PHYSICAL EXAMINATION REPORT/CERTIFICATE

SUPPLEMENT

LAST NAME OF APPLICANT	FIRST NAME	MIDDLE INIITAL	POSITION ONBOARD
DATE OF BIRTH	PLACE OF BIRTH	SEX	PASSPORT/SEAMAN'S BOOK NO.
DAY MONTH YEAR	CITY COUNTRY	MALE ☐ FEMALE ☐	

URINALYSIS *(indicate YES for Normal)*

TEST	YES	NO
SPECIFIC GRAVITY	☐	☐
pH	☐	☐
LEUKOCYTE (WBC)	☐	☐
NITRITE	☐	☐
PROTEIN	☐	☐

TEST	YES	NO
GLUCOSE (SUGAR)	☐	☐
KETONES	☐	☐
UROBILINOGEN	☐	☐
BILIRUBIN	☐	☐
ERYTHROCITE (RBC)	☐	☐

COMMENTS *(if abnormal results)*

BLOOD CHEMICAL TEST. *(Please attach test report and indicate below if the required tests are within reference range)*

TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	☐	☐
RED BLOOD CELL COUNT (RBC)	☐	☐
HEMOGLOBIN (HGB)	☐	☐
HEMATOCRIT (HCT)	☐	☐
MEAN CORPUSCULAR VOLUME (MCV)	☐	☐
PLATELETS (PLT)	☐	☐
TRUE GLUCOSE	☐	☐
CHOLESTEROL	☐	☐
TRIGLYCERIDE	☐	☐

TEST	YES	NO
URIC ACID	☐	☐
UREA NITROGEN	☐	☐
CREATININE	☐	☐
ASPARTATE AMINOTRANSFERASE (AST, SGOT)	☐	☐
ALANINE AMINOTRANSFERASE (ALT, SGPT)	☐	☐
GGTP	☐	☐
SODIUM	☐	☐
POTASSIUM	☐	☐
CHLORIDE	☐	☐

COMMENTS *(if the value is not within reference range:*

	DECK SERVICE	ENGINE SERVICE	CATERING SERVICE	OTHER SERVICES
FIT	☐	☐	☐	☐
UNFIT	☐	☐	☐	☐

WITHOUT RESTRICTIONS WITH RESTRICTIONS

DESCRIBE RESTRICTIONS *(e.g., specific position, type of ship, trade)*

MEDICAL EXAMINER
(SIGNATURE OVER PRINTED NAME)

DATE OF EXAMINATION

AUTHORIZED BY:

(COMPETENT AUTHORITY)