



The World's Port of Call

MEDICAL EXAMINATION FORM FOR PSA PASS APPLICANT ENGAGING IN LASHING AND UNLASHING OPERATIONS ONBOARD SHIPS IN PSA'S OPERATIONAL AREAS

INSTRUCTIONS TO THE APPLICANT:

This form must be completed by a licensed medical physician and submitted together with a copy of the applicant's NRIC (for Singapore Citizen and Permanent Resident) or work pass (for foreign workers) to: PSA Pass Centre at 7B Keppel Road #01-28 Tanjong Pagar Complex, Singapore 089055

PSA Corporation Limited requires all applicants of a PSA Pass (including renewals) for lashing and unlashings operations onboard ships in PSA's premises ('Pass') to undergo and satisfy the following medical examinations before granting the applicants with a Pass:

- a) Applicants aged 51-55 years old are required to undergo an annual medical examination; and
b) Applicants aged 55 years -62 years old are required to undergo:
(i) an annual medical examination; and
(ii) a Functional Capacity Evaluation every alternate year, within 1 month of the passing of the annual medical examination.

The PSA Pass if issued shall be valid for one year.

Name of Applicant (BLOCK LETTERS)

Grid for entering applicant name

NRIC/Passport No.

Grid for entering NRIC/Passport No.

SECTION A: TO BE COMPLETED BY THE MEDICAL EXAMINER

Questions to be put by the Medical Examiner to the Examinee who is the applicant named above and whose answers are to be entered in the spaces provided.

Have you any history of or are you suffering from :-

ANSWERS : Mark "X" for "Yes" or "No"

Table with 3 columns: Question, Yes, No, Remarks. Contains 15 medical questions.

I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct. I further declare that I have not withheld any relevant information or made any misleading statement and I give my consent to the examining or assessing Medical Examiner to communicate with any physician who has attended to me.

By signing below, I hereby consent to PSA's collection, use and/or disclosure of my personal data contained in this form for the purpose of my engagement in lashing and unlashings operations onboard ships in PSA's operational areas.

Date

Signature of Examinee

SECTION B: GENERAL MEDICAL AND LABORATORY EXAMINATION (TO BE COMPLETED BY THE MEDICAL EXAMINER)

ANSWERS : Mark "X" for "Yes" or "No"

Table with 3 columns: Question, Yes, No, Remarks. Contains 11 general medical and laboratory examination questions.

12. Result of Medical Examination

I certify that I have this day examined and identified the examinee who is the applicant named overleaf. He/She has shown me his/her identity card which bears the same name and number given on this form. The answers to the questions above are correct to the best of my knowledge and belief.

From my observations and medical examination, I find the examinee physically and mentally ***FIT/UNFIT** to engage in the lashing and unlashng operations in PSA's operational/restricted areas.

Signature of Medical Examiner : _____ Date _____

Name and Qualifications of Medical Examiner : _____

Address : _____

** Delete if not applicable*

FUNCTIONAL CAPACITY EVALUATION

APPENDIX A

The Applicant's ability to perform physical work will be evaluated according to his capability in the following areas:

- Dynamic Strength
- Position Tolerance
- Mobility
- Coordination
- Fine Motor
- Balance
- Endurance

Applicant's Particulars

1. Name

Address

Block No. Unit No. # -

Street Name

Postal Code

2. Date of Birth (DDMMYYYY)

3. NRIC/Passport No.

TO BE COMPLETED BY REQUESTING DOCTOR

Diagnosis: (if any)

Relevant History / Findings / Treatment

Name & Signature of Requesting Doctor

Date:

TO BE COMPLETED BY ATTENDING THERAPIST

Name & Signature of Therapist

Date of FCE: