APPLICATION FORM FOR MEDICAL EXAMINATION

SURNAME	FIRST NAME	MIDDLE NAME (S)	SEX	AGE	WEIGHT	GRADE OF THE OFFICER

MEDICAL HISTORY: DO ANY OF THE MEDICAL CONDITIONS LISTED APPLY?
INDICATE ADDITIONALCOMMENTS BELOW (33).

	YES	NO
1. LOSS OS VISION	☐	☐
2. COLOR BLINDNESS	☐	☐
3. SEIZURES	☐	☐
4. FREQUENT HEADACHES	☐	☐
5. HEART DIFFICULTLES	☐	☐
6. HYPERTENSION	☐	☐
7. CHEST PAINS	☐	☐
8. DIABETES	☐	☐
9. SHORTNESS OF BREATH	☐	☐
10. TUBERCULOSIS	☐	☐
11. EPILEPSY OF ATTACKS	☐	☐
12. KIDNEY DISEASE	☐	☐
13. VENEREAL DISEARE	☐	☐
14. NARCOTICS HISTORY	☐	☐
15. OTHER ILLNESS	☐	☐

CLINICAL EVALUATION

NOTES: DESCRIBE EVERY ABNORMALITY AND ENTER PERTINENT ITEM NUMBER BEFORE EACH COMMENT (33)

	NORMAL YES	NORMAL NO
16. HEAD, FACE, NECK, SCRIP	☐	☐
17. CHEST AN LUNGS	☐	☐
18. VASCULAR SYSTEM	☐	☐
19. ABDOMEN AND VISCERA	☐	☐
20. GENITO - URINARY (HEMATURIAL, PYURIA)	☐	☐
21. RECTUM (BLOOD, MASSES)	☐	☐
22. LOWER EXTREMITIES (VARICOSITIES)	☐	☐
23. APPERANCE & MENTAL STATE	☐	☐

24 VISION	UNCORRECTED	CORRECTED
RIGTH EYE	20/	20/
LEFT EYE	20/	20/
BATH EYES	20/	20/

25 COLOR PERCEPTION

BOOK ☐ LANTERN ☐

YELLOW_____ RED_____

GREEN _____ BLUE _____

26 HEARING

RIGHT EAR _____

LEFT EAR_____

27. BLOOD PRESSURE
SYSTOLIC_____

DIASTOLIC_____

28. RESPIRATION / MIN.

28. PULSE

RATE _____ REGULAR YES ☐ NO ☐

LABORATORY FINDING

30. CHEST RADIOGRAPHY REPORT:

31. URINALISIS: SPECIFIC GRAVITY	ALBUMIN	SUGAR	32. VDRL: POSITIVE ☐ NEGATIVE ☐

(a) APPLICANTS WHO HAVE A MEDICAL HISTORY OF PAST OR PRESENT EPILEPSY, ACUTE VENERAL DESEASE, NEUROSYPHILIS, VARICOSE VEINS OR USE OF NARCOTICS OR OTHER DISEASES ACCORDING TO MEDICAL CRITERIAN WILL BE DISQUALIFIED.

(b) CLINICAL EVALUATION:

b. 1. VISION REQUIREMENTS FOR:

	DECK OFFICERS	ENGINEER OFICERS	RADIO OFFICERS
COLOR	PERFECT COLOR PERCEPTION	ABLE TO PERCEIVE RED, YELLOW AND GREEN	
UNCORRECTED BOTH EYES, AT LEAST	20/100	20/100	20/100
CORRECTED ONE EYE, AT LEAST	20/20	20/30	20/30
CORRECTED OTHER EYE, AT LEAST	20/40	20/50	20/50

b. 2. SEVERELY IMPAIRED HEARING WILL DISQUALIFY THE APPLICANT.

b. 3. TAKING AGE INTO CONSIDERATION, THE APPLICANTS MUST HAVE NORMAL BLOOD PRESSURE, AND GOOD GENERAL PHYSICAL CONDITION AS FOUND IN THE CLINICAL EVALUATION.

(c) LABORATOTY FINDINGS:
THE LABORATORY FINDINGS MUST CONFIRM SATISFACTORY GENERAL PHYSICAL CONDITIONS.

33. COMMENTS ON MEDICAL HISTORY AND CLINICAL EVALUATION

REMARKS, ACCORDING TO MEDICAL REQUIREMENTS.
SUMMARIZE BELOW ANY MEDICAL FINDINGS WHICH, IN YOUR OPINION, WOULD LIMIT THIS PERSON'S PERFORMANCE OF THE JOB DUTIES AND/OR WOULD MAKE HIM A HAZARD TO HIMSELF OR OTHERS. CHECK THE LIMITING MEDICAL CONDITION, AND LIST THE DISQUALIFYING DEFECT BY ITEM NUMBER.

(a) ☐ (b) ☐ (c) ☐ DEFECT BY ITEM NUMBER

NAME OF EXAMINING PHYSICIAN	ADDRESS OF THE MEDICAL CENTER

NAME OF MEDICAL CENTER		LICENSE No.	DATE D	M	Y
TELEPHONE	TELEX:				

IS THE APPLICANT PHYSICALLY QUALIFIED ACCORDING TO THE MEDICAL REQUIREMENTS? ☐ SI ☐ NO

DATE_____ _____

SIGNATURE AND SEAL OF EXAMINING PHYSICIAN

IMPORTANT NOTICE:
THIS APPPLICATION FORM SHALL NOT BE CONSIDERED VALID FOR THE INSURANCE OF A CERTIFICATE OF COMPETENCY EXAMINATION CONFIRMATION FOR MERCHANT MARINE SEAFARERS ABOARD PANAMANIAN VESSELS, IF IT DOES NOT COMPLY WITH ANY OF THE FOLLOWING REQUIREMENTS:

1. THE LACK OF ADDRESS, TELEPHONE NUMBER, STAMP AND/OR SIGNATURE OF THE PHYSICIAN.
2. INCORRECTLY FILLED OUT OR THE LACK OF ANY OF THE LABORATORY TESTS INDICATED IN THE FORM.
3. STCW95, Regulation I/9 – Medical Standards – Issue and Registration of Certificates, and Section B-I/9 Paragraph 11 "Notwithstanding these provisions, the Administration may require higher standards than those given in table B-I/9-1 or table B-I/9-2 below"
4. ILO/WHO/A.2/1997 – Guidelines for the medical fitness review of seafarers previous to embarkment and periodics, of the International Labor Organization (ILO) and the World Health Organization (WHO)

This form demands the minimum medical fitness conditions that sailors must fulfil.