



# STEAMSHIP MUTUAL

ATTACH  
PHOTOGRAPH  
HERE

Pre-employment Medical Examination (PEME)

## MEDICAL EXAMINATION RECORD

For aged 30 years and below

FAMILY NAME		GIVEN NAMES		GENDER		AGE		DATE OF BIRTH	
PASSPORT NO		POSITION APPLIED FOR							
PRESENT MAILING ADDRESS						TEL NO			
HEIGHT		WEIGHT		PULSE		BODY BUILD		CHEST: INSP	
ins		lbs		/min		ss/ms		ins	
		kgs		reg/irr				ins	
VISUAL ACUITY		FAR VISION		NEAR VISION		COLOUR VISION		CLARITY OF SPEECH	
UNCORRECTED		L R		L R					
CORRECTED		L R		L R					
DENTAL				CHEST X-RAY		PA/AP		X-RAY NO	
UPPER		87654321-L12345678		NEGATIVE		BLOOD PRESSURE. <b>NB SHOULD NOT BE ABOVE 140-90</b>			
LOWER		87654321-L12345678		POSITIVE					
FAMILY HISTORY									
	Present Age	Present State of Health			Age at Death	Cause of Death			
Father									
Mother									
Brother/s 1									
2									
3									
Sisters 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	16. Rheumatic Fever	YES/NO	30. Psychiatric problems	YES/NO				
2. Bronchitis	YES/NO	17. High Blood Pressure	YES/NO	31. Muscular weakness	YES/NO				
3. Pleurisy	YES/NO	18. Heart Attack	YES/NO	32. Paralysis	YES/NO				
4. Tuberculosis	YES/NO	19. Chest pain	YES/NO	33. Stroke	YES/NO				
5. Pneumonia	YES/NO	20. Palpitations	YES/NO	34. T.I.A	YES/NO				
6. Blood Disorder	YES/NO	21. Other infections of the heart or circulatory system	YES/NO	35. Tingling	YES/NO				
7. Coughed up blood	YES/NO								
8. Shortness of breath	YES/NO	22. Varicose Veins	YES/NO						
9. Diabetes	YES/NO	23. Swelling of feet	YES/NO						
10. Sinus trouble	YES/NO	24. Thyroid Problems	YES/NO						
11. Frequent Colds	YES/NO	25. Fainting attacks	YES/NO						
12. Ear infections	YES/NO	26. Migraine	YES/NO						
13. Balance problems	YES/NO	27. Blackouts	YES/NO						
14. Nose bleeding	YES/NO	28. Epilepsy	YES/NO						
15. Hearing problems	YES/NO	29. Depression	YES/NO						

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



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Additional Questions	
36. Have you ever been signed of 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 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 medication	YES/NO
Comments:	
43. Are you taking any non-prescription medications or prescription medications If yes, please list the medications taken and the purpose(s) and dosages(s)	YES/NO

I hereby certify that the personal declaration above is a true statement to the 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 examiner.....

Name of Employer.....



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## MEDICAL EXAMINATION RECORD (continued)

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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 -ophthalmoscopic	YES/NO			14. Anus – rectum	YES/NO				
5. Ears	YES/NO			15. G – U System	YES/NO				
6. Sinus – 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 –axila	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 FEV 1 FVC 1 PEFR									
<b>Standard Examination</b>									
1. Digital Chest X-Ray (14x17)									
2. Complete Blood Count									
3. Routine Urinalysis (10 parameters)									
4. Blood Typing (A,B,O and Rh factor)									
5. Dental Examination									
6. Optical Examination/Ishihara									
7. Audiometry									
8. Pulmonary Function/Spirometry									
9. ECG									
10. Complete Medical History and Physical Examination									
11. Psychological Examination									
<b>Additional Examination</b>									
Hba1c									
HIV 1 & HIV 2									
TPHA or VDL Screening									
Hepatitis B Antigen Test									
Fecalalysis (FECT) – for Food Handlers									