

Certificate of Medical Fitness National or Ring-fenced seafarers

I have evaluated the examinee named below in accordance with Maritime Rule Part 34.

National deck <input type="checkbox"/>	Ring-fenced deck <input type="checkbox"/>
National engineering <input type="checkbox"/>	Ring-fenced engineering <input type="checkbox"/>

Surname: _____

First name: _____ Date of birth: _____

Meets vision standards	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Has monocular vision	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Visual aids required to meet standard	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Meets colour vision standards	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Satisfactory hearing	Yes <input type="checkbox"/>		No <input type="checkbox"/>

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

If **B** state restrictions (ie duties, geographic area):

If **C** or **D** the seafarer can be re-examined after: _____ weeks (C) / months (D) (delete one)

Date of examination: _____

Expires 2 years after the date of examination (not applicable if seafarer under 18), or

Validity limited to: _____

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