



Model number:381101 - 03

**SEAFARER'S  
PRE-EMPLOYMENT  
MEDICAL EXAMINATION RECORD**

**ATTACH  
PHOTOGRAPH  
HERE**

Numbers in brackets, refer to EXPLANATORY NOTES

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	AGE	E-mail:
KAU ID	PASSPORT No.	FMS Department:
PRESENT ADDRESS:	TELEPHONE No:	FOR FMS USE ONLY

HEIGHT (2) M Ins	WEIGHT (3) Lbs Kgs	PULSE /min Reg irr	BMI (If over 30, see Explanatory Note 3)	CHEST: INSP (4) CHEST: EXP ABD GIRTH (5)	Ins Ins Ins
VISUAL ACUITY UNCORRECTED CORRECTED	FAR VISION L R L R	NEAR VISION L R L R	COLOR VISION (6)	CLARITY OF SPEECH	
DENTAL UPPER 87654321-L12345678 LOWER 87654321-L12345678	CHEST X-RAY NEGATIVE POSITIVE X Ray No:	PA AP		BLOOD TYPE: BLOOD PRESSURE : (13, 19, 20)	

FAMILY HISTORY				
	PRESENT AGE	PRESENT HEALTH	AGE AT DEATH	CAUSE OF DEATH
FATHER				
MOTHER				
BROTHER 1				
2				
3				
SISTER 1				
2				
3				

MEDICAL HISTORY (7) Has applicant suffered from, or been told they have (or had) any of the following conditions:									
1.Asthma or Wheezing	YES	NO	12.Nose Bleeding	YES	NO	22.Swelling of Feet	YES	NO	
2.Bronchitis	YES	NO	13.Hearing Problems	YES	NO	23.Fainting Attacks	YES	NO	
3.Pleurisy	YES	NO	14.Rheumatic Fever	YES	NO	24.Migraine	YES	NO	
4.Tuberculosis	YES	NO	15.High Blood Pressure	YES	NO	25.Blackouts	YES	NO	
5.Pneumonia	YES	NO	16.Heart Attack	YES	NO	26.Fits/Epilepsy	YES	NO	
6.Coughed Up Blood	YES	NO	17.Chest Pain	YES	NO	27.Muscular Weakness	YES	NO	
7.Shortness of Breath	YES	NO	18.Palpitations	YES	NO	28.Paralysis	YES	NO	
8.Chest Complaints	YES	NO	19.Poor Circulation	YES	NO	29.Stroke	YES	NO	
9.Sinus Trouble	YES	NO	20.Other Infections of	YES	NO	30.T.I.A.	YES	NO	
10.Frequent Colds	YES	NO	21.Varicose Veins	YES	NO	31.Tingling	YES	NO	
11.Ear Infections	YES	NO		YES	NO	32.Hemorrhoids	YES	NO	



the Heart or Circulatory System

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 legal responsibility by doing so, I also certify that my medical history contained above, is true and any false statements will disqualify me from my employment, benefits and claims.

### MEDICAL EXAMINATION RECORD

LAST NAME	FIRST NAME	INITIAL

### SYSTEMATIC EXAMINATION (8)

	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	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.	YES	NO		18. Extremities	YES	NO	
9.Chest Breast-	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	Khaz						
	JB						
Left Ear	Khaz						
	JB						

LUNG FUNCTION TESTS	
FEV 1	
FEV 2	
PEFR	

STANDARD EXAMINATION	
1	Chest X-Ray (14 x 17) (9)
2	Complete Blood Count (13)
3	Routine Urinalysis (10)
4	Routine Fecalalysis
5	Blood Typing
6	Dental Check-up
7	Optical Check-up
8	Complete P.E. & History (12) (15) (21)



ADDITIONAL EXAMINATION				
10	Lipid Profile		13	Others
	Triglycerides (18)			Fasting Blood Sugar (23)
	Cholesterol (164)			HIV 1 & HIV 2
	HDL (16b)			Audiometry
	LDL (17)			Ishihara
11	Liver Profile		14	Pulmonary Function Test
	Total Bilirubin			TPHA or VDRL Screening
	SGOT			ECG
	SGPT			Hepa A
	GGTP			Hepa B Antigen Test
12	Kidney Function		15	Hepa C
	BUN			Stress Test (If Applicable)
	Creatinine			Cardio Profile (if Applicable)
	Total Protein			

### PRESCRIPTION DETAILS

Name of the Medicine	Dosage Information	Period of Usage

Medical standards have been met for: Unrestricted sea service ☐ Restricted sea service only ☐ Reason for restriction: .....

Period of Restriction: .....

I also confirm that the seafarer is not suffering from a medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of persons on board.

Examiner's name

Examiner's Signature

Clinic Stamp

Candidate's Signature

Date of Examination

Valid under 1 year from date of examination

**SEAFARER'S PRE-EMPLOYMENT MEDICAL EXAMINATION RECORD (GUIDELINES) SCHEDULE-A  
(AGED 35 YEARS AND BELOW)**

**A. Pre-Employment Medical Examination**

1. Review of past medical history with appropriate declaration discussed with doctor, agreed and signed. by candidate.
2. Digital Chest X-ray
3. Complete Blood Count (10 parameters)
4. Routine Urinalysis
5. FECT (for food handlers)
6. Blood Typing (A, B, O and Rh factor)
7. Dental Check-up
8. Optical Check-up
9. Complete P.E. & History

**B. Additional Examination**

10. Others:
  - a) FaHbaIC
  - b) HIV 1 & HIV 2
  - c) Audiometry
  - d) Ishihara
  - e) Pulmonary Function Test
  - f) TPHA or VDRL Screening
  - g) ECG
  - h) BUA (Blood Uric Acid)
11. Hepatitis:
  - a) Hepa B Antigen Test
  - b) Hepa C

**SEAFARER'S PRE-EMPLOYMENT MEDICAL EXAMINATION RECORD (GUIDELINES) SCHEDULE - B  
(ABOVE 35 YEARS)**

**A. Pre-Employment Medical Examination**

1. Review of past medical history with appropriate declaration discussed with doctor, agreed and signed by candidate.
2. Digital Chest X-ray
3. Complete Blood Count (10 parameters)
4. Routine Urinalysis
5. FECT (for food handlers)
6. Blood Typing (A, B, O and Rh factor)
7. Dental Check-up





8. Optical Check-up
9. Complete P.E. & History

**B. Additional Examination**

10. Lipid Profile  
Total Cholesterol (HDL/LDL)  
Triglycerides
11. Liver Profile  
SGPT
12. Kidney Function Test  
Creatinine
13. Others:
  - a) HbA1C
  - b) HIV 1 & HIV 2
  - c) Audiometry
  - d) Ishihara
- e) Pulmonary Function Test (Special requirement if BMI between 30 and 35)
- f) TPHA or VDRL Screening
- g) ECG
- h) BUA (Blood Uric Acid)
14. Hepatitis:
  - a) Hepa B Antigen Test
  - b) Hepa C
15. Additional Mandatory Tests:  
Stress Test  
  
Cardio Profile
16. BMI between 30 and 35  
Thyroid test (TSH)  
  
Physical fitness check (where available)

**SEAFARER'S PRE-EMPLOYMENT MEDICAL EXAMINATION RECORD (Explanatory Notes Page 1)**

1. Each Laboratory has its own normal parameters for each investigation that should be observed when completing the form. Any result outside of normal parameters should be considered abnormal and the candidate reported as 'Unfit'. The same principals should apply to all investigations conducted using the clinics instruments / equipment. Documented assessment of all instruments / equipment used by a clinic performing pre-employment medicals should be undertaken regularly as required by manufacturers and at least annually.
2. Height, if possible should be measured in metres to 2 decimal places.
3. Weight, if possible record this in kilograms to 2 decimal places. Height and weight provide a Body Mass index (BMI) as follows:



BMI =  $\frac{\text{Weight (Kgs)}}{\text{Height (m}^2\text{)}}$

Obese	BMI >30
Healthy	BMI 18.5-30
Underweight	BMI < 18.5

**If BMI is over 30 the seafarer should be taken through the 'Additional Examination' tests 10 to 16.**

4. Chest Inspiration. Measure with tape measure the girth of the chest at the level of the nipples for maximum inspiration, and at full expiration, in inches.
5. Abdominal Girth, this should be measured at the level of the umbilicus in inches.
6. Colour vision. This should be done using the Ishihara tests for colour deficiency with particular reference to red and green deficiency.
7. Medical history. Explain the medical terminology to the candidate to ensure a true medical history.
8. Systemic Examination. List all surgical operations and any medical admissions to hospital with dates and results of any investigations.
9. Chest X-ray. Please confirm whether the view taken is anterior / posterior or posterior /anterior.
10. Random Urine Samples. Two separate urine samples for testing the presence of glucose, the first taken at the start of the examination and the other at the end of the examination.
11. **Physical fitness check: The Chester test, Harvard step test, treadmill test, exercise bicycle test, stress test ECG**

#### SEAFARER'S PRE-EMPLOYMENT MEDICAL EXAMINATION RECORD

(Explanatory Notes Page 2)

12. Smoking. Indicate the number of cigarettes smoked each day, or the amount of tobacco smoked each week.
13. Haematology Blood Tests. If possible obtain a platelet count.
14. Pressure. No higher than 140/90
15. Medication. Any prescribed medication should be recorded.

#### Heart Disease & Stroke Risk

16. (a) Total Cholesterol (mg/dL)

<160 Desirable  
 160-199 Desirable  
 200-239 Borderline High  
 240-279 High  
 >280 High

17. (b) HDL Cholesterol (mg/dL)

> 60  
 50-59  
 40-49  
 <40

18. LDL (mg/dL)

<100 Optimal  
100-129 Near Optimal / above optimal.  
130-159 Borderline High  
160-189 High  
>190 Very High

19. Triglycerides

<150 Optimal  
150-199 High  
>200 Very High

20. Systolic Blood Pressure (mm/Hg)

<120 Normal  
120-129 Normal  
130-139 Normal  
140-159 High  
>160 Referral required

21. Diastolic blood pressure (mm/Hg)

No greater than 90 mm/Hg

22. Medication  
hours?

Has any Hypotensive medication been taken in the last 48

### SEAFARER'S PRE-EMPLOYMENT MEDICAL EXAMINATION RECORD (Explanatory Notes Page 3)

23. Risk Factors

LDL \_\_\_\_\_ Risk of Heart Attack in next 10 years  
190 or > and 0 or 1 Risk Factor: Low  
160 or > and 2 or more Risk Factor: 10%  
130 > and 2 or more Risk Factor: 10% to 20%

### Diabetes

24. Diabetes

Any candidate with glycosuria should be investigated with a glucose tolerance test to assess accurately their diabetic status. If found to be diabetic the type of diabetes must be identified - if the candidate were employed at sea the correct medication to control the diabetes may not be readily available on-board ship or ashore.



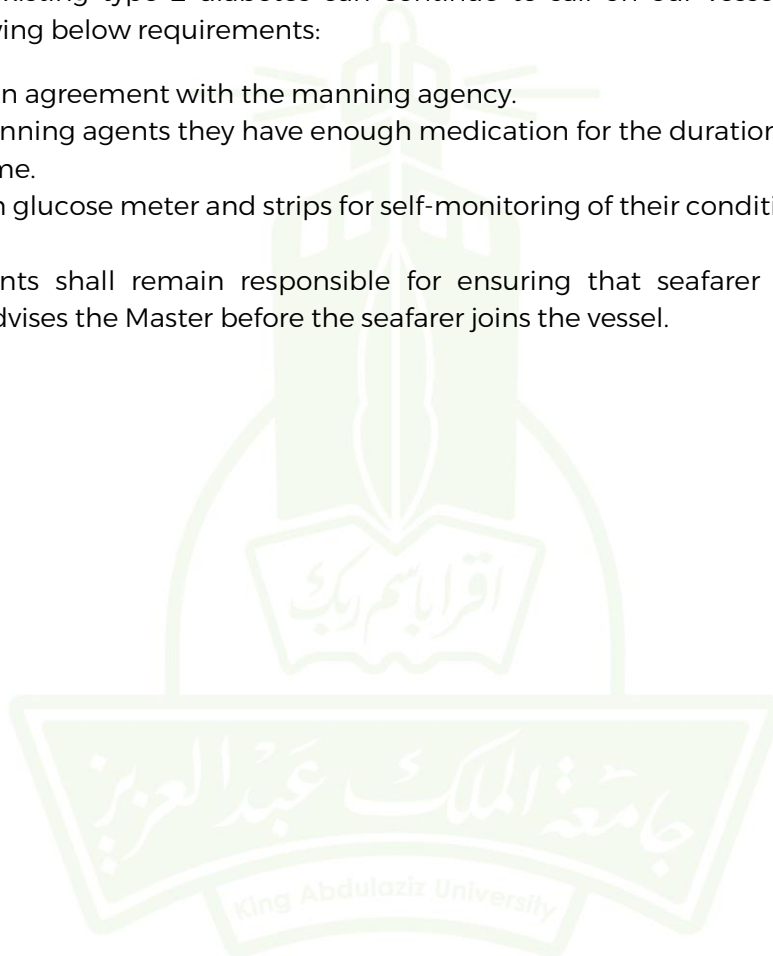
Insulin dependent diabetes is much more difficult to control on board ship with varying working conditions and in particular, the heat. For safety reasons, candidates with insulin dependent diabetes should not be employed at sea.

Note: The optimum levels are shown in bold above. Values above or below optimum levels and all haematology, biochemistry and serology results that are not within normal parameters, must be investigated before a candidate can be declared fit for work.

Seafarers with pre-existing type 2 diabetes can continue to sail on our vessels by controlling their condition and following below requirements:

1. Sign concession agreement with the manning agency.
2. Confirm to manning agents they have enough medication for the duration of their contract until they reach home.
3. Carry their own glucose meter and strips for self-monitoring of their condition until they leave the vessel.

Note: Manning agents shall remain responsible for ensuring that seafarer complies with above requirements and advises the Master before the seafarer joins the vessel.







## SEAFARER'S PRE-EMPLOYMENT MEDICAL EXAMINATION RECORD

### Concessions for Senior Crew and Re-Hired Crew

All new candidates for employment are to be screened strictly in accordance with the recommended pre-employment medical examinations (schedule A, B and C) given the purpose of the scheme is to ensure that seafarers with any significant pre-existing medical problems are not employed.

For candidates returning to employment (re-hired crew) and for Senior Crew, certain concessions for hypertension and diabetes will be allowed as detailed below.

In the case of insulin dependent diabetes:

- Candidates will be rejected. It would not be prudent to employ a seafarer with this type of diabetes as there is a high risk of medical complications.

In the case of hypertension:

- Candidates where hypertension can be controlled by medication to a level considered acceptable - a fit to work certificate can be issued.

All candidates with hypertension that can be controlled by medication to a level considered acceptable will be required to sign a declaration making them aware of the responsibility of self-medication and for ensuring the required medication is available throughout the contract of employment. The clinic, the manning agent, the Club and the Member employing the seafarer will hold copies of this declaration. It would be prudent for the Master of the ship of which the seafarer is to be employed to receive a copy of the declaration so that he is aware of the situation.

**Note:** This declaration is unlikely to provide protection in the event of the seafarer taking ill with an associated medical problem. The National Labor Relations Council (NLRC) will probably adopt the view that employing a seafarer under these circumstances implies acceptance of the risk of associated medical problems developing.

- Where the hypertension is serious and cannot be controlled to a level considered acceptable, candidates will be rejected. It would not be prudent to employ a seafarer under these circumstances as there is a high risk of a serious stroke or development of a heart related condition.

**Note:** These concessions acknowledge that loyal officers and crew may be in short supply but it should be appreciated that relaxing some of the criteria increases potential for medical repatriation cases that the scheme was designed to avoid.



## SEAFARER'S PRE-EMPLOYMENT MEDICAL EXAMINATION RECORD

### Concessions for Senior Crew and Re-Hired Crew - HYPERTENSION

All crew, newly hired, with hypertension are considered unfit. Re-hired crew with both hypertension and diabetes mellitus are considered unfit. Re-hired crew with hypertension maybe considered on the following conditions:

- Hypertension is controlled with medication prior to embarkation
- The ECG must be normal, any findings to be cleared by a cardiologist.
- Additional cardiac diagnostic examinations, if any:
  - 2D Echo
  - Stress Test
- Other Risk factors such as:
  - BMI - If obese II to reduce weight
  - Cholesterol and LDL if severely elevated - prescribe medications to lower them
- A concession declaration will be signed by the seafarer acknowledging responsibility for self-medication and for ensuring the required medication is available throughout the contract of employment.

### Concessions for Senior Crew and Re-Hired Crew - DIABETES MELLITUS TYPE II

All new crew to the member with Hypertension or type II DM are considered unfit. Re-hired crew with both hypertension and diabetes mellitus are considered unfit.

Re-hired crew with diabetes maybe considered on the following conditions:

- Candidates who are known diabetic and despite medication have FBS levels that are severely elevated and uncontrolled should be referred to an endocrinologist for assessment of possible complications.
- Candidates with FBS levels mildly elevated (more than 7 m.mol or 122% mg) should undertake OGTT (Oral Glucose Tolerance Test).
- If OGTT abnormal:  
New candidates - unfit

Re-hired crew to be referred to an endocrinologist. If FBS can be controlled and cleared by the endocrinologist a declaration will be signed by the seafarer acknowledging responsibility for self-medication and for ensuring the required medication is available throughout the contract of employment.



## SEAFARER'S PRE-EMPLOYMENT MEDICAL EXAMINATION RECORD

### Concession Declaration

(name)

.....

of (address)

.....

.....

understand that I have been issued with a 'fit to work' certificate so that I may take up enrolment with FMS

.....

.....

on the understanding that I will be responsible for taking prescribed medication for the condition of

.....

.....

(name of clinic)

.....

.....

have carefully explained my condition and the instructions for the required medication and how this should be administered.

I hereby agree to follow these instructions and take responsibility for ensuring the required medication is available during my study at (FMS) and after graduation a seafarer.....

Should any complications arise because of my failure to provide and administer the required medication, the FMS will not be held responsible.

I confirm that I understand all the implications of non-compliance with this undertaking that have been fully explained to me.

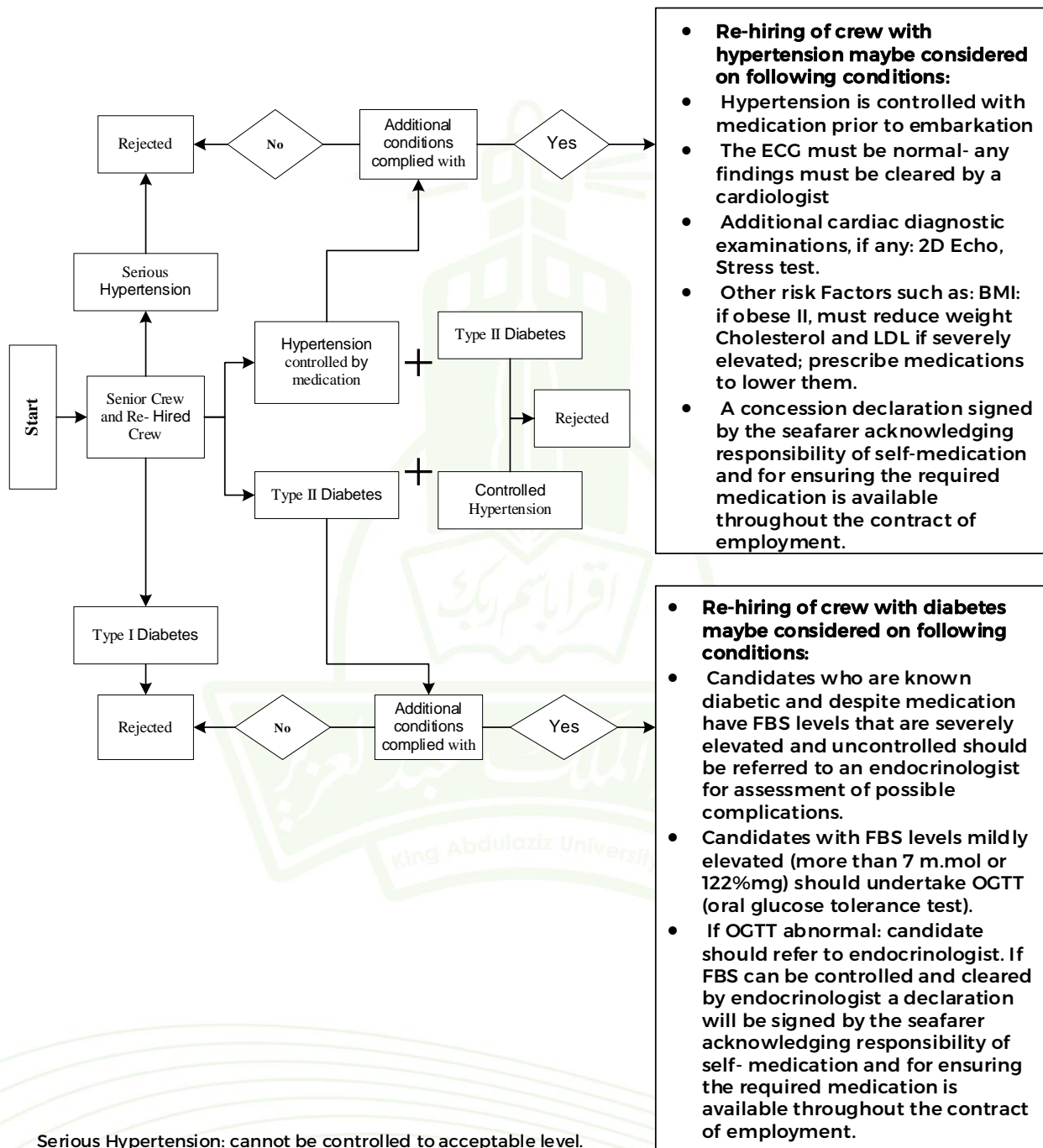
Signed.....

Date: .....

Witnessed: .....



## Pre-Employment Medical





## Pre-Employment Medical

