



Medical Examination Form B

Original Hire Date _____ 2008

Name: _____

#: _____ Date of Birth: _____

Examination Date: _____

TEMP:	PULSE:	RESP:	B/P:	HEIGHT:	WEIGHT:
HEPATITIS HAV IgM = HbsAg = AntiHCV =	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 Indeks =	
Rt. Ear									
Lt. Ear									

Name of Vaccination:		Date of last vaccination?	REQUIRED TESTS	
			ATTACH ALL LAB TESTS 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
Yellow fever			CBC (Complete Blood Count)	Urine Drug Test (Benzodiazepines, THC, Amphetamines, Cocaine, Barbiturates, Opiates, Metamphetamine)
Pertussis			Results requiring investigation	
Polio			EKG (Required ONLY if history of HBP*)	
Varicella			*High Blood Pressure	
MMR			Pregnancy test	All females
HEPATITIS A & B				

*** Any one of them may be used

HEENT	NORMAL	ABNORMAL	THORAX	NORMAL	ABNORMAL	ABDOMEN	NORMAL	ABNORMAL	RECTAL	NORMAL	ABNORMAL
HEAD			LUNGS			SHAPE			HEMORRHOIDS		
EYES			PERCUSSION			TENDERNESS			PROSTATE		
NOSE			AUSCULTATION			MASSES			FISTULA		
MOUTH			BREASTS	NORMAL	ABNORMAL	SCARS			EMOTIONAL STATUS		
TONSILS			TENDERNESS			HERNIA					
PHARYNX			MASSES			CIRCUMCISED					
EARS			EXTREMITIES	NORMAL	ABNORMAL	TESTICLES					
Scalp Scars			VARICOSE VEINS			PELVIC	NORMAL	ABNORMAL	NOTES/COMMENTS: _____		
NECK	NORMAL	ABNORMAL	EDEMA			NEURO	NORMAL	ABNORMAL			
NODES			DISCOLORATION			MOTOR					
MOTION			DEFORMITIES			SENSORY					
THYROID			SCARS			REFLEXES					
HEART	NORMAL	ABNORMAL	ELBOW	NORMAL	ABNORMAL	LUMBAR	NORMAL	ABNORMAL			
RHYTHM			RETAINED FLEXION			FORWARD FLEX			ANKLE	NORMAL	ABNORMAL
MURMURS			EXTENSION			EXTENSION			DORSAL FLEX		
CERVICAL	NORMAL	ABNORMAL	PRONATION			LAT. FLEX			PLANTAR FLEX		
FORWARD FLEXION			SUPINATION			ROTATION			INVERSION		
EXTENSION			SCARS			SLR (SITTING)			EVERSION		
LATERAL FLEXION			WRIST	NORMAL	ABNORMAL	SLR (SUPINE)			SCARS		
ROTATION			PRONATION			SCARS			FEET	NORMAL	ABNORMAL
SCARS			SUPINATION								
SHOULDER	NORMAL	ABNORMAL	DORSIFLEXION			HIP	NORMAL	ABNORMAL	INSPECTION		
FORWARD ELEV.			PLANER FLEXION			FLEXION			ARCH STATUS		
BACKWARD ELEV.			ABDUCT			EXTENSION			DEFORMITIES		
ABDUCTION			ADDUCT			ABDUCTION					
ADDUCTION			SCARS			ADDUCTION			NOTES/COMMENTS: _____		
INT. ROTATION			FINGERS	NORMAL	ABNORMAL	INT.ROTATION					
EXT. ROTATION			FLEXION			EXT.ROTATION					
SCARS			EXTENSION			KNEE	NORMAL	ABNORMAL			
						RETAINED FLEX					
						EXTENSION					
						SCARS					

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).

3 SIGNED XEROX COPIES - 1-Hiring Partner for File, 1-Hiring Partner (To Send to RCCL Human Resources), 1-Physician

rev.7/07