

**STATE OF ISRAEL / MINISRTY OF TRANSPORT  
ADMINISTRATION OF SHIPPING & PORTS**

**MEDICAL EXAMINATION**

E-559

1. FAMILY NAME	2. FIRST NAME	3. FATHER'S NAME	4. ADDRESS
5. I.D.	6. DATE OF BIRTH	7. S.B NO.	8. RANK
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**A. ANAMNESIS - MEDICAL AND OCUPATIONAL HISTORY – DISEASES, DEFECTS, RESTRICTIONS ( PRESENT AND PAST)**

1.

1. INTERNAL & OCCUPATIONAL DISEASES		2. SURGICAL DISORDERS		
3. ALLERGIES AND USE OF MEDICINES		4. ACCIDENTS & OPERATIONS (DATE)		
5. VENEREAL DISEASES	6. TUBERCULOSIS	7. DIABETES MELLITUS	8. DRUG ADDICTION	9. ALCOHOLISM
10. PSYCHIATRIC AND/OR BEHAVIOR PROBLEMS				

**2. OCCUPATIONAL HISTORY (DATES) – PROFESSIONES, PLACES OF WORK.**

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**3. VACCINATIONS (DATES)**

HEPATITIS A	HEPATITIS B	YELLOW FEVER	TETANUS, DIPHTHERIA TOXOID
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**B. MEDICAL EXAMINATION**

1. HEIGHT (SM)	2. WEIGHT (KGR)	3. GENERAL APPEARANCE	4. BLOOD SUGAR	4A. B.LIPIDS	4.B SUPP. BLEX	5 BLOOD GROUP AT I st EXAM.	6. TUBERCULIN-T AT I st EXAM.	7. HEMOGL.
8. THROMB	9. ERYTHR.	LEUCOC.	MO.	LY. STAB.	SG.	EO.	BAS.	
PLAS.	10. URINE		11. STOOL EX.AT REQ.		12. BLOOD TEST FOR SYPHILIS, H.I.V		13. G.6 P.D AT I st. EXAM.	
14. RESPIRATORY TRACT	PROTEIN GLUCOSE UROBL.		DRUGS SED.					

15. X . RAY LUNGS AT 1ST. EXAM.		16. E.C.G	17. HEART & BLOOD VESSELS	18. BLOOD PRESSURE	19. PULSE  _____ AFTER EFFORT  _____ AFTER 2 MIN				
20. UPPER LIMBS		21. LOWER LIMBS		22. SKIN		23. MOUTH & TEETH			
24. NECK		25. VERTEBRAL C.		26. FLAT FOOT		27. VARICOUS VEINS OF LEGS		28. HAEMORRHOIDS	
29. ABDOMEN AND G.I.T		30. LIVER & GALL BLADDER		31. SPLEEN AND PANCREAS		32. HERNIA			
33. KIDNEYS & URINARY TRACT		34. PENIS & TESTICLES		35. GENYC. EXAM.		36. NEUROLOGIC SYSTEM		37. REFLEXES	
38. PSYCHOLOGICAL EXAM. - DECISIONS AT 1st EXAM. PSYCHIATRIC EXAM. AT REQ.		39. NOSE AND SINUSES		40. SPEECH AND THROAT		41. ALLERGIES AND SENSITIVITY TO MEDICINES			
42. EYES		43. VISUAL FIELDS		44. ADAPTATION TO DARK		45. VISION ACUITY			
				WITHOUT CORREC.		WITH CORRECTION		SPH. CYL.	
				6/		6/		D.	
				6/		6/		D.	
46. COLOUR DISC.		47. EAR EXAM.		48. AUDIOGRAM					
ISCHIHARA T.		COLOUR DISCRIMIN. BASIC		49. OTHER EX.					

**C. DECISION**

FIT    UNFIT    DECK    ENGINE    ELECT.    CATER  
 MULTIPURPOSE SEAMEN

**REMARKS:**

**DATE**

**PLACE**

**APPROVED MEDICAL D  
(SIGN & STAMP)**

**MEDICAL INST**

**THE CERTIFICATE IS ISSUED BY AUTHORITY OF MARITIME ADMINISTRATION  
AND IN COMPLIANCE WITH THE REQUIREMENTS OF MEDICAL EXAMINATION  
(SEAFARERS) CONVENTION 1946 (I.L.O. N. – 073).**