



DEPARTMENT of the MARINE
DUBLIN, IRELAND.
MEDICAL CERTIFICATE

Form No. ENG 11.

Seafarers Name _____ Discharge Book No. _____

Date of Birth _____ Date of Expiry of this Certificate* _____

I certify that the above named seafarer has been examined today to the medical and visual standards of the State (as specified in Marine Notice No. 37 of 1984) and is not suffering from any disease likely to be aggravated by, or to render the seafarer unfit for, service at sea, or likely to endanger the health of other persons on board. I consider that the seafarer is fit by reason of hearing, sight** and general health for seafaring subject to the following restrictions:

Signature and Stamp of Examining registered Medical Practitioner _____

Address _____

Date _____

* Maximum period of validity two (2) years.

** Includes colour vision for all persons employed on deck watchkeeping duties.