

The General Manager
Mauritius Shipping Corporation Ltd
Port Louis

This is to certify that Mr / Mrs _____

I.D No:- _____, has been medically examined
by me and found fit /unfit (*) to travel by ship to _____ and back on
voyage/s of duration **up to 48 hours at sea.**

The person is presently under the following medical treatment:-

Illness	Prescribed drugs
Diabetes	
Hypertension	
Cholesterol	
Pregnancy (please specify no of months)	
Others (please specify)	

(*) Please delete as appropriate

Signature : _____

Name of Doctor : _____

Address : _____

Tel no : _____

Date: _____

Dr's Stamp