

Merchant Navy Fitness For Sea Service

Personal Details

Full Name

Date of Birth

Nationality

Rank/Position

Seaman Book Number

Ship Name / IMO Number

Medical Examination

Height (cm)

Weight (kg)

BMI

Blood Pressure

Vision (Right/Left)

Hearing

Medical Remarks

Doctor's Declaration

Date of Examination

Location

I hereby declare that the above-named seafarer is:

Doctor's Name

License/Registration No.

Signature
