

Doctor Name

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147

Name: Surname First Name Middle Initial Sex: Serial No:

Date of Birth: PP/CDC: Rank:

Vessel: Type: Route:

Home Address:

Company Name :

Medical History Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)					Hernia / Hydrocoele / Appendicitis				
Head Injury / Concussion / Loss of Memory					High / Low blood pressure / Heart disease				
Fits / Epilepsy / Dizziness / Fainting					Asthma / Bronchitis / Tuberculosis				
Eye / Vision Problems (Glasses, etc)					Allergy / Skin disease				
Hearing Impairment					Infection / Contagious Disease				
Ear / Nose / Throat problems					Addiction to alcohol / drugs / tobacco				
Stomach / Bowel disorders					Fracture / Dislocation / Injury / Amputation				
Gall stones / Kidney disorders					Major / Minor Operation				
Jaundice / Liver Disease					Diabetes				
Piles / Varicose veins					Nervous / Mental disease / Sleep disorder				
Blood Disorder					Malignant disease (Cancer)				
Female Disorder					Signed off on medical grounds / Declared Unfit				

Notes

Medical Examination

Height cms	Weight Kgs	BMI	Chest	Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min		Resp.Rate / min			General Condition					
Distant Vision		Uncorrected	Corrected		Field of Vision		Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye					Normal		Right Ear	dB								
Left Eye					Abnormal		Left Ear	dB								
Colour Vision		Ishihara			Normal		Hearing	Right Ear						Left ear		
		Other			Normal											
					Abnormal											

Systemic Examination	Norm	Abnor	Notes		Norm	Abnor
Head & Neck				Respiratory system		
Eyes				Cardiovascular system		
Ears / Nose / Throat				Per Abdomen		
Teeth / Oral Cavity				Genito-urinary system		
Musculo-Skeletal system				Others		
Nervous system				Hernia / Hydrocoele		
Reflexes				Varicose Veins		
Skin				Fissure/Fistula/Piles		