



Medical Fitness Certificate – MED1

This medical certificate is required for applicants who are operating pleasure vessels length overall more than 12m

Personal Details:							
Name		AE ID No.		Mob. No.			
Nationality		Date of Birth		Gender		Male	Female
Address							

Assessment			
No.	Description	Yes	No
1.	Does the applicant suffer from any heart, lung, or other disorder that might impair his performance?		
2.	Is there defective vision? If so, can the defect be rectified by the use of spectacles? (Special attention should be given to colour vision).		
3.	Is there any hearing defect?		
4.	Has the applicant any deformity, or loss of members which would impair his performance?		

Remarks/ Recommendation

Results of Examination:

I certify that I have this day examined _____ (Name of Applicant)
and confirm the following:

Passed the eyesight test, color vision normal.

The applicant is not physically handicapped.

Date of Examination:
Expiry Date: (not more than 5 years from the date of examination)
I have read and understand the content of the certificate Applicant Signature:

Doctor's Name & Signature:
Doctor's Official Stamp: (Name, address, telephone no.)