



# RETURNING CREW

Medical Examination Form B.

Original Hire Date \_\_\_\_\_

Name: \_\_\_\_\_

ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Examination Date: \_\_\_\_\_

TEMP:	PULSE:	RESP:	B/P:	HEIGHT:	WEIGHT:
HEPATITIS HAV IgM = HBsAg = Anti HCV =	BLOOD CHEMISTRY(6) BUN (Blood Urea Nitrogen) Cholesterol Creatinine Glucose SGOT, SGPT	Chest X-Ray WNL Other:	Field Vision R = WNL _____ L = WNL _____	Color Vision Ishihara ** Snellen ** Bostrom Kugelberg ** Passed Not Passed	Vision adequate for position per Bahamian requirements? Yes No

WHISPER TEST : Yes \_\_\_ No \_\_\_ If abnormal Perform Audiogram Information on the use of hearing protection provided ? Yes \_\_\_ No \_\_\_

	500hz	1000hz	2000hz	3000hz	4000hz	6000hz	8000hz	BMI = Body Mass Index =
Rt. Ear								
Lt. Ear								

Name of Vaccination:		Date of last vaccination?	REQUIRED TESTS ATTACH ALL LAB TEST to Original ALL RESULTS MUST BE IN ENGLISH	
Diphtheria			Chest X-ray (Attach report )	VDRL/ RPR/ FTA **
Tetanus			O&P (All Food and Beverage Positions)	
Typhoid			Urinalysis	Hepatitis A-B-C
Pertussis			CBC ( Complete Blood Count)	Urine Drug Test (Benzodiazepines, THC, Amphetamines, Cocaine, Barbiturates, Opiates, Metamphetamine)
Yellow fever			Results requiring investigation	
Polio				
Varicella			EKG (Required ONLY if history of HBP*)	
MMR			*High Blood Pressure	
HEPATITIS A & B			Pregnancy Test	All females

\*\* One of them may be used

PHYSICIAN	HEENT		THORAX		ABDOMEN		RECTAL		EMOTIONAL STATUS
	NORMAL	ABNORMAL	NORMAL	ABNORMAL	NORMAL	ABNORMAL	NORMAL	ABNORMAL	
Physical Exam	HEAD		LUNGS		SHAPE		HEMORRHOIDS		
	EYES		PERCUSSION		TENDERNESS		PROSTATE		
	NOSE		AUSCULTATION		MASSES		FISTULA		
	MOUTH		BREASTS		SCARS				
	TONSILS		TENDERNESS		HERNIA				
	PHARYNX		MASSES		CIRCUMCISED				
	EARS		EXTREMITIES	NORMAL	PRESENT		TESTICLES		
	NECK	NORMAL	VARICOSE VEINS		G			NOTES/COMMENTS:	
	NODES		EDEMA						
	MOTION		DISCOLORATION						
THYROID		DEFORMITIES							
HEART	NORMAL	SCARS							
RHYTHM		ELBOW	NORMAL	ABNORMAL					
MURMURS		RETAINED FLEXION							
Range of Motion	NECK	NORMAL	EXTENSION		FORWARD FLEX		ANGLE	NORMAL	
	FORWARD FLEXION		PRONATION		EXTENSION		DORSAL FLEX		
	EXTENSION		SUPINATION		LAT. FLEX		PLANTAR FLEX		
	LATERAL FLEXION		SCARS		ROTATION		INVERSION		
	ROTATION		WRIST	NORMAL	ABNORMAL	SLR (SITTING)		EVERSION	
	SCARS		PRONATION			SLR (SUPINE)		SCARS	
	SHOULDER	NORMAL	SUPINATION			SCARS		FEET	
	FORWARD ELEV.		DORSIFLEXION					NORMAL	
	BACKWARD ELEV.		PLANER FLEXION					INSPECTION	
	ABDUCTION		ABDUCT					ARCH STATUS	
ADDUCTION		ADDUCT					DEFORMITIES		
INT. ROTATION		SCARS							
EXT. ROTATION		FINGERS	NORMAL	ABNORMAL	INT. ROTATION				
SCARS		FLEXION			EXT. ROTATION				
		EXTENSION			RETAINED FLEX				
					EXTENSION				
					SCARS				

DOCTOR please follow RCL Guidelines and see brief description of the most physically demanding jobs in the attached documents

DECISION: Fit for work: \_\_\_\_\_ (the crew member is not believed to be suffering from any sickness or physical or mental ailment making him unfit for service.

Unfit to work (Reason: \_\_\_\_\_) Forms without Physician contact information are not acceptable

Physician Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

DISTRIBUTION: ORIGINAL - Employee (To Take to Ship Medical Facility).



**Employment Medical Examination Form A.  
NEW HIRES AND RETURNING CREWMEMBERS  
PERSONAL DECLARATION**

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Position: \_\_\_\_\_ Ship: \_\_\_\_\_ ID#: \_\_\_\_\_ Nationality: \_\_\_\_\_

**DO YOU HAVE OR DID YOU EVER HAD ANY OF THE FOLLOWING CONDITIONS ? ALL YES RESPONSES REQUIRE COMMENTS FROM THE EXAMINING PHYSICIAN IN ENGLISH**

Condition:	Yes	No	Condition:	Yes	No
1. Frequent Ear Infections			34. Prostate Disease (males)		
2. Hearing Loss / Hearing aids			35. Hernias of any kind		
3. Glaucoma			36. Syphilis / HIV / Gonorrhea		
4. Conjunctivitis			37. Breast Mass / Lumps / Tenderness		
5. Do you wear glasses / contact lenses			38. Skin problems / Rashes		
6. Eye injury / Eye Problems			39. Allergies / anaphylaxis / to environment, chemicals, food or drugs		
7. Frequent Colds / Sinus Trouble			40. Hand or Wrist Pain / Problem		
8. Viral / Mononucleosis / ChickenPox/ Measles / Mumps			41. Joint Pains / Arthritis / Numbness in Extremities		
9. Nosebleed			42. Sprains / Dislocations / Fractures		
10. Frequent Sore Throat			43. Neck Pain/ Scoliosis / Cervical Injury		
11. Swollen Glands			44. Back pain / injury / Sciatica		
12. Asthma or Wheezing			45. Amputations, prosthetics		
12. Bronchitis			46. Headaches / Dizziness / Loss of Consciousness / Migraines		
14. Tuberculosis (TB)			47. Head Injury or Concussion		
15. Pneumonia			48. Seizures / Epilepsy / Receiving Medications for it		
16. Coughing up Blood			49. Nervous Breakdown / Depression / Anxiety / Psychiatric		
17. Shortness of Breath			50. Muscular Weakness		
18. Rheumatic Fever			51. Yellow Fever / Scarlet Fever / Malaria / Tropical Diseases		
19. Hepatitis / A ___ B ___ C ___			52. Cancer or tumors		
20. High Blood Pressure			53. Serious Accidents / Illness		
21. Chest Pain			54. Thyroid Disease		
22. Heart Attack / Angina / Irregular heart beat			55. Have you ever been <b>Hospitalized</b> ? For What ?		
23. Poor Circulation / Varicose veins			56. Have you had <b>ANY</b> type of surgery ?		
24. Other Heart Disease			57. Have you ever received a blood transfusion? Why ?		
25. Stroke			58. Are you taking <b>ANY</b> medications? What?		
26. Abdominal Pain			59. Alternative Medicine or Treatment? What?		
27. Gastritis / Reflux / Gastric or Duodenal Ulcer			60. Do you drink alcohol? How much per day: _____ week: _____		
28. Frequent Diarrhea or Constipation			61. Do you smoke? How much per day?		
29. Bleeding from Stomach or Bowels			62. Any other medical conditions, not listed above		
30. Jaundice / Gallbladder / Liver Problems					
31. Diabetes / Type I ___ II ___			63. Are you or do you think you may be pregnant?		
32. Hemorrhoids / rectal bleeding			64. What was the date of your last menstrual period?		
33. Urinary infection / blood in urine/ kidney stones			65. Gynecological / Female Problems		

**Comments: To be completed by physician**

Question #	

**Medical Consent/Authorization/Release**

My signature below acknowledges that all statements provided by me in this application are true and correct to the best of my knowledge and belief, and I further authorize and consent to the release of any/all of my medical records from any source, including nations insurance offices, doctors, hospitals, and/or other institutions or public authorities. This general medical release will also authorize the release of any/all of my psychological or psychiatric records or referrals. I understand that falsification will be grounds for loss of benefits and/or termination of employment. My signature further acknowledges my consent to any/all physical examinations and diagnostic testing.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Physician Name (Print) \_\_\_\_\_

**Distribution:** ORIGINAL – Employee (To take to Ship Medical Facility)

3 SIGNED XEROX COPIES – 1. Hiring Partner 's File. 1. Hiring Partner (To send to RCCL/CCI Human Resources). 1. Physician, rev.11/06

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

**B. MEDICAL EXAMINATION FORM:**

TEMP:	PULSE:	RESP:	BVP:	HEIGHT:	WEIGHT:
Urinalysis (circle if Positive) Blood: Albumin: Glucose:	VDRL Reactive Non-reactive	Chest X-Ray WNL Other:	Field Vision R = WNL _____ L = WNL _____	Color Vision Ishihara Snellen Bostrom Kugelberg Passed Not Passed	Vision adequate for position per Bahamian requirements? Yes No

	500hz	1000hz	2000hz	3000hz	4000hz	6000hz	8000hz
Rt. Ear							
Lt. Ear							

Any subjective signs of impaired hearing or dizziness? Yes No  
 General information concerning use of hearing protection provided Yes No

Name of Vaccination:	Date of last vaccination?	REQUIRED TESTS Attach ALL LAB TEST to Original
		Chest X-ray VDRL O&P (All Food and Beverage Positions)
		Urinalysis Hepatitis A, B and C CBC
		Chemistry-19 Panel Urine Drug Test (Benzodiazepines, Amphetamines, THC, Opiates, Cocaine, Barbiturates)
		Pregnancy Test (all Females)

	HEENT		THORAX		ABDOMEN		RECTAL	
	NORMAL	ABNORMAL	NORMAL	ABNORMAL	NORMAL	ABNORMAL	NORMAL	ABNORMAL
Physical Exam	MOUTH		LUNGS		SHAPE		HEMORRHOIDS	
	TONSILS		PERCUSSION		TENDERNESS		PROSTATE	
	PHARYNX		AUSCULTATION		MASSES		FISTULA	
	EARS		EXTREMITIES		SCARS		EMOTIONAL STATUS	
	EYES		VARICOSE VEINS		HERNIA			
	NECK		EDEMA		CIRCUMCISED		NOTES/COMMENTS:	
	NODES		DISCOLORATION		TESTICLES			
	MOTION		DEFORMITIES		PELVIC NEURO			
	THYROID				MOTOR			
	HEART				SENSORY			
RHYTHM				REFLEXES				
MURMURS								

	CERVICAL		ELBOW		LUMBAR		ANGLE	
	NORMAL	ABNORMAL	NORMAL	ABNORMAL	NORMAL	ABNORMAL	NORMAL	ABNORMAL
Range of Motion	FORWARD FLEXION		RETAINED FLEXION		FORWARD FLEX		DORSAL FLEX	
	EXTENSION		EXTENSION		EXTENSION		PLANTAR FLEX	
	LATERAL FLEXION		PRONATION		LAT. FLEX		INVERSION	
	ROTATION		SUPINATION		ROTATION		EVERSION	
	SHOULDER		WRIST		SLR (SITTING)		FEET	
	FORWARD ELEV.		PRONATION		SLR (SUPINE)		INSPECTION	
	BACKWARD ELEV.		SUPINATION		HIP		ARCH STATUS	
	ABDUCTION		DORSIFLEXION		FLEXION		FLAT	
	ADDUCTION		PLANER FLEXION		EXTENSION		NOTES/COMMENTS:	
	INT. ROTATION		ABDUCT		ABDUCTION			
	EXT. ROTATION		ADDUCT		ADDUCTION			
			FINGERS		INT. ROTATION			
			FLEXION		EXT. ROTATION			
			EXTENSION		KNEE			
					RETAINED FLEX			
				EXTENSION				

**JOB SPECIFIC PERFORMANCE:**

Category of position: Indicate by number: \_\_\_\_\_ Are they able to perform all activities in the category? Yes No. Comments: \_\_\_\_\_

**DECISION:** Fit for work: (the crew member is not believed to be suffering from any sickness or physical or mental ailment making him unfit for service or which may endanger the health of the other persons onboard.)

Unfit to work (Reason: \_\_\_\_\_) Fit after defect corrected (Describe: \_\_\_\_\_ Date: \_\_\_\_\_)

Physician Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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