



# Palau Ship Registry

## MARINE CIRCULAR 140.3

**To: ALL SHIPOWNERS, MANAGERS, MASTERS, and REGISTRATION OFFICERS OF MERCHANT SHIPS AND RECOGNIZED ORGANIZATION.**

**Subject: ACCEPTANCE OF MEDICAL PRACTITIONERS FOR SEAFARERS' MEDICAL EXAMINATION AND CERTIFICATES STCW Regulation I/9, par. 2**

### 1. PURPOSE

The purpose of this Marine Circular is to ensure that those responsible for assessing the medical fitness of seafarers are dully qualified and apply the provisions of section A-I/9 of the STCW Code in the scope of seafarers' medical examination. Palau Ship Registry (PSR) will not accept any Medical Certificate which has not been issued by an approved Medical Practitioner.

### 2. APPLICATION

This Marine Circular applies:

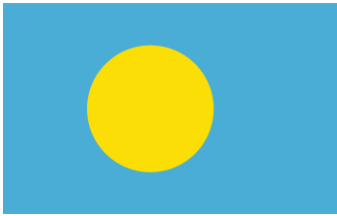
- ✓ To all seafarers willing to issue either a PSR Certificate of Competency (CoC) or a PSR Seafarer's Identification Record Book (SRIB).
- ✓ All Medical Practitioners willing to become accepted by this Registry.

### 3. QUALIFICATIONS OF MEDICAL PRACTITIONERS

Palau Ship Registry has an evaluation process for acceptance of Medical Practitioners, responsible for assessing the medical fitness of seafarers, who need to comply with the following:

- 3.1. Be a Licensed physician with independence from employers, workers and their representatives in exercising medical judgment with respect to examination procedures;
- 3.2. Be experienced in general and occupational medicine or maritime occupational medicine;
- 3.3. Be familiar with the STCW relevant requirements as this is a safe operational issue for all Vessels.
- 3.4. Be familiar with the requirements of [PSR Marine Notice 194](#), as amended, about "Seafarer medical examination, medical standards and certificates"
- 3.5. PSR accepts Medical Practitioners approved by competent authorities of States that are parties to the Maritime Labour Convention 2006, the Medical Examination (Seafarers) Convention 1946 (ILO No. 73); or the Standards of Training Certification Watchkeeping (STCW).
- 3.6. Interested Medical Practitioners shall submit to Palau Ship Registry Administration in application together with all additional information documents dully singed. Upon Satisfactory review of an application providing information on the above requirements, a formal acceptance shall be issued by PSR Administration.

PSR in cooperation with regional Representatives shall create and keep available to any one concerned a data base with all information about the approved Medical Practitioners.



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## 4. MEDICAL CERTIFICATES REQUIREMENTS

- 4.1. Medical certificates should be in the official language of the issuing country and in English.
- 4.2. For information about an accepted medical examination form, you may visit PSR website Library.
- 4.3. A Medical certificate is subject to revalidation at least every two years unless the holder is under 18 years in which case it is every year.

5. Medical Practitioners wishing to become accepted by PSR, may apply by sending a written request to:

Palau Ship Registry  
Piraeus, Greece, 18536  
5, Sachtouri Street, 6th floor  
info@palaushipreg.com  
T: +30 2104293697

Medical Practitioners will be approved for a period of five (5) years, subject to renewal.

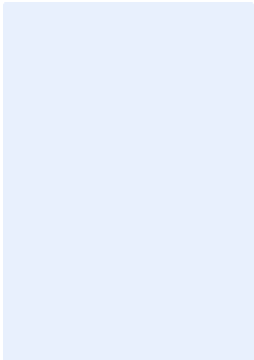
**\*\*This Marine Circular supersedes  
Marine Circular 140.2**

Click [here](#) or use the below QR Code  
for the list of the last updated Marine  
Circular



# Palau Ship Registry

## PART 1. PERSONAL DESCRIPTION AND INFORMATION

	Surname	
	Given Name(s)	
	Date of Birth (mm/dd/yyyy)	
	Sex	<input type="checkbox"/> Male   <input type="checkbox"/> Female
	Place of Birth (City and Country)	
	Citizenship	
	Permanent address (street, city and country)	
	Telephone Number	
	Email Address	
	Business address (street, city and country)	
	Business Telephone Number	
Business Email		

## PART 2. ADDITIONAL INFORMATION TO BE ACCOMPANIED WITH THIS APPLICATION

- Current CV
- Proof of accreditation by national medical registration authority
- Proof of current good standing by national medical registration authority
- Copy of valid passport or ID
- Signed the attached Non-Disclosure Agreement
- Signed the attached PSR Code of Conduct and Business Ethics
- Signed the attached PSR Anti Bribery Policy
- Signed the attached acknowledgement letter according to Anti-Bribery Policy

## PART 3. AFFIRMATION BY MEDICAL PRACTITIONER

I \_\_\_\_\_, applicant, have read and understanding of Marine Circular 140.1 Acceptance of Medical Practitioners for seafarers medical examination and certificates STCW Regulation I/9, par. 2, Marine Notice 194.1 Seafarer Medical Examination Medical Standards and Certificates and the ILO/WHO publication Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers, as may be amended by any subsequent publication and agree to abide by the policy and guidelines contained therein.

I \_\_\_\_\_, applicant, further agree to notify the Palau Ship Registry upon any material changes to the information contained in this application and affirm that the contents of this application and supporting material are true under the penalties of law.



Scan to download this  
application form

Signature - Stamp

Date