



**PHYSICAL EXAMINATION REPORT/CERTIFICATE  
DEPUTY COMMISSIONER OF MARITIME AFFAIRS**

**ANNEX 2**

**UKRAINE**

LAST NAME OF APPLICANT (ФАМИЛИЯ)		FIRST NAME (ИМЯ)		MIDDLE INITIAL	
DATE OF BIRTH (ДЕНЬ РОЖДЕНИЯ)		PLACE OF BIRTH (МЕСТО РОЖДЕНИЯ)		SEX (ПОЛ)	
MONTH (МЕСЯЦ)	DAY (ДЕНЬ)	YEAR (ГОД)	CITY (ГОРОД)	COUNTRY (СТРАНА)	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> (МУЖСКОЙ) / (ЖЕНСКИЙ)
EXAMINATION FOR DUTY AS (ДОЛЖНОСТЬ): MASTER <input type="checkbox"/> RATING <input type="checkbox"/> MATE <input type="checkbox"/> MOU DECK <input type="checkbox"/> ENGINEER <input type="checkbox"/> MOU ENGINE <input type="checkbox"/> RADIO OFF <input type="checkbox"/> SUPERNUMERARY <input type="checkbox"/>			MAILING ADDRESS OF APPLICANT: (ПОЧТОВЫЙ АДРЕС)		
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE					
HEIGHT (РОСТ)	WEIGHT (ВЕС)	BLOOD PRESSURE (ДАВЛЕНИЕ)	PULSE (ПУЛЬС)	RESPIRATION (ДЫХАНИЕ)	GENERAL APPEARANCE
VISION: (ЗРЕНИЕ)		RIGHT EYE (ПРАВЫЙ ГЛАЗ)	LEFT EYE (ЛЕВЫЙ ГЛАЗ)	HEARING: (СЛУХ)	
WITHOUT GLASSES (БЕЗ ОЧКОВ)		_____ / _____	_____ / _____	RT. EAR _____ (ПРАВОЕ УХО)	
WITH GLASSES (В ОЧКАХ)		_____ / _____	_____ / _____	LEFT EAR _____ (ЛЕВОЕ УХО)	
COLOR TEST TYPE: BOOK <input type="checkbox"/> LANTERN <input type="checkbox"/> CHECK IF COLOR TEST IS NORMAL: YELLOW _____ RED _____ GREEN _____ BLUE _____ (ТЕСТ НА ЦВЕТ) (КНИГА) (ОСВЕЩЕНИЕ) (ОТМЕТЬТЕ ЦВЕТА) (ЖЕЛТЫЙ) (КРАСНЫЙ) (ЗЕЛЕНый) (СИНИЙ)					
HEAD AND NECK (ГОЛОВА И ШЕЯ)			HEART (CARDIOVASCULAR) (СЕРДЦЕ И КАРДИОГРАММА)		
LUNGS / CHEST X-RAY EXAMINATION (ФЛЮОРОГРАФИЯ / РЕНТГЕН)			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?		
RESULT ..... DATE ..... (РЕЗУЛЬТАТ) (ДАТА)					
H.I.V. (AIDS) – TEST (ТЕСТ НА СПИД)		HEPATITIS B / HBsAg (АНАЛИЗ НА ГЕПАТИТ)		DERMATOLOGIST / SKIN EXAMINATION (ДЕРМАТОЛОГ)	
RESULT ..... DATE ..... (РЕЗУЛЬТАТ) (ДАТА)		RESULT ..... DATE ..... (РЕЗУЛЬТАТ) (ДАТА)			
EXTREMITIES: (КОНЕЧНОСТИ)					
UPPER (ВЕРХНИЕ)			LOWER (НИЖНИЕ)		
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 (ПОДПИСЬ ЗАЯВИТЕЛЯ)			DATE (ДАТА)		
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN. (ЭТА ПОДПИСЬ ДОЛЖНА БЫТЬ ЗАФИКСИРОВАНА В ПРИСУТСТВИИ ЭКЗАМЕНАЦИОННОГО ВРАЧА)					
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: _____ (ЭТИМ ПОДТВЕРЖДАЕМ ЧТО МЕДИЦИНСКИЙ ОСМОТР БЫЛ ПРОВЕДЕН) (NAME OF APPLICANT) (ИМЯ ЗАЯВИТЕЛЯ)					
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY). (ОН/ОНА ЯВЛЯЮТСЯ ПРИГОДНЫМИ ДЛЯ ПРОХОЖДЕНИЯ СЛУЖБЫ)					
NAME AND DEGREE OF PHYSICIAN _____ (ИМЯ И ДОЛЖНОСТЬ ВРАЧА)					
ADDRESS _____ (АДРЕС)					
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY _____ DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE _____ (ДАТА ПОЛУЧЕНИЯ СЕРТИФИКАТА)					
SIGNATURE OF PHYSICIAN _____ (ПОДПИСЬ ВРАЧА)			DATE OF EXAMINATION: (ДАТА ПРОХОЖДЕНИЯ ОСМОТРА)		

## MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. 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 faculties 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 the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer 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 officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer 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 officer applicants must also 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 consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

### IMPORTANT NOTE:

The yellow copy of the RLM-105M must accompany the application. The applicant must retain the original (white copy) of the RLM-105M as evidence of physical qualification while serving on board a vessel.

### DETAILS OF MEDICAL EXAMINATION

(ДЕТАЛИ МЕДИЦИНСКОГО ОБСЛЕДОВАНИЯ)

(To be completed by examining physician)

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