IMMARBE
INTERNATIONAL MERCHANT MARINE REGISTRY OF BELIZE

# MEDICAL FITNESS CERTIFICATE FOR PERSONNEL SERVICE ON BOARD BELIZEAN REGISTERED SHIPS

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|---|---|
| Last name: | Given name(s): |
| Position Onboard: | |
| Place of birth (City, Country): | |
| Mailing address of Applicant (street, City, Country): | |
| Date of Birth: | Sex: |

This Certificate is issued in accordance with the provisions of regulation I/9 of the STCW Convention 1978 as amended, and Regulation 1.2 of the Maritime Labor Convention, 2006

## DECLARATION OF THE AUTHORIZED PHYSICIAN

| | | |
|---|---|---|
| Confirmation that identification documents were checked at the point of examination: | Yes ☐ | No ☐ |
| Hearing meets the standards in STCW Code, Section A-1/9? | Yes ☐ | No ☐ |
| Unaided hearing satisfactory? | Yes ☐ | No ☐ |
| Visual acuity meets standards in STCW Code, Section A-1/9? | Yes ☐ | No ☐ |
| Colour vision meets standards in STCW Code, Section A-I/9? | Yes ☐ | No ☐ |
| Date of the last colour vision test<br>*The visual test is required every six years* | (Day/Month/Year) | |
| Are glasses or contact lenses necessary to meet the required vision standards? | Yes ☐ | No ☐ |
| Able for watchkeeping? | Yes ☐ | No ☐ |
| Is the applicant taking any non-prescription or prescription medication? | Yes ☐ | No ☐ |
| Is the seafarer 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? | Yes ☐ | No ☐ |

I hereby declare that I am in knowledge of the contents of the Physical Examination.

Name of Applicant Signature Date

Circle the appropriate choice:

(HE /SHE) is found to be (FIT /NOT FIT) for duty as a (WITHOUT ANY/WITH THE FOLLOWING)

restrictions: _____

_____

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Name and Degree of Physician: _____

Full address: _____

Name of Physician's certificating authority: _____

Issuance date of Certificate: _____

| | | |
|---|---|---|
| _____ Signature of Physician | Stamp of Physician | _____ Date |

Expiration Date of Certificate: _____

(This certificate cannot be valid for more than 2 years)

If the period of validity of this certificate expires in the course of the voyage, then the medical certificate shall continue in force until the next port of call where a medical practitioner recognized by IMMARBE is available, provided that this period does not exceed 3 months.

**IMPORTANT NOTE**

The original or a certified copy of this certificate must be carried on board in accordance with regulation I/2, paragraph 11 of the revised STCW Convention by the seafarer while serving on board of any Belize Flag vessel in order to prove that he/she is medically fit to serve in the aforementioned capacity.

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**DETAILS OF MEDICAL EXAMINATION**
**(To be completed by examining physician)**