

Vessel Cook Medical Fitness Statement

Personal Information

Name:

Date of Birth:

Nationality:

Rank/Position:

Vessel Name:

Medical Examination

1. General Health Status:

2. Vision:

3. Hearing:

4. Cardiovascular System:

5. Respiratory System:

6. Musculoskeletal System:

7. Skin Condition:

8. Other Relevant Findings:

Fit for Duty Statement

The above-named individual has been examined and found (choose one):

Fit for duty

Unfit for duty

Fit with restrictions

If restrictions, specify:

Examiner's Details

Name of Examiner:

Position:

License/Registration No.:

Date:

Signature of Examiner:

Stamp: