

Seafarer Medical Fitness Certificate (For Pleasure boat)

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 color vision).		
3	Is there any hearing defect?		
4	Has the applicant any deformity, or loss of members which would impair his performance?		

Result of Examination:

I certify that I have this day examined.....(Name of applicant)
and confirm the following:

- Passed the eyesight test, color vision normal.
- The applicant is not physically handicapped.
- Fit to operate a pleasure boat

Remarks / Recommendation:

Date of Examination : / /

Doctor's Name & Signature:

I have read and understood the content of the certificate
Applicant Signature:

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