

# THE INTERNATIONAL MERCHANT MARINE REGISTRY OF BELIZE "IMMARBE"

### MEDICAL FITNESS CERTIFICATE

## 4. DATE OF BIRTH 5. PLACE OF BIRTH 6. SEX MONTH / DAY / YEAR COUNTRY CITY $_{ m MALE}$ $\square$ $_{ m FEMALE}$ $\square$ 7. EXAMINATION OF DUTY AS: 8. MAILING ADDRESS OF APPLICANT ☐ ASSISTANT ENGINEER OFFICER RATING ☐ MASTER RATING AS PART OF THE ENGINEERING WATCH ☐ CHIEF MATE RATING AS PART OF THE NAVIGATIONAL WATCH Email: ☐ CHIEF ENGINEER OFFICER TANKERMAN CERTFICATE ENGINEER OFFICER ☐ DECK OFFICER RADIO OPERATOR SECOND ENGINEER OFFICER MEDICAL EXAMINATION (TURN OVER FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE 10 WEIGHT 13. BREATHING 14. GENERAL APPEARANCE 9. HEIGHT 11. BLOOD PRESSURE 12. PULSE 15. **VISION**: 16. **HEARING** RIGHT EYE LEFT EYE WITHOUT GLASSES \_\_\_\_\_ LEFT EAR\_ WITH GLASSES 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 **EXPIRATION DATE** (Name of Applicant) 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

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# MEDICAL REQUIREMENTS

All applicants for A Belize Endorsement Attesting Recognition of a foreign Certificate shall be required to have a physical examination reported on the Medical Fitness Certificate conducted by licensed physician. The Medical Fitness Certificate must accompany application for Endorsement Attesting Recognition of a foreign Certificate. This physical examination must be carried out not more than 24 months prior to the date of making application for Endorsement Attesting Recognition a Certificate. 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 facilities 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 better ear at 15 feet and in poorer ear at 5 feet.
- (b) Deck license 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 license applicants must have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio license 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 license applicants must 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 account.
- (e) Applicants afflicted with any of the following disease or conditions shall be disqualified: epilepsy, insanity, senility, acute alcoholism, tuberculosis, acute venereal disease or neurosyphilis and/or the use of narcotics.
- (f) Radio license applicants must have speech, which is unimpaired for normal voice communication.

### **IMPORTANT NOTE**

The original or a certify copy must be carried on board by the seafarer while serving on board of a Belize Flag vessel in order to prove that he/she is medically fit.

# DETAILS OF MEDICAL EXAMINATION (To be completed by examining physician)

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