بسم الله الرحمن الرحيم

Ministry of Economic Development, Transport and Trade
Republic of Maldives

ދިވެހިރާއްޖޭގެ ތަރައްޤީގެ ދަތުރުދާރުކަމާއި ވިޔަފާރި ވަޒާރާ
ފޯނ، ދިވެހިރާއްޖެ

PHYSICAL EXAMINATION CERTIFICATE

NAME OF APPLICANT:	**ADDRESS:**
DATE OF BIRTH:	**PLACE OF BIRTH:**
MEDICAL EXAMINATION FOR DUTY AS: ☐ CAPTAIN ☐ ENGINEER / MARINE MACHANIC ☐ BOAT CREW ☐ ……. ☐ ……..….. ☐ ……..…	**MAILING ADDRESS OF APPLICANT:**

DETAILS OF MEDICAL EXAMINATION AND THE RESULTS

VISION	**RIGHT EYE**	**LEFT EYE**	**HEARING**
WITHOUT GLASSES			RIGHT EAR…… LEFT EAR…….
WITH GLASSES			

COLOUR TEST TYPE	**CHECK OF COLOUR TEST**	
☐ BOOK ☐ LANTERN	☐ YELLOW ☐ RED	☐ GREEN ☐ BLUE

OTHER WORK-RELATED AREAS EXAMINED		
HEAD AND NECK		
HEART (CARDIVASCULAR)		
LUNGS		
SPEECH		
EXTREMITIES	UPPER:	LOWER:

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SIGNATURE OF APPLICANT This signature should be fixed in the presence of the examining officer	……../……./…… **DATE**

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

(Name of the Applicant)

IS FOUND TO BE …….. FOR DUTY AS A:……..…

(State the rank of the seafarer)

NAME OF THE DEGREE OF MEDICAL OFFICER ……

NAME OF THE MEDICAL OFFICER LICENSING AUTHORITY ……

DATE OF ISSUE OF MEDICAL OFFICER LICENSE …….

SIGNATURE OF MEDICAL OFFICER …….