

**PHYSICAL EXAMINATION REPORT/CERTIFICATE  
DEPUTY COMMISSIONER OF MARITIME AFFAIRS**

**ANNEX 2**

**THE REPUBLIC OF LIBERIA**

LAST NAME OF APPLICANT			FIRST NAME			MIDDLE INITIAL		
DATE OF BIRTH			PLACE OF BIRTH			SEX		
MONTH	DAY	YEAR	CITY		COUNTRY	MALE	FEMALE	
EXAMINATION FOR DUTY AS:				MAILING ADDRESS OF APPLICANT:				
MASTER		<input type="checkbox"/>	RATING		<input type="checkbox"/>			
MATE		<input type="checkbox"/>	MOU DECK		<input type="checkbox"/>			
ENGINEER		<input type="checkbox"/>	MOU ENGINE		<input type="checkbox"/>			
RADIO OFF		<input type="checkbox"/>	SUPERNUMERARY		<input type="checkbox"/>			

**MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2**

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
VISION:		RIGHT EYE	LEFT EYE		
WITHOUT GLASSES		_____	/	_____	
WITH GLASSES		_____	/	_____	
DATE OF LAST COLOR VISION TEST (Month/Day/Year) _____				Testing Required every 6 years	
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST IS NORMAL      YELLOW \_\_\_      RED \_\_\_      GREEN \_\_\_      BLUE \_\_\_

HEARING:                                      RT. EAR \_\_\_\_\_                                      LEFT EAR \_\_\_\_\_

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 SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2.

\_\_\_\_\_  
SIGNATURE OF APPLICANT                                      DATE OF EXAM                                      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)

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY \_\_\_\_\_  
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE \_\_\_\_\_  
SIGNATURE OF PHYSICIAN \_\_\_\_\_                                      DATE OF EXAMINATION: \_\_\_\_\_

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.  
The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

## MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seafarer deck, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

### DETAILS OF MEDICAL EXAMINATION

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