



Certificate No:

REPUBLIC OF KENYA

SEAFARER MEDICAL CERTIFICATE

Issued under Regulation 6 of the Merchant Shipping (Seafarer Medical and Examinations) Regulations, 2016

SEAFARER INFORMATION

Last name:	First name:	Middle name(s):
Nationality:	Passport No:	Date of Birth: __ / __ / ____ Discharge book No:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Rank/Job:	Department:

This is to certify that above named seafarer has been examined in accordance with the Seafarers' medical fitness standards and certification requirements established in accordance with the provisions of the STCW Convention, 1978 as amended, regulation I/9 and Maritime Labour Convention 2006, regulation 1.2 found to be fit for sea service, subject to any limitations indicated

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER

	Yes	No
1. Confirmation that identification documents were checked at the point of examination	<input type="checkbox"/>	<input type="checkbox"/>
2. Hearing meets the standards in STCW Code Section A-I/9? Date of test (dd/mm/yyyy): ___/___/_____	<input type="checkbox"/>	<input type="checkbox"/>
3. Unaided hearing satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>
4. Visual acuity meets standards in section A-I/9? Visual aids (if worn): <input type="checkbox"/> Spectacles <input type="checkbox"/> Contact lenses <input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>
5. Colour vision meets standards in section A-I/9? Date of last color vision test: ____/____/_____	<input type="checkbox"/>	<input type="checkbox"/>
6. Fit for look-out duties? (Deck and Engine Dept. only)	<input type="checkbox"/>	<input type="checkbox"/>
7. Limitations or restrictions on fitness?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", specify limitations or restrictions:		Examination form No:
8. 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?	<input type="checkbox"/>	<input type="checkbox"/>
Date of Issue (dd/mm/yyyy): ____/____/_____	Date of Expiry* (dd/mm/yyyy): ____/____/_____	
RECOGNIZED MEDICAL PRACTITIONER	REGISTRAR OF KENYAN SEAFARERS	
Sign: _____	Sign: _____	
Name (print): _____	Name (print): _____	
Place of examination: _____	Place of issue: _____	
Seal/Stamp: _____	Seal/Stamp: _____	

SEAFARER'S DECLARATION: I hereby confirm that I have been informed about the content of this certificate and my right to appeal in accordance with the Merchant Shipping (Seafarer Medical and Eyesight) Regulations, 2016.

Signature of the seafarer: _____ *Valid for a maximum period of two years unless the seafarer is under the age of 18, in which case the maximum period of validity shall be one year.