



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 WILLERS	Forename(s) DYLAN
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Proof of Identity seen at the time of examination. Tick document type:
 Passport ☒ Discharge Book ☐ Other (specify document)

Nationality ZAF	Date of Birth 20/08/1997	Gender M <input checked="" type="checkbox"/> F <input type="checkbox"/>
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Occupation: (tick relevant box)
 Deck ☒ Engine ☐ Catering ☐ Other (specify).....
 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"/>	Fit for look out duties: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date of Test 12/03/2020		

Visual Aid (tick if worn) Spectacles ☐ Contact Lenses ☐

Hearing: Meets standards unaided Yes ☒ No ☐
 If no, meets standards aided Yes ☐ No ☐
 Date of test **12/03/2018**

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:
 (MUST NOT contain any clinical information)

Date of Examination
12/03/2020

Expiry Date of Certificate
(No more than 2 years from the date of examination)
12/03/2022

Signature of Approved Doctor
[Signature]

Name of Approved Doctor
E. Grenet M.D.

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

Serial Number
174033

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

**MCA Approved Physician
 E. Grenet M.D.
 954-525-7595
 healthmedcenter.net
 1489 SE 17 ST #2i
 Ft. Lauderdale, FL 33316**