

**ISLAND SHIP SERVICES LIMITED.**  
**Bahamian Company**

Dear Doctor for new Hires and Returning Crew,

Prior to employment with Island Ship Services Limited (ISSL), all crewmembers and new hire applicants are required to successfully complete a valid physical medical examination (PEME). ICS crewmembers who have not worked for ISSL for a period exceeding 4 months are considered New Hire Applicants for the purpose of the PEME.

The PEME shall be valid for 2 (two) years from the date of issuance if the crewmember **resided** in one or more of the following countries **for five continuous years prior to the date of employment**: United States, Canada, Australia, New Zealand, United Kingdom, Sweden, Finland, Norway, Denmark, Bulgaria, Croatia, Iceland, Austria, Belgium, Cyprus, Czech Republic, Estonia, France, Germany, Greece, Ireland, Italy, Latvia, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia and Spain , Albania, Andorra, Belarus, Bosnia and Herzegovina, Cyprus, Hungary, Liechtenstein, Lithuania, Macedonia, Moldova, Monaco, Montenegro, Romania, San Marino, Serbia, Switzerland, and Ukraine. All others have their PEME valid for one (1) year. The PEME must be valid through the expiration of the crewmember's contract.

The first two pages are the crewmember's medical history forms. The third page is an Authorization for the Release of Medical Records and Information the crewmember must complete and sign. The last two pages are the Medical Certificate where the physician conducting the PEME must complete and sign. The actual laboratory tests and all diagnostic reports **MUST** be attached to the Physical Examination forms. **All reports must be typed in English.**

The following tests are to be included as part of the physical exam. Copies of the lab reports, chest x-rays report and ultrasound report, if any, must be attached to the physical exam form.

Complete Blood Count (CBC)  
Blood Chemistry (as noted in the attached summary of required exams)  
Urinalysis  
Chest X-Ray  
Abdominal Ultrasound (if applicable)  
Stool Tests (both culture and parasites)  
Hepatitis Profile (HAV(IgM), HbSa, Anti HC)  
HIV 1&2  
VDRL (Syphilis)  
Electrocardiogram (EKG) for all crewmember age 40 and older.  
Female Crew must have Pregnancy and PAP Smear.  
Males age 50 and older must undergo a PSA test  
Females age 50 and older must undergo a mammography.  
All crewmember age 50 and older shall undergo a Hemoccult for blood.  
Yellow Fever and Tetanus vaccinations are required.

**An incomplete form may result in the crewmember beginning denied work or not returning to work as scheduled.**

Sincerely

Medical Department.

Crewmember's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Crew ID Number \_\_\_\_\_ Position: \_\_\_\_\_ Ship: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

**SECTION A— SEAMAN'S PERSONAL MEDICAL HISTORY****Do you have or have you ever had any of the following conditions?****Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in "Section C"**

Condition	Yes	No	Condition	Yes	No
1 Frequent Ear Infection?			43 Nervous Breakdowns?		
2 Hearing Problems?			44 Depressions and/or Anxiety?		
3 Glaucoma?			45 Any psychological disorder?		
4 Conjunctivitis?			46 Any Neurological disorder?		
5 Do you wear glasses or contact lenses?			47 Any psychiatric illness/disorder?		
6 Eye Injury and/or Eye problems?			48 Immunologic or lymphatic illness?		
7 Sinus Trouble?			49 Endocrine Disease or Illness? Including diabetes		
8 Frequent Nosebleeds?			50 Arthritis and/or numbness?		
9 Frequent Colds?			51 Blood in Urine?		
10 Swollen Lymph Nodes?			52 Kidney Stones and/or Cysts?		
11 Asthma and/or Wheezing?			53 Any type of renal disease?		
12 Bronchitis or Tuberculosis?			54 Any type of gallbladder disease?		
13 Pneumonia?			55 Gallbladder stones and/or polyps?		
14 Coughing up Blood?			56 Muscular Weaknesses?		
15 Shortness of Breath ?			57 Malaria or other tropical disease?		
16 Rheumatic Fever?			58 Hepatitis A, B, or C?		
17 High or Low blood pressures?			59 Cancer or tumors or Cysts?		
18 Chest Pain and/or Heart Attack?			60 Lupus?		
19 Irregular heart beat or Poor Circulation?			61 Varicose Veins?		
20 Stroke and/or Paralysis?			62 Bone or Joint Pain?		
21 Other heart disease?			63 Serious Accidents or Illness?		
22 Loss of Sensation or Tingling?			64 Thyroid disease or illness?		
23 Deformities?			65 Treated for an autoimmune disease?		
24 Abdominal Pains?			66 Undergoing dental treatment?		
25 Gastric or Duodenal Ulcers?			67 Do you have any illnesses today?		
26 Frequent Diarrheas or Constipation?			68 Any type of hernia and/or rupture?		
27 Indigestion?			69 Have you been hospitalized?		
28 Bleeding from Stomach or Bowels?			70 Have you received a blood transfusion?		
29 Hemorrhoids?			71 Have you had an operation?		
30 Jaundice or Liver Problems/Disease?			72 Have you been repatriated for any reason in the past?		
31 Urinary Tract Infections?			73 Are you taking any type of medication (incl. vitamins)?		
32 Prostate disease- (Males only)?			74 Are you undergoing any type of medical treatment?		
33 Sexually Transmitted Diseases?			75 Have you been certified unfit for duty?		
34 Breast Mass and/or Breast Tenderness?			76 Do you drink alcoholic beverages? If yes, how much?		
35 Skin diseases? (e.g. dermatitis or eczema)?			77 Do you Smoke? If yes, then how much per day?		
36 Any type of Allergies?			78 Have you ever had an MRI?		
37 Any type of joint pain?			79 Have you ever had a CT Scan?		
38 Any Sprains and/or Bone Fractures?			<b>FEMALE CREWMEMBERS ONLY</b>		
39 Any type of Back Pain?			1 Have you had a pregnancy?		
40 Frequent Headaches?			2 Are you or do you think you are pregnant?		
41 Loss of Consciousness?			3 What was the date of your last menstrual period?		
42 Seizures and/or Epilepsy?			4 Have you ever had lumps, cysts or tumor in your breast?		

**CAUTION: Failure to bring the original PEME with all laboratory and other reports may cause you to be denied boarding. Misrepresentations, false and/or erroneous information on this PEME application may result in the loss of benefits and termination of employment.**

## SECTION B—FAMILY MEDICAL HISTORY

Condition	Yes	No	Condition	Yes	No
1 Heart condition / angina?			9 Any type of psychological disorders?		
2 Blood pressure problems?			10 Tuberculosis?		
3 Stroke / vascular disease?			11 Asthma and/or eczema?		
4 Nervous disorder?			12 Glaucoma?		
5 Diabetes?			13 Epilepsy, fits, nervous breakdown?		
6 Arthritis?			14 Cancer, tumors, cysts?		
7 Renal/Kidney Disease?			15 Any type of allergies?		
8 Immunologic and/or Lymphatic Disease /Illness?			16 Endocrine Disease or Illness?		

[illegible]

I hereby state that all statements and information provided in this application are true and correct to the best of my knowledge. I further acknowledge my understanding that reliance is to be given to the information contained herein for the purposes of obtaining employment. As such, I agree that my employment may be terminated immediately if it is found that the information contained herein is misrepresented, false, and/or erroneous and in such event, I hereby waive all benefits and rights under any employment contract, collective bargaining agreement (CBA), including but not limited to the POEA.

**CAUTION: You may be denied boarding if you fail to bring the original PEME with all laboratory tests results and other reports. You will be responsible for the cost of room, board and repatriation should you be denied boarding.**

**ISLAND SHIP SERVICES LIMITED**  
**PRE-EMPLOYMENT MEDICAL EXAMINATION --- FORM "C"**

**AUTHORIZATION FOR THE RELEASE OF  
MEDICAL RECORDS & INFORMATION**

Re: Crewmember/Patient: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TO WHOM IT MAY CONCERN**

This document authorizes all physicians, hospitals and all other medical attendants to furnish to my employer, the shipowner, its agents, the vessel, and/or affiliates a complete genuine copy of my medical records, bills and reports and any other medical information related to my treatment(s). I hereby appoint my employer, its affiliates, its agents, the shipowner and the medical personnel aboard my disembarking vessel to act as my representative in requesting all medical records and information, including but not limited to verbal conversations with any medical and/or health care provider.

ANY AND ALL records, including, but not limited to: applications for medical insurance, policies of medical insurance, statements of medical insurance benefits, all medical records, consultation records, diagnostic records, examination records, treatment records, physician notes, nurse notes, office memoranda, charts, all correspondence including emails, CT Scan films, records and reports, diagnostic test records and reports, EEG records and reports, EKG records and reports, lab records and reports, MRI films, records and reports, X-ray films, records and reports, and any and all bills, invoices, statements, or other documentation on amounts owed or paid (regardless of the source of payment) relating to the consultation, diagnosis, examination, and/or treatment of **the above-referenced crewmember.**

I am signing my name above the words "AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS & INFORMATION" which is printed below and which is adopted by me as my own, to show that I mean everything that is said on this document.

By: \_\_\_\_\_ (sign) Date: \_\_\_\_\_  
Crewmember's Signature

**"AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS & INFORMATION"**

**MEDICAL CERTIFICATE**

To be completed by physician only

Crewmember's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Examination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**VITALS**

Temp:	Pulse:	Resp:	B/P	Height:	Weight:
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**HEARING EXAM**

HZ	500	1000	2000	3000	4000	6000	8000
Right Ear							
Left Ear							

Any subjective signs of impaired hearing or dizziness? \_\_\_\_ Yes or \_\_\_\_ No. General Information concerning use of hearing protection provided? \_\_\_\_ Yes or \_\_\_\_ No

**VISION EXAM****CHEST X-RAY****ELECTROCARDIOGRAM (EKG)**

R= WNL <input type="checkbox"/> or <input type="text"/> L= WNL <input type="checkbox"/> or <input type="text"/>	Field Vision <input type="text"/> WNL <input type="checkbox"/> or Other <input type="text"/> <b>See Summary of Required Exams for details.          X-ray report with clinical finding must be          attached to this form.</b>	WNL <input type="checkbox"/> or Other <input type="text"/> <b>EKG report with clinical finding must be attached          to this form.</b>
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VACCINATIONS— you must attached copy vaccination booklet to this form in addition to completing the below.

**PHYSICAL EXAMINATION**

HEENT	Normal	Abnormal	THORAX	Normal	Abnormal	ABDOMEN	Normal	Abnormal	RECTAL	Normal	Abnormal
Mouth			Percussion			Shape			Hemorrhoids		
Tonsils			Auscultation			Tenderness			Prostate		
Pharynx			EXTREMITIES	Normal	Abnormal	Masses			Fistula		
Ears			Varicose Veins			Scars			PELVIC	Normal	Abnormal
Eyes			Edema			Hernias			NEURO		
NECK	Normal	Abnormal	Discoloration			Circumcised			Motor		
Nodes			Deformities			Testicles			Sensory		
Motion			Breast			HEART	Normal	Abnormal	Reflexes		
Thyroid			Scars			Rhythm			EMOTIONAL	Normal	Abnormal
						Murmurs			STATUS		

**RANGE OF MOTION TESTS**

CERVICAL	Normal	Abnormal	SHOULDER	Normal	Abnormal	WRIST	Normal	Abnormal	LUMBAR	Normal	Abnormal
Fwd. Flex			Fwd elev.			Pronation			Fwd Flex		
Extension			Bwrd Elev.			Supination			Extension		
Lat. Flex			Abduction			Dorsiflexion			Lat. Flex		
Rotation			Adduction			Abduct			Rotation		
ELBOW	Normal	Abnormal	Int. Rotation			Adduct			SLR-		
Retain Flex			Ext. Rot.			Planer Flex			Sitting		
Extension			KNEE	Normal	Abnormal	ANKLES	Normal	Abnormal	SLR--		
Pronation			Retain Flex			Dorsal Flex			Supine		
Supination			Extension			Plantar Flex			FEET	Normal	Abnormal
FINGERS	Normal	Abnormal				Inversion			Inspection		
Flexion						Eversion			Arch Status		
Extension									Flat		

☐ Fit for work: (the crewmember 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 in separate document)

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PEME CERTIFICATE VALIDITY DATES:**

a) The PEME shall be valid for one (1) year from the date of issuance unless the seafarer meets the criteria in paragraph "b" below.

b) The PEME shall be valid for 2 (two) years from the date of issuance if the seafarer **resided** in one or more of the following countries for five continuous years prior to the date of employment: United States, Canada, Australia, New Zealand, United Kingdom, Sweden, Finland, Norway, Denmark, Bulgaria, Croatia, Iceland, Austria, Belgium, Cyprus, Czech Republic, Estonia, France, Germany, Greece, Ireland, Italy, Latvia, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia and Spain , Albania, Andorra, Belarus, Bosnia and Herzegovina, Cyprus, Hungary, Liechtenstein, Lithuania, Macedonia, Moldova, Monaco, Montenegro, Romania, San Marino, Serbia, Switzerland, and Ukraine

**ISLAND SHIP SERVICES LIMITED**  
**PRE-EMPLOYMENT MEDICAL EXAMINATION-- FORM "E"**

**SUMMARY OF ALL REQUIRED EXAMS**

**YOU MUST ATTACH THE ACTUAL LABORATORY TESTS' REPORTS TO THIS SUMMARY**

To be completed by physician only

<b>BLOOD CHEMISTRY</b>	<b>Normal</b>	<b>Abnormal</b>
Glucose		
Blood Urea Nitrogen (BUN)		
Creatinine		
Total Bilirubin		
Alanine aminotransferase (ALT) or SGPT		
aspartate aminotransferase (AST) or SGOT		
Total Cholesterol		
Triglyceride		
Uric Acid		

<b>COMPLETE BLOOD COUNT (CBC)</b>	<b>Normal</b>	<b>Abnormal</b>
Leucocytes (WBC)		
Erythrocytes (RBC)		
Hemoglobin		
Hematocrit		
Mean Corpuscular Volume (MCV)		
Mean Corpuscular Hemoglobin (MCH)		
neutrophils		
lymphocytes		
monocytes,		
eosinophils,		
basophils		
platelet count		

<b>URINANALYSIS</b>	<b>Normal</b>	<b>Abnormal</b>
Color		
Appearance		
PH		
Nitrites		
Glucose		
Ketones		
Protein		
Urobilin		
Leucocytes (WBC)		
Erythrocytes (RBC)		
Epithelial Cells		
Crystals		
Bacteria		

<b>CHEST X-RAY</b>		
Circle the test result. If patient has any indication of TB, enlarge heart, Atherosclerotic Aorta, and/or vascular disease, then Patient shall be declared unfit.		
Bony Cage	Negative	Positive
Heart	Negative	Positive
Lungs	Negative	Positive
Diaphragms	Negative	Positive

<b>ULTRASOUND</b>		
Circle the test result. If patient has kidney and/or gallbladder disease, then Patient shall be declared unfit.		
Abdominal	Normal	Abnormal

<b>STOOL TESTS</b>		
Circle the test result. If result is positive, then Patient shall be declared unfit.		
Parasites	Negative	Positive
Culture	Negative	Positive

<b>FEMALE CREWMEMBERS ONLY</b>		
Circle the test result. If result is positive, then Patient shall be declared unfit.		
Pregnancy	Negative	Positive
Circle the test result. If PAP Smear result is class III or greater, then Patient shall be declared unfit		
PAP Smear	Class I	Class II

<b>HEPATITIS PROFILE</b>		
Circle the test result. If result is positive, then Patient shall be declared unfit.		
Hepatitis A (IgM)	Negative	Positive
Hepatitis B Surface Antigen	Negative	Positive
Anti-hepatitis C (RIBA)	Negative	Positive

<b>OTHER TESTS</b>		
Circle the test result. If result is positive, then Patient shall be declared unfit.		
HIV	Negative	Positive
VDRL OR RPR (Syphilis)	Negative	Positive

<b>ELECTROCARDIOGRAM (EKG)</b>		
This test shall be done to all crew age 40 or greater or crew with a history of cardiac problems including hypertension. Please circle the test result. If patient has a history of MI, then Patient shall be declared unfit.		
EKG	Normal	Abnormal

<b>PROSTATE SPECIFIC ANTIGEN (PSA)</b>		
This test shall be done to all crew age 50 or greater or crew with a history of prostate problems. Please circle the test result. PSA level 4 ng/mL or under is consider "normal." PSA level higher than 4 ng/mL, then the Patient shall be declared unfit.		
PSA	Normal	Abnormal