Date: [Insert Date]

To: [Insert Shipping Company/Vessel Name]
Attn: Crewing Department / Master

Subject: MEDICAL CLEARANCE FOR MARITIME SERVICE

Crew Member Details:
Name: [Full Name of Seafarer]
Date of Birth: [DD/MM/YYYY]
Passport/Seaman's Book No: [Insert Number]
Position/Rank: [Insert Rank]

This is to certify that the above-named individual has undergone a comprehensive physical examination on [Date of Exam] in accordance with [STCW/ILO/MLC 2006] standards.

Based on the medical evaluation, including clinical history, physical findings, and diagnostic tests, I find the individual:

[ ] FIT FOR DUTY - Without restrictions.
[ ] FIT FOR DUTY - With the following restrictions: [Insert Restrictions]
[ ] UNFIT FOR DUTY

Medical Certificate Details:
Certificate Number: [Insert Number]
Date of Issue: [Insert Date]
Date of Expiry: [Insert Date]

The individual is free from any infectious or communicable diseases and possesses the physical and mental health necessary to perform the duties of their rank at sea.

Sincerely,

[Doctor's Signature]

[Doctor's Full Name]
[Medical License Number]
[Clinic/Hospital Name]
[Contact Information/Stamp]