**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 |