



Certificate No: 9801

REPUBLIC OF KENYA

SEAFARER MEDICAL CERTIFICATE

Issued under Regulation 6 of the Merchant Shipping (Seafarer Medical Examination and Certification) Regulations, 2016

SEAFARER INFORMATION

Last name: NJORA		First name: FLORENCE	Middle name(s): WANJIRU
Nationality: KENYAN	Passport No:	Date of Birth: 17/07/1994	Discharge book No:
Male	<input checked="" type="checkbox"/> Female	Rank/Job: B.A	Department: F & B

This is to certify that above named seafarer has been examined in accordance with the Seafarers' medical fitness standards and certification requirements established in accordance with the provisions of regulation 1/9 of the STCW Convention, 1978 as amended, and regulation 1.2, Maritime Labour Convention, 2006 as amended and found to be fit for sea service, subject to any limitations indicated

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER

	Yes	No
1. Confirmation that identification documents were checked at the point of examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Hearing meets the standards in STCW Code Section A-I/9? Date of test (dd/mm/yyyy): 25/10/2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Unaided hearing satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Visual acuity meets standards in section A-I/9? Visual aids (if worn) <input type="checkbox"/> Spectacles <input type="checkbox"/> Contact lenses <input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Colour vision meets standards in section A-I/9? Date of last color vision test: 25/10/2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Fit for look-out duties? (Deck and Engine Dept. only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Limitations or restrictions on fitness?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes", specify limitations or restrictions:		Examination form No:
8. 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date of Issue (dd/mm/yyyy): 25/10/2022	Date of Expiry* (dd/mm/yyyy): 24/10/2024	
RECOGNIZED MEDICAL PRACTITIONER Sign: _____ Name (print): DR. RISHAL ALI SHOSI Place of examination: MOMBASA HOSPITAL Seal/Stamp: _____		REGISTRAR OF KENYAN SEAFARERS Sign: _____ Name (print): SAMBA-F. LUKE Place of issue: MOMBASA Seal/Stamp: 26 OCT 2022 P. O. Box 05076 - 80104, MOMBASA, KENYA.

SEAFARER'S DECLARATION: I hereby confirm that I have been informed about the content of this certificate and my right to appeal in accordance with the Merchant Shipping (Seafarer Medical Examination and Certification) Regulations, 2016.
 Signature of the seafarer: Florence *Valid for a maximum period of two years unless the seafarer is under the age of 18, in which case the maximum period of validity shall be one year.