Priloga
»Priloga 4

ZDRAVNIŠKO SPRIČEVALO POMORŠČAKA

Medical certificate for service at sea

Zdravniško spričevalo št: _____ se izdaja za pridobitev pooblastila o nazivu:
Medical certificate is issued for the certification of:

☐ **Mornar motorist** (skipper)

☐ **Poveljnik in častnik straže na ladji z bruto tonažo do 200** (master and officer in charge of a navigational watch on ship of less than 200 gross tonnage)

☐ **Poveljnik jahte z bruto tonažo do 500** (yacht master less than 500 gross tonnage)

☐ **Častnik stroja na ladji s pogonskim strojem z močjo do 750 kW** (officer in charge of an engineering watch on ship powered by main engine of less than 750 kW propulsion power)

Pomorščak (ime in priimek): _____
Seafarer (name and surname)

Datum rojstva (dan/mesec/leto) _____/_____/_____ **Spol:** ☐ **moški** ☐ **ženska**
Date of birth (day/month/year) Gender male female

Potrditev identitete (potni list ali drug identifikacijski dokument; vrsta dokumenta in njegova številka)**:**
Method of confirmation of identity (Passport or other relevant identity document and number of the document)

_____

Državljanstvo: _____
Nationality

Področje dela (služba):
Department:

☐ **krovna** ☐ **strojna** ☐ **radio** ☐ **priprava hrane** ☐ **drugo _____**
deck engine radio food handling other

UGOTOVITVE POOBLAŠČENEGA ZDRAVNIKA
Declaration of the recognized medical practitioner

Pomorščak JE / NI zmožen za svojo službo na ladji.
Seafarer is FIT / UNFIT for lookout duties.

Ali ima pomorščak omejitve v zvezi z opravljanjem svoje službe na ladji? DA / NE
Does the seafarer have any limitations or restrictions on fitness? YES / NO
Če ste obkrožili "DA", opišite omejitve:
If "YES", specify limitations or restrictions:

_____
_____

Datum zdravstvenega pregleda (dan/mesec/leto)**: _____**
Date of examination (day/month/year)

Zdravniško spričevalo velja do (dan/mesec/leto): **_____**
Expiry date of certificate (day/month/year)

Zdravstveni pregled je opravil in zdravniško spričevalo izdal:
The medical examination is performed and the medical certificate is issued by

_____,
(ime in priimek pooblaščenega zdravnika) (Name of the recognized medical practitioner)

Žig in podpis pooblaščenega zdravnika
Signature of the recognized medical practitioner

Podpis pomorščaka, s katerim potrjuje, da je seznanjen z vsebino spričevala in možnostjo pritožbe na Posebno zdravniško komisijo za promet (Naslov: Univerzitetni klinični center, Klinični inštitut za medicino dela, prometa in športa, Poljanski nasip 58, 1000 Ljubljana) Seafarer's signature confirming that the seafarer has been informed of the content of the certificate and of the right to a review and appeal to specialised commission.

_____«