

Crew Medical Fitness Certificate

Personal Details

Full Name
Date of Birth
Nationality
Rank/Position
Vessel Name
Passport/ID No.

Medical Examination Summary

Height
Weight
Blood Pressure
Vision (Right/Left)
Hearing

Medical History & Findings

General Health:

Significant Illnesses:

Allergies:

Medications:

Fit for Duty

Date
Doctor's Name & Signature