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 unlashing 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 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.

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 lashing and unlashing 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"

	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?			

	Yes	No	Remarks
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 ? _____

11. Additional Remarks by the Medical Examiner:

_____

_____

_____

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 unlashing 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: