



IMMARBE

THE INTERNATIONAL MERCHANT MARINE REGISTRY OF BELIZE
"IMMARBE"

MEDICAL FITNESS CERTIFICATE

| | | |
|---------------------------|---------------|-------------------|
| 1. LAST NAME OF APPLICANT | 2. FIRST NAME | 3. MIDDLE INITIAL |
|---------------------------|---------------|-------------------|

| | | |
|--|-----------------------------------|---|
| 4. DATE OF BIRTH MONTH / DAY / YEAR | 5. PLACE OF BIRTH CITY COUNTRY | 6. SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> |
|--|-----------------------------------|---|

| | |
|--|--|
| 7. EXAMINATION OF DUTY AS: <input type="checkbox"/> ASSISTANT ENGINEER OFFICER <input type="checkbox"/> MASTER <input type="checkbox"/> CHIEF MATE <input type="checkbox"/> CHIEF ENGINEER OFFICER <input type="checkbox"/> ENGINEER OFFICER <input type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> RATING <input type="checkbox"/> RATING AS PART OF THE ENGINEERING WATCH <input type="checkbox"/> RATING AS PART OF THE NAVIGATIONAL WATCH <input type="checkbox"/> TANKERMAN CERTIFICATE <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> SECOND ENGINEER OFFICER | 8. MAILING ADDRESS OF APPLICANT Email: |
|--|--|

MEDICAL EXAMINATION (TURN OVER FOR MEDICAL REQUIREMENTS) **STATE DETAILS ON REVERSE SIDE**

| | | | | | |
|-----------|------------|--------------------|-----------|---------------|------------------------|
| 9. HEIGHT | 10. WEIGHT | 11. BLOOD PRESSURE | 12. PULSE | 13. BREATHING | 14. GENERAL APPEARANCE |
|-----------|------------|--------------------|-----------|---------------|------------------------|

| | | | |
|---|-----------|----------|--|
| 15. VISION: WITHOUT GLASSES WITH GLASSES | RIGHT EYE | LEFT EYE | 16. HEARING RIGHT EAR _____ LEFT EAR _____ |
| | | | |
| | | | |

17. COLOR TEST TYPE: BOOK LANTERN COLOR TEST: YELLOW _____ RED _____ GREEN _____ BLUE _____

| | |
|-------------------|----------------------------|
| 18. HEAD AND NECK | 19. HEART (CARDIOVASCULAR) |
|-------------------|----------------------------|

| |
|-----------|
| 20. LUNGS |
|-----------|

21. **SPEECH (RADIO OFFICER):**
Is speech unimpaired for normal voice communication? _____

22. **EXTREMITIES:** UPPER _____ LOWER _____

23. 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?

SIGNATURE OF APPLICANT MONTH/DAY/YEAR
This signature should be affixed in the presence of the examining Physician

24. **THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:**

 _____ DATE OF ISSUANCE
 (Name of Applicant) _____ EXPIRATION DATE
THIS CERTIFICATE IS VALID FOR NOT MORE THAN TWO (2) YEARS.

(HE) (SHE) IS FOUND TO BE (FIT) FOR DUTY AS A: (SAME AS SECTION 7)

NAME AND DEGREE OF PHYSICAN _____
(PLEASE PRINT)
 ADDRESS _____
 NAME OF THE PRACTITIONER LICENSING AUTHORITY _____
 DATE OF ISSUE OF PRACTITIONER'S LICENSE _____
 SIGNATURE OF PRACTITIONER _____

