
DYLAN
FRANCOIS
WILLERS

SUPERYACHT
DECKHAND



PERSONAL DETAILS

Identity documents & licenses

COVID-19 Vaccination Record Card



Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name: **WILLERS** First Name: **DYLAN FRANCO** MI
 Date of birth: **08/26/97** Patient number (medical record or IIS record number):

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	Pfizer Covid-19 FLW0153 7121	04/09/21 mm dd yy	CVS
2 nd Dose COVID-19	Pfizer 8731	04/30/21 mm dd yy	CVS 5233
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	

Reminder! Return for a second dose! ¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	04 / 30 / 21 mm dd yy
Other Otra	____ / ____ / ____ mm dd yy

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit [cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov.

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite espanol.cdc.gov/coronavirus/2019-ncov/index.html.

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en vaers.hhs.gov.

RYA
PW1020157

**PERSONAL WATERCRAFT
CERTIFICATE OF PROFICIENCY**

Holder's name **Dylan Francois Willers**



The holder has successfully completed a Personal Watercraft Proficiency course to the syllabus laid down by the RYA at:

SUSA

Assistance required to complete


Signed *D Francois*
Signed Principal/Chief Instructor

Date **13/03/2018**

**PERSONAL WATERCRAFT
CERTIFICATE OF PROFICIENCY**

Certificate not valid unless registered by the training centre



RYA
P21177327

**POWERBOAT LEVEL 2
POWERBOAT HANDLING**

Holder's name **Dylan Willers**

The holder has successfully completed a Powerboat Level 2 course syllabus in planning, preparation, craft to the syllabus laid down by the RYA at:

SUSA

Assistance required to complete

Signed *Dylan Willers*
Signed Principal/Chief Instructor

Date **09/03/2018**

**POWERBOAT LEVEL 2
POWERBOAT HANDLING**

* Delete as appropriate





PTO0000872



POWERBOAT CERTIFICATE TENDER OPERATOR



Holder's name

Dylan Francois Willers

The holder has successfully completed a Powerboat Tender Operator course to the syllabus laid down by the RYA at:



SUSA

Assistance required to complete

Signed *Principal/Chief Instructor*

Date

05/03/2019



POWERBOAT CERTIFICATE
TENDER OPERATOR



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	

Wear glasses (tick if worn) Spectacles Contact Lenses

Hearing: Meets standards unaided Yes No Date of test: **12/03/2020**
 - if no, meets standards aided Yes No

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) Yes or No

Duties:
 Location/Vessels/Other:
 (MUST NOT contain any clinical information)

Date of Examination: **12/03/2020**

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

Signature of Approved Doctor: *[Signature]*

MCA Approved Doctor's Official Stamp
 (Name, address, telephone number)
MCA Approved Physician
E. Grenat M.D.
 954-525-7595
 healthmedcenter.net
 1489 SE 17 ST #2i
 Ft. Lauderdale, FL 33316

Name of Approved Doctor: **E. Grenat M.D.**

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

Serial Number: **174033**