



NIUE SHIP REGISTRY

APPLICATION FOR MEDICAL FITNESS EXAMINATION (Form NMED)

Niue Ship Registry
10 Anson Road
International Plaza #25-15
Singapore 079903
Tel: (65) 6226-2001
Email: info@niueship.com
http://www.niueship.com

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 style="width: 40px;" type="text"/>	Metres	<input style="width: 40px;" type="text"/>	Kilos
2	Hearing	<input style="width: 40px;" type="text"/>	Right	<input style="width: 40px;" type="text"/>	Left
3	Eyesight	<input style="width: 40px;" type="text"/>	Right	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/> Color Vision
4	Urinanalysis	<input style="width: 40px;" type="text"/>	Sugar	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/> Microscopy
5	Full blood count	<input style="width: 40px;" type="text"/>	Hb	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/> Platelets
6	VDRL	<input style="width: 40px;" type="text"/>	Negative	<input style="width: 40px;" type="text"/>	Positive
7	Chest X-Ray Report (last X Ray within a year)	<input style="width: 40px;" type="text"/>	Normal	<input style="width: 40px;" type="text"/>	Abnormal
8	Electrocardiogram (ECG) (EDG)	<input style="width: 40px;" type="text"/>	Normal	<input style="width: 40px;" type="text"/>	Abnormal
9	Pulse	<input style="width: 40px;" type="text"/>	Per min		
10	Blood Pressure	<input style="width: 40px;" 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 _____
 - 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 Niue 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