

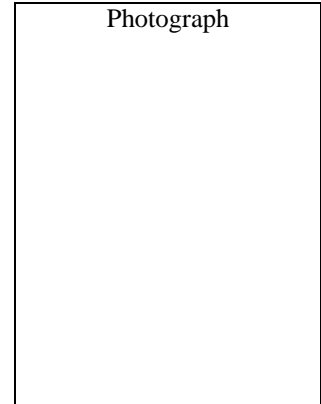
NNPC PRE-EMPLOYMENT MEDICAL EXAMINATION

Original to be retained by the seafarer, a copy to be retained by the Clinic

DETAILS OF THE SEAFARER:

Name: _____
 Date of Birth: _____
 Passport Number: _____
 Date of Examination: _____
 Blood-type: _____
 Phone number: _____
 Height: _____
 Weight/BMI: _____ / _____
 Date of examination: ____ / ____ / ____

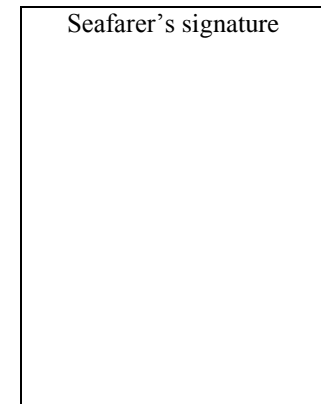
Photograph



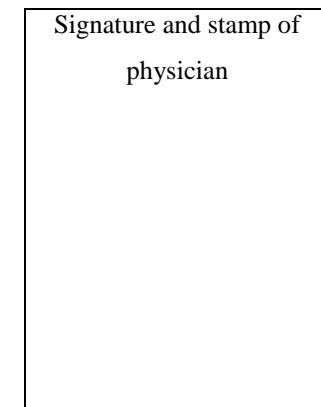
GENERAL:

Examination	Result	
	Pass	Fail
Questionnaire (attached)		
Physical		
Dental		
Psychological		
Visual		
Audiometry		
Chest X-Ray		
Electro Cardiogram		
Urinalysis		
Blood test		
Ultrasound		
Liver function		
Alcohol/drug test		
Spirometry		

Seafarer's signature



Signature and stamp of
physician



QUESTIONNAIRE:

Family History					
	Yes	No		Yes	No
Heart Disease			Diabetes		
Epilepsy			High Blood Pressure		
Mental Illness			Asthma		
Past medical Treatment					
Tuberculosis			Diabetes		
Epilepsy			Hearing problems		
Cancer			High Blood Pressure		
Dizziness			Diverticulitis		
Vision problems			Back problems		
Jaundice or Hepatitis			Asthma		
Hernia			Sexually Transmitted Disease		
Kidney problems			Liver problems		
Other					
Do you smoke? If yes, how long and how many packs a day: _____			Do you have any allergies? If yes, specify _____		
Do you use or take any drugs?			Are you presently on any medication? If yes, specify _____		
Remarks (optional)					

VACCINATIONS:

Please ensure that a copy of the seafarer's vaccination booklet is attached.

Vaccination	Date of last vaccination

LABORATORY TESTS:

	Result		Result
Diabetes		Hepatitis (A/B/C)	
Blood Group		ECG	
Complete Blood Count (CBC)		Stool Test	
Kidney stones		Alcohol/Drugs	
HIV		Liver function	
Women Only			
PAP Smear		Pregnancy Test	

COMMENTS:

DOCTOR'S DECLARATION

I declare that the seafarer, [...name seafarer...], is in all respects fit for duty after successfully completing the Pre-Medical Examination performed in accordance with the Employers standard form PEME.

Signature: _____ Date: _____

Printed name: _____

Address: _____

Telephone no.: _____

SEAFARER'S DECLARATION

I,, hereby declare that I have given full disclosure of my entire medical record. I understand that this information will be used to assess whether I am fit to work as a seafarer and whether I will be offered an employment contract. I further understand that any misrepresentation or omission may lead to loss of benefit, compensation or other rights under my employment contract and any applicable Collective Bargaining Agreement. I hereby consent and give permission for my information as contained herein to be disclosed to the prospective employers and/or their insurers in order to assess my suitability to work on board a sea-going vessel and that this report may be retained by my employer for a period of up to 24 months.

Signature Seafarer

Date: _____