



Maritime &  
Coastguard  
Agency

# SEAFARER MEDICAL CERTIFICATE (ENG 1)

This certificate is issued by the Maritime and Coastguard Agency (MCA), the issuing authority for the **Government of the United Kingdom**, in compliance with Article 10 of ILO Work in Fishing Convention (C.188), implemented by SI 2018/1108, the Merchant Shipping (Work in Fishing Convention) (Medical Certification) Regulations 2018, and the requirements of Regulation 1.2 of the Maritime Labour Convention, 2006, and the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW) Section A-1/9, implemented by SI 2010/737 the Merchant Shipping (Maritime Labour Convention) (Medical Certification) Regulations 2010.

Surname **OLIVA** Forename(s) **JUAN CARLOS**

Proof of Identity seen at the time of examination. Tick document type:

Passport  Discharge Book  Other (specify document) .....

Nationality **ITALY** Date of Birth **18 / 05 / 1973** Gender **M**  **F**

Occupation: (tick relevant box) Fishing  
Deck  Engine  Catering  Other (specify)..... Yes  No

I confirm the following has been assessed and meets the standards in STCW A-1/9 (tick relevant box)

Visual Acuity Yes  No  Colour Vision: Defective Yes  No  Date of Test **04 / 03 / 2019** Fit for look out duties: Yes  No

Visual Aids (tick if worn) Spectacles  Contact Lenses

Hearing: Meets standards unaided Yes  No  Date of test **04 / 03 / 2019**  
If no, meets standards aided Yes  No

I have examined the seafarer named above and have found him/her to be 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.

Medical Fitness Category (tick relevant box)

1. Fit - No limitations or restrictions on fitness Yes  or No  (see below)

2. Fit - Subject to restrictions (detailed below)

Duties:

Location/Vessels/Other:

(MUST NOT contain any clinical information)

Date of Examination **04 / 03 / 2019**

Expiry Date of Certificate **04 / 03 / 2021**  
(No more than 2 years from the date of examination)

Signature of Approved Doctor **A. Bajpai**

MCA Approved Doctor's Official Stamp  
(Name, address, telephone number)

Name of Approved Doctor **DR. A. BAJPAI**

**DR. AMIT BAJPAI** Medicina General  
MBChB; DRCOG; MRCGP (London)  
Colegiado: 07070-6773 GMC; 2438278  
**BRITISH MEDICAL CENTRE**  
Calle Ses Planas, 7 Bajo, Palmanova,  
Mallorca, España Tel. 971 683 511

I have read and understood the notes overleaf  
Seafarer's Signature **[Signature]**

Serial Number **116323**