FREIGHTER PASSENGER MEDICAL CERTIFICATE OF HEALTH

Please use capital letters

Vessel Name:	Expected Date of Departure:	Duration:

This certificate is mandatory for all freighter passengers. It is to be **completed and signed by the passenger's physician not more than 30 days prior to expected embarkation date**, attesting to the fact that:

A) The Passenger (full Name) : ________________________________ Age: _________________
is in good health and able to travel on a freighter that does not have a doctor onboard.

Yes ☐ No ☐

B) Is this passenger infirm by reason of age or illness?

Yes ☐ No ☐

C) Has this passenger had a previous history of:

			Remarks
1) Dizziness, fainting or 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?	Yes ☐	No ☐	______________________
5) Numbness, weakness or swelling of lower extremities?	Yes ☐	No ☐	______________________
6) Diabetes?	Yes ☐	No ☐	______________________
7) Stomach ulcers, duodenal ulcer or peptic ulcer?	Yes ☐	No ☐	______________________
8) Gall bladder or kidney disorders?	Yes ☐	No ☐	______________________
9) Impaired vision or hearing?	Yes ☐	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 ☐	______________________
12) Is the passenger allergic to any medication? Which?	Yes ☐	No ☐	______________________
13) Is the passenger on any medication? Which?	Yes ☐	No ☐	______________________
14) If yes, is assistance required in taking this medication?	Yes ☐	No ☐	______________________

Further remarks:

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I have been this patient's doctor for/since ________

Address / stamp:

Telephone-Nr:________________________________

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Place/Date: ____________________________________

Doctor's signature: _________________________

* 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.