

To the Members December 2008

Dear Sirs,

INTRODUCTION OF AN ENHANCED CREW PRE-EMPLOYMENT MEDICAL EXAMINATION (PEME) SCHEME

In recent years it has become evident that the Club is facing increasing levels of crew claims. Although there is stability in the number of claims incurred, their average value has been steadily growing, and between 2004 and 2007 the total value of crew claims increased by over 60%. Further, from an investigation of claims arising from crew illness, it is frequently apparent from the nature of the illness, that many of the crew members concerned could not have been medically fit for sea service at the commencement of their employment. Crew members who are unfit, either physically or mentally, have the potential to generate more than just illness and repatriation claims. Increasing numbers of claims for death compensation are being received, and in some instances the crewmembers involved had only been onboard the vessel for a matter of days. Claims arising in circumstances such as these are an unnecessary drain on resources.

Claims associated with pre-existing medical conditions arise either because no Pre-Employment Medical Examination (PEME) was undertaken, or because any PEME that might have been conducted was insufficiently rigorous. Whilst many of the crew employed on Members' vessels may already undergo some form of PEME, the Club's experience based upon incurred claims is that the quality of many examinations is variable, as also is the range of tests conducted. Consequently there are many unfit seafarers who are passed as fit for sea service, with the result that crew liability risk for the Members concerned and the Club is adversely affected.

The Managers have therefore decided, as part of the Club's ongoing loss prevention programme, to introduce a PEME scheme with effect from 20th February 2009 for crewmembers recruited in the Philippines, in an effort to reduce the risk of unnecessary crew claims arising from pre-existing medical conditions. The scheme will be based upon enhanced examinations designed to screen for conditions likely to be encountered for personnel in three age bands – under 30, 31 to 45, and 46 and over. These examination standards have been compiled with the assistance of independent UK based consultants – Medical Rescue International (MRI).

MRI have undertaken a review of various clinics in the Philippines on the Club's behalf and for the purposes of the scheme, seven clinics have been selected as recommended service providers to undertake PEMEs in accordance with the enhanced requirements of the Club's scheme. In order to facilitate crewmembers' travel to the clinics to undergo examination, three of the Clinics are located in Cebu, Davao and Iloilo, whilst the remaining four are in Manila. The Club's recommended clinics have all agreed to undertake the enhanced examinations in accordance with a common fee structure of US\$75, US\$85, and US\$120 for the under 30, 31-45 and 46 and over age bands respectively. Details of the tests undertaken under each of the examination standards are enclosed.

The Managers fully appreciate that many Members will already have arrangements in place in relation to PEMEs for recruits from the Philippines, either directly or via manning agents. This scheme does not seek to disturb any such pre-existing arrangements, and nor does it limit the Member's choice of PEME service provider. However, for the reasons outlined at the beginning of this Circular, we hope that Members will appreciate the benefits that can be derived from the use of Clinics that are recommended by the Club conducting enhanced examinations in a consistent manner in accordance with quality standards that are being monitored. Consequently, the Managers strongly recommend that the Clinics selected for the scheme are used to conduct PEMEs wherever possible. The greater the number of examinations that can be carried out under the scheme, the greater the potential benefits for Members and the Club.

During the first year of the scheme's operation, data will be collected to evaluate its effectiveness so that consideration can then be given to expansion of the scheme to recruitment centres elsewhere. MRI, who are entirely independent of the recommended clinics, will remain involved to monitor the performance of the clinics and the scheme, and they will also be responsible for undertaking an annual audit of the clinics and their facilities.

Details of the recommended clinics are as follows:

Manila	
S.M. Lazo Medical Clinic 1755 Taft Avenue cor J. Nakpil Street Malate, Manila	Tel: 00 632 303 7005 or 521 9011 or 5241891 Fax: 00 632 524 6325 Email: smlazo@i-manila.com.ph Contact: Dr. Fe Bacungan
Halcyon Marine Healthcare Systems Unit A - B, 10 th Floor Trafalgar Plaza 105 H. V. De la Costa Street Salcedo Village, Makati City 1227 Manila	Tel: 00 632 864 0205 Fax: 00 632 864 0262 Email: glennda@pacific.net.ph Contact: Dr. Glennda Canlas
Supercare Medical Services Inc Suite 315 Velco Centre R.S. Oca cor. Delgado Street Port Area, Manila 1018	Tel: 00 632 528 0093 or 338 5768 Fax: 00 632 4041698 Email: Paskygutay@supercare.com.ph Contact: Dr. Pascual Gutay
American Outpatient Clinic 2nd Floor, FEMI Building A. Soriano Jr. Ave (formerly Aduana Street) Intramuros, Manila 2801	Tel: 00 632 521 5967 527 1611 527 2853 Fax: 00 632 5271694 Email: amer_h@info.com.ph Contact: Dr. Letitia Abesamis
Cebu	
Physicians Diagnostic Services Centre 104 F. Ramos St. corner of Junguero Street Cebu City	Tel: 00 63 32 254 1778 Fax: 00 032 254 3707 Email: peddeguz@gmail.com Contact: Dr. Ma. Stella Polentinos
Davao	
Physicians Diagnostic Services Centre 49 Jose Palma Gil Street Davao City	Tel: 00 63 82 224 6672 Email: peddeguz@gmail.com Contact: Dr. Pedro de Guzman
Iloilo	
Physicians Diagnostic Services Centre (known as Iloilo PDS & Laboratory Centre) 2nd Floor, John Tan Building (Banco Filipino) Iznart Street Iloilo City	Tel: 00 63 33 3381138 or 338 1143 Email: peddeguz@gmail.com Contact: Dr. Mary Jennifer Dimaya

Authorised and Regulated by the United Kingdom Financial Services Authority (Registered No. 105461 : FSA registration number 202548)

When contacting any of the clinics to arrange an examination, a specific request should be made for the examination to be undertaken under the Steamship Mutual Scheme and the name of the Member should also be provided.

For more information about the Steamship Mutual PEME scheme or if you have any questions, please contact either Jeanne Maddern or Chris Adams at the Managers' London representatives or visit www.simsl.com for further details.

Yours faithfully,

THE STEAMSHIP MUTUAL UNDERWRITING ASSOCIATION LIMITED

Authorised and Regulated by the United Kingdom Financial Services Authority (Registered No. 105461 : FSA registration number 202548)



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 E	BIRTH	
PASSPOR	T NO	POSITION	APPLIED FOR		MANNING A	GENT		
171001 011	110.	1 COITION	THE PROPERTY OF THE PROPERTY O		100000000000000000000000000000000000000	o civi		
PRESENT	MAILING ADDR	RESS				TEL. NO		
HEIGHT	IWEIGHT	PULSE	BODY BUILD	CHEST:INSP	ins			
ricigiti n				CHEST:EXP	ins			
in		reg / irr	00 / mo	ABD GIRTH	ins			
VISUAL AC		FAR VISIO	N	NEAR VISION				
						COLOUR		
UNCORRE		L	R	L	R	VISION	CLARITY C	F SPEECH
CORRECT	ED	L	R	L	R			
DENTAL				CHEST X-RAY	<u>'</u>	PA / AP	X RAY NO.	
UPPER	87654321	1 1 2 2 4 1	5.6.7.9	NEGATIVE		BLOOD PRESSURE N.B. SHOULD NOT BE ABOVE 140/90		
LOWER	87654421			POSITIVE		BE ABOVE 140/90		
LOWER	07034421	-L1234	0078	FOSITIVE				
FAMILY HI	STORY							
	Present Age	Present sta	te of health	Age at death	Cause of dea	ath		
Father								
Mother								
Brother/s								
	2							
	3							
Sister/s 1								
	2							
;	3							

MEDICAL HISTORY - Has applicant suf	fered from, or	been told they have (or ha	d) any of the	following conditions:	
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
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		



MEDICAL EXAMINATION RECORD (continued)

For aged 30 years and below

Additional questions	
	Trans
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	
41. Do you feel healthy and fit to perform the duties of your designated position	
42. Are you allergic to any medications.	YES / NO
Comments:	
43. Are you taking any non-prescription medications or prescription medication	ons? 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 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 con	npany may need pertaining to my health status and other
personal medical findings and do hereby release them from any and all legal	
Signature of examinee:	Name of Employer:



MEDICAL EXAMINATION RECORD (continued)

For aged 30 years and below

SYSTEMIC EXAMINATION	1							
		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		
Pupils opthalmascopic	YES / NO			14. Anus - rect	um	YES / NO		
5. Ears	YES / NO			15. G - U syste		YES / NO		
6. Nose - sinuses	YES / NO			16. Inguinals, g		YES / NO		
7. Mouth - throat	YES / NO			17. Reflexes	jornicalo	YES / NO		
8. Neck, L N thyroid	YES / NO			18. Extremities		YES / NO		
9. Chest - breast - axilla	YES / NO			19. Dental (tee		YES / NO		
10. Lungs	YES / NO			20. Surgical Or		YES / NO		
TO. Lungs	ILS / NO			20. Surgical Of	Jeralions	TLO / NO		
AUDIOGRAM	500	1000	2000	4000	6000	8000		
Right Ear Khz								
JB								
Left Ear Khz								
JB								
LUNG FUNCTION TESTS	 		1		1		1	1
PEV 1								
PVC 1	1							
PEFR								
FLIN	ı							
Standard Examination				1				
Chest X-Ray								
Complete Blood count								
Routine Urinalysis								
Routine Faecanalysis								
5. Blood Typing								
Dental Examination								
7. Optical Examination								
	Dl	-1 =	_					
8. Complete Medical Histor	y and Physica	ai Examinatio	n					
Psychological Examination	on							
Additional Examination								
			14 00					1
10. Lipid Analysis			11. Others			+		
Triglycerides				g Blood Sugar				
Cholesterol				& HIV 2				
HDL			Audiometry					
LDL	ļ		Ishihar			1		
				nary Function Te	est	1		
				Screening				
			ECG					
12. Hepatitis A								
Hepatitis B Antigen Test	t							
Hepatitis C								
		· · · · · · · · · · · · · · · · · · ·				1		

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



ATTACH PHOTOGRAPH HERE

YES / NO

YES / NO

Pre-employment Medical Examination (PEME)

MEDICAL EXAMINATION RECORD

For aged 31 years to 45 years

11. Sinus Trouble

12. Frequent colds 13. Ear Infections 14. Balance problems

12. Nose bleeding

13. Hearing problems

10. Diabetes

7. Coughed up blood

8. Shortness of breath

FAMILY NAME GIVEN NAM			MES GENDER			AGE	DATE OF BIRTH	
PASSPORT NO. POSITION			?		MANNING A	GENT		I
PRESENT MAILING ADDRESS						TEL. NO		
SHT	PULSE	BODY BUILD)	CHEST:INSP	ins			
		SS / MS		CHEST:EXP	ins			
kgs	reg / irr				ins			
	FAR VISION	1		NEAR VISION				
	L			L		VISION	CLARITY C	OF SPEECH
	L	R		L	1			
	<u> </u>			CHEST X-RAY	<u>'</u>	PA / AP	X RAY NO.	· I
						BE ABOVE 140/90		
54421	- L 1 2 3 4 5	678		POSITIVE				
,								
	Present stat	e of health		Age at death	Cause of dea	ath		
		·						
	ı							
				1	1			
RY - Has	applicant suf	fered from, or	been told t	hey have (or ha	d) any of the	following conditio	ns:	
RY - Has	applicant suf	YES / NO	been told t		YES / NO	27. Epilepsy	ns:	
	applicant suf	YES / NO YES / NO	14. Rheum 15. High b	natic fever lood pressure	YES / NO YES / NO	27. Epilepsy 28. Depression		YES / NO
	applicant suf	YES / NO YES / NO YES / NO	14. Rheum 15. High b 16. Heart	natic fever lood pressure attack	YES / NO YES / NO YES / NO	27. Epilepsy 28. Depression 29. Psychiatric p	problems	YES / NO YES / NO
	applicant suf	YES / NO YES / NO YES / NO YES / NO	14. Rheum15. High b16. Heart a17. Chest	natic fever lood pressure attack pain	YES / NO YES / NO YES / NO YES / NO	27. Epilepsy 28. Depression 29. Psychiatric p 30. Muscular we	problems	YES / NO YES / NO YES / NO YES / NO
	applicant suf	YES / NO YES / NO YES / NO YES / NO	14. Rheum 15. High b 16. Heart	natic fever lood pressure attack pain ttions	YES / NO YES / NO YES / NO	27. Epilepsy 28. Depression 29. Psychiatric p	problems	YES / NO YES / NO
	GHT lbs kgs	POSITION / IG ADDRESS GHT PULSE Ibs /min kgs reg / irr FAR VISION L L 5 4 3 2 1 - L 1 2 3 4 5 5 4 4 2 1 - L 1 2 3 4 5	HG ADDRESS BHT PULSE BODY BUILD Ibs	POSITION APPLIED FOR HG ADDRESS BHT PULSE BODY BUILD Ibs	POSITION APPLIED FOR IG ADDRESS GHT PULSE BODY BUILD CHEST:INSP Ibs	POSITION APPLIED FOR MANNING A IG ADDRESS BHT PULSE BODY BUILD CHEST:INSP ins	POSITION APPLIED FOR MANNING AGENT IG ADDRESS TEL. NO SHT PULSE BODY BUILD CHEST:INSP ins I	POSITION APPLIED FOR MANNING AGENT IG ADDRESS TEL. NO SHT PULSE BODY BUILD CHEST:INSP ins I

YES / NO 20. Other infections of the YES / NO 33. T.I.A.

34. Tingling

YES / NO

YES / NO YES / NO

YES / NO

YES / NO YES / NO

YES / NO system
YES / NO 21. Varicose veins

YES / NO 22. Swelling of feet
YES / NO 23. Thyroid problems

YES / NO 24. Fainting attacks

YES / NO 25. Migraine YES / NO 26. Blackouts

YES / NO the heart or circulatory



MEDICAL EXAMINATION RECORD (continued)

For aged 31 years to 45 years

38. Have you ever been declared unfit for sea duty. 39. Has your medical certificate ever been restricted or revoked? 49. Are you aware that you have any medical problems, diseases or illnesses? 41. Do you feel healthy and fit to perform the duties of your designated position/ occupation? 42. Are you allergic to any medications. Comments: 43. Are you taking any non-prescription medications or prescription medications? 44. 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) Name: Name: I hereby permit the undersigned physician to furnish such information the company may need pertaining to my health status and other	Additional questions	
37. Have you ever been hospitalised. 38. Have you ever been declared unfit for sea duty. 39. Has you medical certificate ever been restricted or revoked? 40. Are you aware that you have any medical problems, diseases or illnesses? 47ES / NO 40. Are you aware that you have any medical problems, diseases or illnesses? 47ES / NO 41. Do you feel healthy and fit to perform the duties of your designated position/ occupation? 42. Are you allergic to any medications. Comments: 43. Are you taking any non-prescription medications or prescription medications? 45. Are you taking any non-prescription medications or prescription medications? 46. Are you taking any non-prescription medications or prescription medications? 47. Not the medications taken and the purpose(s) and dosage(s). Thereby 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) Mitnessed by: Name: Name: Hereby permit the undersigned physician to furnish such information the company may need pertaining to my health status and other		_
38. Have you ever been declared unfit for sea duty. 39. Has your medical certificate ever been restricted or revoked? 39. Has your medical certificate ever been restricted or revoked? 40. Are you aware that you have any medical problems, diseases or illnesses? 41. Do you feel healthy and fit to perform the duties of your designated position/ occupation? 42. Are you allergic to any medications. 43. Are you taking any non-prescription medications or prescription medications? 44. Are you taking any non-prescription medications or prescription medications? 45. Are you taking any non-prescription medications or prescription medications? 46. Are you taking any non-prescription medications or prescription medications? 47. Not the medications taken and the purpose(s) and dosage(s). 47. If yes, please list the medications taken and the purpose(s) and dosage(s). 48. Are you taking any non-prescription medications? 49. VES / Not YES / Not Y		
39. Has your medical certificate ever been restricted or revoked? 40. Are you aware that you have any medical problems, diseases or illnesses? 41. Do you feel healthy and fit to perform the duties of your designated position/ occupation? 42. Are you allergic to any medications. Comments: 43. Are you taking any non-prescription medications or prescription medications? 45. Are you taking any non-prescription medications or prescription medications? 46. Are you taking any non-prescription medications or prescription medications? 47. Are you taking any non-prescription medications or prescription medications? 48. Are you taking any non-prescription medications or prescription medications? 49. Are you taking any non-prescription medications or prescription medications? 49. Are you taking any non-prescription medications or prescription medications? 49. Are you taking any non-prescription medications or prescription medications? 49. Are you taking any non-prescription medications or prescription medications? 49. Are you taking any non-prescription medications or prescription medications? 49. Are you taking any non-prescription medications or prescription medications? 49. Are you taking any non-prescription medications or prescription medications? 40. Are you taking any non-prescription medications or prescription medications? 41. Are you taking any non-prescription medications or prescription medications? 42. Are you taking any non-prescription medications or prescription medications? 43. Are you taking any non-prescription medications or prescription medications? 44. Are you taking any non-prescription medications or prescription medications? 45. Are you taking any non-prescription medications or prescription medications? 46. Are you taking any non-prescription medications or prescription medications? 47. Are you taking any non-prescription medications or prescription medications? 48. Are you taking any non-prescription medications or prescription medications? 49. Are you taking any non-pre		
40. Are you aware that you have any medical problems, diseases or illnesses? 41. Do you feel healthy and fit to perform the duties of your designated position/ occupation? 42. Are you allergic to any medications. Comments: 43. Are you taking any non-prescription medications or prescription medications? [YES / Not are you taking any non-prescription medications or prescription medications? [YES / Not are you taking any non-prescription medications or prescription medications? [YES / Not are you taking any non-prescription medications or prescription medications? [YES / Not are you taking any non-prescription medications or prescription medications? [YES / Not are you taking any non-prescription any non-prescription medications? [YES / Not are you taking any non-prescription any non-prescription any non-prescription any non-prescription any non-prescription any non-p		
41. Do you feel healthy and fit to perform the duties of your designated position/ occupation? 42. Are you allergic to any medications. Comments: 43. Are you taking any non-prescription medications or prescription medications? YES / NO YES / NO Thereby 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) Name: Name: I hereby permit the undersigned physician to furnish such information the company may need pertaining to my health status and other		
42. Are you allergic to any medications. 43. Are you taking any non-prescription medications or prescription medications? 43. Are you taking any non-prescription medications or prescription medications? [YES / Note that 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:		
Comments: 43. Are you taking any non-prescription medications or prescription medications? [YES / Not] 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:		
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 tbe best of my knowledge and any false statements will disqualify me from any employment benefits and claims. Signature of examinee:	42. Are you allergic to any 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 the best of my knowledge and any false statements will disqualify me from any employment benefits and claims. Signature of examinee:	Comments:	
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:		
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:		
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:	43. Are you taking any non-prescription medications or prescription medications?	YES / NO
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:		<u></u>
disqualify me from any employment benefits and claims. Signature of examinee:	If yes, please list the medications taken and the purpose(s) and dosage(s).	
disqualify me from any employment benefits and claims. Signature of examinee:		
disqualify me from any employment benefits and claims. Signature of examinee:		
disqualify me from any employment benefits and claims. Signature of examinee:		
disqualify me from any employment benefits and claims. Signature of examinee:		
disqualify me from any employment benefits and claims. Signature of examinee:		
disqualify me from any employment benefits and claims. Signature of examinee:		
disqualify me from any employment benefits and claims. Signature of examinee:		
disqualify me from any employment benefits and claims. Signature of examinee:		
Witnessed by:		owledge and any false statements will
Witnessed by:		
I hereby permit the undersigned physician to furnish such information the company may need pertaining to my health status and other	Signature of examinee:	Date (day/month/year)/
I hereby permit the undersigned physician to furnish such information the company may need pertaining to my health status and other		
	Witnessed by:	Name:
personal medical findings and do hereby release them from any and all legal responsibility by doing so.	I hereby permit the undersigned physician to furnish such information the company may ne personal medical findings and do hereby release them from any and all legal responsibility	
Signature of examinee: Name of Employer:	Signature of examinee:	Name of Employer:



MEDICAL EXAMINATION RECORD (continued)

For aged 31 years to 45 years

SYSTEMIC EXAMINATION	ı							
STSTEWIC EXAMINATION	NORMAL	FINDINGS				NORMAL	FINDINGS	
4 Older		FINDINGS		44 11			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		
Pupils opthalmascopic	YES / NO			14. Anus - recti		YES / NO		
5. Ears	YES / NO			15. G - U syste		YES / NO		
6. Nose - sinuses	YES / NO			16. Inguinals, g	enitals	YES / NO		
7. Mouth - throat	YES / NO			17. Reflexes		YES / NO		
Neck, L N thyroid	YES / NO			18. Extremities		YES / NO		
9. Chest - breast - axilla	YES / NO			19. Dental (teet	th)	YES / NO		
10. Lungs	YES / NO			20. Surgical Op	erations	YES / NO		
	•	•				•	•	
AUDIOGRAM	500	1000	2000	4000	6000	8000		
Right Ear Khz								
JB								
Left Ear Khz								
JB								
LUNG FUNCTION TESTS		l	l	<u> </u>				l
PEV 1								
PVC 1								
_								
PEFR								
				T				
Standard Examination								
1. Chest X-Ray (14x17)								
Complete Blood count								
3. Routine Urinalysis								
4. Routine Faecanalysis								
Blood Typing								
6. Dental Examination								
7. Optical Examination								
8. Complete Medical History	v and Physic	al Examinatio	n					
9. Psychological Examination								
or r byenelegical Examination								
Additional Examination								
10. Lipid Analysis	l	l	13. Others			1		l
Triglycerides				g Blood Sugar				
							_	
Cholesterol	l	HIV 1 & HIV 2						
		Audiometry						
HDL								
LDL LDL			Ishihar	a				
LDL			Ishihar Pulmoi	a nary Function Te	est			
LDL 11. Liver Analysis			Ishihar Pulmoi VDRL	a	est			
LDL 11. Liver Analysis Total Bilirubin			Ishihar Pulmoi	a nary Function Te	est			
LDL 11. Liver Analysis Total Bilirubin SGOT			Ishihar Pulmoi VDRL	a nary Function Te	est			
LDL 11. Liver Analysis Total Bilirubin SGOT SGPT			Ishihar Pulmoi VDRL	a nary Function Te Screening	est			
LDL 11. Liver Analysis Total Bilirubin SGOT			Ishihar Pulmor VDRL ECG 14. Hepatir Hepatir	a nary Function Test Screening tis A tis B Antigen Te				
LDL 11. Liver Analysis Total Bilirubin SGOT SGPT			Ishihar Pulmor VDRL ECG 14. Hepatir Hepatir	a nary Function Test Screening tis A tis B Antigen Te				
LDL 11. Liver Analysis Total Bilirubin SGOT SGPT GGTP			Ishihar Pulmoi VDRL ECG	a nary Function Test Screening tis A tis B Antigen Te				
LDL 11. Liver Analysis Total Bilirubin SGOT SGPT GGTP 12. Kidney Function Test			Ishihar Pulmor VDRL ECG 14. Hepatir Hepatir	a nary Function Test Screening tis A tis B Antigen Te				
LDL 11. Liver Analysis Total Bilirubin SGOT SGPT GGTP 12. Kidney Function Test BUN			Ishihar Pulmor VDRL ECG 14. Hepatir Hepatir	a nary Function Test Screening tis A tis B Antigen Te				
LDL 11. Liver Analysis Total Bilirubin SGOT SGPT GGTP 12. Kidney Function Test			Ishihar Pulmor VDRL ECG 14. Hepatir Hepatir	a nary Function Test Screening tis A tis B Antigen Te				

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



ATTACH PHOTOGRAPH HERE

Pre-employment Medical Examination (PEME)

MEDICAL EXAMINATION RECORD

For aged 46 years and above

FAMILY NA	IILY NAME GIVEN NAMES				GENDER	AGE	DATE OF E	RIRTH	
		GIVEN NAMES			S-IID-III		2.112 01 2		
PASSPORT	NO.	POSITION A	APPLIED FOR	?		MANNING A	GENT		
PRESENT N	MAILING ADDR	FSS				ļ.	TEL. NO		
HEIGHT	WEIGHT	PULSE	BODY BUILD)	CHEST:INSP	ins			
m	lbs	/min	SS / MS		CHEST:EXP	ins			
ins		reg / irr			ABD GIRTH	ins			
VISUAL ACI	UITY	FAR VISION	J		NEAR VISION				
							COLOUR		
UNCORREC		L	R		L	R	VISION	CLARITY C	F SPEECH
CORRECTE	<u>:D</u>	L	R		L	R			
DENTAL					CHEST X-RAY	, I	PA / AP	X RAY NO.	
UPPER	87654321	- L 1 2 3 4 5	678		NEGATIVE		BLOOD PRESSURE N.B. SHOULD NOT BE ABOVE 140/90		
LOWER	87654421				POSITIVE				
FAMILY HIS					I	la			
<u>_ </u>	Present Age	Present stat	e of health		Age at death	Cause of dea	ath		
Father									
Mother Brother/s 1	 								
Brotner/s 1									
3									
Sister/s 1									
2									
3									
					1	1			

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			
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					



MEDICAL EXAMINATION RECORD (continued)

For aged 46 years and above

Additional questions	
	Trans
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	
41. Do you feel healthy and fit to perform the duties of your designated position	
42. Are you allergic to any medications.	YES / NO
Comments:	
43. Are you taking any non-prescription medications or prescription medication	ons? 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 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 con	npany may need pertaining to my health status and other
personal medical findings and do hereby release them from any and all legal	
Signature of examinee:	Name of Employer:



MEDICAL EXAMINATION RECORD (continued)

For aged 46 years and above

SYSTEMIC EXAMINATION	GS
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	
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	
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 Incompany Control of the control of t	
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	
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 JB JB JB JB JB	
6. Nose - sinuses	
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 JB JB JB JB JB	
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	
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 Image: Company of the company of	
10. Lungs YES / NO 20. Surgical Operations YES / NO AUDIOGRAM 500 1000 2000 4000 6000 8000 Right Ear Khz JB JB Image: No. of the control of the	
AUDIOGRAM 500 1000 2000 4000 6000 8000 Right Ear Khz JB	
Right Ear Khz JB	
Right Ear Khz JB	
JB JB	
Left Ear Khz	
JB	
LUNG FUNCTION TESTS	
PEV 1	
PVC 1	
PEFR PEFR	
Observational Franciscopius	
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.