



# ST KITTS & NEVIS INTERNATIONAL SHIP REGISTRY

*The Saint Christopher & Nevis Merchant Shipping Act, Cap. 7:05*



## **PHYSICAL EXAMINATION REPORT / CERTIFICATE**

PLEASE COMPLETE CLEARLY IN CAPITAL LETTERS IN BLACK INK OR BY USE OF A TYPEWRITER

<b>Last Name of Seafarer:</b>		<b>First Name of Seafarer:</b>		<b>Middle Name:</b>	
<b>Date of Birth:</b>			<b>Nationality:</b>		<b>Sex:</b>
Month	Day	Year	City	Country	<input type="checkbox"/> : Male <input type="checkbox"/> : Female
<b>Examination for Duty As:</b>			<b>Identification documents checked at point of examination? (Y/N):</b>		
<input type="checkbox"/> : Master <input type="checkbox"/> : Radio Officer <input type="checkbox"/> : Mate <input type="checkbox"/> : Rating <input type="checkbox"/> : Engineer					
<b>MEDICAL EXAMINATION</b> (see Page 2 for medical requirements) <b>STATE FURTHER DETAILS</b> on Page 2					
<b>Vision:</b>	<b>Right Eye:</b>	<b>Left Eye:</b>	<b>Hearing meets the standards in section A-I/9 (Y/N):</b>		
			<b>Unaided hearing satisfactory? (Y/N):</b>		
With Glasses			<b>Visual acuity meets standards in section A-I/9 (Y/N):</b>		
Without Glasses			<b>Colour vision meets standards in section A-I/9 (Y/N):</b>		
			<i>Right Ear</i>	<i>Left Ear</i>	
<b>Colour Test Type:</b> <input type="checkbox"/> : Book <input type="checkbox"/> : Lantern			<b>Check if Colour Test is Normal:</b> Yellow__Red__Green__Blue		
			<b>Date of last colour vision test:</b>		
Does applicant comply with the standards of physical and medical fitness criteria set out in STCW Code as amended, Section A-I/9.2? (Y/N)					
Fit for lookout duties? (Y/N):					
No limitations or restrictions on fitness? (Y/N) If "N", specify limitations or restrictions overleaf.					
Is the seafarer free from any medical condition likely to be aggravated by service at sea or render the seafarer unfit for such service or to endanger the health of other persons on-board? (Y/N): If "Y" specify overleaf.					

Signature of Seafarer

*The signature should be affixed in the presence of the examining Medical Doctor and signed without touching any of the box lines.*

\_\_\_\_\_  
Date of Examination

.....  
Date of Expiry (Maximum 2 years)

**This is to certify that a physical examination was given to:**      Name of Seafarer \_\_\_\_\_

Name and Degree of Medical Doctor \_\_\_\_\_

Address \_\_\_\_\_

Name of Medical Doctor's Certifying Authority \_\_\_\_\_

Date of Issue of Medical Doctor's Certificate \_\_\_\_\_

Signature of Medical Doctor \_\_\_\_\_

\_\_\_\_\_  
Date

Medical Doctor Stamp

<b>FORM CODE:</b> CT026	<b>ISSUE No:</b> 004	<b>REVISED:</b> 06/08/2013
----------------------------	-------------------------	-------------------------------

