear		
Left Ear		

*Speech and whisper test (meters)*

**Additional Information**

Height (cm): \_\_\_\_\_ Weight(kg): \_\_\_\_\_

Pulse rate (/minute): \_\_\_\_\_ Rhythm: \_\_\_\_\_

Blood Pressure:    Systolic (mm Hg): \_\_\_\_\_    Diastolic (mm Hg) \_\_\_\_\_

Urinalysis: Glucose: \_\_\_\_\_ Protein: \_\_\_\_\_

**Normal    Abnormal**

Head

Sinuses, nose, throat

Mouth/teeth

**Normal    Abnormal**

Skin

Varicose Veins

Vascular (Inc. Pedal pulses)



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Ears (general)	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen and viscera	<input type="checkbox"/>	<input type="checkbox"/>
Tympanic membrane	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Anus (not rectal exam.)	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input type="checkbox"/>	<input type="checkbox"/>	G-U System	<input type="checkbox"/>	<input type="checkbox"/>
Pupils	<input type="checkbox"/>	<input type="checkbox"/>	Upper and lower extremities	<input type="checkbox"/>	<input type="checkbox"/>
Eye movement	<input type="checkbox"/>	<input type="checkbox"/>	Spine (C/S, T/S and L/S)	<input type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input type="checkbox"/>	<input type="checkbox"/>	Neurologic (full brief)	<input type="checkbox"/>	<input type="checkbox"/>
Breast examination	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	General appearance	<input type="checkbox"/>	<input type="checkbox"/>

Chest X-ray: Not performed  Performed  on (dd/mm/yyyy) \_\_\_\_\_

Results: \_\_\_\_\_

Other Diagnostic test(s) and results(s):

Test: \_\_\_\_\_ Results: \_\_\_\_\_

Medical Practitioner comments:  
\_\_\_\_\_

Vaccination status recorded: Yes  No

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## Assessment of fitness for service at sea

On the basis of the examinee’s personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

Fit for look-out duty

Not fit for look-out duty

Deck service

Engine service

Catering service

Other services

Fit

Unfit

Describe restrictions (e.g. specific positions, type of ship, trade area)

Action taken by medical practitioner (e.g., referral): \_\_\_\_\_

Place of examination: \_\_\_\_\_

Date of examination (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Medical certificate’s date of expiration (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Official Stamp:

Signature of Medical Practitioner: \_\_\_\_\_

Name of Medical Practitioner: \_\_\_\_\_

Authorized by: \_\_\_\_\_ (competent authority)



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## ANNEX II

### *Medical standards*

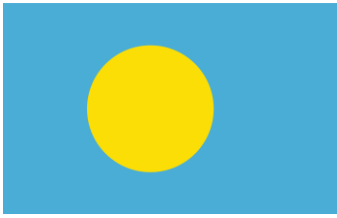
Palau Ship Registry, establishes standards of medical fitness for seafarers as required by STCW regulation I/9, adheres to the minimum in-service eyesight standards set out in table A-I/9 and takes into account the criteria for physical and medical fitness set out in paragraph 2 of this ANNEX.

These standards, without prejudice to the safety of the seafarers or the ship, differentiate between those persons seeking to start a career at sea and those seafarers already serving at sea and between different functions on board, bearing in mind the different duties of seafarers. They also take into account for any impairment or disease that will limit the ability of the seafarer to effectively perform his/her duties during the validity period of the medical certificate.

#### 1. Physical and medical fitness:

The standards of physical and medical fitness established by Palau Ship Registry shall ensure that seafarers satisfy the following criteria:

- .1 have the physical capability to fulfill all the requirements of the basic training as required by STCW section A-VI/1, paragraph 2;
- .2 demonstrate adequate hearing and speech to communicate effectively and detect any audible alarms;
- .3 have no medical condition, disorder or impairment that will prevent the effective and safe conduct of their routine and or emergency duties on board during the validity period of the medical certificate;
- .4 are not suffering 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 and safety of other persons on board; and
- .5 are not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine or and emergency duties on board.



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**Table 1**

**Assessment of minimum entry level and in-service physical abilities for seafarers**

Shipboard task, function event or condition <sup>3</sup>	Related physical ability	A medical examiner should be satisfied that the candidate <sup>4</sup>
Routine movement around vessel: .1 on moving deck .2 between levels .3 between compartments  <i>Note 1 applies to this row</i>	Maintain balance and move with agility Climb up and down vertical ladders and stairways Step over coamings (e.g., Load Line Convention requires coamings to be 600 mm high) Open and close watertight doors	Has no disturbance in sense of balance Does not have any impairment or disease that prevents relevant movements and physical activities  Is, without assistance <sup>5</sup> , able to: 1 climb vertical ladders and stairways 2 step over high sills 3 manipulate door closing systems
Routine tasks on board: .1 Use of hand tools .2 Movement of ship's stores .3 Overhead work .4 Valve operation .5 Standing a four-hour watch .6 Working in confined spaces .7 Responding to alarms, warnings and instructions .8 Verbal communication  <i>Note 1 applies to this row</i>	Strength, dexterity and stamina to manipulate mechanical devices Lift, pull and carry a load (e.g., 18 kg) Reach upwards Stand, walk and remain alert for an extended period  Work in constricted spaces and move through restricted openings (e.g., SOLAS requires minimum openings in cargo spaces and emergency escapes to have the minimum dimensions of 600 mm × 600 mm – SOLAS regulation 3.6.5.1) Visually distinguish objects, shapes and signals Hear warnings and instructions Give a clear spoken description	Does not have a defined impairment or diagnosed medical condition that reduces ability to perform routine duties essential to the safe operation of the vessel  Has ability to: .1 work with arms raised .2 stand and walk for an extended period .3 enter confined space .4 fulfil eyesight standards (A-I/9) .5 fulfil hearing standards set by competent authority or take account of international guidelines .6 hold normal conversation
<b>Shipboard task, function event or condition<sup>3</sup></b>	<b>Related physical ability</b>	<b>A medical examiner should be satisfied that the candidate<sup>4</sup></b>



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<p>Emergency duties<sup>6</sup> on board:</p> <p>.1 Escape .2 Fire-fighting .3 Evacuation</p> <p><i>Note 2 applies to this row</i></p>	<p>Don a lifejacket or immersion suit Escape from smoke-filled spaces</p> <p>Take part in fire-fighting duties, including use of breathing apparatus Take part in vessel evacuation procedures</p>	<p>Does not have a defined impairment or diagnosed medical condition that reduces ability to perform emergency duties essential to the safe operation of the vessel</p> <p>Has ability to:</p> <p>.1 don lifejacket or immersion suit .2 crawl .3 feel for differences in temperature .4 handle fire-fighting equipment .5 wear breathing apparatus (where required as part of duties)</p>
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Notes:

- .1 Rows 1 and 2 of the above table describe (a) ordinary shipboard tasks, functions, events and conditions,
  - the corresponding physical abilities which may be considered necessary for the safety of a seafarer, other crew members and the ship, and (c) high-level criteria for use by medical practitioners assessing medical fitness, bearing in mind the different duties of seafarers and the nature of shipboard work for which they will be employed.
- .2 Row 3 of the above table describes (a) ordinary shipboard tasks, functions, events and conditions,
  - the corresponding physical abilities which should be considered necessary for the safety of a seafarer, other crew members and the ship, and (c) high-level criteria for use by medical practitioners assessing medical fitness, bearing in mind the different duties of seafarers and the nature of shipboard work for which they will be employed.
- .3 This table is not intended to address all possible shipboard conditions or potentially disqualifying medical conditions.
- .4 If in doubt, the medical practitioner should quantify the degree or severity of any relevant impairment by means of objective tests, whenever appropriate tests are available, or by referring the candidate for further assessment.
- .5 The term “assistance” means the use of another person to accomplish the task.
- .6 The term “emergency duties” is used to cover all standard emergency response situations such as abandon ship or firefighting as well as the procedures to be followed by each seafarer to secure personal survival.



**Table 2**  
**Minimum in-service eyesight standards for seafarers:**

STCW Convention regulation	Category of seafarer	Distance vision Aided <sup>1</sup>		Near/immediate vision	Color vision <sup>3</sup>	Visual fields <sup>4</sup>	Night blindness <sup>4</sup>	Diplopia (double vision) <sup>4</sup>
		One eye	Other eye	Both eyes together, aided or unaided				
I/11 II/1 II/2 II/3 II/4 II/5 VII/2	Masters, deck officers and ratings required to undertake look-out duties	0.5 <sup>2</sup>	0.5	Vision required for ship's navigation (e.g., chart and nautical publication reference, use of bridge instrumentation and equipment, and identification of aids to navigation)	See Note 6	Normal Visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 III/1 III/2 III/3 III/4 III/5 III/6 III/7 VII/2	All engineer officers, electro-technical officers, electro-technical ratings and ratings or others forming part of an engine-room watch	0.4 <sup>5</sup>	0.4 (see Note 5)	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/component as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 IV/2	GMDSS Radio operators	0.4	0.4	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident

Notes: Values given in Snellen decimal notation.

- <sup>1</sup> A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease.
- <sup>2</sup> As defined in the *International Recommendations for Color Vision Requirements for Transport* by the Commission Internationale de l'Eclairage (CIE-143-2001 including any subsequent versions).
- <sup>3</sup> Subject to assessment by a clinical vision specialist where indicated by initial examination findings.
- <sup>5</sup> Engine department personnel shall have a combined eyesight vision of at least 0.4.
- <sup>6</sup> CIE color vision standard 1 or 2.
- <sup>7</sup> CIE color vision standard 1, 2 or 3.



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**ANNEX III  
MEDICAL CERTIFICATE  
CONFIDENTIAL DOCUMENT  
REPUBLIC OF PALAU**

Surname		Given name(s)			
Date of Birth (mm/dd/yyyy)		Place of Birth City Country		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
Examination for duty as: Master <input type="checkbox"/> Radio Off <input type="checkbox"/> Deck Officer <input type="checkbox"/> Rating <input type="checkbox"/> Engineer Officer <input type="checkbox"/>		Mailing address of the applicant:			
Height	Weight	Blood Pressure	Pulse	Respiration	General Appearance
Vision	Right Eye	Left Eye	Hearing		
Without Glasses	_____ / _____	_____ / _____	Right Ear _____	Left Ear _____	
With Glasses	_____ / _____	_____ / _____			
Color Test Type: Book <input type="checkbox"/> Lantern <input type="checkbox"/> check if color test is normal- Yellow <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/>					
Are glasses or contact lenses necessary to meet the required vision standards? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Head and Neck			Heart (Cardiovascular)		
Lungs			Speech (deck/navigational officer and radio officer) Is speech unimpaired for normal voice communication? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Extremities: Upper _____ Lower _____					
Is applicant vaccinated in accordance with WHO requirements Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is applicant suffering from any illness or disease likely to be aggravated by working aboard a vessel or to render him/her unfit for service at sea or likely to endanger the health of other persons onboard? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is applicant taking any non-prescription or prescription medications Yes <input type="checkbox"/> No <input type="checkbox"/>					
Signature of Applicant _____			Date _____		
This is to certify that a Physical Examination was given to: _____ Name of the Applicant					
This applicant is certified free of communicable disease: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Circle Appropriate Choice: (He/She) is found to be (Fit/ Not Fit) for duty as a (Master / Deck Officer / Engineering Office / Radio Officer / Ratings) (Without Any / With the following) restrictions:					
Name and Degree of Medical Practitioner: _____					
Address: _____					
Name of Medical Practitioner's Certificating Authority: _____					
Signature of Medical Practitioner: _____					