

MEDICAL EXAMINATION RECORD

Photo

ATTACH
PHOTOGRAPH
HERE

Numbers in brackets refer to EXPLANATORY NOTES

LAST NAME		FIRST NAME		MIDDLE INIT.	SEX	AGE	DATE OF BIRTH	
CIVIL STATUS		PASSPORT NO.		JOB APPLIED FOR			MANNING AGENT	
PRESENT MAILING ADDRESS								TEL. NO.
(2) HEIGHT		(3) WEIGHT	PULSE	(4) BODY BUILD	(5) CHEST: INSP		ins	
m		lbs	/min	SS / MS	CHEST: EXP		ins	
ins		kgs	reg / irr	LS / OW	ABD GIRTH (6)		ins	
VISUAL ACUITY		FAR VISION		NEAR VISION		(7) COLOUR VISION	CLARITY OF SPEECH	
UNCORRECTED		L	R	L	R			
CORRECTED		L	R	L	R			
DENTAL				CHEST X-RAY		PA / AP	X Ray No.	
UPPER	8 7 6 5 4 3 2 1 - L 1 2 3 4 5 6 7 8			NEGATIVE		BLOOD: TYPE		
LOWER	8 7 6 5 4 3 2 1 - L 1 2 3 4 5 6 7 8			POSITIVE		(20) (21) BLOOD: PRESSURE		/

FAMILY HISTORY				
	Present Age	Present state of health	Age at death	Cause of death
Father				
Mother				
Brother/s	1			
	2			
	3			
Sister/s	1			
	2			
	3			

(9) SYSTEMIC EXAMINATION					
	NORMAL	FINDINGS		NORMAL	FINDINGS
1. Skin	YES NO		11. Heart	YES NO	
2. Head, neck, scalp	YES NO		12. Abdomen	YES NO	
3. Eyes - external	YES NO		13. Back	YES NO	
4. Pupils, ophthalmoscopic	YES NO		14. Anus - rectum	YES NO	
5. Ears	YES NO		15. G - U system	YES NO	
6. Nose - sinuses	YES NO		16. Inguinals, genitals	YES NO	
7. Mouth - throat	YES NO		17. Reflexes	YES NO	
8. Neck, L. N. thyroid	YES NO		18. Extremities	YES NO	
9. Chest - breast - axilla	YES NO		19. Dental (teeth)	YES NO	
10. Lungs	YES NO		20. Surgical Operations	YES NO	

Pre – Employment Medicals (PEM)

AUDIOGRAM		500	1000	2000	4000	6000	8000	
Right Ear	Khz							
	JB							
Left Ear	Khz							
	JB							
LUNG FUNCTION TESTS:								
FEV 1								
FEV 2								
PEFR								

Standard Examination

1	Chest X-Ray (14x17) (10)
2	Complete Blood count (13)
3	Routine Urinalysis (11)
4	Routine Fecalalysis
5	Blood Typing
6	Dental Check-up
7	Optical Check-up
8	Complete P.E. & History (12) (15) (22)
9	Psychological Examination

Additional Examination

10	Lipid Profile		13	Others	
	Triglycerides (19)			Fasting Blood Sugar (24)	
	Cholesterol (16)			HIV 1 & HIV 2	
	HDL (17)			Audiometry	
	LDL (18)			Ishihara	
				Pulmonary Function Test	
11	Liver Profile			VDRL Screening	
	Total Bilirubin			ECG	
	SGOT			Ultrasound	
	SGPT		14	Hepa A	
	GGTP			Hepa B Antigen Test	
				Hepa C	
12	Kidney Function Test				
	BUN			6 below only if applicable	
	Creatinine		15	Stress Test	
	Total Protein			Cardio Profile	

It is recommended that the seafarer is given anti-malarial injections and instructions for the taking of appropriate medication throughout the term of the contract.

Name of Crew Member:

Pre – Employment Medicals (PEM)

(8) MEDICAL HISTORY - Has applicant suffered from, or been told they have (or had) any of the following conditions:

1. Asthma or wheezing	YES NO	12. Nose bleeding	YES NO	22. Swelling of feet	YES NO
2. Bronchitis	YES NO	13. Hearing problems	YES NO	23. Fainting attacks	YES NO
3. Pleurisy	YES NO	14. Rheumatic fever	YES NO	24. Migraine	YES NO
4. Tuberculosis	YES NO	15. High blood pressure / Hypertension	YES NO	25. Blackouts	YES NO
5. Pneumonia	YES NO	16. Heart attack	YES NO	26. Fits	YES NO
6. Coughed up blood	YES NO	17. Chest pain	YES NO	27. Epilepsy	YES NO
7. Shortness of breath	YES NO	18. Palpitations	YES NO	28. Muscular weakness	YES NO
8. Other chest complaints	YES NO	19. Poor circulation	YES NO	29. Paralysis	YES NO
9. Sinus trouble	YES NO	20. Other infections of the heart or circulatory system	YES NO	30. Stroke	YES NO
10. Frequent colds	YES NO			31. Transient Ischaemic Attack (T.I.A.)	YES NO
11. Ear infections	YES NO	21. Varicose veins	YES NO	32. Tingling	YES NO

I HEREBY PERMIT THE UNDERSIGNED PHYSICIAN TO FURNISH SUCH INFORMATION THE COMPANY MAY NEED PERTAINING TO MY HEALTH STATUS AND OTHER PERSONAL MEDICAL FINDINGS AND DO HEREBY RELEASE THEM FROM ANY AND ALL LEGAL RESPONSIBILITY BY DOING SO. I ALSO CERTIFY THAT MY MEDICAL HISTORY CONTAINED ABOVE, IS TRUE AND ANY FALSE STATEMENTS WILL DISQUALIFY ME FROM MY EMPLOYMENT, BENEFITS AND CLAIMS.

Signature and stamp of Doctor:

Signature and name of Crew Member:

Name of Employer:

Date of issue:

Name and address of medical center: