

## ANNEX 17

### DOCTOR'S CERTIFICATE

Candidates applying for a National Small Vessel Certificate of Competence for vessels of less **than 9m** in length may have this form completed by any doctor who is a member of the South African Medical Association.

Particulars of Candidate:

Surname:	First Names:
ID Number: (Positive ID to be produced)	
Address:	

#### 1. Eyesight Tests

The eyesight test shall comprise a letter test and the -Ishiharall card test for colour-blindness as follows:

##### The letter test

Shall be conducted on Snellen's principle by means of sheets which will contain 6 lines, the 3rd, 4th, 5th, and 6th lines corresponding to standards 6/24, 6/18, 6/12 and 6/9 respectively, and the candidate will be required to read correctly down to and including line 6, with either or both eyes, with or without aids to vision.

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PASS    FAIL    COMMENT

##### The "Ishihara" card test

Is the test that is specified in the booklet entitled; *-The Series of Plates designed as Tests for Colour-Blindness by Doctor Shinobu Ishihara*". [Plates 1, 11, 15, 22, AND 23]

**NOTE:** An examination candidate who is colour blind shall be limited to Day Skipper Certification. No aids to vision to correct colour-blindness deficiencies are permitted.

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PASS    FAIL    COMMENT

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**Initial of Doctor**

## 2. Medical Certificates

In terms of Regulation 17 of the National Small Vessel Safety Regulations, no person may operate a vessel if he or she is not physically able to do so and not of sound mental health.

I, the undersigned medical practitioner, have positively identified and examined the candidate and find as follows;

		Initials of doctor
1.	The candidate has no condition or disability which may affect his or her ability to operate a small vessel;	
2.	The candidate may only operate a small vessel during daylight hours or on short excursions only;	
3.	Any other limitation or comment:	

### Particulars of Medical Practitioner

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Date of Examination: (Certificate valid for one year)

Address of Practice:

Signature of Doctor:

Name (Printed):

Contact telephone Numbers:(w)