



TUVALU SHIP REGISTRY

Tuvalu Ship Registry
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APPLICATION FOR MEDICAL FITNESS EXAMINATION

A. 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:		

B. 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) _____
 - 22 Eyes _____
 - 23 Ears/ Nose/Throat _____
 - 24 Mouth/Teeth _____
- * Select as appropriate.

C. DOCTOR'S REMARKS & DECLARATION

CERTIFICATE OF MEDICAL FITNESS

I certify that I have examined Mr. _____, NRIC / PP No _____
to the medical standards of the Tuvalu Ship Registry and found him/her FIT/UNFIT.

Remarks (if any) _____

Official Stamp Date of Examination Signature & Name of Doctor Name of Medical Institute / Hospital