



**International Border Health
Health Protection Agency
Ministry of Health, Republic of Maldives**

MEDICINE CHEST INSPECTION REQUEST FORM

This form is to be completed by the **Shipping Agent** or the **Captain/Master** for each service request.

The Maritime Labour Convention, 2006, (MLC, 2006) establishes standards for medical care on board ship and ashore. In accordance with a guidance, the Quantification Addendum: International Medical Guide for Ships, 3rd Edition, published by the World Health Organization (WHO), every ocean going vessels of International voyage must carry minimum recommendation of Medicine and Medical equipment. Medicine Chest recommendation varies in different Flag states.

Please use **BLOCK LETTERS** to fill this form

VESSEL DETAILS:

Name of Vessel			
Type of Vessel			
Flag / Nationality			
Registration Number		IMO Number:	
Gross Tonnage		Net Tonnage:	
Number of Crews		Passengers:	
Number of Life Boats		Number of Life Crafts:	
Cargo Type			
Owner's Name			
Name of Shipping Agent			

INSPECTION DETAILS:

Vessel Arrival Date				
Last Port				
Expected Departure Date				
Expected Inspection Request Date				
Location of Vessel				
Current Medicine Chest Certificate Details	Issued Date	Issued Place	Issued Country	
Are any of the following presented onboard the vessel	Medical Room	Dangerous Cargo	Control Drugs	Doctor

M.C. INSPECTION REQUESTED BY:

Name of Agent / Captain or Master:		Signature and Seal
Name of Contact Person:		
Contact Number:		
ATTACH BELOW DOCUMENTS WITH THIS FORM:		

1. Copy of Current Medicine Chest Certificate and Medicine Inventory List.
2. Copy of Ship Particular or Ship Registry.

For Official Use Only

Received by:		Date:	
M.C Number:		Payment Slip No:	