

Ministry of Transport and Civil Aviation

Republic of Maldives

وبرسوم برد و برسوم درد بروو دورسیس دُور بردربردهٔ

PHYSICAL EXAMINATION CERTIFICATE
(Issue in compliance with the requirements of the medical examinations under Ferry Regulation 2-69/78 dated 05/01/2010 and vessel safety regulation 215/R-229 dated 28/12/2015)

NAME OF APPLICANT:			ADDRESS:	
DATE OF BIRTH:			PLACE OF BIRTH:	
MEDICAL EXAMINATION FOR DUTY AS:			MAILING ADDRESS OF APPLICANT:	
CAPTAIN ENGINEER/ MARIINE MECHANIC BOAT CREW				
DETAILS OF MEDIC			RESU	
VISION WITHOUT GLASSES WITH GLASSES	RIGHT EYE	EYE LEFT EYE		HEARING RIGHT EARLEFT EAR
COLOUR TEST TYPE	PE CH	L ECK OF COLOU	R T	 Yest
BOOK LANTERN		YELLOW RED	<u> </u>	GREEN BLUE
OTHER WORK RELATED AREAS EXAMINED				
HEAD AND NECK				
HEART (CARDIVAS	CULAR)			
LUNGS				
SPEECH				
EXTREMITIES UPPE		PER:		LOWER:
SIGNATURE OF APPLICANT This signature should be fixed in the presence of the examining physician			/ DATE	
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:				
IS FOUND TO BE FOR I		(Name of the Applicant) OR DUTY AS A:		
(State the rank of the seafarer) NAME OF THE DEGREE OF PHYSICIAN				
NAME OF THE PHYSICIAN'S LICENSING AUTHORITY				
DATE OF ISSUE OF PHYSICIAN'S LICENSE				
SIGNATURE OF PHYSICIAN				