



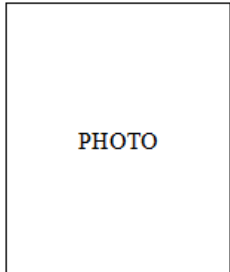
# MEDICAL CENTER

"MED-HELP+" Ukraine, Kiev,

st. Saksaganskogo 76, 01032

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PHOTO



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

ANNEX 2

### UKRAINE

LAST NAME OF APPLICANT			FIRST NAME			MIDDLE INITIAL		
DATE OF BIRTH			PLACE OF BIRTH			SEX		
MONTH	DAY	YEAR	CITY			COUNTRY		
EXAMINATION FOR DUTY AS:			MAILING ADDRESS OF APPLICANT:					
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"/>					
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE								
HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE			
VISION:			RIGHT EYE	LEFT EYE	HEARING:			
WITHOUT GLASSES			_____ / _____	_____ / _____	RT. EAR _____		LEFT EAR _____	
WITH GLASSES			_____ / _____	_____ / _____				
COLOR TEST TYPE: BOOK <input type="checkbox"/> LANTERN <input type="checkbox"/> CHECK IF COLOR TEST IS NORMAL: YELLOW _____ RED _____ GREEN _____ BLUE _____								
HEAD AND NECK				HEART (CARDIOVASCULAR)				
LUNGS / CHEST X-RAY EXAMINATION				SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?				
RESULT .....			DATE .....					
H.I.V. (AIDS) – TEST			HEPATITIS B / HBsAg			DERMATOLOGIST / SKIN EXAMINATION		
RESULT .....			DATE .....			RESULT .....		
DATE .....			DATE .....			DATE .....		
EXTREMITIES:								
UPPER			LOWER					
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				DATE				
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.								
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: _____ (NAME OF APPLICANT)								
(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)								
NAME AND DEGREE OF PHYSICIAN _____								
ADDRESS _____								
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY _____								
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE _____								
SIGNATURE OF PHYSICIAN _____				DATE OF EXAMINATION: _____				

## 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

(To be completed by examining physician)

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