

## Medical Fitness Certificate - MED1

This medical certificate is required for applicants who are operating pleasure vessels length overall more than 12m.

### Personal Details:

Name:	AE ID No.:	Mob. No.:
Nationality:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address:		

### Assessment:

No.	Description	Yes	No
1	Does the applicant suffer from any heart, lung, or other disorder that might impair his performance?		
2	Is there defective vision? If so, can the defect be rectified by the use of spectacles? (Special attention should be given to colour vision).		
3	Is there any hearing defect?		
4	Has the applicant any deformity, or loss of members which would impair his performance?		

### Remarks / Recommendation:

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### Result of Examination:

I certify that I have this day examined ..... (Name of applicant)

and confirm the following:

- Passed the eyesight test, colour vision normal
- The applicant is not physically handicapped

Date of Examination: / /

Expiry Date: (Not more than 5 years from the date of examination)

/ /

I have read and understood the content of the certificate

Applicant Signature:

Doctor's Name & Signature:

Doctor's Official Stamp:

(Name, address, telephone no.)