

## Certificate of Medical Fitness – Seafarers

Please indicate with an X whether this certificate is for an STCW or a national certificate of competency or proficiency:

**STCW**

(issued in accordance with STCW regulation I/9  
by an approved medical practitioner)

**National**

Surname: \_\_\_\_\_ First name(s): \_\_\_\_\_

Date of birth (day/month/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Male

Female

Home address: \_\_\_\_\_

Identity document type: \_\_\_\_\_ No.: \_\_\_\_\_ Nationality: \_\_\_\_\_

**Duties aboard ship** Deck  Engine  Catering  Other (specify): \_\_\_\_\_

I have evaluated the above-named examinee in accordance with Maritime Rule Part 34.

On the basis of the examinee's personal declaration, my clinical examination, and diagnostic test results recorded on the medical examination form, I declare the examinee's medical category under Maritime Rule Part 34.25 (2) is:

(Medical category letter): \_\_\_\_\_ (Medical category explained in text): \_\_\_\_\_

### Restrictions

Duties:

Location/vessel:

Medical/other:

**I can confirm the following:** (tick relevant box)

### Eyesight:

Meets visual acuity standards Yes  No

Visual aids (tick if worn) Spectacles  Contact lenses

Meets colour vision standards Yes  No

Date of last colour vision test: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Note: colour vision test is not required for national engineering certificates)

### Hearing:

Meets hearing standards Yes  No

**Lookout duties** (deck department only)

Unaided hearing satisfactory Yes  No

Fit for lookout duties Yes  No

The examinee is free from any medical condition likely to be aggravated by service at sea, render him/her unfit for sea service, or endanger the health of others on board. Yes  No

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

**Official stamp** (also print name of medical practitioner if not legible)

Date (day/month/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Certificate date of expiry (day/month/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical practitioner's signature: \_\_\_\_\_ MCNZ ID: \_\_\_\_\_

**I acknowledge that I have been advised of the content of the medical examination form.**

Examinee's signature: \_\_\_\_\_ (signed in the presence of the medical practitioner)