



Republic of South Africa

South African Maritime Safety Authority

Seafarer Medical Certificate



This certificate is issued under the authority of the SAMSA in accordance with the provisions of Regulation I/9 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended, by the Medical Practitioner approved by SAMSA in accordance with those provisions and the Merchant Shipping (Training, Certification and Safe Manning) Regulations, 2021 (the Regulations)

Surname **BERIKOW** Forename(s) **TALYA**
 Date of Birth Private details hidden Gender
 Nationality **SOUTH AFRICAN** ID No (SA Citizens) Private details hidden
 PP No (non SA Citizen)

Occupation (dept) Deck ☐ Engine ☐ Catering ☐ Other (specify) ☒

I, the undersigned Medical Practitioner, have evaluated the above-named applicant in accordance with the requirements of Section A-I/9 of the STCW Code and Regulation 88 of the Regulations. On the basis of the applicant's personal declaration, my clinical examination and diagnostic test results recorded on the Medical Examination form, I declare that I have found the applicant to be:

Fit - no limitations or restrictions on fitness ☒

Fit - with limitations as per below ☐

Unfit - details below ☐

The following restrictions or causes applies to the applicant as per above fit - with limitation or unfitness:

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Private details hidden

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Date of Examination (dd/mm/yyyy) **09-06-2026** Date of expiry (dd/mm/yyyy) **08-06-2028**

Name of Medical Practitioner **DR. GRAHAM ROSENDORFF**

HSPCA Registration number **MP 032860**

Signature of Medical Practitioner



I, the applicant, acknowledge that I have been advised of the content of the medical examination form

Signature of Applicant Private details hidden

Version no. - Date	Document	Reference
Ver.1.0 - 10/12/2021	Seafarer Medical Certificate	QMS-OF-1003.6