



Maritime &
Coastguard
Agency

SEAFARER MEDICAL CERTIFICATE (ENG 1)

This certificate is issued by the Maritime and Coastguard Agency (MCA), the issuing authority for the **Government of the United Kingdom**, in compliance with the requirements of Regulation 1.2 of the Maritime Labour Convention, 2006, and the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW) Section A-1/9, implemented by SI 2010/737 The Merchant Shipping (Maritime Labour Convention) (Medical Certification) Regulations 2010 and MSN 1839 (M).

Surname KENNEDY-PAESLER	Forename(s) CLARIS
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Proof of identity seen at the time of the examination YES	Document verified (details below)
Passport No: _____	Discharge Book No: _____
Other (specify document) No: _____	

Nationality USA	Date of Birth 03 / 01 / 1986	Gender M <input checked="" type="checkbox"/> F <input type="checkbox"/>
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Occupation: (tick relevant box)

Deck <input type="checkbox"/>	Engine <input type="checkbox"/>	Catering <input checked="" type="checkbox"/>	Other (specify).....
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I confirm the following has been assessed and meets the standards in STCW A-1/9 (tick relevant box)

Visual Acuity Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Colour Vision: Defective Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fit for look out duties: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date of Test 23 / 05 / 2018		

Visual Aids (tick if worn)	Spectacles <input checked="" type="checkbox"/>	Contact Lenses <input checked="" type="checkbox"/>
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Hearing: Meets standards unaided If no, meets standards aided	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of test 23 / 05 / 2018
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I have examined the seafarer named above and have found him/her to be free from any medical condition likely to be aggravated by service at sea, or to render the seafarer unfit for such service, or to endanger the health of other persons on board.

Medical Fitness Category (tick relevant box)

1. Fit - No limitations or restrictions on fitness Yes ☒ or No ☐ (see below)
2. Fit - Subject to restrictions (detailed below)

Duties:

Location/Vessels/Other:

(MUST NOT contain any clinical information)

Date of Examination 23 / 05 / 2018
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Expiry Date of Certificate (No more than 2 years from the date of examination) 23 / 05 / 2020
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Signature of Approved Doctor E. Grenet M.D.

Name of Approved Doctor E. Grenet M.D.
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I have read and understood the notes overleaf Seafarer's Signature Claris
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Serial Number 074052

MCA Approved Doctor's Official Stamp (Name, address, telephone number) MCA Approved Physician E. Grenet M.D. 954-525-7595 healthmedcenter.net 1489 SE 17 ST #2i Ft. Lauderdale, FL 33316
