Name	Surname
Address	

Date of birth	Place of birth	Sex ☐ male ☐ female

MEDICAL EXAMINATION FOR POSITION:	☐ Master ☐ Mate ☐ Engineer ☐ Radio Officer ☐ Rating

MEDICAL EXAMINATION

Height	Weight	Blood pressure	Pulse	Respiration	General Appearance

VISION	Right eye	Left eye	HEARING	
Without glasses			Right ear	Left ear
With glasses				

COLOR TEST TYPE: BOOK ☐ ANTERN ☐ COLOR TEST: YELLOW _____ RED_____ GREEN _____ BLUE _____

HEAD AND NECK	HEART (CARDIOVASCULAR)
LUNGS	SPEECH (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 onboard?

_____ _____
SIGNATURE OF APPLICANT 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

NAME AND DEGREE OF PHYSICIAN _____
(please print)

ADDRESS _____

NAME OF PHYSICIAN'S LICENSING AUTHORITY _____

DATE OF ISSUE OF PHYSICIAN'S LICENSE _____

SIGNATURE OF PHYSICIAN _____

This certificate is issued by the Government of Antigua and Barbuda and complies with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73)