

## Certificate of Medical Fitness – National or Ring-Fenced Seafarers

**This certificate of medical fitness is for seafarers that have National or Ring-Fenced certificates.**

This certificate may be completed by any General Practitioner registered with the Medical Council of New Zealand.

Seafarer Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Male  Female

Maritime Certificate Type: (Select one only)

National Deck	<input type="checkbox"/>	Ring-fenced Deck	<input type="checkbox"/>
National Engineering	<input type="checkbox"/>	Ring-Fenced Engineering	<input type="checkbox"/>

**GP to complete:**

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

Date of examination (dd/mm/yyyy): \_\_\_\_\_

Does the seafarer meet vision standards? Yes  No

- Does the Seafarer have binocular or monocular vision? Binocular  Monocular
- Does the seafarer meet the vision standards without visual aids? Yes  No
- Does the seafarer meet colour vision standards? Yes  No

Does the seafarer have satisfactory hearing? Yes  No

Medical category:  Choose from **A, A(T), B, C, D** or **E**

If category **B**, state any restrictions below (i.e. restrictions on duties, geographic area, etc):

If **C** or **D**, the seafarer can be re-examined after \_\_\_\_\_ weeks (category **C**) or \_\_\_\_\_ months (category **D**)

Expiry:  Standard – Certificate valid for 2 years from date of examination  
 Limited – Certificate validity limited to date \_\_\_\_\_ (DD/MM/YYYY)

Medical practitioner's name and signature:	Seafarer's signature:
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MCNZ ID: \_\_\_\_\_

**Seafarers:** Carry a copy of this certificate when working on a ship. If you are issued a category B, C, D, or E certificate you can apply for re-examination by emailing [seafarers@maritimenz.govt.nz](mailto:seafarers@maritimenz.govt.nz)