

Seafarer Medical Fitness Certificate

Personal Details

Full Name	
Date of Birth	
Nationality	
Rank/Occupation	
Passport No.	
Seaman's Book No.	

Medical Examination Summary

Date of Examination	
Place of Examination	
Height	
Weight	
Blood Pressure	
Vision (Left / Right)	
Hearing	
Other relevant findings	

Certification

Declared Fit for Sea Service	
Restrictions/Remarks	
Certificate Valid Until	

Medical Examiner Name

Signature

Date

Official Stamp