

# Offshore Worker Pre-Sea Medical Assessment

## Personal Information

Full Name

Date of Birth

Nationality

Passport Number

Position Applied For

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## Medical History

Chronic Diseases (if any)

Past Surgeries / Hospitalizations

Allergies

Current Medications

Vaccination Record

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## General Examination

Height (cm)

Weight (kg)

Blood Pressure (mmHg)

Pulse (per min)

Vision (Right/Left)

Hearing

Physical Findings

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## Laboratory & Diagnostic Tests

Blood Test

Urine Test

Chest X-Ray

ECG

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## Doctor's Assessment

Fit for Offshore Work

Remarks

Doctor's Name

Date of Assessment

Signature