



**PAKISTAN MARINE ACADEMY**  
Hawks Bay Road, Mauripur  
Karachi- 75780  
Phone: 021-99241201 Ext-274  
Fax: 99241206

### MEDICAL EXAMINATION REPORT

**For office use only**

Roll No: \_\_\_\_\_ Batch \_\_\_\_\_

Medical Examination Centre \_\_\_\_\_

Paste Recent  
Photograph

1. **Particulars of Candidate:**

Name: \_\_\_\_\_ NIC # /Form "B": \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's NIC #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Domicile: \_\_\_\_\_

2. **PERSONAL HISTORY** (Tick whichever is applicable)

<b>Disease/Disability</b>	<b>Yes</b>	<b>No</b>	<b>Disease/disability</b>	<b>Yes</b>	<b>No</b>
Asthma/Breathlessness			Motion Sickness		
Joint Pain			Broken Bone/Dislocation		
Jaundice			Fits / Convulsion / Epilepsy		
History of any Operation Including laparoscopic Operation			History of Visual problems Colour Blindness, Night Blindness		
Fever Headache/Migraine			Eye Surgery Including Laser Keratotomy And Corneoplasty		
Head injury With Unconsciousness			Earache / Ear Discharge		
Tuberculosis/Pneumonia			Any Other Diseases		

3. **FAMILY HISTORY**

Detail of immediate family members who have expired?

<b><u>Relationship</u></b>	<b><u>Age on Death</u></b>	<b><u>Detail of Disease Causing Death</u></b>
Father		
Mother		
Brother		
Sister		

4. I do hereby declare that information given above is complete and correct to the best of my knowledge and belief. I have not with-held any information. I am fully aware of the fact that by willful concealment of above any information, may incur the risk of not being accepted for admission or termination from the training from Pakistan Marine Academy.

\_\_\_\_\_  
(Signature of Candidate)

**Signature of Witness**

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

NIC # \_\_\_\_\_ (attach photocopy)

Address: \_\_\_\_\_

1. **EXAMINATION BY GENERAL PHYSICAN**

Height.....Cm    Weight..... Kg    Built:    Average / Large / Small  
Chest Shape.....Full inspiration.....Full expiration.....  
Lymphatic Glands.....Respiratory.....  
Cardio – Vascular System:  
Pulse.....BP.....mmHg  
Central Nervous System.....  
Abdomen.....  
Genito-urinary System.....  
Endocrine System.....  
Locomotor System.....  
Oro-dental Examination:    Gums.....Teeth.....

**Results of Investigations:**

X-Ray Chest:-.....  
Urine R.E .....  
Blood CP with ESR.....  
Any other Investigations.....

Official Seal

Signature .....  
Rank/Name .....  
Date.....

2. **EXAMINATION BY SURGICAL SPECIALIST:-**

**Disability,( If any):** .....

**Remarks:**    FIT .....  
                          UNFIT due to.....  
                          Temporary Unfit For.....Weeks due to .....

Official Seal

Signature.....  
Rank/Name.....  
Date.....

3. **EXAMINATION BY MEDICAL SPECILAIST**

**Disability,( If any):** .....

**Remarks:**    FIT .....  
                          UNFIT due to.....  
                          Temporary Unfit For.....Weeks due to .....

Official Seal

Signature.....  
Rank / Name  
Date.....

4. **EXAMINATION BY EYE SPECILAIST** (COLOR BLINDS ARE UNFIT FOR ADMISSION)

Eye Specialist requested to follow the standard set by the **Mercantile Marine department**.  
Ministry of Ports and Shipping as mentioned below.

Description	Distance Vision		Near Vision	Colour Vision
	One Eye	Other Eye		
<u>Deck Apprentices</u>			A visual acuity sufficient to carry out duties efficiently	Lantern Test for White Red & Green or Test on Ishihara Charts
Unaided	6/9	6/6		
Aided	6/6	6/6		
<u>Engineering Apprentices</u>			A visual acuity sufficient to carry out duties efficiently	Lantern Test for White. Red & Green or test on Ishihara Charts
Unaided	6/36	6/36		
Aided	6/9	6/9		

a. **VISION:**

**DISTANT**

**Rt. Eye**

**Lt. Eye**

Without glasses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With glasses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NEAR**

Without glasses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With glasses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. **Visual Acuity Standard:-**.....

c. **Colour Vision (C P Standard)**.....

d. **Disability, If any:-**.....

e. **Remarks:-**

FIT (for Nautical and Engineering Branch) .....

FIT (for Engineering Branch only) .....

UNFIT due to.....

Temporary Unfit For.....Weeks due to .....

Official Seal

Signature.....

Rank/Name.....

Date.....

5. **EXAMINATION BY ENT SPECIALIST:-**

- a. Hearing Standard: Rt.....Lt.....
- b. Speech: .....
- c. **Disability, if any:-** .....
- d. **Remarks:-**

FIT .....

UNFIT due to.....

Temporary Unfit For.....Weeks due to .....

Official Seal

Signature.....

Rank/Name.....

Date.....

6. **RESULT OF SCREENING FOR HEPATITIS "B & C"**

It is certified that Mr. ....S/O .....

Roll No ..... has been screened for HEPATITIS "B & C" at .....

on .....and found to be:

- a. HEPATITIS "B" NEGATIVE .....
- b. HEPATITIS "B" POSITIVE .....
- c. HEPATITIS "C" NEGATIVE .....
- e. HEPATITIS "C" POSITIVE .....


(Note: Please initial appropriate box )

**Recommendation:**

Fit (FOR Nautical and Engineering Branches) .....

Fit (FOR Engineering Branch only) .....

Temporary Unfit for-----Weeks due to .....

Official Seal

Signature .....

Rank/Name .....

Date.....

**MEDICAL EXAMINATION FINAL RESULT**

**(Office Copy)**

Mr.....S/O..... Roll No

.....

has been Medically Examined at.....from..... to .....,.....and

has been declared:

FIT .....

UNFIT due to.....

Temporary Unfit For .....Weeks due to.....

Signature.....

Rank/Name.....

Date.....

Official Seal

**MEDICAL EXAMINATION FINAL RESULT**

(Candidate's Copy)

Mr.....S/O..... Roll No  
.....

has been Medically Examined at..... from..... to .....and  
has been declared:

FIT .....

UNFIT due to.....

Temporary Unfit For .....Weeks due to.....

(Note: Please initial appropriate box )

Signature.....

Rank/Name.....

Official Seal

Date.....

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**RESULT OF RE-EXAMINATION FOR CANDIDATES DECLARED TEMPORARY UNFIT**

Mr.....S/O..... Roll No .....  
has been Medically Examined at..... from..... to .....and  
has been declared:

FIT .....

UNFIT due to.....

Temporary Unfit For .....Weeks due to.....

(Note: Please initial appropriate box )

Signature.....

Rank/Name.....

Official Seal

Date.....

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**Important Note**

Candidate is requested to immediately send a copy of Medical Examination Final Result (Candidates Copy) to Pakistan Marine Academy through courier / mail on the following Address:

Officer Incharge Admissions  
Pakistan Marine Academy, Hawks Bay Road, Mauripur  
Karachi-75780