



CAL MARITIME

Employee Fit for Duty Physical for Cruise

Name (last, first, middle): _____ Faculty / Staff
 Today's Date: ___/___/___ Date of Birth: ___/___/___ Phone: _____
 Gender: Male Female _____

Examinee's personal declaration
 (To be completed by patient with assistance from clinician as needed)

Have you ever had any of the following conditions?

	Condition	Yes	No		Condition	Yes	No
1.	Eye/Vision problem			17.	Operation/surgery		
2.	High Blood pressure			18.	Epilepsy/seizures		
3.	Heart/Vascular disease/Stroke			19.	Dizziness/fainting		
4.	Heart surgery			20.	Loss of consciousness		
5.	Asthma/bronchitis/lung problem			21.	Psychiatric condition		
6.	Blood disorder			22.	Depression		
7.	Diabetes			23.	Attempted suicide		
8.	Thyroid problem			24.	Memory problems		
9.	Digestive disorder			25.	Balance problem		
10.	Kidney/Urologic problem			26.	Severe headaches		
11.	Skin problem (current)			27.	Ear (hearing, tinnitus)/nose/throat problem		
12.	Allergies			28.	Restricted mobility		
13.	Infectious disease (current)			29.	Back or joint problem		
14.	Hernia			30.	Amputation		
15.	Sleep problem (current)			31.	Fractures/dislocations		
16.	Dental problem (current)			32.	Other episodic or ongoing condition(s)		

If you answered "yes" to any of the questions above, please give details:

	Additional questions	Yes	No
33.	Do you smoke or use tobacco products?		
34.	Have you ever been hospitalized?		
35.	Do you have any medical problems, diseases or illnesses?		
36.	Do you feel healthy and fit to perform the duties of your designated position/occupation?		
37.	Are you allergic to any medication/food/substance? (List details in section on next page)		

THE CALIFORNIA MARITIME ACADEMY STUDENT HEALTH CENTER

200 Maritime Academy Drive, Vallejo, CA 94590-8181 PHONE (707) 654-1170 FAX (707) 654-1171



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Medication Allergies:

Food and Other Allergies:

Additional questions

38. Are you taking any medications (prescription or non-prescription), supplements, or vitamins?

Yes **No**

If yes, please list the medications taken, and the purpose(s) and dosage(s):

I hereby certify that the personal declaration above is a true statement to the best of my knowledge and I will update the Student Health Center if I have any health changes prior to cruise.

Signature of examinee: _____ **Date:** ____/____/____

Physical Examination (To be performed by practitioner)

Clinical Findings:

Height: _____ (In) Weight: _____ (lbs) LMP: ____/____/____ N/A

Blood pressure: ____/____ Pulse: _____

Visual Acuity-Uncorrected: Right eye: ____/____ Left eye: ____/____

Corrected: Right eye: ____/____ Left eye: ____/____

Tetanus Booster Date: _____

TB Skin Test Date Administered: _____ Date Read: _____ Result: _____

	Normal	Abnormal	Comments:
General Appearance			
HEENT			
Lungs and chest			
Heart/Vascular			
Skin			
Abdomen			
Upper and lower extremities			
Spine			
Neurologic			
Psychiatric			
Other:			

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Diagnostic test(s) and results(s):

(Baseline EKG needed if male 40 or older or female 50 or older and most recent A1C if diabetic, please attach print out of results)

Test:	Result:
Test:	Result:

Test:	Result:
Test:	Result:

Other Relevant test(s) and result(s):

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination, a review of the medical history and the diagnostic test results recorded above (if any), I declare the examinee medically fit for extended seagoing voyage with limited access to medical care:

Fit for extended seagoing voyage **Not fit for extended seagoing voyage** **Additional info needed**

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

Signature of medical practitioner: _____ **Date:** ____/____/____

Medical practitioner information

Name:

License number:

Phone number:

Address:

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