

form med1-a  
**PHYSICAL EXAMINATION REPORT /  
 CERTIFICATE**



**REPUBLIC OF VANUATU  
 PORT VILA, VANUATU**

**INSTRUCTIONS**

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 one year** 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.

**I. PARTICULARS OF THE APPLICANT**

Examination for Duty as (circle 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
-----------	------------

### III. DRUG TESTING

<b>TESTS TO BE PERFORMED:</b>	<input type="checkbox"/> THC <input type="checkbox"/> Cocaine <input type="checkbox"/> PCP <input type="checkbox"/> Opiates <input type="checkbox"/> Amphetamines		
<b>RESULTS:</b>	CANNABINOIDS as Carboxy - THC	NEGATIVE	POSITIVE
	COCAINE METABOLITES as Benzoylecgonine	<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"/>	
_____ <b>REMARKS:</b>			

### 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)

**FIT**    **NOT FIT** for Sea Duty as:     MASTER     MATE     ENGINEER     RADIO OFFICER     SEAMAN

Name and Address of Physician \_\_\_\_\_

Qualifications of Physician \_\_\_\_\_

Physician's Licensing Authority	Expiration date of current Practitioner's Certificate or License
---------------------------------	--

\_\_\_\_\_  
*Physician's Signature*