

## PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS FORM FOR SEAFARERS

(In accordance with ILO /WHO D.2/ 1997 & STCW Reg I/9 and MLC Reg 1.2)

Given Names								
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Date of birth (day/month/year)								
Sex:			Male	Femal	e			
natural section of the section of th			Please encircle					
Home address			Please encircle					
ione address								
			v.					
Seaman Service Book No.:								
Nationality:								
Type of ship (container, tanker, Bulk o	arrier.	3 2 116						
General cargo)								
Frade area (e.g., coastal, tropical, wo	(Idwide)							
full transfer and and breast trans			†~					
A. EXAMINEE'S PERSONAL DECLARAT Have you ever had any of the followi			snoula be offered by medical stati	1)				
have you ever had any or the followi	ng condi	HOUST						
Condition	Vac	No	Condition	Vas	No			
Condition	Yes	No	Condition	Yes	No			
Condition  1. Eye/vision problem	Yes	No 🗆	Condition  18. Sleep problems	Yes	No			
	250				960			
1. Eye/vision problem			18. Sleep problems					
1. Eye/vision problem 2. High blood pressure			18. Sleep problems 19. Do you smoke ?					
<ol> <li>Eye/vision problem</li> <li>High blood pressure</li> <li>Heart/vascular disease</li> </ol>			<ul><li>18. Sleep problems</li><li>19. Do you smoke ?</li><li>20. Operation/surgery</li></ul>					
<ol> <li>Eye/vision problem</li> <li>High blood pressure</li> <li>Heart/vascular disease</li> <li>Heart surgery</li> </ol>			<ul><li>18. Sleep problems</li><li>19. Do you smoke ?</li><li>20. Operation/surgery</li><li>21. Epilepsy/seizures</li></ul>					
<ol> <li>Eye/vision problem</li> <li>High blood pressure</li> <li>Heart/vascular disease</li> <li>Heart surgery</li> <li>Varicose veins</li> </ol>	0000	0000	<ul><li>18. Sleep problems</li><li>19. Do you smoke ?</li><li>20. Operation/surgery</li><li>21. Epilepsy/seizures</li><li>22. Dizziness/fainting</li></ul>	00000				
<ol> <li>Eye/vision problem</li> <li>High blood pressure</li> <li>Heart/vascular disease</li> <li>Heart surgery</li> <li>Varicose veins</li> <li>Asthma/bronchitis</li> </ol>		00000	18. Sleep problems 19. Do you smoke? 20. Operation/surgery 21. Epilepsy/seizures 22. Dizziness/fainting 23. Loss of consciousness	00000				
<ol> <li>Eye/vision problem</li> <li>High blood pressure</li> <li>Heart/vascular disease</li> <li>Heart surgery</li> <li>Varicose veins</li> <li>Asthma/bronchitis</li> <li>Blood disorder</li> </ol>	000000	000000	18. Sleep problems 19. Do you smoke? 20. Operation/surgery 21. Epilepsy/seizures 22. Dizziness/fainting 23. Loss of consciousness 24. Psychiatric problems	000000	0000000			
1. Eye/vision problem 2. High blood pressure 3. Heart/vascular disease 4. Heart surgery 5. Varicose veins 6. Asthma/bronchitis 7. Blood disorder 8. Diabetes	0000000	0000000	18. Sleep problems 19. Do you smoke? 20. Operation/surgery 21. Epilepsy/seizures 22. Dizziness/fainting 23. Loss of consciousness 24. Psychiatric problems 25. Depression	0000000				
1. Eye/vision problem 2. High blood pressure 3. Heart/vascular disease 4. Heart surgery 5. Varicose veins 6. Asthma/bronchitis 7. Blood disorder 8. Diabetes 9. Thyroid problem	00000000	00000000	18. Sleep problems 19. Do you smoke? 20. Operation/surgery 21. Epilepsy/seizures 22. Dizziness/fainting 23. Loss of consciousness 24. Psychiatric problems 25. Depression 26. Attempted suicide	00000000				
1. Eye/vision problem 2. High blood pressure 3. Heart/vascular disease 4. Heart surgery 5. Varicose veins 6. Asthma/bronchitis 7. Blood disorder 8. Diabetes 9. Thyroid problem 10. Digestive disorder	000000000	000000000	18. Sleep problems 19. Do you smoke? 20. Operation/surgery 21. Epilepsy/seizures 22. Dizziness/fainting 23. Loss of consciousness 24. Psychiatric problems 25. Depression 26. Attempted suicide 27. Loss of memory	000000000				
1. Eye/vision problem 2. High blood pressure 3. Heart/vascular disease 4. Heart surgery 5. Varicose veins 6. Asthma/bronchitis 7. Blood disorder 8. Diabetes 9. Thyroid problem 10. Digestive disorder 11. Kidney problem	0000000000	0000000000	18. Sleep problems 19. Do you smoke? 20. Operation/surgery 21. Epilepsy/seizures 22. Dizziness/fainting 23. Loss of consciousness 24. Psychiatric problems 25. Depression 26. Attempted suicide 27. Loss of memory 28. Balance problem	0000000000	00000000000			
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1. Eye/vision problem 2. High blood pressure 3. Heart/vascular disease 4. Heart surgery 5. Varicose veins 6. Asthma/bronchitis 7. Blood disorder 8. Diabetes 9. Thyroid problem 10. Digestive disorder 11. Kidney problem 12. Skin problem 13. Allergies 14. Infectious/contagious diseases	0000000000000	00000000000000	18. Sleep problems 19. Do you smoke? 20. Operation/surgery 21. Epilepsy/seizures 22. Dizziness/fainting 23. Loss of consciousness 24. Psychiatric problems 25. Depression 26. Attempted suicide 27. Loss of memory 28. Balance problem 29. Severe headaches 30. Ear/nose/throat problems 31. Restricted mobility	00000000000000				

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		Yes	N
35.	Have you ever been signed off as sick or repatriated from a ship?		
36.	Have you ever been hospitalised?		
37.	Have you ever been declared unfit for sea duty?		
38.	Has your medical certificate ever been restricted or revoked?		
39.	Are you aware that you have any medical problems, diseases or illnesses		E
10.	Do you feel healthy and fit to perform the duties of your designated position/occupation?		E
11.	Are you allergic to any medications?		[
42.	Are you taking any non-prescription or prescription medications?		
her	eby certify that the personal declaration above is a true statement to the best o	of my knowled	lpe
	eby certify that the personal declaration above is a true statement to the best of the bes		ige.
Signa		J	
Signa Wite	ature of examinee: Date (day/month/year)/	/ ofessionals, h	nealt
Signa Wite I her	eby authorize the release of all my previous medical records from any health pr	ofessionals, h	nealt

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☐ Pre-se	ea				Period	lic		□Other				
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Distant		-,-	-	-	1-	1-			Right e	ve		
Vear			1						Left eye			
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		lio metr	y (th		alues in d	-		Valles	Speech	and w	hisper tes	-
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eft ear									Left	ear		
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				Norma	Abnorr	nal					Normal	Abnorma
lead						18.77	Varico	se veins		220079		
Sinuses,	nose, thr	oat	ATLANCE CO			-	Vascul	ar (inc. pe	dal pulse	s)		
Mouth/t	eeth						Abdon	nen and v	iscera			
	neral)						Hernia					
ars (ger	100	ane					Anus (	not rectal	exam)			
	c membr						G-U sy	stem				
Tympani	c memor							a sal I a sale	r outrons			
Tympani Yes						2000	Upper	and lowe	extrem	tie		
Γympani Yes Opthalm								and lowe (C/S, T/S a	THE RESERVE OF THE PARTY OF THE	itie		
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Parasitical stool test*5  ECG *1  HIV *2 (+ve or -ve)  Medical examiner's comments:  *1 compulsory *2 not compulsory  Status of vaccination records:  Assessment of fitness for service a On the basis of the examinee's pers results recorded above, I declare the  Fit for look-out duty  Deck service in the compulsory  De	*3 required by the *4 required by the *5 required by the *5 required by the *5 required by the *5 required by the *6 required b	ne Company for the Company for	Inegative Inegative rall crew from ender rall food handlers rall food handlers fro be renewed	mic areas orn tropical Details	S
Hepatitis B *3  Bacteriological stool test*4  Parasitical stool test*5  ECG *1  HIV *2 (+ve or -ve)  Medical examiner's comments:  *1 compulsory *2 not compulsory  Status of vaccination records:  Assessment of fitness for service a On the basis of the examinee's persecults recorded above, I declare the  Fit for look-out duty  Deck service  Unfit  Without restrictions	*3 required by the *4 required by the *5 required by the *5 required by the *5 required by the *5 required by the *6 required b	he Company for the Company for	Inegative Inegat	mic areas om tropical Details	□-ve □positive □positive  I climates s  liagnostic test  Other services
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Describe restrictions (e.g., specific p	Yes	No	ther persons o		
Action taken by medical examiner (	e.g., referral):				
Place of examination:		av/month/	vearl /	7	
Certificate is valid 2 years from its is	ssuance date or un	ntil Date (da	ay/month/year	)/	//
Official stamp (also print name of m	nedical examiner):				
iignature of medical examiner:		_			
Authorized by: Sign and stamp of Government Sur					

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