

- 15 Locomotor system (spine/limbs) ☒ ☐ _____
- 16 Head and Neck ☒ ☐ _____
- 17 Skin (including varicosities) ☒ ☐ _____
- 18 Physique –Deformities ☒ ☐ _____
- 19 Respiratory system ☒ ☐ _____
- 20 Intelligence, mental state ☒ ☐ _____
- 21 Speech (Deck / Radio Officer)
(Is speech impaired for normal voice communication?) ☒ ☐ _____

- 22 Gastrointestinal system (eg Hernia) ☒ ☐ _____
- 23 Urogenital system (eg Hydrocoele) ☒ ☐ _____
- 24 Endocrine system (eg Thyroid) ☒ ☐ _____
- 25 Eyes ☒ ☐ _____
- 26 Ears/ Nose/Throat ☒ ☐ _____
- 27 Mouth/Teeth ☒ ☐ _____

28 Vaccinated in accordance to WHO requirements ? ☒ Yes ☐ No

29 On any non-prescription or prescription medications ? ☐ Yes ☒ No
If yes, please specify: _____

30 Is the Applicant suffering from any illness or disease likely to be aggravated by working on board a vessel, or to render him/her unfit for service at sea, or likely to endanger the health of other persons on board?

Comments:

FIT FOR SEA FARING

Signature of Applicant

Date:

* Select as appropriate.



C. PHYSICIAN'S REMARKS & DECLARATION

CERTIFICATE OF MEDICAL FITNESS

I certify that I have examined the applicant according to the medical standards of the Tuvalu Ship Registry (reference to Tuvalu Marine Guidance MG-2/2012/1) and found (him / her)* deemed to be (FIT / UNFIT)* for duty as:

☐ Master ☒ Deck Officer ☐ Engineer Officer ☐ Radio Officer ☐ Others, please state _____

Restrictions/Remarks (if any) _____

	Date of Examination	Date of Expiry*		KIGAMBOM HEALTH CENTER Name of Medical Institute / Hospital
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*Normally 2 years from Date of Examination unless the Attending Physician requires otherwise

This form shall be treated as a valid Medical Certificate and is in compliance with the requirements of the Maritime Labour Convention, 2006