Asian Maritime Technological College

Medical Fitness Form

COPY

PERSONAL DETAILS
First Name .... Surname .... Date of Birth ....
Nationality .... Male ☐ Female ☐ Height .... cm. Weight .... kg.

PREVIOUS MEDICAL HISTORY :

	NORMAL	ABNORMAL		NORMAL	ABNORMAL		NORMAL	ABNORMAL
1. Epilepsy of Attacks	☐	☐	8. HIV (not compulsory)	☐	☐	15. Muscular-Skeletal	☐	☐
2. Kidney Disease	☐	☐	9. Hypertension	☐	☐	16. Cancer	☐	☐
3. Venereal Disease	☐	☐	10. Gastro-Intestinal Infectious Disease	☐	☐	17. Skin Disease	☐	☐
4. Seizures	☐	☐	11. Obesity	☐	☐	18. Chronic Dental	☐	☐
5. Narcotics History	☐	☐	12. Heart	☐	☐	and Digestive System Problems		
6. Tuberculosis	☐	☐	13. Diabetes	☐	☐			
7. Hepatitis B	☐	☐	14. Chronic Respiratory Disorder	☐	☐			

19. DISTANCE VISION			20. COLOR VISION	21. HEARING (dB)	22. BLOOD PRESSURE
	Uncorrected	Corrected	Ishihara Book		Systolic ____________
Right Eye	20 /_______	20 /_______	Holmes Lantern	Right ____________ dB	Diastolic ____________
Left Eye	20 /_______	20 /_______	Normal	Left ____________ dB	Normal
Both Eye	20 /_______	20 /_______	Abnomal		Abnomal

COMMENTS ON MEDICAL HISTORY and / or CLINICAL EVALUATION

States the result of clinical evaluation and any medical findings which, in your opinion, would limit this person's performance of the training in Maritime Field and/or would make him/her a hazard to himself/herself or others.

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Examining Physician Name .... License No. ....

Name and Address of Medical Center ....

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Signature of Examining Physician .... Examining Date ....