MONGOLIA MERCHANT SHIPPING REGULATIONS

MERCHANT SHIPPING (CERTIFICATION AND MANNING) RULES 2003
ARRANGEMENT OF RULES

PART XVI

ANNEX : 5 TO THE RULES

Medical Form and Doctor's Declaration

MONGOLIA

UNDER THE AUTHORITY OF
THE MINISTRY OF INFRASTRUCTURE, ULAANBAATAR
(Under the Power of the Registration of Ship Regulations and the Merchant Shipping (Certification & Manning) Rules)

Mongolia Ship Registry
10 Anson Road
#25-13, International Plaza
Singapore 079903
Fax: 65 62250305
Tel: 65 62250125
Email: info@mgnship.com
Website: www.mgnship.com

APPLICATION FOR MEDICAL FITNESS EXAMINATION

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:

Applicant's Declaration

	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?	☐	☐	
f	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 : _____

B. 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	☐	☐	

C. 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 Ship Registry and found him/her FIT/UNFIT.

Remarks (if any) _____

_____

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