



Maritime &
Coastguard
Agency

SEAFARER MEDICAL CERTIFICATE (ENG 1)

This certificate is issued by the Maritime and Coastguard Agency (MCA), the issuing authority for the Government of the United Kingdom, in compliance with Article 10 of ILO Work in Fishing Convention (C.188), implemented by SI 2018/1108, the Merchant Shipping (Work in Fishing Convention) (Medical Certification) Regulations 2018, and the requirements of Regulation 1.2 of the Maritime Labour Convention, 2006, and the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW) Section A-1/9, implemented by SI 2010/737 the Merchant Shipping (Maritime Labour Convention) (Medical Certification) Regulations 2010.

Surname WATSON	Forename(s) SAMANTHA
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Proof of Identity seen at the time of examination. Tick document type:
 Passport Discharge Book Other (specify document)

Nationality BRITISH	Date of Birth 07/11/1982	Gender M <input type="checkbox"/> F <input checked="" type="checkbox"/>
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Occupation: (tick relevant box)
 Deck Engine Catering Other (specify) BRIDGE PURSER.....

Fishing
 Yes No

I confirm the following has been assessed and meets the standards in STCW A-1/9 (tick relevant box)

Visual Acuity Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Colour Vision: Defective Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date of Test 06/05/2019	Fit for look out duties: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Visual Aids (tick if worn) Spectacles Contact Lenses

Hearing: Meets standards unaided Yes No
 If no, meets standards aided Yes No

Date of test 06/05/2019

I have examined the seafarer named above and have found him/her to be free from any medical condition likely to be aggravated by service at sea, or to render the seafarer unfit for such service, or to endanger the health of other persons on board.

Medical Fitness Category (tick relevant box)

1. Fit - No limitations or restrictions on fitness Yes or No (see below)
 2. Fit - Subject to restrictions (detailed below)

Duties:

Location/Vessels/Other:

REPEAT HEARING TEST EACH VISIT

(MUST NOT contain any clinical information)

Date of Examination
06/05/2019

Expiry Date of Certificate
(No more than 2 years from the date of examination) 05/05/2021

Signature of Approved Doctor

MCA Approved Doctor's Official Stamp
(Name, address, telephone number)

Name of Approved Doctor
W. R. JENKINSON

Dr. W.R. Jenkinson
6th Floor Causeway Tower
9 James St. South
Belfast, BT2 8DN
028 90 24 77 88

I have read and understood the notes overleaf
Seafarer's Signature

Serial Number 119000