

*Delete as appropriate

THE REPUBLIC OF TRINIDAD AND TOBAGO MARITIME SERVICES DIVISION

MEDICAL FITNESS CERTIFICATE

Issued under the Shipping (Medical Examination) Regulations, 1990

Seafarer's Name	Discharge Book No				
Date of expiry of this Certificate					
I certify that I have examined the seafarer named above to the Medical and Visual Standards of Trinidad and Tobago as contained in the Third and Fourth Schedules of the above-named Regulations and have found *him/her fit for seafaring subject to the following restrictions:					
Signed (A registered medical practitioner approved by the Minister) Date of Examination	Official Stamp				
*Delete as appropriate					
THE STATE A	THE REPUBLIC OF TRINIDAD AND TOBAGO MARITIME SERVICES DIVISION				
MEDICAL FITNESS CERTIF Issued under the Shipping (Medical Examination) I					
Seafarer's Name	Discharge Book No				
Date of expiry of this Certificate	••••••••••••				
I certify that I have examined the seafarer named above to the Meditarinidad and Tobago as contained in the Third and Fourth Schedules of the have found *him/her fit for seafaring subject to the following restrictions:					
Signed	Official Stamp				



MARITIME SERVICES DIVISION

Shipping (Medical Examination) Regulations, 1990

Regulation 11

In Confidence

SIXTH SCHEDULE

RECORD OF MEDICAL EXAMINATION OF SEAFARERS

Report of Medical Examination by an approved Medical Practitioner Shipping (Medical Examination) Regulations, 1990

١.	Personal Details of Seafarer			4. Previous Medical History Does the Seafarer have a medical his	tory of one of the
Su	ırname			following? If so (please tick the box)).
Fo	orenames			Hypertension Eye trouble/squint	
n	ischarge Book No			Stomach/bowel disorder	
ν	Tick correct			ENT	
т	itle Mr. Mrs.	Miss	Ms. □	Hearing impaired	
٠	ide Na			Skin disease/allergies	
А	any other title held			Heart condition/rheumatic fever	
				Asthma/Bronchitis	
I	Date of Birth			Hay fever/allergies	
	Day Mor		Year	Epilepsy/fits/fainting	
				Nervous/mental illness	
F	Rank/Rating/Occupation			Jaundice/liver disease/piles	
_				Urinary disorders	H
				Back injury/pain Hernia	
2	2. Usual Medical Practitioner or Medi	cal Adviser		Diabetes	
				Female disorders	
1	Name			Infectious/contagious/tropical disease	s \square
				Malignant diseases	
F	Address			Migraine/severe headaches	
				Head injury/concussion	
٠	••••••			Abnormal weight change	
				Sexually transmitted diseases	
-				AIDS	
3	3. Family Medical History				
_	Has any member of the seafarer's fa	mily ever suf	ffered from:	Tobacco intake (quantity)	
		Please tick	correct box	Alcohol intake (quantity)	
	Hypertension			Other illness.operations	
	Heart Conditions			Is the seafarer now receiving any treats	ment?
	Asthma				
	Diabetes			I certify that this is a true statement.	
	Mental Disorder				
	Epilepsy			Signature of Seaman	

5.	Medical Examination											
	Does the seafarer suffer fr abnormalities?	om any of the fo	llowing									
	Please tick correct box an	nd expand as nec	essary									
	Tooth ENT Skin Heart Lungs Nervous system Varicose veins Genito urinary system Hernia Any other defects	0000000										
6	Height (without shoes)	m		cm	Audiogram (if equip	ment i	s availa	able)			_
	eight (stripped to waist)				Right ear	KhZ	500	1,000	2,000	4,000	6,000	8,000
Cl	hest Inspiration			cm		dB						
E	xpiration			cm	Left ear	KhZ dB	500	L000	2,000	4,000	6,000	8,000
Pulse rate Eye test												
В	lood pressure systolic	5 th Soun	d		Distant vision	Unaided Aided		R 6	L 6		Both 6 Both 6	
R	esults of urine test											
A	lbumim			•••••		Nea	r visio	1		Colo	our visi	ion
Sı	ugar					Una	ided N			Ishihare Enginee	ers modifie	d
						Aid	ed N			Normal	Defe	ective
7.	. Results of Medical Exam The Standards of Medica		egulations have b	een or ha	ive not been me	t.						
			Tick cor	rect box								
A	Unrestrictive sea se	ervice		D	Indefinitely			כ				
В					(Review in	•••••				mont	hs)	
R	estriction			Е	Permanent!y			3				
P	eriod of restriction	••••••										
C												
	(Review in		months)			nia 18 To Walania Malan	~					
_	Medical Practitioner's Official Stamp			Signatu	re							
				Name				Block				
				Data								

LIST OF APPROVES MEDICAL PRACTITIONERS

Re: The Shipping (Medical Examination) Amendment Regulation 2002

NAMES	ADDRESS ·	TELEPHONE NO.			
Dr. Clint Ramasir	#74 A Southern Main Road, Couva	221-9488			
Dr. Ryan Abraham	4 Serpentine Road, St. Clair	622-7340			
Dr. Manuel Alfonzon	Corner Eastern Main Road & Mc Shine	668-2720 / 4047			
• •	Street, Sangre Grande.				
Dr. Kamaluddin Amin	4 Guayaguayare Road, Rio Claro.	644-2558			
Dr. Keven Antoine	8 Morvant Old Road, Laventille.	681-4316 / 623-5889			
Dr. Bijai Balliram	80 Teemul Trace, Clarke Road, Penal.	647-3454 / 8216/389-98			
Dr. Edmund Boucad	23 Lucknow Street, St.James.	628-6791 / 7500/ 8112 622-7032			
Dr . Anthony Changkit	117 Henry Street (opp. ROYTEC) Port of Spain.	624-8876 / 680-5816			
Dr. Arthur Chen	20 Main Road, Gasparillo. / #9A La	650-2060 / 271-607 / 349			
	Pique Road , San Fernando.	1946 / 271-6075			
Dr. Brian Connell	102 Frederick Street Port of Spain.	492-4908			
Dr.Victor Coombs	123 Riverside Drive, San Fernando, 14	671-4859			
	Endeavour Road, Chaguanas.				
Dr. Juliet Danlag	Lp 6 Ojar Road, Sangre Grande.	668-4660 / 688- 2803			
Dr. Edison Furlonge	Lower High Street, Siparia.	760-0712 / 649-1355			
Dr. Domenica Judilla	26 Hollis avenue, Arima.	667-0178			
Or. Bertrand Low-Chew Tung	205-207 Point-a-pierre Road, Vistabella.	652-2140 / 652-3581			
Dr. Jay Manohar	Couva Medical Centre, 107A Southern	636-2621			
	Main Road, Couva.				
Dr. Stuart Millar	66 Pembroke Street, Port of Spain.	624-5762 / 623-6856			
Dr. Michael Panchoo	6 Nancy Drive, Dow Village, South	677-3841 /3469			
	Oropuche.				
DR. Randolph C.J. Phillip	49 Ana Street, Woodbrook.	628-8600 / 221-6890			
Dr. Shyam Rahman	Guaico, Sangre Grande.	668-2505 /2502			
Dr. Frank Ramlackansingh	55 Eastern Main Road, Curepe.	630-5040 / 662-5040			
Dr. Maniram Rampaul	15 High Stteet, Rlo Claro.	644-2250 / 2280			
Dr. Sonia Roach	103 Tragarete Road, Woodbrook.	627-5247			
Dr. Robin Roopnarine	Corner of Frederick and Dunford Street, Marabella.	658-6615			
Dr. Garnet Sant	St. Mary's Junction, Freeport.	673-0493			
Dr. Joel Sinanan	203 southern Main Road, Marabella.	658-6615			
Dr. Oliver Young Pong	11 Long Circular Road, St James.	622-4113 / 628-7802			
Dr. Sanjiv Parasram	214 Southern Main Road, Couva.	679-8386			
Dr. Maureen Dass	LP 269 Main Road, Longdenville,	683-9843			
	Chaguanas				
	TOBAGO				
NAMES	ADDRESS	TELEPHONE NO.			
Dr. Dominico Judilla	26 Hollis Avenue, Arima.	667-0178			
Dr. Sandeep Kumar	Rockley Vale, Scarborough, Tobago.	639-3157			
Dr. David Peneloza	Wilson Road, Scarborough, Tobago.	639-3095			
Dr. Victor .w. Wheeler	Sheerwood Park Carnabee, Tobago.	639-9934 / 6604744			