IMMARBE

THE INTERNATIONAL MERCHANT MARINE REGISTRY OF BELIZE "IMMARBE"

MEDICAL FITNESS CERTIFICATE

1. LAST NAME OF APPLICANT	2. FIRST NAME	3. MIDDLE INITIAL

4. DATE OF BIRTH	5. PLACE OF BIRTH		6. SEX
MONTH / DAY / YEAR	CITY	COUNTRY	MALE ○ FEMALE ○

7. EXAMINATION OF DUTY AS:

- ☐ ASSISTANT ENGINEER OFFICER
- ☐ MASTER
- ☐ CHIEF MATE
- ☐ CHIEF ENGINEER OFFICER
- ☐ ENGINEER OFFICER
- ☐ RADIO OPERATOR
- ☐ RATING
- ☐ RATING AS PART OF THE ENGINEERING WATCH
- ☐ RATING AS PART OF THE NAVIGATIONAL WATCH
- ☐ TANKERMAN CERTFICATE
- ☐ DECK OFFICER
- ☐ SECOND ENGINEER OFFICER

8. MAILING ADDRESS OF APPLICANT

Email:

MEDICAL EXAMINATION (TURN OVER FOR MEDICAL REQUIREMENTS) **STATE DETAILS ON REVERSE SIDE**

9. HEIGHT	10. WEIGHT	11. BLOOD PRESSURE	12. PULSE	13. BREATHING	14. GENERAL APPEARANCE

15. **VISION**:	RIGHT EYE	LEFT EYE
WITHOUT GLASSES		
. WITH GLASSES		

16. **HEARING**

RIGHT EAR _____ LEFT EAR _____

17. COLOR TEST TYPE: BOOK ☐ LANTERN ☐ COLOR TEST: YELLOW_____ RED_____ GREEN_____ BLUE_____

18 **HEAD AND NECK**

19. **HEART (CARDIOVASCULAR)** _____

20.**LUNGS**_____

21. **SPEECH (RADIO OFFICER):**

Is speech unimpaired for normal voice communication?_____

22. **EXTREMITIES**: UPPER_____ LOWER _____

23. Is applicant suffering from any disease likely to be aggravated by, or to render him unfit for service at sea or likely to endanger the health of other persons on board?

_____ _____

SIGNATURE OF APPLICANT MONTH/DAY/YEAR

This signature should be affixed in the presence of the examining Physician

24. **THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:**

_____ DATE OF ISSUANCE

_____ _____

(Name of Applicant) EXPIRATION DATE

THIS CERTIFICATE IS VALID FOR NOT MORE THAN TWO (2) YEARS.

(HE) (SHE) IS FOUND TO BE (FIT) FOR DUTY AS A: (SAME AS SECTION 7)

NAME AND DEGREE OF PHYSICAN_____

(PLEASE PRINT)

ADDRESS _____

NAME OF THE PRACTITIONER LICENSING AUTHORITY_____

DATE OF ISSUE OF PRACTITIONER'S LICENSE _____

SIGNATURE OF PRACTITIONER_____

MEDICAL REQUIREMENTS

All applicants for A Belize Endorsement Attesting Recognition of a foreign Certificate shall be required to have a physical examination reported on the Medical Fitness Certificate conducted by licensed physician. The Medical Fitness Certificate must accompany application for Endorsement Attesting Recognition of a foreign Certificate. This physical examination must be carried out not more than 24 months prior to the date of making application for Endorsement Attesting Recognition a Certificate. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body facilities necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply.

(a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet and in poorer ear at 5 feet.

(b) Deck license applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck license applicants must have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.

(c) Engineer and radio license applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio license applicants must be able to perceive the colors red, yellow and green.

(d) An applicant's blood pressure must fall within an average range, taking age into account.

(e) Applicants afflicted with any of the following disease or conditions shall be disqualified: epilepsy, insanity, senility, acute alcoholism, tuberculosis, acute venereal disease or neurosyphilis and/or the use of narcotics.

(f) Radio license applicants must have speech, which is unimpaired for normal voice communication.

IMPORTANT NOTE

The original or a certify copy must be carried on board by the seafarer while serving on board of a Belize Flag vessel in order to prove that he/she is medically fit.

DETAILS OF MEDICAL EXAMINATION
(To be completed by examining physician)