

Article 10 Annex I

Fishing Boat Crew Physical Examination Certificate

Examining Hospital: _____ Date: _____

Name: _____ Date of Birth: _____ Age: _____ Gender: _____

Place of Birth: _____ County/City ID Number: _____

Alien Registration Certificate (ARC) Number: _____

Home Address: _____ City: _____ Zip Code: _____

Types of Fisherman: Navigator/ Communicator/ Ordinary / Engineering_

Height: _____ cm. Weight: _____ kg.

Alcohol: Yes / No Smoking: Yes / No Betel Nuts: Yes / No

Visual Acuity: Original: R _____ Corrected vision: R _____ Eye Diseases: _____
L _____ Corrected vision L _____ Chromatopsia: _____

Ears Hearing: R _____ L _____ Ear Diagnosis/Diseases: _____

Head & Neck: _____ Spine Column & Four Limbs: Normal / Abnormal

Joint: Normal / Abnormal : _____ **Speech**: Yes: _____ / No

<i>Place a photo here with tally impression</i>	Result of Examination (please note "pass" or "unqualified")	Examining Hospital
	Physician Signature :	<i>Official Stamp</i> Date of Examination:

Notices of Physical Examination

I. Notes for Examinees

1. The examination must be conducted and proceeded by the following:
 - a. A Public Hospital.
 - b. Central Competent authority.
 - c. Municipal /County/City Health Department(s).
2. The Physical Examination Certificate must be provided to the institutes mentioned above when applying for issuance or re-certification of Fishing Vessel Crew Identification or Fishing Vessel Office Certificate.
3. The fee of physical examination shall be paid with self-supportive manner, should there be any needs for running special test or health check-up of other kinds, the fees of such an extra conduct will be charged by the examining institute accordingly.
4. The certificate is valid for 6 months from the date of being issued.

II. Notes for Physicians

1. The examining doctors shall examine the applicants according to **the III** criteria.
2. The examining doctor must also ensure if his/her Personal **ID or ARC** and photo are corrected and matched, thereby to mark “pass” or “disqualified” from the result of examination. The remark of disqualification must be clarified, as the specific details and descriptions of such a remark should be noted and recorded in the form.
3. When the procedures of examination have all completed, signature of physician, date of examination and official stamp with Tally Impression on the photos are required and shall be enclosed in the record.

III. Notes for Physical Examination: A fishing vessel crew shall be remarked as **qualified**, if any one of the **criteria** has applied to him or her:

1. By the optical examination within a 5 meter distance, the original visual acuity of either right or left eye **up to** 0.1 degree or 0.5 degree after correction according to regular Des Nation Form.
2. Sense of colors: **Being** able to identify the red, green and blue. (color blind.)
3. Hearing: **Being** able to hear speeches spoken 5 meters in distance.
4. Speech: **Being able to communicate.**
5. Head & neck, spine column & four limbs, and Joint: **Normally or suffering from a physical disability but being able to competently carry out their work.**