

Nicaragua international aquatic transportation Administration

Website: www.niataregister.org , Email: niata@niataregister.org

PHYSICAL EXAMINATION REPORT/CERTIFICATE

					•				
LAST NAME OF THE SEAFARER				FIRST NAME		MIDDLE INITIAL			
DATE OF BIRTH				PLACE OF BIRTH		GENDER			
				CITY		MALE"			
MONTH/ DAY/ YEAR				COUNTRY		FEMALE			
EXAMINATION FOR DUTY AS:				MAILING ADDRESS OF APPLICANT:					
RANK (SPECIFY):									
		•			•	DETAILS ON PAGE 2			
HEIGHT	WEIGHT	BLOOD PRESSU	RE	PULSE	RESPIRATION	GENERAL APPEARANCE			
VISION:	•	RIGHT E	YE	LEFT	EYE				
WITHOUT G	LASSES			/					
WITH GLASSES				/		Testing Required			
every 6 year	rs .								
DATE OF LAS	ST COLOR V	ISION TEST (Mon	ith/Day/Ye	ear) /	/				
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? ☐ YES ☐ NO									
	TYPE: BOO	K " LANTERN " C	HECK IF O			DILLE			
YELLOW HEARING:		RED RT. EAR		GREE LEFT		BLUE			
HEAD AND N	IECK	TOTAL EXTRA							
LUNGS	ILCK		CDEECH	HEART (CARDIOVASCULAR) (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)					
LONGS						ICE COMMUNICATION?			
EXTREMITI		UPP				LOWER			
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR									
SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2.									
DETAILS OF	MEDICAL EX	RAMINATION ON	PAGE 2.						
SIGNATUR	E OF APPLI	CANT							
			N THE PRE	SENCE OF THE E	XAMINING PHYSI	CIAN.			
DATE OF EXAM: EXPIRY DATE:									
DATE OF EXAM: EXPIRY DATE: (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER,									
		U ENGINÉ or SUF			, , ,	,			
NAME OF PHYSICIAN:				APPROVAL NO:					
ADDRESS									
NAME OF P	HYSICIAN'	S CERTIFICATIN	NG AUTH	ORITY					
DATE OF IS	SUANCE O	F CERTIFICATE							
SIGNATUR	E OF PHYST	CTAN:			DATE OF EXAI	MINATION			
			of the Direc	orate of Merchant Shipping, NIATA and in compliance with the					
requ	requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.								
The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.									

MEDICAL REQUIREMENT									
special certific for sea must certific is in sea body for require	plicants for an officer certificate, Seafarer's Continuous Discharge Certificate and Record Book or certification al qualifications shall be required to have a physical examination reported on this Medical Form completed by cated physician. The completed medical form must accompany the application for officer certificate, application afarer's identity document, or application for certification of special qualifications. This physical examination be carried out not more than 12 months prior to the date of making application for an officer certificate, cation of special qualifications or a seafarer's book. Such proof of examination must establish that the applicatisfactory physical condition for the specific duty assignment undertaken and is generally in possession of a faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimizements shall apply: All applicants for an officer certificate, Seafarer's Continuous Discharge Certificate and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medi Form completed by a certificated physician. The completed medical form must accompany the application officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:	y a cion cant all num lical for							
b)	Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck off applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow	ficer							
c)	Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at I 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both e Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.								
d)	An applicant's blood pressure must fall within an average range, taking age into consideration.								
e)	Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, sen alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.	ility,							
f)	Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voic communication.	ce							
g)	Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.								
h)	Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescuboat crewman must meet the physical requirements for an engineer officer's certificate.	иe							
	DETAILS OF MEDICAL EXAMINATION (To be completed by examining physician)								
	NIATA-02/Rev:07/25								