MONGOLIA

MONGOLIA MARITIME ADMINISTRATION

(Under the Power of the Registration of Ship Regulations and the Merchant Shipping (Certification & Manning) Rules)

APPLICATION FOR MEDICAL FITNESS EXAMINATION

Mongolia Maritime Administration
#612 Government Building-11
J.Sambuu's Street-11
Chingeltei District, 4th Khoroo
Ulaanbaatar 15141
Tel: 976-70114802
Fax: 976-70114802
Email: info@monmarad.gov.mn
Website: www.monmarad.gov.mn

A. APPLICANT'S PARTICULARS

Name in Full (Block Capitals)

Passport No:	Date of Birth:	Place of Birth:	Nationality:	Sex *: ☐Male / ☐Female	Rank:

Address:	Tel no: Email Address:

B. APPLICANT'S DECLARATION

1	Have you ever had:	Yes	No	If Yes, please provide details
a	Allergic reactions to food, drugs, etc?	☐	☐	
b	Kidney disease or problem passing urine?	☐	☐	
c	Asthma or wheezing attacks, or pneumothorax (air in chest)?	☐	☐	
d	Stomach/duodenal ulcer, gastric, or blood in the vomit or stool?	☐	☐	
e	Pain in the spine, back or any joint?	☐	☐	
f	Diabetes or sugar in urine?	☐	☐	
g	Convulsions, epilepsy or fits?	☐	☐	
h	High blood pressure?	☐	☐	
i	An operation?	☐	☐	
j	Occasionally be admitted to hospital in the past?	☐	☐	
k	Accident needing hospital treatment?	☐	☐	
l	Ear or hearing problem?	☐	☐	
m	Tuberculosis or abnormal chest X-ray?	☐	☐	
n	Mental illness, depression, psychosis, schizophrenia or neurosis?	☐	☐	
o	Sexually transmitted diseases? (syphilis, gonorrhea, aids etc)	☐	☐	
p	Chest pain at rest or on exertion, or other heart problem?	☐	☐	

q	Occasion to wear contact lens or glasses?	☐	☐	
2	Social Habits-Take drug, alcohol or smoke?	☐	☐	
3	Any member of your family or relative ever had mental illness, epilepsy, blood disorder, diabetes, tuberculosis, heart trouble or any other disorder?	☐	☐	
4	Have you any medical attention (eg consulted a doctor) for anything at all during the last 12 months?	☐	☐	
5	Do you have a medical or other condition not already mentioned above?	☐	☐	

I declared that the information given above is correct to the best of my knowledge. I consent to the examining doctor to endorse any medical information on the medical fitness certificate (To be signed only in the presence of the examining doctor)

Date : _____ Signature of Applicant : _____

1. DOCTOR'S EXAMINATION REPORT

1	Height/Weight	☐	Metres	☐	Kilos		
2	Hearing	☐	Right	☐	Left		
3	Eyesight	☐	Right	☐	Left	☐	Color Vision
4	Urinanalysis	☐	Sugar	☐	Albumin	☐	Microscopy
5	Full blood count	☐	Hb	☐	WBC	☐	Platelets
6	VDRL	☐	Negative	☐	Positive		
7	Chest X-Ray Report (last X Ray within a year)	☐	Normal	☐	Abnormal		
8	Electrocardiogram (ECG) (EDG)	☐	Normal	☐	Abnormal		
9	Pulse	☐	Per min				
10	Blood Pressure	☐					

		Normal	Abnormal	If abnormal gives details
11	Cardiovascular system	☐	☐	
12	Central Nervous system	☐	☐	
13	Digestive System	☐	☐	
14	Locomotor system (spine/limbs)	☐	☐	
15	Skin (including varicosities)	☐	☐	
16	Physique –Deformities	☐	☐	
17	Respiratory system	☐	☐	

18	Intelligence, mental state	☐	☐	
19	Gastrointestinal system (eg Hernia)	☐	☐	
20	Urogenital system (eg Hydrocoele)	☐	☐	
21	Endocrine system (eg Thyroid)	☐	☐	
22	Eyes	☐	☐	
23	Ears/ Nose/Throat	☐	☐	
24	Mouth/Teeth	☐	☐	

** Select as appropriate.*

A. DOCTOR'S REMARKS & DECLARATION

CERTIFICATE OF MEDICAL FITNESS

I certify that I have examined Mr. _____, NRIC / PP No _____
to the medical standards of the Mongolia Maritime Administration and found him/her FIT/UNFIT.

Remarks (if any) _____

_____

_____	_____	_____	_____
Official Stamp	Date of Examination	Signature & Name of Doctor	Medical Practitioner Registered No.