



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 Article 2(a)(iii) of the Merchant Ships (Minimum Standards) Convention 1976 (ILO No. 147 & No. 73) 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 1822 (M).

Surname <b>PARIS</b>	Forename(s) <b>PATRICK MICHEL</b>
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Proof of identity seen at the time of the examination Passport No:	Discharge Book No: <b>W0042766</b>	Document verified (details below) Other (specify document) No:
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Nationality <b>FRANCAIS</b>	Date of Birth <b>25/05/1973</b>	Gender M <input checked="" type="checkbox"/> F <input type="checkbox"/>
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Occupation: (tick relevant box)

Deck  Engine  Catering  Other (specify).....

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"/>	Date of Test <b>20/08/2014</b>	Fit for look out duties: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Visual Aids (tick if worn) Spectacles <input type="checkbox"/>	Contact Lenses <input 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 <b>20/08/2014</b>
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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 <b>20/08/2014</b>
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Expiry Date of Certificate (No more than 2 years from the date of examination) <b>20/08/2016</b>
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Signature of Approved Doctor 
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Name of Approved Doctor <b>P.A. IRELAND</b>
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I have read and understood the notes overleaf Seafarer's Signature 
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Serial Number <b>853616</b>
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MCA Approved Doctor's Official Stamp (Name, address, telephone number)
<b>DR PATRICK IRELAND</b> 1913, ROUTE DE CANNES 06560 VALBONNE - FRANCE TÉL. : +33 4 93 12 95 66 FAX : +33 4 93 12 94 60