



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							
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	87654321-L12345678				NEGATIVE		BLOOD PRESSURE. NB SHOULD NOT BE ABOVE 140-90		
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						
Standard Examination						
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 Test/Spirometry						
9. ECG						
10. Complete Medical History and Physical Examination						
11. Psychological Examination						
Additional Examination						
Total Cholesterol HDL/LDL						
Triglycerides						
GGTP						
SGPT						
Creatinine						
Hba1c						
HIV 1 & HIV 2						
TPHA or VDL Screening						
BUA (Blood Uric Acid)						
Hepatitis B Antigen Test						
Hepatitis C						
Stress ECG and Cardiac Profile						
Fecalalysis (FECT) – for Food Handlers						