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MEDICAL EXAMINATION FORM

ENGLISH

Physical examination		
▪ Name, first name		
▪ Place of birth		
▪ Date of birth (dd,mm,yyyy)		
▪ Sex	Male ☐	Female ☐
▪ Nationality		
▪ Occupation / Rank		
▪ Name and address of General Practitioner		
▪ Identity card number		
▪ Passport number		
▪ Seafarer's book number		
▪ Shipping company / Nautical college		
▪ Type of vessel (e.g. container, tanker, passenger, fishing boat, all types)		
▪ Geographical region (e.g. coast, tropical regions, worldwide)		

Personal statement of the seafarer (if necessary, the doctor will provide more information)

Have you ever had complaints of : (tick off as appropriate)

	DISORDER	YES	NO		DISORDER	YES	NO
1	Eye / sight problems			28	Drugs/alcohol abuse or addiction		
2	Ear / hearing problems			29	Surgery		
3	Hearing loss			30	Epilepsy, fits or spasms		
4	High blood pressure			31	Dizziness / fainting		
5	Cardiovascular diseases			32	Loss of consciousness		
6	Heart surgery			33	Mental disorder		
7	Varicose veins			34	Depression / stress		
8	Asthma / Chronic bronchitis			35	Suicide attempt		
9	Blood diseases			36	Amnesia		
10	Diabetes			37	Trembling, shaking of the hands or other part of the body		
11	Thyroid gland disorder			38	Disturbance of equilibrium		
12	Digestive disorders / stomach ache			39	Migraine		
13	Kidney problems			40	Nose, throat or ear problems		
14	Skin disorders			41	Bone or joint problems		
15	Allergies			42	Back problems		
16	Contagious/transmittable diseases			43	Amputation		
17	Sexually transmitted diseases			44	Bone fractures/dislocations		
18	Hernias (e.g. inguinal hernia, umbilical hernia)			45	Cancer		
19	Diarrhoea			46	Tuberculosis		
20	Stomach ulcer			47	Thrombosis or embolism		
21	Tropical diseases (e.g. Malaria)			48	Stroke		
22	Sinusitis			49	Urinating problems, bladder disease		
23	Nosebleeds			50	Kidney disease		
24	Seasickness			50 a	*Fear of heights / space / confinement*		
25	Tooth problems						
26	Reproductive disorders						
27	Sleeping problems						

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If your answer to any of the questions on the previous page is **YES**, please explain below:

Further questions:

		YES	NO
51	Have you ever been signed off or repatriated due to illness?		
52	Have you ever been hospitalised?		
53	Have you ever been declared unfit for work?		
54	Has your certificate of medical fitness ever been restricted or withdrawn?		
55	Do you think you have a medical problem or suffer from a disease?		
56	Do you feel healthy and capable of performing the duties corresponding to your job?		
57	Do you drink alcohol and if so, how much?		
58	Do you smoke and if so, how much?		
59	Do you use drugs and if so, which ones and how much?		
60	Are you allergic to medication or certain ingredients?		
61	**For women** : Are you pregnant now?		
62	**For women** : Do you have menstrual complaints? Comments:		
63	Do you use prescribed or over-the-counter medicines? If so, please indicated the reason(s) and the dose(s):		

I hereby state that I have filled in the above statement truthfully and to the best of my knowledge.

Signature of the interested party:

Date (day/month/year): ……/……/……

Completed in the presence of:

Signature:

I hereby state that all my previous medical data may be disclosed to Dr …….. (approved doctor).

Signature of the interested party:

Date (day/month/year): ……/……/……

Completed in the presence of:

Signature:

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MEDICAL EXAMINATION

Examination date (dd,mm,yyyy)	

Subject:

- ☐ First examination
- ☐ Periodical examination
- ☐ Additional examination
- ☐ Seafarer without lookout or watchkeeping duties
- ☐ Deck or bridge service with watchkeeping duties
- ☐ Engine room service with watchkeeping duties

Vision						
Examination by specialist	☐	required	☐	not required		
Capability						
Distant vision without correction	OD		OS		ODS	
Distant vision with correction	OD		OS		ODS	
Near vision					ODS	
Field of vision	OD		OS			
Night-blindness	☐	yes	☐	no		
Colour distinction capability Ishiara	☐	yes	☐	no		
Other *(Farnsworth)*	☐	sufficient	☐	insufficient (if Ishihara insufficient)		
Hardy-Rand-Rittler	☐	sufficient	☐	*insufficient (if Farnsworth insufficient)*		
Eye miscellaneous						
External aspect	OD		OS			
Eye movement	OD		OS			
Pupil reflex	OD		OS			
Funduscopy	OD		OS			

All items in *italic* are extra requirements for URS employees.

Hearing				
Examination by specialist	☐	required	☐	not required
Whispering (in meters)	AD		AS	
Tone audiometry (in decibels)				
500 Hz	AD		AS	
1000 Hz	AD		AS	
2000 Hz	AD		AS	
3000 Hz	AD		AS	
4000 Hz	*AD*		*AS*	
5000 Hz	*AD*		*AS*	
6000 Hz	*AD*		*AS*	
Average	AD		AS	
Ear miscellaneous				
Otoscopy	AD		AS	

All items in *italic* are extra requirements for URS employees.

Physical examination	All items in *italic* are extra requirements for URS employees.
Height (m)	
Weight (kg)	
Quetelet (body mass index)	
Blood pressure - Systolic BP	
Blood pressure - Diastolic BP	
Pulse rate	
Kind of pulse rate	
Heart auscultation	
General psychological and physical condition	
Lymph nodes	
>>	All items in *italic* are extra requirements for URS employees.

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Skin				
• *Nail problems*				
• *Tattoo*				
• *Hygiene*				
Neck				
Mouth/throat/nose				
• *Throat*				
• *Nose*				
• *Left ear*				
• *Right ear*				
Teeth				
• *Condition of lower teeth*				
• *Condition of upper teeth*				
• *Dental formula*				
Speech				
Lungs				
• *Lung auscultation*				
Abdomen				
• *Inspection*				
• *Auscultation*				
• *Palpation*				
• *Percussion*				
• *Hernia (Valsalva test)*				
External genitals, Groins				
Arms				
Legs				
Vertebral column				
• *Position*				
• *Vertebral pain*				
• *Lasègue's sign*				
• *Mobility*				
• *Anteflexion of the lumbar spine*				
• *Lateroflexion of the lumbar spine*				
• *Extension of the lumbar spine*				
• *Rotation of the vertebral column with fixed pelvis*				
• *Schöber index*				
• *Hand-floor distance*				
Motor system/coordination/reflexes				
• *Romberg test*				
• *Balance test*				
• *Tremor*				
• *Muscle power*	*Right hand:*		*Left hand:*	
• *Reflexes KPR*	*Right KPR:*		*Left KPR:*	
• *Reflexes APR*	*Right APR*		*Left APR:*	
Blood circulation				
• *a. carotis*				
• *a. tibialis posterior*				
• *Peripheral arteries*				
• *Varicosis*				
• *Oedema*				
• *Spider naevus*				
• *Telangiectasy*				
Additional examination	All items in *italic* are extra requirements for URS employees.			
Lung function test				

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• *Lung function test - peak flow*				
• *Lung function test - spirometry*				
ECG				
Urine				
• Urine analysis - Glucose				
• Urine analysis - Albumin				
• Urine analysis - Sediment				
Tuberculosis test				
• Chest X-Ray	Date: dd/mm/yyyy		Exemption:	
• Skin test / Mantoux				
Blood				
General blood analysis:				
• *Erythrocytes*				
• *Leucocytes*				
• *WBC formula*				
• *Hb*				
• *Ht*				
• *MCV*				
• *RDW*				
• *Sedimentation*				
• *ASAT*				
• *ALAT*				
• *Gamma GT*				
'Drug & Alcohol' test				
• *Ethanol*				
• *Cannabinoids*				
• *Amphetamine*				
• *Cocaine*				
• *Opiates*				
• *PCP*				
Cardiovascular risk (CRE)				

Vaccination table	Date of last vaccination (dd/mm/yyyy)
Tetanus	
Hepatitis A	
Hepatitis B	
Diphteria	
Typhoid fever	
Cholera	
Poliomyelitis	
Influenza	
Yellow fever	

Conclusion						
Fit	☐	1 year	☐	other, i.e.:		
Failed	☐	temporary	☐	provisional	☐	permanently
Region of validity:	☐	unlimited	☐	other, i.e.:		

Name of approved doctor:

Date (day/month/year): ……/……/……
Signature:

Signature of the interested party (seafarer):

……