



Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra

Swiss Confederation

Federal Department of Foreign Affairs FDFA

**Swiss Maritime Navigation Office SMNO**

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**MEDICAL CERTIFICATE FOR SEAFARERS IN ACCORDANCE WITH REGULATION I/9 AND SECTION A-I/9 OF THE STCW CONVENTION 1978, AS AMENDED 2010 AND THE MARITIME LABOUR CONVENTION 2006**

<b>Certificate Number:</b>	<b>MC-XXXX-XXXX-XXXX</b>
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**Seafarer information**

Name: <i>(Last, first, middle)</i>		
Date of birth: <i>(day/month/year)</i>		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Nationality:		
Passport Number:		
Seaman's Book Number:		

**Declaration of the recognized medical practitioner**

Confirmation that identification documents were checked at the point of examination:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hearing meets the standards in STCW Code Section A-I/9?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unaided hearing satisfactory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Visual acuity meets standards in STCW Code Section A-I/9?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Colour vision meets standards in STCW Code Section A-I/9?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of last colour vision test: <i>(day/month/year)</i>		
Fit for look-out duties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No limitations or restrictions on fitness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "No", specify limitations or restrictions.		
Is the seafarer 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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Date of examination: <i>(day/month/year)</i></b>		
<b>Expiry date of certificate: <i>(day/month/year)</i></b>		

Official stamp of the issuing authority

**azb ag (arbeitsmedizinisches zentrum basel)**

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Switzerland

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Email: [info@azbasel.com](mailto:info@azbasel.com)

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**Signature of the authorized person:**

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**Seafarer's signature:**

*confirming that the seafarer has been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of STCW Code Section A-I/9*

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