

# Engine Room Crew Pre-Sea Health Assessment

## Personal Information

Full Name

Date of Birth

Rank/Position

Nationality

Date of Assessment

## Medical History

Previous illnesses, surgeries, or hospitalizations

Current medications

Known allergies

## Physical Examination

Parameter	Result	Remarks
Height (cm)	<input type="text"/>	<input type="text"/>
Weight (kg)	<input type="text"/>	<input type="text"/>
Blood Pressure	<input type="text"/>	<input type="text"/>
Vision	<input type="text"/>	<input type="text"/>
Hearing	<input type="text"/>	<input type="text"/>
Lung Function	<input type="text"/>	<input type="text"/>
Cardiac Exam	<input type="text"/>	<input type="text"/>

## Fit for Duty Assessment

Is the crew member fit for duty?

Comments/Restrictions

Examined by (Physician Name & Signature)

Date