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| **MEDICAL EXAMINATION REPORT/CERTIFICATE**  **MARITIME ADMINISTRATOR**  CONFIDENTIAL DOCUMENT  **REPUBLIC OF THE MARSHALL ISLANDS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SURNAME | | | | | | | | | | | | | | | GIVEN NAME(S) | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH            MONTH DAY YEAR | | | | | | | | | | | | | | | PLACE OF BIRTH         CITY COUNTRY | | | | | | | | | | | | | SEX  MALE FEMALE | | | | |
| EXAMINATION FOR DUTY AS:  MASTER  DECK OFFICER  ENGINEERING OFFICER  RADIO OFFICER  RATING | | | | | | | | | | | | | | | MAILING ADDRESS OF APPLICANT: | | | | | | | | | | | | | | | | | |
| MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HEIGHT | | WEIGHT | | | BLOOD PRESSURE | | | | | | PULSE | | | | | | | RESPIRATION | | | GENERAL APPEARANCE | | | | | | | | | | | |
| VISION:  WITHOUT GLASSES | | | | | | RIGHT EYE | | | / | LEFT EYE | | | |  | | | | HEARING: | | | | | | | | | | | | | | |
| WITH GLASSES | | | | | |  | | | / |  | | | |  | | | | RT. EAR | |  | | |  | | LEFT EAR | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR TEST TYPE: BOOK  LANTERN  IS COLOR TEST NORMAL?  Yes  No (If “No” explain on page 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are glasses or contact lenses necessary to meet the required vision standard? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HEAD AND NECK | | | | | | | | | | | | | | | | | | HEART (CARDIOVASCULAR) | | | | | | | | | | | | | | |
| LUNGS | | | | | | | | | | | | | | | | | | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)  Is speech unimpaired for normal voice communication? | | | | | | | | | | | | | | |
| EXTREMITIES: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UPPER | | | |  | | | | | | | | | | | | | | LOWER |  | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is applicant vaccinated in accordance with WHO recommendations? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is applicant suffering from any disease likely to be aggravated by working aboard a vessel, or to render him/her unfit for service at sea or likely to endanger the health of other persons on board? Yes  No   If yes, please enter explanation in the section at the bottom of on page 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is applicant taking any non-prescription or prescription medications? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | |
|  | SIGNATURE OF APPLICANT | | | | | | | | | | | | | | |  | DATE OF EXAMINATION | | | | | | |  | | EXPIRY DATE | | | | |  | |
|  | THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | NAME OF APPLICANT (SURNAME, GIVEN NAME(S)) | | | | | | | | | | | |  | |
|  | This applicant is certified free of communicable disease (or viruses for cooks): Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Seafarer is found to be  fit /  not fit for duty as a  Master /  Deck Officer /  Engineering Officer /   Radio Officer /  Rating /  Chief Cook /  Cook  without any restrictions /  with the following restrictions: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND DEGREE OF PHYSICIAN | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
| ADDRESS | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
| DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
| SIGNATURE OF PHYSICIAN | | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | DATE | | | |  | |

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

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| MEDICAL REQUIREMENTS  All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer’s certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer’s Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.  In conducting the examination, the certified physician should, where appropriate, examine the seafarer’s previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:   1. Hearing  * All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).  1. Eyesight  * Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings must comply with C.I.E. Standards 1 or 2. * Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.  1. Dental  * Seafarers must be free from infections of the mouth cavity or gums.   (d) Blood Pressure   * An applicant's blood pressure must fall within an average range, taking age into consideration.   (e) Voice   * Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.   (f) Vaccinations   * All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.   (g) Diseases or Conditions   * Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.   (h) Physical Requirements   * Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate. * Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate. |

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| IMPORTANT NOTE:  A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.  An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or  of any organization of shipowners or seafarers.  Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. |

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| DETAILS OF MEDICAL EXAMINATION  To be completed by examining physician; alternatively, the examining physician may attach an equivalent form.  (See RMI [MG 7-47-1](https://www.register-iri.com/wp-content/uploads/MG-7-47-1.pdf), §3.3). |
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