

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: Slovenski			GIVEN NAME (S): Pomorscak		
DATE OF BIRTH: DAY MONTH YEAR			PLACE OF BIRTH CITY COUNTRY		SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
POSITION ON BOARD: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> RATING <input checked="" type="checkbox"/>			MAILING ADDRESS OF APPLICANT:		

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	_____	_____	<input checked="" type="checkbox"/> BOOK <input type="checkbox"/> LANTERN	RIGHT EAR _____
LEFT EYE	_____	_____	YELLOW _____ RED _____ GREEN _____ BLUE _____	LEFT EAR _____

Confirmation that identification documents were checked at the point of examination: YES NO

Hearing meets the standards in STCW Code, Section A-1/9? YES NO NOT APPLICABLE

Unaided hearing satisfactory? YES NO

Visual acuity meets standards in STCW Code, Section A-1/9? YES NO

Colour vision meets standards in STCW Code, Section A-1/9? YES NO
(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 21.12.2015

Are glasses or contact lenses necessary to meet the required vision standards? YES NO

Able for watchkeeping? YES NO

Is applicant taking any non-prescription or prescription medications? YES NO

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES NO

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE:
 (HE / SHE) IS FOUND TO BE (FIT) NOT (FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:
NO RESTRICTION

NAME AND DEGREE OF PHYSICIAN: PRIN. MAG. SIME KOPILOVIĆ

ADDRESS: LJUBJANSKA CESTA 6A, 6000 KOPER, SLOVENIA

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: MINISTRY OF HEALTH DECREE UNDER 503-16/5/2005-20

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: DATED ON 11.12.2015

SIGNATURE OF PHYSICIAN: [Signature]

STAMP OF PHYSICIAN: KOPILOVIĆ PIRAN STUDIO SANITARIO KOPILOVIĆ PIRANO 6330 Pirano

DATE: 10.02.2015

EXPIRY DATE OF CERTIFICATE: 10.02.2017

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.