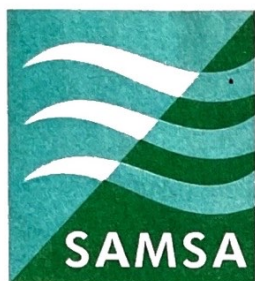


206375

SEAFARER MEDICAL CERTIFICATE

This certificate is issued by the South African Maritime Safety Authority in compliance with the requirements of Article 2(a)(iii) of the Merchant Ships (Minimum Standards) Convention 1976 (ILO No. 147 & No. 73) and Regulation I/9 and Section A-I/9 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978 as amended, the Maritime Labour Convention 2006 and the Merchant Shipping (Eyesight and medical examination) Regulations 2013 as amended.



SOUTH AFRICAN
MARITIME SAFETY AUTHORITY

Surname: STAGNET	Forename(s) LAURA-MARIA
Proof of identity seen at the time of examination? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date of birth 14/9/90 Gender M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Passport No. CHC1029H8 Discharge Book No.	
Nationality as stated in identity document: GERMAN	
Occupation: (tick relevant box)	
Deck <input type="checkbox"/> Engine <input checked="" type="checkbox"/> Catering <input type="checkbox"/> Other (specify)	

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

Visual Acuity Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Colour Vision: Date of Test: 13, 7, 2022 Defective Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fit for look out duties: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Visual (tick if worn) Spectacles <input type="checkbox"/> Contact Lenses <input type="checkbox"/>	Hearing unaided Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Hearing with aid Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date of hearing test 13, 7, 2022	

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 the relevant box)

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

Duties:

Location/Vessels

Date of Examination 13-7-2022	Expiry Date of Certificate No more than 1 year from the date of examination) 13, 7, 2024
Signature of Approved Doctor <i>Rufelwed</i>	
Name of Approved Doctor DR. R. MELMED	

I have read and understood the notes overleaf

Seafarer's Signature *Stagnet*

Serial Number:

DR. R.D. MELMED: MBChB, Dip Occ Med
Approved Doctor's
PR: 014-000-1506684
Official Stamp
Hawkesbury Surgery, Staines Rd, Plumstead
Tel/Fax: 021-7611886