

PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT <u>Azizov</u>		FIRST NAME <u>Mirshad</u>	MIDDLE INITIAL
DATE OF BIRTH MONTH <u>02</u> DAY <u>19</u> YEAR <u>1968</u>		PLACE OF BIRTH CITY <u>Masalli</u> COUNTRY <u>Azer.Rep</u>	SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> RATING <input type="checkbox"/> MATE <input type="checkbox"/> MOU DECK <input checked="" type="checkbox"/> ENGINEER <input type="checkbox"/> MOU ENGINE <input type="checkbox"/> RADIO OFF <input type="checkbox"/> SUPERNUMERARY <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <u>Masalli city, Azerbaijan Republic</u>	

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT <u>172</u>	WEIGHT <u>85</u>	BLOOD PRESSURE <u>138/75</u>	PULSE <u>77</u>	RESPIRATION <u>17</u>	GENERAL APPEARANCE <u>Normal</u>
VISION: WITHOUT GLASSES RIGHT EYE <u>4.0</u> / LEFT EYE <u>4.0</u> WITH GLASSES _____ / _____ DATE OF LAST COLOR VISION TEST (Month/Day/Year) <u>02.13.2024</u> Testing Required every 6 years COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COLOR TEST TYPE: <u>BOOK</u> " LANTERN " CHECK IF COLOR TEST IS NORMAL YELLOW <input checked="" type="checkbox"/> RED <input checked="" type="checkbox"/> GREEN <input checked="" type="checkbox"/> BLUE <input checked="" type="checkbox"/> HEARING: RT. EAR <u>5m</u> LEFT EAR <u>5m</u> HEAD AND NECK <u>Normal</u> HEART (CARDIOVASCULAR) <u>Normal</u> LUNGS <u>Normal</u> SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>yes</u> EXTREMITIES: UPPER <u>Normal</u> LOWER <u>Normal</u> IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2.					

[Signature]
SIGNATURE OF APPLICANT

27.03.2025
DATE OF EXAM

27.03.2027
EXPIRY DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: Mirshad Azizov
(NAME OF APPLICANT)

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING MOU DECK, MOU ENGINE or SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN Sevda Jafarova DEUK 2010/1552
ADDRESS Yusif Safarov Street 19, Baku city, Azerbaijan Republic
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY Layla Medical Center **Pin Code - 2010/1552**
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE Sevda Jafarova
SIGNATURE OF PHYSICIAN [Signature] DATE OF EXAMINATION 27.03.2025

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.
The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

