



To:-

Irish Sailing
3 Park Road,
Dun Laoghaire,
Co. Dublin
A96 K3C3

***Date:-**

Medical Fitness Certificate for a Master of Passenger Boat operating less than 40 miles from safe haven.

To whom it may concern,

Name	
Address	

I have examined the above and in my opinion they are medically fit to act as master of a passenger boat operating up to 40 miles from a safe haven.

They have satisfactory colour vision.

Yours sincerely

Name		Stamp
Address		
Phone		

NB: *The date must be completed or this form will be returned