



MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA



SURNAME: 姓(英文) [Redacted]

GIVEN NAME (S): 名(英文) [Redacted]

DATE OF BIRTH: DAY 18 MONTH Oct YEAR 1991

PLACE OF BIRTH: CITY TAINAN COUNTRY TAIWAN

SEX: MALE FEMALE

POSITION ON BOARD:
 MASTER
 DECK OFFICER
 ENGINEERING OFFICER
 RADIO OPERATOR
 RATING

MAILING ADDRESS OF APPLICANT:
 英文地址 [Redacted]

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE		HEARING
	WITHOUT GLASSES	WITH GLASSES	<input checked="" type="checkbox"/> BOOK	<input type="checkbox"/> LANTERN	
RIGHT EYE	0.1	0.7	Normal		Normal
LEFT EYE	0.1	0.9	YELLOW _____	RED _____	Normal
			GREEN _____	BLUE _____	

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 is required every six years)

Date of the last colour vision test: (Day/Month/Year) 21, 06, 2013

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.

英文簽名 [Redacted]

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:

Fit for Duty Fit for Duty 一定要寫

NAME AND DEGREE OF PHYSICIAN: Ya-chin Huang Kaohsiung Municipal Ta-Tung Hospital

ADDRESS: No. 44, Zhonghua 3rd Rd., Qianjin Dist., Kaohsiung City 801, Taiwan (R.O.C.)

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: _____

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: _____

SIGNATURE OF PHYSICIAN: Ya-chin Huang | STAMP OF PHYSICIAN: [Stamp]

EXPIRY DATE OF CERTIFICATE: _____ | DATE: 2017-June

This certificate is issued by the Panama Maritime Authority in compliance with the requirements of the Maritime Labour Convention.