

### THE REPUBLIC OF TRINIDAD AND TOBAGO MARITIME SERVICES DIVISION

MEDICAL FITNESS CERTIFICATE

Issued under the Shipping (Medical Examination) Regulations, 1990

Seafarer's Name	 Discharge Book No	

Date of expiry of this

Certificate.....

I certify that I have examined the seafarer named above to the Medical and Visual Standards of Trinidad and Tobago as contained in the Third and Fourth Schedules of the above-named Regulations and have found \*him/her fit for seafaring subject to the following restrictions:

Signed	
(A registered medical practitioner approved by the Minister)	
Date of Examination	

Official Stamp

•Delete as appropriate



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#### MARITIME SERVICES DIVISION Shipping (Medical Examination) Regulations, 1990

In Confidence

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SIXTH SCHEDULE

Regulation **II** 

# RECORD OF MEDICAL EXAMINATION OF SEAFARERS

Report of Medical Examination by an approved Medical Practitioner Shipping (Medical Examination) Regulations, 1990

1. Personal Details of Seafarer			4. Previous Medical History	of one of
Surname			Does the Seafarer have a medical history the following? If so (please tick the box)	
Forenames			Hypertension	
Discharge Book No <i>Tick correct b</i> Title Mr.□ Mrs.□	Miss $\Box$	Ms. 🗖	Eye trouble/squint Stomach/bowel disorder ENT Hearing impaired Skin disease/allergies	
Any other title held		•••••	Heart condition/rheumatic fever Asthma/Bronchitis	
Date of BirthDay M Rank/Rating/Occupation	Aonth	Year	Hay fever/allergies Epilepsy/fits/fainting Nervous/mental illness Jaundice/liver disease/piles	
2. Usual Medical Practitioner or Med			Urinary disorders Back injury/pain Hernia Diabetes Female disorders Infectious/contagious/tropical diseases Malignant diseases	
Address			Migraine/severe headaches Head injury/concussion Abnormal weight change Sexually transmitted diseases AIDS	
3. Family Medical History Has any member of the seafarer's far	milv ever su	ffered from:	Tobacco intake (quantity)	
	Please tick Yes	k <i>correct box</i> No	Alcohol intake (quantity)	
Hypertension			Other illness operations Is the seafarer now receiving any treatment	
Heart Conditions			is the seararer now receiving any treatment	lit ?
Asthma				
Diabetes			I certify that this is a true statement	
Mental Disorder				
Epilepsy			Signature of Seaman	

#### 5. Medical Examination

Does the seafarer suffer from any of the following abnormalities?

Please tick correct box and expand as necessary

Tooth	
ENT	
Skin	
Heart	
Lungs	
Nervous system	
Varicose veins	
Genito urinary system	
Hernia	
Any other defects	

6 Height (without shoes)m								
Weight (stripped to waist)kilos	Right ear	KhZ	500	1,000	2,000	4,000	6,000	8,000
Chest Inspirationcm		dB				L		
Expirationcm	Left ear	KhZ dB	500	1,000	2,000	4,000	6,000	8,000
Pulse rate								
Eye test			<del></del>	<del></del>	<del></del>	<del></del>		
Blood pressure systolic	Distant	Unaided	R 6		L 6		Both 6	
5th Sound	vision	Aided	R 6		L 6		Both 6	
Results of urine test								
Albumim			Near vision Colour vision			n		
Sugar		Unaided N Ishilare Engineers			modified			

	esults of Medical Examination ne Standards of Medical Exam		ilations hav	e been or ha	ve not been met.		
	Tick corr	ect box					
A	Unrestrictive sea service			D	Indefinitely		
B	Restriction service only				(Review in		months)
Rest	riction			E	Permanently		
Perio	d of restriction						
С	Temporarily						
	(Review in		months)				
Medi	cal Practitioner's						
Offic	ial Stamp			Signature			•••••
				Name		3/lock	
				Date			

Aided N

Normal

Defective