



**KERAJAAN MALAYSIA**  
**GOVERNMENT OF MALAYSIA**

Marine department Malaysia, Ibu Pejabat Laut Semenanjung Malaysia, Peti Surat 12, 42007 Pelabuhan Klang  
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**PERAKUAN PEMERIKSAAN PERUBATAN**  
**MEDICAL EXAMINATION CERTIFICATE**

Nama pemegang Sijil   
Name of holder of Certificate

Nombor Kad Pelaut  Nombor Kad Pengenalan   
Seaman Card Number Identity Card Number

Saya mengesahkan bahawa saya telah memeriksa pelaut seperti di atas mengikut standard  
*I certify that I have examined the above-named seafarer to standards of*  
perubatan dan penglihatan Malaysia, sepertimana dalam Kaedah-Kaedah Perkapalan Saudagar  
*the medical and eyesight of Malaysia as in the Merchant Shipping*  
(Pemeriksaan Perubatan) 1999, dan mendapati beliau layak untuk menjalankan tugas pelaut  
*(Medical Examination) Rules 1999, and have found him fit for seafaring*  
dengan pembatasan-pembatasan berikut  
*subject to the following restrictions:*

Kategori Kecergasan Perubatan:   
Category of Medical Fitness:

Tarikh pemeriksaan  Tarikh luput Sijil   
Date of examination Date of expiry of this Certificate

Cop rasmi  
Official stamp

Tandatangan pengamal perubatan yang diluluskan  
Signature of approved medical practitioner

Pendaftaran MMC:  
MMC Registration:

*This certificate is issued by the Government of Malaysia in compliance with the requirements of Article 2(a)(iii) of the convention concerning minimum standards in Merchant Ships Convention 1976(ILO No. 147) under Regulation accepted as equivalent to Medical Examination (Seafarers) Convention 1946 (No. 73)*