

30103761



Republic of South Africa South African Maritime Safety Authority Seafarer Medical Certificate

QMS-OP-1003



This certificate is issued under the authority of the SAMSA in accordance with the provisions of Regulation I/9 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended, by the Medical Practitioner approved by SAMSA in accordance with those provisions and the Merchant Shipping (Training, Certification and Safe Manning) Regulations, 2021 (the Regulations)

Surname Betha Forename(s) Ashton
 Date of Birth 9/5/2007 Gender Female Male
 Nationality South African ID No (SA Citizens) [REDACTED]
 PP No (non SA Citizens) [REDACTED]

Occupation (dept) Deck Engine Catering Other (specify) Deckhand

I, the undersigned Medical Practitioner, have evaluated the above-named applicant in accordance with the requirements of Section A-I/9 of the STCW Code and Regulation 88 of the Regulations. On the basis of the applicant's personal declaration, my clinical examination and diagnostic test results recorded on the Medical Examination form, I declare that I have found the applicant to be:

Fit - no limitations or restrictions on fitness
 Fit - with limitations as per below
 Unfit - details below

The following restrictions or causes applies to the applicant as per above fit - with limitation or unfitness:

Duties [REDACTED]
 Location/Vessels [REDACTED]
 Medical [REDACTED]

I can confirm the following:

Eyesight		Hearing	
Visual Acuity meets standards	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Meets hearing standards	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Visual Aids required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Unaided hearing satisfactory	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Colour Vision meets standards	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Date of last colour vision	<u>27/1/2026</u>		
Fit for lookout duties (deck)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

The applicant is free from any medical condition likely to be aggravated by service at sea, in that it may render them unfit, or endangering the health of others on board. Yes No

Date of Examination (dd/mm/yyyy) 27/1/2026 Date of expiry (dd/mm/yyyy) 27/1/2028

Name of Medical Practitioner Dr B. Giani

HSPCA Registration number MP0487430

Signature of Medical Practitioner [REDACTED]

Dr Berenice Giani Medical Practitioner
 B.Sc.(BAU) MLCRB (Pret)
 Pr: 0079697 NIP, 0487430
 SAMSA Accredited MP0310/14
 244 Willem Betha Str
 Wierda Park Tel: 012 942 0002



I, the applicant, acknowledge that I have been advised of the content of the medical examination for

Signature of Applicant [REDACTED]

Version no. - Date	Document	Reference
Ver.1.0 - 10/12/2021	Seafarer Medical Certificate	QMS-OF-1003.6

Appendix F

Suggested format for recording medical examinations of seafarers

Name (last, first, middle): Botha Ashton
 Date of birth (day/month/year): 01/09/01
 Sex: Male Female
 Home address: [REDACTED]
 Method of contact: [REDACTED] e.g. Passport No./Seafarer's book No. or other relevant identity document No.
 Department (deck/engine/radio/food handling/other): deck
 Routine and emergency duties (if known): Deckhand
 Type of ship (e.g. container, tanker, passenger): Yacht
 Trade area (e.g. coastal, tropical, worldwide): Worldwide

Examinee's personal declaration (Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

Condition	Yes	No
1. Eye/vision problem		<input checked="" type="checkbox"/>
2. High blood pressure		<input checked="" type="checkbox"/>
3. Heart/vascular disease		<input checked="" type="checkbox"/>
4. Heart surgery		<input checked="" type="checkbox"/>
5. Varicose veins/piles		<input checked="" type="checkbox"/>
6. Asthma/bronchitis		<input checked="" type="checkbox"/>
7. Blood disorder		<input checked="" type="checkbox"/>
8. Diabetes		<input checked="" type="checkbox"/>
9. Thyroid problem		<input checked="" type="checkbox"/>
10. Digestive disorder		<input checked="" type="checkbox"/>
11. Kidney problem		<input checked="" type="checkbox"/>
12. Skin problem		<input checked="" type="checkbox"/>
13. Allergies		<input checked="" type="checkbox"/>
14. Infectious/contagious diseases		<input checked="" type="checkbox"/>
15. Hernia		<input checked="" type="checkbox"/>
16. Genital disorder		<input checked="" type="checkbox"/>
17. Pregnancy		<input checked="" type="checkbox"/>
18. Sleep problem		<input checked="" type="checkbox"/>
19. Do you smoke, use alcohol or drugs? <u>Alcohol on occasion</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Operation/surgery		<input checked="" type="checkbox"/>
21. Epilepsy/seizures		<input checked="" type="checkbox"/>

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Condition	Yes	No
22. Dizziness/fainting		<input checked="" type="checkbox"/>
23. Loss of consciousness		<input checked="" type="checkbox"/>
24. Psychiatric problems		<input checked="" type="checkbox"/>
25. Depression		<input checked="" type="checkbox"/>
26. Attempted suicide		<input checked="" type="checkbox"/>
27. Loss of memory		<input checked="" type="checkbox"/>
28. Balance problem		<input checked="" type="checkbox"/>
29. Severe headaches		<input checked="" type="checkbox"/>
30. Ear (hearing, tinnitus)/nose/throat problem		<input checked="" type="checkbox"/>
31. Restricted mobility		<input checked="" type="checkbox"/>
32. Back or joint problem		<input checked="" type="checkbox"/>
33. Amputation		<input checked="" type="checkbox"/>
34. Fractures/dislocations		<input checked="" type="checkbox"/>

If you answered "yes" to any of the above questions, please give details:

Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		<input checked="" type="checkbox"/>
36. Have you ever been hospitalized?		<input checked="" type="checkbox"/>
37. Have you ever been declared unfit for sea duty?		<input checked="" type="checkbox"/>
38. Has your medical certificate even been restricted or revoked?		<input checked="" type="checkbox"/>
39. Are you aware that you have any medical problems, diseases or illnesses?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input checked="" type="checkbox"/>	
41. Are you allergic to any medication?		<input checked="" type="checkbox"/>

Comments:

Additional questions	Yes	No
42. Are you taking any non-prescription or prescription medications?		<input checked="" type="checkbox"/>

If yes, please list the medications taken, and the purpose(s) and dosage(s):

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I hereby certify that the personal declaration statement to the best of my knowledge.

Signature of examinee: [Redacted] Date (day/month/year) 27/1/2026

Witnessed by (signature): [Signature] Name (typed or printed): Berenice Gianni

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr Berenice Gianni (the approved medical practitioner).

Signature of examinee: [Redacted] Date (day/month/year) 27/1/2026

Witnessed by (signature): [Signature] Name (typed or printed): Dr B. Gianni

Date and contact details for previous medical examination (if known): N/A

MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (if yes, specify which type and for what purpose)

Visual acuity

	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	20/10	20/10	20/10			
Near	20/20	20/20	20/20	/	/	/

Visual fields

	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour vision Ishihara test 27/1/2027

Not tested

Normal

Doubtful

Defective

Minor yellow/green. Sufficient to pass.

Hearing

Pure tone and audiometry (threshold values in dB)

	500 HZ	1 000 HZ	2 000 HZ	3 000 HZ
Right ear				
Left ear				

Speech and whisper test (metres)

	Normal	Whisper
Right ear	✓	✓
Left ear	✓	✓

[Signature]

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Clinical findings

Height: 184 (cm) Weight: 74.5 (kg)

Pulse rate: 73 / (minute) Rhythm: _____

Blood pressure: Systolic: 123 (mm Hg) Diastolic: 78 (mm Hg)

Urinalysis: Glucose: Neg Protein: Neg Blood: Neg

	Normal	Abnormal
Head		
Sinuses, nose, throat	✓	
Mouth/teeth	✓	
Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	✓	
Heart	✓	
Skin	✓	
Varicose veins	✓	
Vascular (inc. pedal pulses)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam)	✓	
G-U system	✓	
Upper and lower extremities	✓	
Spine (C/S, T/S and L/S)	✓	
Neurologic (full/brief)	✓	
Psychiatric	✓	
General appearance	✓	


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Chest X-ray

Not performed Performed on (day/month/year): .../.../...

Results: *Clinically normal. No past/current lung pathology.*

Other diagnostic test(s) and result(s):

Test: *Udipstick* Result: *Normal*
Glucose *Normal*

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:
Fit for duty.

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

Fit for look-out duty Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Without restrictions With restrictions Visual aid required Yes No

Describe restrictions (e.g., specific position, type of ship, trade area)
None

Medical certificate's date of expiration (day/month/year): *27 / 1 / 2028*

Date medical certificate issued (day/month/year): *27 / 1 / 2026*

Number of medical certificate: *SAMSA 30103761*

Signature of medical practitioner: *[Signature]*

Medical practitioner information (name, license number, address):

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