



REPORT OF MEDICAL EXAMINATION OF SEAFARER BY THE APPROVED MEDICAL PRACTITIONER



Dir. _____
 (If the respondent is not a U.S. citizen, please print name and address.)

	Full Name			M	<input type="checkbox"/>	F
	Date of Birth:		Home Address			
	Nationality		Passport n.º			
	Type of Vessel		Trade Area			
	Department		Duty (see below)			

I. "Medical History"

Have you ever had any of the following conditions?	Yes	No	Have you ever had any of the following conditions?	Yes	No
1. Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	13. High/Low blood pressure/Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
2. Head Injury/Concussion/Loss of Memory	<input type="checkbox"/>	<input type="checkbox"/>	14. Asthma/Bronchitis/Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
3. Fainting/Seizures/Epilepsy/Balance problems	<input type="checkbox"/>	<input type="checkbox"/>	15. Diabetes/Thyroid Problem	<input type="checkbox"/>	<input type="checkbox"/>
4. Eyes/Vision Problems (Glasses, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	16. Allergy/Skin disease	<input type="checkbox"/>	<input type="checkbox"/>
5. Hearing Impairment/Tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	17. Infection/Contagious Disease	<input type="checkbox"/>	<input type="checkbox"/>
6. Ear/Nose/Throat problems	<input type="checkbox"/>	<input type="checkbox"/>	18. Major/Minor surgery-operation	<input type="checkbox"/>	<input type="checkbox"/>
7. Stomach/Bowel/Digestive disorders	<input type="checkbox"/>	<input type="checkbox"/>	19. Hernias/Hydrocele/Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
8. Gall stones/Kidney disorders	<input type="checkbox"/>	<input type="checkbox"/>	20. Fracture/dislocation /Injury/Amputation	<input type="checkbox"/>	<input type="checkbox"/>
9. Jaundice/Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	21. Back or joint problems/Restricted mobility	<input type="checkbox"/>	<input type="checkbox"/>
10. Piles/Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	22. Addiction to Alcohol/Drugs/Tobacco	<input type="checkbox"/>	<input type="checkbox"/>
11. Blood Disorder	<input type="checkbox"/>	<input type="checkbox"/>	23. Nervous/Mental disease/Sleep disorder	<input type="checkbox"/>	<input type="checkbox"/>
12. Female Disorder/Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	24. Malignant disease (Cancer)	<input type="checkbox"/>	<input type="checkbox"/>
If "yes" to any of the above questions, please give details:					
Additional questions		Yes	No	Additional questions	
Have you ever been hospitalized, signed off as sick or repatriated from a ship?		<input type="checkbox"/>	<input type="checkbox"/>	Are you aware that you have any medical problems, diseases or illnesses?	
Have you ever been declared unfit for sea duty?		<input type="checkbox"/>	<input type="checkbox"/>	Do you feel healthy and fit to perform the duties of your designated position/occupation?	
Has your medical certificate ever been restricted/revoked?		<input type="checkbox"/>	<input type="checkbox"/>	Are you allergic to any medication?	
Are you taking any non-prescription or prescription medications?					
If yes, please list the medications taken, and the purpose(s) and dosage(s):					
Comments:					

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

I hereby authorize/not authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr _____
(the approved Medical Practitioner)

Signature of examinee: _____ Date: ____/____/____

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Ensheng Dong



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First [-seventh] Annual Report of the State Board of Health, Lunacy and Charity [1879-1885] Massachusetts. State Board of Health, Lunacy, and Charity, 1920 Medical Records and Modeling , 1996 **Annual Report of the State Board of Health of Massachusetts** Massachusetts. State Board of Health, 1908 **William J. Clinton: 1993 bk. 2 August 1 to December 31, 1993** United States. President (1993-2001 : Clinton), 1994 *Reports of Cases Determined in the Courts of Appeal of the State of California* , 1920 **Index to Library Reports** Katharine Twining Moody, 1913
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