



Ministry of Transport and Civil Aviation
 Republic of Maldives

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 ވަނަ ބައި

PHYSICAL EXAMINATION CERTIFICATE

NAME OF APPLICANT:		ADDRESS:	
DATE OF BIRTH:		PLACE OF BIRTH:	
MEDICAL EXAMINATION FOR DUTY AS:		MAILING ADDRESS OF APPLICANT:	
<input type="checkbox"/> CAPTAIN <input type="checkbox"/> ENGINEER/MARINE MACHANIC <input type="checkbox"/> BOAT CREW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
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"/> LANTERN	<input type="checkbox"/> YELLOW <input type="checkbox"/> RED <input type="checkbox"/> GREEN <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:..... <div style="text-align: right;">(Name of the Applicant)</div> IS FOUND TO BE FOR DUTY AS A:..... <div style="text-align: right;">(State the rank of the seafarer)</div> 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.....			