**Seafarer’s Medical Fitness Examination Report/Certificate**

**(**In compliance with the requirements of the Medical Examination (Seafarer’s) Convention 1946 (ILO No.73) as amended, Samoan Shipping Act 1998, STCW 1978 as amended by 2010 (Protocol) & MLC 2006 Convention)

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| **Applicant’s Particulars** | | | | | | | | | | | | | | | |
| Name in Full (Block Capitals) | | | | | | | | | | | | Passport No: | | | |
|  | | | | | | | | | | | |  | | | |
| Date of Birth: | | | Place of Birth: | | | Nationality: | | | | Sex \*: | | Rank: | | | |
|  | | |  | | |  | | | | Male /Female | |  | | | |
| Address: | | | | | | | | | | Tel no: | |  | | | |
|  | | | | | | | | | | Email Address: | |  | | | |
| **Doctor’s Examination Report 1** | | | | | | | | | | | | | | | |
| **1** | Height/Weight | | | |  | | C.m |  | | | Kilos | | | | |
| **2** | Hearing | | | |  | | Right |  | | | Left | | | | |
| **3** | Eyesight | | | |  | | Right |  | | | Left | |  | | Color Vision |
| **4** | Urine analysis | | | |  | | Sugar |  | | | Albumin | |  | | Microscopy |
| **5** | Full blood count | | | |  | | HB |  | | | WBC | |  | | Platelets |
| **6.** | VDRL | | | |  | | Negative |  | | | Positive | | | | |
| **7** | Chest X-Ray Report  (last X Ray within a year) | | | |  | | Normal |  | | | Abnormal | | | | |
| **8** | Electrocardiogram (ECG) (EDG) | | | |  | | Normal |  | | | Abnormal | | | | |
| **9** | Pulse | | | |  | | Per/min |  | | | | | | | |
| **10** | Blood Pressure | | | |  | | Systolic | **I** Diastolic | | | | | | | |
|  | | | | | | | **Normal** | **Abnormal** | | | **If abnormal give details** | | | | |
| **11** | Cardiovascular system | | | | | |  |  | | |  | | | | |
| **12** | Central Nervous system | | | | | |  |  | | |  | | | | |
| **13** | Digestive System | | | | | |  |  | | |  | | | | |
| **14** | Locomotor System (Spine/ limbs) | | | | | |  |  | | |  | | | | |
| **15** | Skin (including varicosities) | | | | | |  |  | | |  | | | | |
| **16** | Physique – Deformities | | | | | |  |  | | |  | | | | |
| **17** | Respiratory system | | | | | |  |  | | |  | | | | |
| **18** | Intelligence, mental state | | | | | |  |  | | |  | | | | |
| **19** | Gastrointestinal system (e.g. Hernia) | | | | | |  |  | | |  | | | | |
| **20** | Urogenital system (e.g. Hydrocele) | | | | | |  |  | | |  | | | | |
| **21** | Endocrine system (e.g. Thyroid) | | | | | |  |  | | |  | | | | |
| **22** | Ears/ Nose/Throat | | | | | |  |  | | |  | | | | |
| **23** | Mouth/Teeth | | | | | |  |  | | |  | | | | |
|  | | | | | | | | | | | | | | | |
| **Certificate of Medical Fitness** | | | | | | | | | | | | | | | |
| I certify that I have examined Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, NRIC / PP No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  to the medical standards of the Samoa Maritime Authority & Administration (SMAA) and found him/her FIT/UNFIT.  Remarks (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  | |
| \_\_\_\_\_\_\_\_\_\_\_  Official Stamp | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Examination | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature & Name of Doctor | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Medical Institute/Hospital | | | | |