

Certificate of Medical Fitness – STCW, STCW-F Seafarers

This certificate of medical fitness is for seafarers that have STCW or STCW-F certificates. This certificate is issued in accordance with STCW regulation I/9 by a medical practitioner approved by Maritime NZ.

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: _____

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)