

## 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 1/9 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)