

Seafarer Pre-Employment Medical Fitness Declaration Form

Personal Information

Full Name

Date of Birth

Nationality

Rank/Position Applied For

Passport No.

Seaman's Book No.

Medical History

Condition	Yes	No	Details (if any)
Cardiovascular Disease	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Epilepsy or Seizures	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Asthma or Respiratory Disorders	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Visual or Hearing Impairment	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Other (please specify)			<input type="text"/>

Have you ever been hospitalized or had any surgery?

Are you currently taking any medication?

Declaration

I hereby declare that I have answered all questions truthfully and to the best of my knowledge. I understand that any false statements may lead to disqualification of employment.

Seafarer's Signature

Date