

Medical Fitness Certificate – MED2

This medical certificate is required for applicants who are working on commercially operated vessels including passengers vessels, on either inland waters or territorial waters

Personal Details:							
Name		AE ID No.		Mob. No.			
Nationality		Date of Birth		Gender		Male	Female
Address/ company Name							

Occupation:					
<input type="checkbox"/>	Vessel Master/Mate	<input type="checkbox"/>	Abra Operator	<input type="checkbox"/>	Marine Surveyor
<input type="checkbox"/>	Fishing Boat Operator	<input type="checkbox"/>	Engine Operator	<input type="checkbox"/>	Marine Trainer
<input type="checkbox"/>	Powerboat Operator	<input type="checkbox"/>	Seaman	<input type="checkbox"/>	Marine Pilot

Assessment					
I confirmed the following has been assessed and meets the standards in STCW A-1/9 (tick the relevant box)					
Visual Acuity:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Color Vision
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date of Test:
Visual Aids: (check if worn)	<input type="checkbox"/>	Spectacles	<input type="checkbox"/>	Contact lens	
Hearing	Meets standards unaided	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If no, meets standards aided	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	(See below)
2. Fit - For lookout duties	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Fit - Subject to restrictions (details below)					

Date of Examination:
Expiry Date: (not more than 5 years from the date of examination)
I have read and understand the content of the certificate
Applicant Signature:

Doctor's Name & Signature:
Doctor's Official Stamp: (Name, address, telephone no.)

Classification: Public, once filled is for internal use only

DMCA-RTS-CF07b

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