



Certificate No: 9043

REPUBLIC OF KENYA

SEAFARER MEDICAL CERTIFICATE

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

SEAFARER INFORMATION


Last name: MWINYI	First name: MWINYI	Middle name(s): SHOMARI
Nationality: KENYAN	Passport No: 36497161	Date of Birth: 25/07/1997
Discharge book No:	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Rank/Job: SEAFARER
Department:		

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 the STCW Convention, 1978 as amended, regulation 1/9 and Maritime Labour Convention 2006, regulation 1.2 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): 30/11/2021	<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: ___/___/___	<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: N/A 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 type="checkbox"/>	<input checked="" type="checkbox"/>										
Date of Issue (dd/mm/yyyy): 30/11/2021	Date of Expiry* (dd/mm/yyyy): 29/11/2023											
<table border="1"> <thead> <tr> <th>RECOGNIZED MEDICAL PRACTITIONER</th> <th>REGISTRAR OF KENYAN SEAFARERS</th> </tr> </thead> <tbody> <tr> <td>Sign: DR. J.J. ASHRAPH</td> <td>Sign: _____</td> </tr> <tr> <td>Name (print): _____ (MBCH.D)</td> <td>Name (print): _____</td> </tr> <tr> <td>Place of examination: TEL: 254 20 18700 / Mob: 0733831184</td> <td>Place of issue: 07 DEC 2021</td> </tr> <tr> <td>Seal/Stamp: G.P.O Building Rm. 201</td> <td>Seal/Stamp: P.O. Box 95076 - 80104 MOMBASA, KENYA</td> </tr> </tbody> </table>			RECOGNIZED MEDICAL PRACTITIONER	REGISTRAR OF KENYAN SEAFARERS	Sign: DR. J.J. ASHRAPH	Sign: _____	Name (print): _____ (MBCH.D)	Name (print): _____	Place of examination: TEL: 254 20 18700 / Mob: 0733831184	Place of issue: 07 DEC 2021	Seal/Stamp: G.P.O Building Rm. 201	Seal/Stamp: P.O. Box 95076 - 80104 MOMBASA, KENYA
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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 and Eyesight) Regulations, 2016.

Signature of the seafarer:  *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.