

Female Seafarer Pre-Sea Gynecological Screening Form

Personal Information

Full Name

Date of Birth

Age

Nationality

Rank/Position

Menstrual History

Age at Menarche

Cycle Length (days)

Duration of Flow (days)

Last Menstrual Period

Characteristics

☐

Regular

☐

Irregular

☐

Painful

☐

Heavy Flow

Obstetric History

Gravida

Para

Abortions

Living Children

Complications (if any)

Gynecological History

Previous Gynecological Surgery

Known Gynecological Conditions

Current Symptoms

☐

Pain

☐

Discharge

☐

Bleeding

☐

Other

Contraceptive Use

Current Method

Previous Methods

Sexual History

Sexually Active

History of Sexually Transmitted Infections

Family History

Cancers (breast, ovarian, etc.)

Genetic Disorders

Physical Examination

General Remarks

Gynecological Examination Findings

Laboratory Investigations

Pap Smear

Other Tests

Physician's Summary and Recommendations

Physician Name

Date

Signature

