

sample

Certificate of Medical Examination on the Crew Member of Fishing Vessel

Name of Hospital:

Date: _____(year) ____ (month) ____ (day)

Name		Age		Date of Birth	(day) (month) (year)	Gender		
Passport No.:				Crew Category	Officer			Ordinary Crew
Residency Permit No.:								
Address:					Navigation	Engineering	Telecommunication	
Height:	cm	Weight:	kg	Smoking:		Drinking:		Betel Nuts Chewing:
Eyes	Vision	Left	Naked Eye Vision:		Right	Naked Eye Vision:		Eye Disease: Color Blind:
			Corrected Vision:			Corrected Vision:		
Ears	Hearing: Left:			Right:			Ear disease:	
Speech Problem:			Head and Neck:		Spine and Limbs:		Joints:	
Chest X-ray (standard film):								
Paste a photograph here. (Stamp on the seam between the photograph and the blank space)			Results of Medical Examination (Please stamp pass or fail .)				Hospital	
			Doctor: _____ (Signature)				Date: ____ (day) ____ (month) _____ (year)	

❖ Please refer to next page for requirements for medical examination

Requirements for Medical Examination

1. Instructions for the applicant

- (1) Medical examination shall be performed by one of the following medical facilities:
 - a. public hospitals;
 - b. teaching hospital evaluated to be qualified by the central competent health authority;
 - c. regional hospitals.
- (2) The medical examination costs shall be borne by the applicant. In case of any peculiar symptoms discovered on the medical examination that requires special examination, the medical facility concerned may ask for extra charge at its discretion.
- (3) The certificate of medical examination shall be valid for six months from the date of the medical examination.

2. Instructions to the doctor

- (1) The doctor shall be mindful of the standards for the medical examination.
- (2) The doctor shall confirm the applicant's identity by checking his national identification card and photograph. After that, the doctor shall make the medical examination thoroughly based on the items set out in this form and record the results of the examination item by item, and specify "passed" or "failed" on the column of examination results. If the applicant is diagnosed as disqualified, please specify that the applicant has the disease set out in which paragraph, which subparagraph of the examination standards.
- (3) After completion of the medical examination, the doctor concerned shall sign, fill in the date, stamp the official seal of the hospital and stamp between the seam of the photograph and the blank space on the Certificate of Medical Examination on the Crew of Fishing Vessel.

3. Where the physical examination indicates that the applicant has one of the following conditions, the result of the physical examination shall be "failed":

- (1) Vision: By means of the Landolt's C Chart at a distance of 5 meters, naked eye-vision of either eye does not reach 0.1 or corrected vision of either eye does not reach 0.5.
- (2) Color vision: unable to identify red, green and blue respectively
- (3) Hearing: both ears unable to hear sounds within 5 meters
- (4) Speech problem: unable to utter sound to communicate with others
- (5) Head and neck, spine and limbs, joints: too impaired to perform work
- (6) Results of chest X ray: heart and lungs disorder, for example, infectious tuberculosi