



Republic of Cyprus
Ministry of Communication and Works
Department of Merchant Shipping
PHYSICAL EXAMINATION REPORT/CERTIFICATE



LAST NAME OF APPLICAN:	FIRST NAME:	MIDDLE INITIAL
DATE OF BIRTH: MONTH DAY YEAR	PLACE OF BIRTH:	SEX: MALE FEMALE
EXAMINATION FOR DUTY AS: MASTER MATE ENGINEER RADIO OFF RATING	MAILING ADDRESS OF APPLICANT	

MEDICAL EXAMINATION
(SEE REVERES SIDE FOR REQUIREMENTS) **STATE DETAILS ON REVERSE SIDE**

HEIGHT cm	WEIGHT kg	BLOODE PRESSURE	PULSE per 1'	RESPIRATION	GENERAL APPEARANCE
VISION:			HEARING:		
WITHOUT GLASSES		RIGTH EYE / LEFT EYE /	RIGHT EAR LEFT AR		
WITH GLASSES					
COLOR TEST TYPE: BOOK ___ LANTERN ___ CHECK IF COLOR TEST IS NORMAL - YELLOW <u>OK</u> RED <u>OK</u> GREEN <u>OK</u> BLUE <u>OK</u>					
HEAD AND NECK			HEART (CARDIOVASCULAR) THE HEART IS HEALTHY AND FIT		
LUNGS			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?		
EXTREMITIES:			UPPER LOWER		

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LICELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?

SIGNATURE OF APPLICANT DATE
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN
THIS IS TO CERTIFY THAT A PHYSICAL EXAINATION WAS GIVEN TO: (NAME OF APPLICANT)

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER OR RATING)

NAME AND DEGREE OF PHYSICIAN _____
ADDRESS _____
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY _____
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE _____
SIGNATURE OF PHYSICIAN _____ DATE _____

Requirements of the Russian Marine Administration, provisions of ILO №73 and STCW 78 conventions,
as amended in 1995 and World Health Organization (WHO)