

Certificate for Physical Examination of Fishing Vessel Crew

Name of hospital: _____ Date: _____ yyyy mm dd

Name		Age		Date of birth		Gender		Place of birth	Municipality County (City)	
Number of National Identification (for nationals)					Type of crew	Officer			Ordinary crew	
Number of Resident Certificate (for foreigners)										
Address						Navigation	Engineering	Telecommunications		
Height	cm		Weight	kg		Smoking	Y/N	Alcohol	Y/N	Betelnuts Y/N
Eyes	Visual acuity	L	Naked vision Corrected vision	R	Naked vision Corrected vision	Eye diseases: Chromatopsia:				
Ears	Hearing: L		R		Ear diseases:					
Speech and language impairment:		Head and neck:			Spine column and four limbs:		Joints:			

<p style="text-align: center;">Photo (with tally impression)</p>	<p style="text-align: center;">Result of examination (please note “pass” or “unqualified”)</p> <p>Physician: (signature)</p>	<p style="text-align: center;">Hospital</p> <p style="text-align: center;">(with official stamp)</p> <p>Date of examination:</p>
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※ Please refer to the back page for the notices of physical examination.

Notice of Physical Examination

1. Notices for applicant

- (1) The physical examination of the applicant shall be conducted by the following medical institutions:
 - i. Public hospitals.
 - ii. Teaching hospitals evaluated to be qualified by the central competent health authority.
 - iii. Public health centers which are affiliated to the Public Health Bureaus of municipal, county (city) governments.
 - iv. Medical institutions whose establishment is approved by the governments of other countries.
- (2) Any applicant intending to apply for the issuance or renewal of Fishing Vessel Crew Identification or Certificate of Fishing Vessel Officer shall take this certificate to any of the medical institutions as referred to in the preceding sub-paragraph for physical examination. He/She who has not taken an examination or has a result of disqualification of such examination shall not be eligible to apply.
- (3) The fee of physical examination shall be paid by the one being examined. Should there be any need for further special examination due to the discovery of other strange symptoms, the fees of such an extra examination will be charged by the examining institute accordingly.
- (4) The Certificate for Physical Examination shall be valid for six months from the date of examination.

2. Notices for physician

- (1) The physician shall be aware of the standards for conducting physical examination.
- (2) The physician shall verify applicant's identity by checking his/her National Identification and photo, conduct the examination in accordance with the items specified in this certificate, record the results of each examining item in this certificate accordingly, and note "pass" or "disqualified" in the column of "Result of Examination". If the applicant is diagnosed as "disqualified," please specify the name of disease and record such information on the said column.
- (3) After completion of the medical examination, the doctor concerned shall sign, fill in the date, stamp the official seal of the hospital and stamp between the seam of the photograph and the blank space on this certificate.

3. Where the physical examination indicates that the applicant has one of the following conditions, the result of the physical examination shall be "disqualified":

- (1) Vision: By means of the Landolt's C Chart at a distance of 5 meters, naked eye-vision of either eye does not reach 0.1 or corrected vision of either eye does not reach 0.5.
- (2) Color vision: unable to identify red, green and blue respectively.
- (3) Hearing: both ears are unable to hear sounds within 5 meters.
- (4) Speech problem: unable to utter sound to communicate with others.
- (5) Head and neck, spine and limbs, joints: too impaired to perform work.