

FREIGHTER PASSENGER MEDICAL CERTIFICATE OF HEALTH
FOR GRIMALDI



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 15 days prior to expected embarkation date**, attesting to the fact that:

The Passenger (full Name) : _____ **Date of Birth:** _____
is in good health and able to travel on a freighter that does not have a doctor onboard.

Yes No

I have been this patient's doctor for/since _____ **Address / stamp:**

Telephone-Nr: _____

Place/Date: _____ **Doctor's signature:** _____