MEDICAL EXAMINATION FORM FOR PSA PASS APPLICANT ENGAGING IN EQUIPMENT OPERATION AND OPERATIONS WITH MANUAL WORKS

INSTRUCTIONS TO THE APPLICANT:
This form duly completed must be submitted together with the applicant's NRIC (for Singapore Citizen and Permanent Resident) to PSA Pass Centre at 7B Keppel Road #01-28 Tanjong Pagar Complex, Singapore 089055.

PSA Corporation Limited requires to be satisfied on the points set out herein before granting to the applicant, who is 62 years old and above for access into the port areas, including the following categories of workers attached in Appendix 1 hereto, a PSA Pass or a renewal of a PSA Pass to operate mechanical/lifting equipment or to perform manual operations (the "Works") in PSA's operational areas:

The PSA Pass if issued shall be valid for one year from the date of the medical examination.

Name of Applicant (BLOCK LETTERS)

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"

	Yes	No	Remarks
1. Nervous or mental trouble			
2. Severe headaches or migraine			
3. Fits or convulsions of any kind			
4. Fainting attacks or giddiness			
5. Head injury or concussion			
6. Eye trouble of any kind			
7. Colour blindness			
8. Difficulty in seeing in the dark			
9. Deafness			
10. Asthma			
11. Heart disease, weak or strained heart			
12. Palpitations or breathlessness			
13. Physical or mental disability			
14. Have you undergone any surgical operations			
15. Any illness or injuries not mentioned above			

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 equipment operation and operations with manual works 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"

	Yes	No	Remarks
1. Any deformities and/or physical disabilities observed			
2. Any evidence of wounds injuries or operations			
3. Any abnormality of movement of the joints			
4. Any evidence of abnormality of the nervous system			
5. Any evidence of psychiatric disorder			
6. Heart : Any evidence of abnormality of the cardiovascular system			
7. Any defect of hearing			
8. Does the examinee show any evidence of being addicted to the excessive use of alcohol or drugs?			
9(a). Is there any defect of vision; including colour vision?			

If so, please give details.

Visual Acuity for distance
Without glasses RE _____ LE _____ With glasses RE _____ LE _____

Near Vision
Without glasses RE _____ LE _____ With glasses RE _____ LE _____

9(b). Do you consider examinee should wear glasses when driving ? Y / N

10. Blood Pressure : Systolic _____ Diastolic _____
Are the blood pressure readings normal, having regard to the examinee's age ? _____

Additional Examination For a) Applicant who is 62 years old or 65 years old with a valid PSA Pass expiring just prior to turning 62 or 65 years old or b) Applicant who is 62 years old and above.

11. ECG Reading : _____

12. Fasting Blood Sugar : _____ 13. Chest X-Ray: _____

14. Additional Remarks by the Medical Examiner:

_____

_____

15. **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 equipment operation and operations with manual works in PSA's operational/restricted areas.

Signature of Medical Examiner : _____ Date _____

Name and Qualifications of Medical Examiner : _____

Address : _____

** Delete if not applicable*