# HALCYON MARINE HEALTHCARE SYSTEMS

***NOTE: FAILURE TO FILL UP THE FORM COMPLETELY AND CORRECTLY MAY CAUSE A DELAY IN THE START OF YOUR PEME***

**PATIENT INFORMATION:** **DATE:** _____

**LAST NAME:**

**FIRST NAME:**

**MIDDLE NAME:**

**GENDER: M** ☐ **F** ☐ **CIVIL STATUS:** _____ **POSITION:** _____

**BIRTHDATE:** ☐☐–☐☐–☐☐ **BIRTHPLACE:** _____

Month Day Year

**Please attach photo with company stamp**

**ADDRESS:** _____

_____

**CONTACT NUMBER:** _____ **NATIONALITY:** _____ **RELIGION:** _____

**COMPANY:** _____ **PRINCIPAL:** _____ **VESSEL:** _____ **FLAG:** _____

**PASSPORT NUMBER:** _____ **SEAMAN'S BOOK NUMBER:** _____

**FIRST TIME IN THE COMPANY? YES** ☐ **NO** ☐ **IF NO, HOW MANY YEARS IN THE COMPANY?** _____

**FIRST TIME AS A SEAFARER (INTERNATIONAL)? YES** ☐ **NO** ☐ **IF NO, HOW MANY YEARS AS A SEAFARER?** _____

**HISTORY OF HYPERTENSION/ELEVATED BP: YES** ☐ **NO** ☐ **IF YES, SINCE WHEN?** _____ **MEDICATION?** _____

**HISTORY OF DIABETES/ELEVATED BLOOD SUGAR: YES** ☐ **NO** ☐ **IF YES, SINCE WHEN?** _____ **MEDICATION?** _____

**FOR CCL CREW: HOW MANY CONTRACTS WITH CCL?** _____ **(EX-CREW) DOD:** _____ **CREW NO.**_____

**INSTRUCTIONS TO APPLICANT**

∞ Clinic Schedule – MONDAY TO FRIDAY 6:30AM TO 5:30PM.

∞ ONLY PATIENTS ARE ALLOWED INSIDE THE CLINIC. COMPANIONS WILL BE STOPPED AT THE GROUND FLOOR.

∞ Bring the following:
- One (1) sterile bottle – LABEL THE BOTTLE WITH YOUR COMPLETE NAME. Place a pea – size sample of your stool **(IF PART OF THE PACKAGE)**
- Passport ID and Seaman's book (bring also a photocopy)
- Two (2) recent 1x1 or 2 x 2 photo
- Bring your eyeglasses (for patients who are using eyeglasses or reading glasses)
- Previous x-ray films (if first timer to the clinic)

∞ LABORATORY INSTRUCTIONS
- Do not eat or drink anything (including chewing gum, candy, coffee or milk) EXCEPT WATER 8 HOURS prior to the exam. **(IF FASTING BLOOD SUGAR OR GALLBLADDER ULTRASOUND IS PART OF THE PACKAGE)**. Drink at least 500ml of water prior to exam
- Do not partake in any strenuous activity at least 2 HOURS prior to the exam.
- If you are for liver function testing and for Drug and Alcohol Test (DAAT) it is advised that you refrain from alcohol intake for at least 5 days prior to testing.
- It is also advised that you refrain from taking antacids one week prior to drug testing.
- Noncompliance with the above instructions may cause a delay in the processing of your application.

**WAIVER**

I certify and acknowledge that I have read and understand all the questions on this form.

**All information that I have written is true and correct to the best of my knowledge and belief.**

I understand that any wrong information may cause a delay in the processing of my medical certificate.

_____
PRINTED NAME OVER SIGNATURE

**MEDICAL PACKAGE TO BE CONDUCTED:**

_____

**ADDITIONAL TEST/ ADDITIONAL FORM:**

_____

_____ _____

**Name & Signature of Authorized Official** **Designation**