



NAURU

MARITIME ADMINISTRATION

Application for Medical Fitness Examination (FORM NMA-9_MED.2018.Rev.0)

1. APPLICANT'S PARTICULARS				
Name in Full (Block Capitals)				Passport No:
Date of Birth:	Place of Birth:	Nationality:	Sex *: <input type="checkbox"/> Male / <input type="checkbox"/> Female	Rank:
Address:			Tel no:	Email Address:

2. DOCTOR'S EXAMINATION REPORT

1	Height/Weight	<input type="text"/>	Metres	<input type="text"/>	Kilos		
2	Hearing	<input type="text"/>	Right	<input type="text"/>	Left		
3	Eyesight	<input type="text"/>	Right	<input type="text"/>	Left	<input type="text"/>	Color Vision
4	Urinalysis	<input type="text"/>	Sugar	<input type="text"/>	Albumin	<input type="text"/>	Microscopy
5	Full blood count	<input type="text"/>	Hb	<input type="text"/>	WBC	<input type="text"/>	Platelets
6	VDRL	<input type="text"/>	Negative	<input type="text"/>	Positive		
7	Chest X-Ray Report (last X Ray within a year)	<input type="text"/>	Normal	<input type="text"/>	Abnormal		
8	Electrocardiogram (ECG) (EDG)	<input type="text"/>	Normal	<input type="text"/>	Abnormal		
9	Pulse	<input type="text"/>	Per min				
10	Blood Pressure	<input type="text"/>					

	Normal	Abnormal	If abnormal gives details
11 Cardiovascular system	<input type="checkbox"/>	<input type="checkbox"/>	_____
12 Central Nervous system	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 Digestive System	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____

14	Locomotor system (spine/limbs)	<input type="checkbox"/>	<input type="checkbox"/>	_____
15	Skin (including varicosities)	<input type="checkbox"/>	<input type="checkbox"/>	_____
16	Physique –Deformities	<input type="checkbox"/>	<input type="checkbox"/>	_____
17	Respiratory system	<input type="checkbox"/>	<input type="checkbox"/>	_____
18	Intelligence, mental state	<input type="checkbox"/>	<input type="checkbox"/>	_____
19	Gastrointestinal system (eg Hernia)	<input type="checkbox"/>	<input type="checkbox"/>	_____
20	Urogenital system (eg Hydrocoele)	<input type="checkbox"/>	<input type="checkbox"/>	_____
21	Endocrine system (eg Thyroid)	<input type="checkbox"/>	<input type="checkbox"/>	_____
22	Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
23	Ears/ Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
24	Mouth/Teeth	<input type="checkbox"/>	<input type="checkbox"/>	_____

* *Select as appropriate.*

3. DOCTOR'S REMARKS & DECLARATION			
CERTIFICATE OF MEDICAL FITNESS			
<p>I certify that I have examined Mr. _____, NRIC / PP No _____ to the medical standards of the Nauru Maritime Administration and found him/her FIT/UNFIT.</p> <p>Remarks (if any) _____</p> <p>_____</p>			
<p>_____</p> <p>Official Stamp</p>	<p>_____</p> <p>Date of Examination</p>	<p>_____</p> <p>Signature & Name of Doctor</p>	<p>_____</p> <p>Name of Medical Institute / Hospital</p>