



TUVALU SHIP REGISTRY

Medical Fitness Examination Certificate (Form MED) - CONFIDENTIAL -

Tuvalu Ship Registry
10 Anson Road #25-16
International Plaza
Singapore 079903
Tel: (65) 6224 2345
Fax: (65) 6227 2345
Email: info@tvship.com
Website: www.tvship.com

A. APPLICANT'S PARTICULARS

Name in Full (Block Capitals)		Passport No:
Date of Birth: (DD-MM-YYYY)	Nationality:	Examination for duty as*: (May select more than 1)
Place of Birth: (City, Country)	Sex *: Male <input type="checkbox"/> Female <input type="checkbox"/>	Master <input type="checkbox"/> Deck Officer <input type="checkbox"/> Engineer Officer <input type="checkbox"/> Radio Officer <input type="checkbox"/>
Address of Applicant:		Tel no: Email Address:

B. DOCTOR'S EXAMINATION REPORT

1	Height/Weight	<input type="text"/>	Metres	<input type="text"/>	Kilos				
2	Hearing	<input type="text"/>	Right	<input type="text"/>	Left				
3a	Eyesight (with glasses)	<input type="text"/>	Right	<input type="text"/>	Left				
3b	Eyesight (without glasses)	<input type="text"/>	Right	<input type="text"/>	Left				
3c	Colour Vision Test Type	<input type="checkbox"/>	Book	<input type="checkbox"/>	Lantern				
3d	Colour Vision Test Result	<input type="checkbox"/>	Yellow	<input type="checkbox"/>	Red	<input type="checkbox"/>	Green	<input type="checkbox"/>	Blue
3e	Are glasses or any corrective aids necessary to meet the required Vision Standards?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
4	Urinanalysis	<input type="text"/>	Sugar	<input type="text"/>	Albumin	<input type="text"/>	Microscopy		
5	Full blood count	<input type="text"/>	Hb	<input type="text"/>	WBC	<input type="text"/>	Platelets		
6	VDRL	<input type="text"/>	Negative	<input type="text"/>	Positive				
7	Chest X-Ray Report (Lungs) (last X Ray within a year)	<input type="text"/>	Normal	<input type="text"/>	Abnormal				
8	Electrocardiogram (ECG) (EDG)	<input type="text"/>	Normal	<input type="text"/>	Abnormal				
9	Pulse	<input type="text"/>	Per min						
10	Blood Pressure	<input type="text"/>							
		<u>Normal</u>	<u>Abnormal</u>	<u>If abnormal gives details</u>					
11	Cardiovascular system (heart)	<input type="checkbox"/>	<input type="checkbox"/>	_____					
12	Central Nervous system	<input type="checkbox"/>	<input type="checkbox"/>	_____					
13	Digestive System	<input type="checkbox"/>	<input type="checkbox"/>	_____					

- 14 Locomotor system (spine/limbs) _____
- 15 Head and Neck _____
- 16 Skin (including varicosities) _____
- 17 Physique –Deformities _____
- 18 Respiratory system _____
- 19 Intelligence, mental state _____
- 20 Speech (Deck / Radio Officer)
(Is speech impaired for normal voice communication?) _____
- 21 Gastrointestinal system (eg Hernia) _____
- 22 Urogenital system (eg Hydrocoele) _____
- 23 Endocrine system (eg Thyroid) _____
- 24 Eyes _____
- 25 Ears/ Nose/Throat _____
- 26 Mouth/Teeth _____
- 27 Vaccinated in accordance to WHO requirements ? Yes No
- 28 On any non-prescription or prescription medications ? Yes No
If yes, please specify: _____

29 Is the Applicant suffering from any illness or disease likely to be aggravated by working on board a vessel, or to render him/her unfit for service at sea, or likely to endanger the health of other persons on board?

Comments:

Signature of Applicant

Date:

* Select as appropriate.

C. PHYSICIAN'S REMARKS & DECLARATION

CERTIFICATE OF MEDICAL FITNESS

I certify that I have examined the applicant according to the medical standards of the Tuvalu Ship Registry (reference to Tuvalu Marine Guidance MG-2/2012/1) and found (him / her)* deemed to be (FIT / UNFIT)* for duty as:

Master Deck Officer Engineer Officer Radio Officer Others, please state _____

Restrictions / Remarks (if any) _____

Official Stamp	Date of Examination	Date of Expiry*	Signature	Name of Medical Institute / Hospital
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*Normally 2 years from Date of Examination unless the Attending Physician requires otherwise

This form shall be treated as a valid Medical Certificate and is in compliance with the requirements of the Maritime Labour Convention, 2006