MEDICAL CERTIFICATE No. ______ for Military/Police and Security Persons

Acc	ording to a	guidelines	on the me	edical exam	nination	s of Polic	e/Milit	ary/Sed	curity p	ersons	•	
Last name: Nama keluarga:					First, middle name: Pertama, nama tengah:							
Date of birthday (day/month/year): Tarikh hari jadi (hari / bulan / tahun): Generalis Generali					□ male <i>Lelaki</i>	□ fe	male rempuan	Nation Wargar	-			
Passport/ID card N Pasport / kad ID No .:		Email address: Alamat emel:										
Examination of dut	ty as:											
Please, designating		Mailing address:										
□ Military			TV Opera									
□ Police			or Superv					7.				
☐ Bodyguard/EP/CP			sh & Valu		//							
☐ HECPO/PMC/PSD			aritime Se		_							
☐ Security Guard ☐ Armed Security Guard			riation Sed r Marshal	er								
Armed Security Guard												
Identification documents where checked at the point of examination:												
MEDICA	L EXAMIN	ATION (T	URN OVER F	OR MEDICAL	REQUIREN	MENTS)	STATE I	DETAILS	ON RE	VERSE	SIDE	
Height:	Weight: Blood pr			ssure:	Pulse: Blood			lood Type	2:	Br	eathing:	
VISION:	Eye Left Eye			HEARING:								
Without Glasses												
With Glasses				Right ear: Left ear:								
COLOR TEST TYPE:	BOOK 1 L	ANTERN 1	COLOR TE	ST: YELLO	DW	RED_		GREEN	V	BLUE	_	
HEAD AND NECK :					HEART (CARDIOVASCULAR):							
EXTREMITIES: UPP		LOWER			4							
On the basis of the medical examination		-			nical exa	mination	ns and o	diagnos	tic test	result	recorded	d on the
		Military service			Law Enforcement/Police Service			Security Service				
FIT												
UNFIT												
Without restrictions		With restrictions			Visua	sual Aid Required 🛛			Yes No			
Date of examination: / / 20			THIS CE	RTIFICA	TE IS VA	LID FOF	R NOT N	/IORE TI	HAN T	WO (2) Y	EAR.	
Name and degree o	of medical	examiner:			Officia	al stamp:						
Signature of medical examiner												

MEDICAL CERTIFICATE No. ______ for Military/Police and Security Persons

MEDICAL REQUIREMENTS

All applicants for a Endorsement Attesting Recognition of a foreign Certificate shall be required to have a physical examination reported on the Medical Fitness Certificate conducted by licensed physician. The Medical Fitness Certificate must accompany application for Endorsement Attesting Recognition of a foreign Certificate. This physical examination must be carried out not more than 24 months prior to the date of making application for Endorsement Attesting Recognition a Certificate. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body facilities necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply.

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet and in poorer ear at 5 feet.
- (b) The applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. The applicants must have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) An applicant's blood pressure must fall within an average range, taking age into account.
- (d) Applicants afflicted with any of the following disease or conditions shall be disqualified: epilepsy, insanity, senility, acute alcoholism, tuberculosis, acute venereal disease or neurosyphilis and/or the use of narcotics.

Additional details of medical examination - to be completed by exar i.e. chronic diseases, drug addict test, prescribed medications, additional medical ex	