

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

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 unlashing operations onboard ships in PSA's premises ('Pass') to undergo and satisfy the following medical examinations before granting the applicants with a Pass

- Applicants aged 51-55 years old are required to undergo an annual medical examination; and
- 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 form for the Functional Capacity Evaluation is attached herein as Appendix A. Applicants may choose to undergo the Functional Capacity Evaluation at either Singapore General Hospital or Tan Tock Seng Hospital

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

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ANSWERS : Mark "X" for "Yes" or "No"																			_				
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3. Fits or convulsions of any kind	\mathbf{H}								rt disea					eart		-							
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5. Head injury or concussion	\square	\vdash						•	sical or							-	\dashv						
6. Eye trouble of any kind	\square	\square							e you u			,	Ü	•		s —	4						
. Colour blindness		Ш					15.	Any	illness	or inju	uries	not m	ention	ed ab	ove	L							
. Difficulty in seeing in the dark																							
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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 show the same name and number given on this form. The answers to the questions above are correct to the best of my knowled. From my observations and medical examination, I find the examinee physically and mentally *FIT/UNFIT to engage in the PSA's operational/restricted areas.	lge and belief.
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 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: