30103762

QMS-OP-1003

Republic of South Africa

South African Maritime Safety Authority

Seafarer Medical Certificate

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: Botha
Forename(s): Lashawn
Date of Birth: 9/5/2007
Gender: Female ☐ Male ☑
Nationality: South African
ID No (SA Citizens): [redacted]
PP No (non SA Citizens):

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 restrictritions 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
Location/Vessels
Medical

I can confirm the following:

Eyesight

Visual Acuity meets standards Yes ☑ No ☐
Visual Aids required Yes ☑ No ☐
Colour Vision meets standards Yes ☑ No ☐
Date of last colour vision 27/1/2026
Fit for lookout duties (deck) Yes ☑ No ☐

Hearing

Meets hearing standards Yes ☑ No ☐
Unaided hearing satisfactory Yes ☑ No ☐

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 MP 0487430

Medical Practitione

Signature of Medical Practitioner [redacted]

Tel: 012 942 0002

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

Signature of Applicant [redacted]

Appendix F

Suggested format for recording medical examinations of seafarers

Name (last, first, middle): Lashawn Botha

Date of birth (day/month/year): 9/5/2007

Sex: ✓ Male __ Female

Home address: 10 Freya Road Valhallha

Method of confirmation of identity, e.g. Passport No./Seafarer's book No. or other relevant identity document No.: [redacted]

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		✓	
2. High blood pressure			X
3. Heart/vascular disease			X
4. Heart surgery			X
5. Varicose veins/piles			X
6. Asthma/bronchitis	Last pump use more than 3yrs	✓	
7. Blood disorder			X
8. Diabetes			X
9. Thyroid problem			X
10. Digestive disorder			X
11. Kidney problem			X
12. Skin problem			X
13. Allergies	Shellfish (not anaphylaxis)	✓	
14. Infectious/contagious diseases			X
15. Hernia			X
16. Genital disorder			X
17. Pregnancy			X
18. Sleep problem			X
19. Do you smoke, use alcohol or drugs?	Alcohol social	✓	
20. Operation/surgery			X
21. Epilepsy/seizures			X

[signature] Giani

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

If you answered "yes" to any of the above questions, please give details:
Vision: Contact lenses (myopia)
Asthma (childhood) None in past 3 years. Shellfish Allergy

Additional questions

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

Comments:

—

Additional questions

	Yes	No
42. Are you taking any non-prescription or prescription medications?		X

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 above is a true statement to the best of my knowledge.

Signature of examinee: ____________ Date (day/month/year): 27/1/2026

Witnessed by (signature): ____________ Name (typed or printed): Dr B. Giani

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

Signature of examinee: ____________ Date (day/month/year): 27/1/2026

Witnessed by (signature): ____________ Name (typed or printed): Berenice Giani

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)

Myopia

Visual acuity

	Unaided			Aided		
	Right eye	**Left eye**	**Binocular**	**Right eye**	**Left eye**	**Binocular**
Distant	20/50	20/50	20/50	20/20	20/13	20/13
Near	20/20	20/20	20/20	20/20	20/20	20/20.

Visual fields

	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour vision Ishihara test 27/1/2026.

☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

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	✓	✓

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Clinical findings

Height: 185 (cm) Weight: 101 (kg) BMI: 30

Pulse rate: 70 /(minute) Rhythm: Regular

Blood pressure: Systolic: 127 (mm Hg) Diastolic: 79 (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 infection.

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

Test:	Result:
Dipstick	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	☑	☐	☐	☐
Unfit	☐	☐	☐	☐

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 30103762

Signature of medical practitioner: [signature] Giani

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

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