FREIGHTER PASSENGER MEDICAL CERTIFICATE OF HEALTH

Please use capital letters



						HEISEN
Vessel Name: Expected Date of Departure:					Duration:	
A) The Passenger (full Name) :					Age:	
				ve a	doc	
		Yes		No		
Is this passenger infi	rm by reason of age or illness?					
io tino puosenger iiiii	in by reason or age or inicss.	Yes		No		
Has this nassenger h	ad a previous history of					
nao imo paccongo: n	aa a provious motory on					<u>Remarks</u>
1) Dizziness, fainting o	r unconscious spells?	Yes		No		
2) Nervous or mental disorder?		Yes		No		
3) Tuberculosis or any chest or lung disease?		Yes		No		
4) Disorder of heart or blood pressure?				No		
5) Numbness, weakness or swelling of lower extremities?		Yes		No		
6) Diabetes?				No		
7) Stomach ulcers, duodenal ulcer or peptic ulcer?				No		
8) Gall bladder or kidney disorders?				No		
9) Impaired vision or hearing?				No		
10) Need for use of cane, crutches, wheelchair? *		Yes		No		
10a) Has the passenger joint replacements (hip/knee)?		Yes		No		
11) Is the passenger allergic? To What?		Yes		No		
		Yes		No		
13) Is the passenger or	n any medication? Which?	Yes		No		
14) If yes, is assistance	e required in taking this medication?	Yes		No		
rther remarks:						
eve been this patient's	doctor for/since Add	lress /	stamı	o:		
ephone-Nr:						
ce/Date:	Doo	Doctor's signature:				
	The Passenger (full N is in good health and ls this passenger infile. Has this passenger infile. Has this passenger infile. Has this passenger infile. Has this passenger infile. 1) Dizziness, fainting of 2) Nervous or mental of 3) Tuberculosis or any 4) Disorder of heart or 5) Numbness, weakneed in Diabetes? 7) Stomach ulcers, duce 8) Gall bladder or kidneed in the passenger and 10) Need for use of call 10a) Has the passenger and 11) Is the passenger and 12) Is the passenger of 14) If yes, is assistance in the remarks: The Passenger (full N is in passenger in in passenger in in passenger of 10 in passenger of 10 in passenger of 11 in passenger of 12 in passenger of 14 in passenger of 14 in passenger of 15 in passenger of 15 in passenger of 16 in passenger of 17 in passenger of 17 in passenger of 18 in passenger of 19 in passenger	certificate is mandatory for all freighter passengers. 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Yes No 14) If yes, is assistance required in taking this medication? Address / stamp: Parker been this patient's doctor for/since Address / stamp: Parker been this patient's doctor for/since Address / stamp: Parker been this patient's doctor for/since Address / stamp: Parker been this patient's doctor for/since Address / stamp: Parker been this patient's doctor for/since Address / stamp: Parker been this patient's doctor for/since Address / stamp:	certificate is mandatory for all freighter passengers. It is to be completed and sincian not more than 60 days prior to expected embarkation date, at the passenger (full Name): Is the Passenger (full Name):

* Persons who need a cane, crutches, wheelchair, artificial limbs or the assistance of any other person to move about cannot

be accepted for passage. Passengers must be able to walk and care for themselves unaided.

** Persons with joint replacements may experience pain due to vibrations on freighters that can considerably affect the mobility. In serious cases subject passengers may have to be excluded from continuation of their passage.