PHYSICAL EXAMINATION REPORT/CERTIFICATE



LAST NAME OF APPLI	TONI				INITIAL /			
DATE OF BIRTH PLACE OF BIRTH				PASSPORT NUMBER 29995780			•	
	CDI ED				SEAMAN'S BOOK NUMBER 00104931			
MONTH DAY YE		COUNTRY CROATIA						
EXAMINATION FOR DUTY AS:				MAILING ADDRESS OF APPLICANT				
MASTER			G	GRABOVA 21 B				
MATE			S	SPLIT				
ENIGINEER			C	CROATIA				
RADIO OFF								
RATING								
MEDICAL EXAMINATION								
HEIGHT WEIGHT	BLOOD PRESSURE	PULSE	R	ESPIRATION	GENER	GENERAL APPEARANCE		
178 cm 70 kg	100/70 mmHg	80/m	nin	16/min.		GOOD		
VISION HEARING NORM.								
RIGHT EYE LEFT EYE								
WITHOUT GLASSES 1,0	1,0	1						
WITH GLASSES		RT EAR	NO	ORMAL	LEFT EAR	NO	RMAL	
COLOR TEST TYPE: BOOK \(\subseteq LANTERN \(\subseteq \) CHECK IF COLOR TEST IS NORMAL				+YELLOW	+ RED+	GREEN	+ BLUE	
HEAD AND NECK NORMAL HEART (CARDIOVASCULAR) NORMAL								
LUNGS NORMAL MENTAL FITNESS NORMAL								
CDEECH								
SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION NORMAL NORMAL								
EXTREMITIES:								
UPPER NORMAL LOWER NORMAL								
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?								
NO								
00.05.2022								
09.05.202								
SIGNATURE OF APPLICANT DATE								
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN								
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO					N	IR.KUKOČ TONI		
(Name of Applicant)								
HE IS FOUND TO BE PHYSICALY AND MENTALY FIT FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER OR SEAMAN)								
GAS ENG								
(MASTER, MATE, ENGINEER, RADIO OFFICER OR SEANDY) med. Morana Wagner								
Specific								
NAME AND DEGREE OF PHYSICIAN DR. MORANA				NA WAGNER medicine rada i spontanti i na medicine rada i na medicin			1	
					(PLEASE PRINT	106038		
ADDRESS HRVATSKE MORNARICE TK, 21000 SPLIT, CROATIA								
NAME AND SIGNATURE	OF PHYSICIANIS		CMC			ZDRAVSTVENA UST		
NAME AND SIGNATURE OF PHYSICIAN'S CMC CERTIFICATING AUTHORITY						ZA MEDICINU R	ADA	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 20.12.2020 "dr. WAGNER" SPLIT							ER	
SIGNATURE OF PHYSICIAN DATE OF EXPIRY: 09.05.2024.								
This costificate is insued in			V				The Allendar Sept. Section 1	