

Name of the Company

Medical Report/ Certificate

Surname :

Name :

Rank :

Date of Birth:

Place of Birth:

Height mts	Weight kgs	Blood Pressure Máx: Mín:		Pulse	Respiration	Heart
Vision			Colour test		Hearing	
Right eye		Left eye		Yellow _____	Red _____	Right ear _____
Without glasses				Green _____	Blue _____	Left ear _____
With glasses						
Romberg _____		Vertigo _____		Hernias _____		Set of Teeth _____
Head and neck _____				Lungs _____		
Extremities Upper _____				Lower _____		
Laboratory Blood _____				Urine _____		

Remarks

The crewmember declares to have not suffered, or suffer actually, any mental sickness which could have obliged him to have medical treatment or to remain under medical reclusion; he also declares to suffer not of any known disease of heart, aids, cancer and/or chronic illness, which could be unappreciated on this medical examination.

Has passed drugs and alcohol test ? YES NO In affirmative case attach records _____

Crewmember's signature in conformity _____

The crewmember is found to be (FIT) (NOT FIT) for duty on board ships as:

Doctor's identification:

Name:

License no.:

Address:

Date:

Doctor's Signature: