Gender: M

Male/Female*



Seafarer's Name :(Last, first, middle)

MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

KARAMAT

TALLAT

Date of Birth: (Day/month/year)		Nationality:	Place o			
31/07/1961		PAKISTANI		THELUM		
)ecla	aration of the recognized me	dical practitioner:			Yes	No
1	Identification documents were checked at the point of examination?					
2	Hearing meets the standards in STCW Code Section A-I/9?					
3	Unaided hearing satisfactory?					
4	Visual acuity meets the standards in STCW Code Section A-I/9?					
5	Colour vision meets the standards in STCW Code Section A-I/9?					
	Date of last colour v	ision test: ા૧ પ	2024	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		••••
6	Fit for look-out duty?			***************************************		
7	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 endanger the life of person onboard?				or	
8	No limitations or restrictions of	on fitness?				
	If "no" specify limitations or re	16	11/2024			
9	Date of examination: (day/mo	nuvycar)	1	7 1-		
10	Expiry of certificate: (day/mor ** Maximum two years from date of	examination unless the seafare		19 11	Jos ?	
ļ	quirory .	MB Bch E Dip Derma Dip Occupational OS	Health (S'pore) DWD 3739D Ju	RINITY MEI Blk 130 #0 rong Gateway el: 6560 7088	2-205 / 20 Road S(60	7 0130)
	Date Signature of Au Medical Practiti		oner's Official Stamp number, address etc)			

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

* delete as appropriate

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