

Deck Cadet Pre-Sea Medical Certification

Personal Information

Name of Candidate:

Date of Birth:

Nationality:

Gender:

Identity Document No.:

Medical Examination

Height (cm):

Weight (kg):

Blood Pressure:

Vision (Right/Left):

Color Vision:

Hearing:

Any physical deformity:

Other remarks:

Certification

This is to certify that the above-named candidate has been medically examined and found:

If fit with limitations, please specify:

Date of Examination:

Place of Examination:

Signature of Candidate

Signature & Seal of Medical Officer