

REQUEST FOR AN APPOINTMENT FOR A MEDICAL EXAMINATION TO OBTAIN THE EUROPEAN UNION QUALIFICATION LICENSE FOR INLAND SHIPPING

LUXEMBOURG
32, rue Glesener
L-1630 Luxembourg
T: 40 09 42-1000
E-mail: navigationfluviale@stm.lu

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20, route du Vin
L-6794 Grevenmacher
T: 40 09 42-4000
E-mail: navigationfluviale@stm.lu

TICK YOUR PREFERRED HALF-DAYS FOR APPOINTMENTS

A.M. / P.M.	MON	TUE	WED	THU	FR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Please tick:

No specific doctor desired

Desired doctor

(list of doctors to be consulted on the website www.stm.lu

section « Examen pour professionnel de la navigation fluviale »):

 People who do not speak Luxembourgish, French, German or English are requested to be accompanied by a person, who will provide the translation. For reasons of confidentiality, the translator cannot be a superior.

PERSONAL INFORMATION

- EXAMINATION FOR REQUEST FOR **A FIRST LICENSE** AS A DECK CREW MEMBER
 EXAMINATION FOR REQUEST FOR A EUROPEAN UNION QUALIFICATION LICENSE AS A BOATMASTER
 EXAMINATION FOR REQUEST FOR RENEWAL OF THE EUROPEAN UNION LICENSE OF QUALIFICATION AS A DECK CREW MEMBER

Date of examination for qualification (if applicable):

Certificate expiry date (if applicable):

Name:

First name: Married name:

Matricule:
or date of birth YY MM DD

Address:

Number/Street name:

Postal code: Residence:

Phone number: e-mail:

Position held: Boatmaster Boatman Deck Crew Member Passenger Navigation Expert
 Helmsman Able Boatman Liquefied Natural Gas Expert (LNG)

Date:

DOCUMENTS TO BE PRESENTED DURING THE VISIT:

- Duly completed medical questionnaire (STM – FO N°56ter)
- Declaration in relation to restricted suitability (STM – DOC N°106ter) duly completed and signed
- Identity card
- Luxembourgish social security card (if existing)
- Vaccination card
- Glasses and/or contact lenses if used for work
- Convocation letter
- The results of any additional examinations (biological analyses, etc.) prescribed before the visit by the doctor

This form should be returned duly completed by email to the following address:
navigationfluviale@stm.lu