Seafarer Personal Medical History Form

Personal Information

Full Name

Date of Birth

Nationality

Passport/Seaman's Book No.

Rank/Position

Contact Number

Medical History

Have you ever had or do you currently have any of the following?

Condition	Yes	No	Details
Heart Disease / Hypertension			
Lung Disease / Asthma			
Diabetes			
Tuberculosis			
Epilepsy / Seizure disorders			
Psychiatric Illness			
Visual/Eye Problems			
Hearing Problems			
Kidney Disease			
Hepatitis / Jaundice			

Malaria / Tropical Diseases			
Recent Surgical Procedures			
Other significant illness or injuries			

Current Medication

List any medication currently being taken

Allergies

List any allergies (including medicines, food, or others)

Declaration

I declare that the above information is true and complete to the best of my knowledge.

I agree

Signature

Date