

Engine Room Staff Medical Eligibility Form

Personal Information

Full Name

Date of Birth

Rank/Position

Vessel Name

Nationality

Medical History

List any current or past illnesses

Are you currently taking any medication?

Any surgeries or injuries in the past?

Allergies

Do you smoke?

Do you consume alcohol?

Physical Examination

Height (cm)

Weight (kg)

Blood Pressure

Vision

Hearing

Other findings (if any)

Doctor's Assessment

Is applicant medically fit for Engine Room duties?

Doctor's Remarks

Examining Doctor's Name

Date Examined