INTERNATIONAL MERCHANT MARINE REGISTRY OF BELIZE

MEDICAL EXAMINATION CHECKLIST

In accordance with the provisions of Regulation 1/9 of the STCW 1978 convention as amended and the provisions of Regulation 1.2 of the Maritime Labour Convention.

SIGHT:

Use of glasses or contact lenses: YES NO (If "YES", specify which type and for what purpose.)

Visual Acuity					
	Unaided		Aided		
	Left Eye	Right Eye	Left Eye	Right Eye	Binocular
Distance (meters)					

Visual Fields		
	Normal	Defective
Left Eye		
Right Eye		

Colour Vision	Not Tested	Normal	Doubtful	Defective

HEARING:

Pure Tone and Audiometry (Threshold Values in dB)						
Frequency	500 Hz	1000 Hz	2000 Hz	3000 Hz		
Left Ear						
Right Ear						

Speech and Whisper Test (meters)		
	Normal	Whisper
Left Ear		
Right Ear		

INTERNATIONAL MERCHANT MARINE REGISTRY OF BELIZE

CLINICAL DATA:

Height: _____ (cm) Weight: _____ (kg)

Pulse Rate: _____ (minute^{-1}) Rhythm: _____

Blood Pressure:

Systolic: _____ (mmHg) Diastolic: _____ (mmHg)

Urinalysis:

Glucose: _____ Protein: _____ Blood: _____

	Normal	Abnormal		Normal	Abnormal
Head			Skin		
Sinuses, Nose Throat			Varicose Veins		
Mouth/Teeth			Vascular (Including Pedal Pulses)		
Ears (General)			Abdomen and Viscera		
Tympanic Membrane			Hernias		
Eyes			Anus (Not Rectal Exam)		
Ophthalmoscopy			Genitourinary System		
Pupils			Upper and Lower Extremities		
Eye Movement			Spine (C/S, T/S and L/S)		
Lungs and Chest			Neurologic (Full Brief)		
Breast Examination			Psychiatric		
Heart			General Appearance		
Chest X-Ray	Not Performed		Performed (Day/Month/Year) _____		

Results: _____

OTHER DIAGNOSTIC TESTS AND RESULTS:

Test: _____ Result: _____

Medical Practitioner's comments and assessment of fitness, with reasons for any limitations:

ASSESSMENT OF FITNESS FOR SERVICE AT SEA

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

Fit for Look-Out Duty	Not Fit for Look-Out Duty

	Deck Service	Engine Service	Catering Service	Other Services
Fit				
Unfit				

Without Restrictions	With Restrictions	Visual Aid Required?	
		YES	NO

Describe restrictions (e.g. Specific positions, type of ship, trade area)

INTERNATIONAL MERCHANT MARINE REGISTRY OF BELIZE

Date of Issuance of Medical Certificate (Day/Month/Year): _____

Date of Expiration of Medical Certificate (Day/Month/Year): _____

Medical Certificate Number: _____

Name of Medical Practitioner (Typed or Printed): _____

License number of Medical Practitioner: _____

Address of Medical Practitioner (Street, City, Country): _____

_____

Authorized by: **IMMARBE**

Signature of Medical Practitioner: _____

Seal: