



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.
						BLOOD PRESSURE N.B. SHOULD NOT BE ABOVE 140/90	
UPPER	8 7 6 5 4 3 2 1 - L 1 2 3 4 5 6 7 8			NEGATIVE			
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 heart or circulatory system	YES / NO	33. T.I.A.	YES / NO
8. Shortness of breath	YES / NO			34. Tingling	YES / NO
10. Diabetes	YES / NO				
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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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?	
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 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 examinee:

Name of Employer:



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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. 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							
Triglycerides				13. Others			
Cholesterol				Fasting Blood Sugar			
HDL				HIV 1 & HIV 2			
LDL				Audiometry			
				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.