



Ministry of Transport and Civil Aviation
 Republic of Maldives

ދިވެހިސަރުކާރުގެ ގެޒެޓް ގައި ބަޔާންކުރި ގޮތުގައި
 ސަރުކާރުގެ ބޭނުންކުރާ ފަރާތްތަކަށް

PHYSICAL EXAMINATION CERTIFICATE

NAME OF APPLICANT:	ADDRESS:
DATE OF BIRTH:	PLACE OF BIRTH:
MEDICAL EXAMINATION FOR DUTY AS: <input type="checkbox"/> CAPTAIN <input type="checkbox"/> ENGINEER <input type="checkbox"/> SECOND ENGINEER <input type="checkbox"/> BOAT CREW <input type="checkbox"/> <input type="checkbox"/>	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	
<input type="checkbox"/> BOOK	<input type="checkbox"/> YELLOW	<input type="checkbox"/> GREEN	
<input type="checkbox"/> LANTERN	<input type="checkbox"/> RED	<input type="checkbox"/> BLUE	

OTHER WORK RELATED AREAS EXAMINED	
HEAD AND NECK	
HEART (CARDIVASCULAR)	
LUNGS	
SPEECH	
EXTREMITIES	UPPER: _____ LOWER: _____
SIGNATURE OF APPLICANT This signature should be fixed in the presence of the examining medical 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.....