MSF 4104 / REV 12/23

SEAFARER MEDICAL CERTIFICATE (ENG 1)

Maritime & Coastguard Agency

This certificate is issued by the Maritime and Coastguard Agency (MCA), the issuing authority for the Government of the United Kingdom, in compliance with Regulation 1.2 of the Maritime Labour Convention, 2006, and the International Convention on Standards, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW) Section A-I/9, implemented by SI 2010/737, the Merchant Shipping (Maritime Labour Convention) (Medical Certification) Regulations 2010 and 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.

_AING	Forename(s)		014.15
	Jay-Lee Sybil		SM-ID
	out the eyen		1087604
Proof of identity seen at time of examination:	Yes 🗹		
Passport	No 🗆		
Country of Nationality	Date of Birt	h	Gender
New Zealand	21 Novemb		
The state of the s	ZTNOVEIID	ei 2003	M D F 🗹
Occupation	and the second second second second		
Deck	ng 🗆 Fishing 🗆	Other: If	NTERIOR
I confirm the following has been assessed and mee	ets the standards in STCW A-I	/9	
Visual Acuity Colour Vision: Defe	ctive Date of Test	Fit fo	or lookout duties
Yes ☑ No ☐ Yes ☐ N	No ☑ 04 April 2025	Y	es ☑ No □
Account of the control of the contro	The state of the s		
Visual aids if worn Spe	ectacles	Co	ntact Lenses
Hearing: Meets standards unaided	If no, meets standards	aided	Date of Test
	Yes No		04 April 2025
Yes ☑ No ☐ I have examined the seafarer named above and h			
Fit - No limitations or restrictions on fitn Fit - Subject to restrictions	ness Yes ☑ or No		
The property of the property o			
THE REPORT OF THE PARTY OF THE	to of Cortificate	Expiry Date o	f Certificate
	te of Certificate	Expiry Date o	
Date of Examination 04 April 2025	te of Certificate 04 April 2025		f Certificate 03 April 2027
	04 April 2025		03 April 2027 icial Stamp
04 April 2025	04 April 2025	roved Doctor's Off Idress, telephone	03 April 2027 icial Stamp number)
O4 April 2025 Signature of Approved Doctor	04 April 2025	roved Doctor's Off Idress, telephone	03 April 2027 icial Stamp number) oher Besse
O4 April 2025 Signature of Approved Doctor Name of Approved Doctor	04 April 2025 MCA App (Name, ac	oved Doctor's Offi dress, telephone	o3 April 2027 icial Stamp number) oher Besse caminer - 06220 Golfe-Juan 45 22 88