



THE REPUBLIC OF PANAMA
PANAMA MARITIME AUTHORITY
APPLICATION FORM FOR MEDICAL EXAMINATION

Surname OBIDIN	First Name JOHN PAUL	Middle Name(s) LORENZO	Sex M	Age 22	Weight 76kg.	Grade of the Officer
MEDICAL HISTORY Do any of the medical conditions listed apply? Indicate additional comments below (33)						
1. Loss of Vision		6. Hypertension		11. Epilepsy of Attacks		
2. Color Blindness		7. Chest Pain		12. Kidney Disease		
3. Seizures		8. Diabetes		13. Venereal Disease		
4. Frequent Headaches		9. Shortness of Breath		14. Narcotics History		
5. Heart Difficulties		10. Tuberculosis		15. Other Illness		
CLINICAL EVALUATION						
Notes: Describe every abnormality and enter pertinent item number before each comment (33)						
16. Head, Face, Neck, Scalp		20. Genito - Urinary (Hematuria, Pyuria)		23. Appearance & Mental State		
17. Chest and Lungs		21. Rectum (Blood, Mucous)				
18. Vascular System		22. Lower Extremities (Varicosities)				
19. Abdomen and Viscera						
24. VISION		25. COLOR PERCEPTION		26. HEARING		
Right Eye		Blue		Right Ear		
Left Eye		Yellow		Left Ear		
Both Eyes		Green				
27. BLOOD PRESSURE		28. RESPIRATION/MIN.		29. PULSE		
Systolic		20/min.		Rate		
Diastolic				Rate		
LABORATORY FINDINGS						
10. Chest Radiography						
11. URINALYSIS						
12. SUGAR						
13. VDRL						

14. MEDICAL REQUIREMENTS

(a) Applicants who have a Medical History of past or present epilepsy, acute venereal disease, neurosyphilis, varicose veins or use of narcotics or other diseases according to medical criterion will be disqualified.

(b) CLINICAL EVALUATION

b. 1. Vision Requirements for

	DECK OFFICERS	ENGINEER OFFICERS	NAVAL OFFICERS
COLOR	Perfect Color Perception	Able to Perceive Red, Yellow and Green	
Uncorrected Both Eyes, at least	20/100	20/100	
Corrected One Eye, at least	20/20	20/30	
Corrected Other Eye, at least	20/40	20/50	

b. 2. Severely impaired hearing will disqualify the applicant.

b. 3. Taking age into consideration, the applicant must maintain normal blood pressure, and good general physical condition as found in the Clinical Evaluation.

15. LABORATORY FINDINGS

The Laboratory Findings must confirm satisfactory general physical conditions.

16. COMMENTS ON MEDICAL HISTORY AND CLINICAL EVALUATION

FIT TO WORK

REMARKS according to Medical Requirements

Summarize below any medical findings which in your opinion, would limit this person's performance of the job duties and/or would make him a hazard to himself or others. Check the limiting Medical condition, and list the disqualifying defect by item number.

(a) [] (b) [] (c) [] defect by item number

NAME OF EXAMINING PHYSICIAN **PETER O. DATOR M.D.** ADDRESS OF THE MEDICAL CENTER **Rm. 301 BPI Bank Bldg cor. Leong Leon St. Sampaloc Mlo.**

Telephone **314-56-61** Fax **742-40-80**

NAME OF MEDICAL CENTER **SANDA DIAGNOSTIC CENTER** LICENSE No. **RLS 197-03**

Is the applicant Physically Qualified according to the Medical Requirements? **Yes**

Date **November 3, 2006**

Signature and Seal of Examining Physician.

IMPORTANT NOTICE

This application form shall not be considered valid for the issuance of a Certificate of Competency Examination confirmation for Merchant Marine Seafarers Aboard Panamanian Vessels, if it does not comply with any of the following requirements:

- The lack of address, telephone number, stamp and/or signature of the physician.
- Incorrectly filled out or the lack of any of the laboratory tests indicated in the form.