

	<b>NAAF MARINE SERVICES</b>	NMS/F-04	Date	1 July 2012
	<b>TITLE: - PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE</b>		Issue No	00
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Appendix 1  
Medical Exam Form  
CONFIDENTIAL FORM

**Sight**

Use of glasses or contact lenses: Yes / No (if yes, specify which type and for what purpose) ☒ No

	Visual acuity						Visual fields		
	Unaided			Aided			Right eye	Normal	Defective
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular			
Distant	6/6	6/6	6/6					<input checked="" type="checkbox"/>	
Near	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	

**Color vision:** ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

**Hearing**

	Pure tone and audio metry (threshold values in dB)						Speech and whisper test (metres)	
	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz	Normal	Whisper
Right ear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Left ear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Height: 168 (cm)

Weight: 70 (kg)

Pulse rate: 72 (/minute)

Rhythm: REGULAR

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Urinalysis: Glucose: NIL Protein: NIL

	Normal	Abnormal		Normal	Abnormal
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sinuses, nose, throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Varicose veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mouth/teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vascular (inc. pedal pulses)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ears (general)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abdomen and viscera	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tympanic membrane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anus (not rectal exam.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G-U system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper and lower extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eye movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spine (C/S, T/S and L/S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neurologic (full brief)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast examination <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 25 / NOV 2021

Results: NORMAL & CLEAR

**(CONTROLLED DOCUMENT)**