STEAMSHIP MUTUAL

ATTACH PHOTOGRAPH HERE

Pre-employment Medical Examination (PEME)

MEDICAL EXAMINATION RECORD

For aged 46 years and above

FAMILY NAME	GIVEN NAMES	GENDER	AGE	DATE OF BIRTH
PASSPORT NO.	POSITION APPLIED FOR	MANNING AGENT		

PRESENT MAILING ADDRESS	TEL. NO

HEIGHT	WEIGHT	PULSE	BODY BUILD		CHEST:INSP	ins			
m	lbs	/min	SS / MS		CHEST:EXP	ins			
ins	kgs	reg / irr			ABD GIRTH	ins			
VISUAL ACUITY		FAR VISION			NEAR VISION				
UNCORRECTED		L	R		L	R	COLOUR VISION	CLARITY OF SPEECH	
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 PRESSURE **N.B. SHOULD NOT BE ABOVE 140/90**		
LOWER	8 7 6 5 4 4 2 1 - L 1 2 3 4 5 6 7 8				POSITIVE				

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				

MEDICAL HISTORY - Has applicant suffered from, or been told they have (or had) any of the following conditions:					
1. Asthma or wheezing	YES / NO	14. Rheumatic fever	YES / NO	27. Epilepsy	YES / NO
2. Bronchitis	YES / NO	15. High blood pressure	YES / NO	28. Depression	YES / NO
3. Pleurisy	YES / NO	16. Heart attack	YES / NO	29. Psychiatric problems	YES / NO
4. Tuberculosis	YES / NO	17. Chest pain	YES / NO	30. Muscular weakness	YES / NO
5. Pneumonia	YES / NO	18. Palpitations	YES / NO	31. Paralysis	YES / NO
6. Blood Disorder	YES / NO	19. Poor circulation	YES / NO	32. Stroke	YES / NO
7. Coughed up blood	YES / NO	20. Other infections of the	YES / NO	33. T.I.A.	YES / NO
8. Shortness of breath	YES / NO	the heart or circulatory		34. Tingling	YES / NO
10. Diabetes	YES / NO	system			
11. Sinus Trouble	YES / NO	21. Varicose veins	YES / NO		
12. Frequent colds	YES / NO	22. Swelling of feet	YES / NO		
13. Ear Infections	YES / NO	23. Thyroid problems	YES / NO		
14. Balance problems	YES / NO	24. Fainting attacks	YES / NO		
12. Nose bleeding	YES / NO	25. Migraine	YES / NO		
13. Hearing problems	YES / NO	26. Blackouts	YES / NO		

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Pre-employment Medical Examination (PEME)

MEDICAL EXAMINATION RECORD (*continued*)

For aged 46 years and above

Additional questions	
35. Have you ever been signed off as sick or repatriated from a ship.	YES / NO
37. Have you ever been hospitalised.	YES / NO
38.Have you ever been declared unfit for sea duty.	YES / NO
39. Has your medical certificate ever been restricted or revoked?	YES / NO
40. Are you aware that you have any medical problems, diseases or illnesses?	YES / NO
41. Do you feel healthy and fit to perform the duties of your designated position/ occupation?	YES / NO
42. Are you allergic to any medications.	YES / NO
Comments:	
43. Are you taking any non-prescription medications or prescription medications?	YES / NO
If yes, please list the medications taken and the purpose(s) and dosage(s).	

I hereby certify that the personal declaration above is a true statement to tbe best of my knowledge and any false statements will disqualify me from any employment benefits and claims.

Signature of examinee: …….. Date (day/month/year) …./…./…...

Witnessed by: …….. Name: …… ……

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.

Signature of examinee: …… Name of Employer: ……. ……

STEAMSHIP MUTUAL

Pre-employment Medical Examination (PEME)

MEDICAL EXAMINATION RECORD (*continued*)

For aged 46 years and above

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 opthalmascopic	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	

AUDIOGRAM	500	1000	2000	4000	6000	8000		
Right Ear Khz								
JB								
Left Ear Khz								
JB								
LUNG FUNCTION TESTS								
PEV 1								
PVC 1								
PEFR								

Standard Examination	
1. Chest X-Ray (14x17)	
2. Complete Blood count	
3. Routine Urinalysis	
4. Routine Faecanalysis	
5. Blood Typing	
6. Dental Examination	
7. Optical Examination	
8. Complete Medical History and Physical Examination	
9. Psychological Examination	

Additional Examination						
10. Lipid Analysis			13. Others			
Triglycerides			Fasting Blood Sugar			
Cholesterol			HIV 1 & HIV 2			
HDL			Audiometry			
LDL			Ishihara			
			Pulmonary Function Test			
11. Liver Analysis			VDRL Screening			
Total Bilirubin			ECG			
SGOT						
SGPT			14. Hepatitis A			
GGTP			Hepatitis B Antigen Test			
			Hepatitis C			
12. Kidney Function Test						
BUN			15. Stress ECG			
Creatinine			Cardiac Profile			
Total Protein						

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