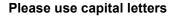
FREIGHTER PASSENGER MEDICAL CERTIFICATE OF HEALTH





Vessel Name:		Expected Date of Departure:					Duration:			
This phy	certificate is mandatory for all freightsician not more than 30 day	nter passengers. It is to be g	comp bark	letec ation	d and date	l si	gned by testing to the	the pass fact that:	senger's	
A)	The Passenger (full Name) : is in good health and able to to						Age:			
	is in good nearth and able to the	aver on a freignter that d	Yes	_	No	_	or onboard	4.		
B)	Is this passenger infirm by rea	son of age or illness?	Yes		No					
C)	Has this passenger had a prev	ious history of:								
	1) Dizziness, fainting or unconsormal disorder? 2) Nervous or mental disorder? 3) Tuberculosis or any chest or least of the properties of heart or blood pressormal disorder of heart or blood pressormal disorders, weakness or swell of Diabetes? 7) Stomach ulcers, duodenal ulcers	ung disease? ssure? ling of lower extremities? er or peptic ulcer? ers? es, wheelchair? * blacements (hip/knee)? ** b What? uny medication? Which? dication? Which?	Yes		No N					
	rther remarks:	G .								
гu	rther remarks:									
I have been this patient's doctor for/since Telephone-Nr:			ress /	stamp):					
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.