

**Model for the medical certificate for the inspection of fitness in inland navigation**

Name, first name (name at birth, if applicable) of the individual being examined	
Date and place of birth	Documented by

Name and first name of the examining medical practitioner	
Address	Telephone number

The individual being examined was examined for his/her physical and mental fitness in accordance with the ES-QIN standards for medical fitness (general fitness, vision and hearing) with the following results:

- Permanently unfit
- Temporarily unfit, expected until \_\_\_\_\_
- Fit without restrictions
- Fit until \_\_\_\_\_<sup>1</sup>
- Fit with one or more of the following restrictions (code as per ES-QIN)
  - 01 Sight correction (glasses and/or contact lenses) required
  - 02 Hearing aid required
  - 03 Limb prosthesis required
  - 04 No solo duty in the wheelhouse
  - 05 Only during daylight
  - 06 No navigational duties allowed
  - 07 Limited to one craft, named ..... \_\_\_\_\_
  - 08 Limited area, namely ..... \_\_\_\_\_
  - 09 Limited task, namely ..... \_\_\_\_\_

Stamp

\_\_\_\_\_  
Date and medical practitioner's signature

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<sup>1</sup> Only to be used if this is expressly provided for in the ES-QIN standards for medical fitness for the condition in question.