



Noord  
Nederlandsche  
P&I Club

### FITNESS CERTIFICATE

To be completed by the Company Doctor:

#### Crew Member details:

Full Name: \_\_\_\_\_  
Passport No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

The patient has been examined and found to be **FIT** for duty.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Stamp/signature of Doctor

I hereby confirm that I accept the assessment of the company doctor  
and agree to a copy of this certificate being disclosed to my employer and/or their insurers.

\_\_\_\_\_  
Signature of the Crew Member