

## SEAFARER MEDICAL CERTIFICATE (ENG 1)



Maritime &  
Coastguard  
Agency

This certificate is issued by the Maritime and Coastguard Agency (MCA), the issuing authority for the Government of the United Kingdom, in compliance with Regulation 1.2 of the Maritime Labour Convention, 2006, and the International Convention on Standards, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW) Section A-I/9, implemented by SI 2010/737, the Merchant Shipping (Maritime Labour Convention) (Medical Certification) Regulations 2010 and Article 10 of ILO Work in Fishing Convention (C. 188), implemented by SI 2018/1108, the Merchant Shipping (Work in Fishing Convention) (Medical Certification) Regulations 2018.

Surname Papagna	Forename(s) Robert Joseph	SM-ID 1087676
--------------------	------------------------------	------------------

Proof of identity seen at time of examination:	Yes <input checked="" type="checkbox"/>
Driving Licence	No <input type="checkbox"/>

Country of Nationality United States of America	Date of Birth 24 August 1994	Gender M <input checked="" type="checkbox"/> F <input type="checkbox"/>
--	---------------------------------	--

Occupation
Deck <input type="checkbox"/> Engine <input checked="" type="checkbox"/> Catering <input type="checkbox"/> Fishing <input type="checkbox"/> Other:

I confirm the following has been assessed and meets the standards in STCW A-I/9

Visual Acuity Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Colour Vision: Defective Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date of Test 04 April 2025	Fit for lookout duties Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	---	-------------------------------	---

Visual aids if worn	Spectacles <input type="checkbox"/>	Contact Lenses <input type="checkbox"/>
---------------------	-------------------------------------	---

Hearing:	Meets standards unaided Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no, meets standards aided Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Test 08 February 2021
----------	--	--	----------------------------------

I have examined the seafarer named above and have found him/her to be free from any medical condition likely to be aggravated by service at sea, or to render the seafarer unfit for such service, or to endanger the health of other persons on board.

Medical Fitness Category

1. Fit - No limitations or restrictions on fitness Yes ☒ or No ☐
2. Fit - Subject to restrictions

Date of Examination 04 April 2025	Issue Date of Certificate 04 April 2025	Expiry Date of Certificate 03 April 2027
--------------------------------------	--	---

Signature of Approved Doctor 
----------------------------------

Name of Approved Doctor Dr Eduardo Grenet
--

I have read and understood the notes overleaf Seafarer's Signature 
---

Serial Number ENG10103249
------------------------------

MCA Approved Doctor's Official Stamp  
(Name, address, telephone number)

**MCA Approved Physician**  
**E.Grenet M.D.**  
954-525-7595  
healthmedcenter.net  
1489 SE 17 ST #2i  
Ft. Lauderdale, FL 33316