GENERAL DIRECTORATE OF MERCHANT MARINE
APPLICATION FORM FOR MEDICAL EXAM
FOR FLAG STATE INSPECTOR

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

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

		YES	NO			YES	NO			YES	NO
1.	LOSS OF VISION	☐	☐	6.	HYPERTENSION	☐	☐	11.	EPILEPSY ATTACKS	☐	☐
2.	COLOR BLINDNESS	☐	☐	7.	CHEST FAIN	☐	☐	12.	KIDNEY DISEASE	☐	☐
3.	SEIZURES	☐	☐	8.	DIABETES	☐	☐	13.	VENEREAL DISEASE	☐	☐
4.	FRECUENT HEADACHES	☐	☐	9.	SHORT NESS OF BREATH	☐	☐	14.	NARCOTICS HISTORY	☐	☐
5.	HEART DIFFICULT	☐	☐	10.	TUBERCULOSIS	☐	☐	15.	OTHER ILLNESS	☐	☐

CLINICAL EVALUATION
NOTES: DESCRIBE EVRY ABNORMALITY AND ENTER PERTINENT ITEM NUMBER BEFORE EACH COMMENT (33)

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

24. VISION			25. COLOR PERCEPTION	26. HEARING
RIGHT EYES LEFT EYES BOTH EYES	UNCORRECTED 20% 20% 20%	CORRECTED 20% 20% 20%	BOOK ☐ LANTERN ☐ YELLOW ___________ RED ____________ GREEN ______________ BLUE ___________	RIGHT EAR _______________________ LEFT EAR ________________________

27. BLOOD PREASURE	28. RESPIRATION/ MIN	29. PULSE
SYSTOLIC ________________ DIASTOLIC ________________		RATE______________ REGULAR ☐ YES NO ☐

LABORARTORY FINDING

30. CHEST RADIOGRAPHY X- RAY REPORT:

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

MEDICAL REQUIREMENT

(A) APPLICANTS WHO HAVE A MEDICAL HISTORY OF PAST OR PRESENT EPILEPSY, ACUTE VENERAL DESEASE, NEURO SYPHYLIS, VARICOSE VEINS OR USE OF NARCOTICS OR OTHER DESEASE ACCORDING TO MEDICAL CRITERION WILL BE DISCUALIFIED.

(B) CLINICAL EVALUATION
B1.

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

B2. SEVERALY IMPAIRED HEARING WILL DISQUALIFY THE APPLICANT
B3. TAKING AGE INTO CONSIDERATION, THE APPLICANTS MUST HAVE NORMAL BLOOD PRESSURE, AND GOOD GENERAL PHYSICAL CONDITION AS FOUND IN THE CLINICAL EVALUATION.

(C) LABORATORY FINDINGS:
THE LABORATORY FINDINGS MUST CONFIRM SATI8SFACTORY GENERAL PHYSICAL CONDITIONS.

COMMENTS ON MEDICAL HISTORY AND CLINICAL EVALUATION

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

(A) ☐ (B) ☐ (C) ☐ DEFECT BY ITEM NUMBER

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NAME OF EXAMINING PHYSICIANS		ADDRESS OF THE MEDICAL CENTER
TELEPHONE:	TELEFAX	

NAME OF MEDICAL CENTER	LICENSE Nº.	DATE		
		D	M	Y

33.
IS THE APPLICANT PHYSICALLY QUALIFIED ACCORDING TO THE MEDICAL REQUIREMENTS? SI ☐ NO ☐

_________________________ DATE

_________________________ SIGNATURE AND SEAL OF EXAMINING PHYSICIAN

IMPORATANT NOTICE:
THIS APPLICATION FORM SHALL NOT BE CONSIDERED VALID FOR THE ISSUANCE OF A CERTIFICATE OF COMPETENCY EXAMINATION CONFIRMATION FOR MERCHANJT MARINE SEAFABERS ABOARDS 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 LAQBORATORY TEST INDICATED IN THE FORM.