

Form Med1-C
**PHYSICAL EXAMINATION REPORT /
 CERTIFICATE**



**REPUBLIC OF VANUATU
 PORT VILA, VANUATU**

INSTRUCTIONS

PRINT

Clear Form

All applicants for a Vanuatu License or Seaman Identification Book shall be required to have a physical examination reported on the Vanuatu Medical Form MED1 by a licensed physician. The completed medical form must accompany the application for a License or Seaman's Identity document. The physical examination must be carried out **not more than two years** prior to the date of making application. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (1) All applicants must have hearing unimpaired for normal sounds.
- (2) All applicants must have average blood pressure, taking age into consideration.
- (3) Applicants afflicted with or having medical histories, including the following shall be disqualified for a license:
 Epilepsy, insanity, senility, acute alcoholism, tuberculosis, acute venereal disease or neurosyphilis and/or use of narcotics.
- (4) The undersigned consents to the release of all medical information and results of drug testing including any results obtained by the company Medical Review Officer or Manning Agency Medical Review Officer in any company sponsored Drug Testing Consortium program pursuant to Vanuatu Maritime Bulletin No. 115 dated 1 June 2013 and any amendments thereto to VMISR.

THIS CERTIFICATE ISSUED BY THE AUTHORITY OF THE DEPUTY COMMISSIONER OF MARITIME AFFAIRS, THE REPUBLIC OF VANUATU AND IN COMPLIANCE WITH THE REQUIREMENTS OF THE MARITIME LABOR CONVENTION, 2006 FOR THE MEDICAL EXAMINATION OF SEAFARERS. THE MEDICAL CERTIFICATE SHALL BE VALID FOR NO MORE THAN TWO (2) YEARS FROM THE DATE OF THE EXAMINATION FOR THOSE OVER 18 YEARS OF AGE AND FOR NO MORE THAN ONE (1) YEAR FOR THOSE UNDER 18 YEARS OF AGE.

I. PARTICULARS OF THE APPLICANT

Examination for Duty as (check one)	<input type="checkbox"/> Master <input type="checkbox"/> Navigating Officer <input type="checkbox"/> Engineer <input type="checkbox"/> Radio Officer <input type="checkbox"/> Seaman			
Last / Family / Surname Name	First / Given Name	Middle Name(s)		
Birth Date (MM/DD/YY)	Place of Birth (City & Country)			

II. GENERAL MEDICAL CONDITION

Height	Weight	Blood Pressure	Pulse	Respiration	General Appearance	
Is the applicant suffering from any disease likely to be aggravated by or render him unfit for service at sea or likely to endanger the health of other persons on board?			<input type="checkbox"/> NO <input type="checkbox"/> YES / If YES, enter details below.			
VISION	Without Glasses (Uncorrected)	Right Eye	Left Eye	With Glasses (Corrected)	Right Eye	Left Eye
	Test Type	<input type="checkbox"/> Book <input type="checkbox"/> Lantern Color				
	Color	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Blue				
HEARING		Right Ear		Left Ear		
HEAD and NECK						
HEART (Cardiovascular)						
LUNGS						
SPEECH (Radio Telephone/GMDSS Operators only): Is speech unimpaired for normal voice communication?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
UPPER EXTREMITIES				LOWER EXTREMITIES		

Last Name	First Name
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III. DRUG TESTING (May be waived with proof of Valid drug test within 1 year)

TESTS TO BE PERFORMED:	<input type="checkbox"/> THC <input type="checkbox"/> Cocaine <input type="checkbox"/> PCP <input type="checkbox"/> Opiates <input type="checkbox"/> Amphetamines																																	
RESULTS:	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:15%; text-align: center;">NEGATIVE</th> <th style="width:15%; text-align: center;">POSITIVE</th> </tr> </thead> <tbody> <tr> <td>CANNABINOIDS as Carboxy - THC</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>COCAINE METABOLITES as Benzoyllecgonine</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>PHENCYCLIDINE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>OPIATES:</td> <td></td> <td></td> </tr> <tr> <td> <input type="checkbox"/> codeine</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> <input type="checkbox"/> morphine</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>AMPHETAMINES:</td> <td></td> <td></td> </tr> <tr> <td> <input type="checkbox"/> amphetamine</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> <input type="checkbox"/> methamphetamine</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>OTHER (please specify):</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		NEGATIVE	POSITIVE	CANNABINOIDS as Carboxy - THC	<input type="checkbox"/>	<input type="checkbox"/>	COCAINE METABOLITES as Benzoyllecgonine	<input type="checkbox"/>	<input type="checkbox"/>	PHENCYCLIDINE	<input type="checkbox"/>	<input type="checkbox"/>	OPIATES:			<input type="checkbox"/> codeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> morphine	<input type="checkbox"/>	<input type="checkbox"/>	AMPHETAMINES:			<input type="checkbox"/> amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	OTHER (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
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IV. PHYSICIAN' S FURTHER COMMENTS

REMARKS:

V. STATEMENT REGARDING APPLICANT' S FITNESS FOR DUTY

I certify that I gave a physical examination to the applicant on _____ and he/she is _____	
Date of examination (MM/DD/YY)	
<input type="checkbox"/> FIT / <input type="checkbox"/> NOT FIT for Sea Duty	
Name and Address of Physician	
Qualifications of Physician	
Physician's Licensing Authority	Expiration date of current Practitioner's Certificate or License

Physician's Signature

DATE

PRINT