Transport Canada / Transports Canada

PROVISIONAL MARINE MEDICAL CERTIFICATE
CERTIFICAT MÉDICAL PROVISOIRE DE LA MARINE

This certificate meets the requirements of both the ***STCW Convention,1978,*** as amended and the ***Maritime Labour Convention, 2006.***
Ce certificat est conforme aux exigences de la ***Convention STCW de 1978,*** telle qu'amendée, et de la ***Convention du travail maritime, 2006.***

PART A (TO BE COMPLETED BY APPLICANT AND VERIFIED BY EXAMINER)
PARTIE A « À COMPLÈTER PAR LE CANDIDAT ET À VÉRIFIER PAR L'EXAMINATEUR»

Family name – Nom de famille	Given name – Prénom	Nationality – Nationalité
Sex – Sexe ○ Male Masculin ○ Female Féminin	Date of birth – Date de naissance	CDN number – N° de candidat (CDN)

Occupation – Occupation

○ Deck service Service du pont ○ Engine service Services des machines ○ Catering service Service de restauration ○ Other (specify): Autre (préciser) : _____

Apt no – N° d'appt.	Street no – N° mun.	Street – Rue

City – Ville	Province	Country – Pays	Postal code – Code postal	Home phone – Téléphone à domicile	Cell phone – Téléphone cellulaire

PART C MEDICAL INTERVIEW

Relevant family history	Smoking ○ No ○ Yes Alcohol ○ No ○ Yes weekly units: _____ Drugs ○ No ○ Yes specify: _____
Medication including doses, prescribed and OTC	Allergies

PART D PRESENT HISTORY AND REVIEW OF SYSTEMS

	Yes	No	Elaborate
Cardiovascular disorder			
Lung disorder			
Sleep disorder			
Gastrointestinal disorder			
Urinary disorder			
Diabetes			
Psychiatric disorder			
Previous substance abuse			
Epilepsy/Seizure			
Dizziness/Unconsciousness			
Other neurological disorder			
Musculoskeletal system disorder			
Eyes or ears disease			
Hematological disorder			
Severe speech impediment			
Communicable disease			
Other illness or disability			

Email Address: _____

Canada

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Detach this portion and provide to the the applicant