De Frey en Vennote Ing.
PR.1451979 Reg 2017/095638/21 VAT # 4940174529

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Cresta
2118
South Africa
Phone: +27-10-900-3013

De Frey en Vennote Ing.
TRAVEL DOCTOR
CORPORATE

Client : **MSC CRUISE SHIP MEDICAL**

Please use "YOUR SURNAME-SHIP/2022" as reference when making payment
Please send proof of payment to : info@TravelDocCorp.com
Once payment is received, an appointment will be scheduled.

QUOTE

Quote Number SHIP/2022
Account Number COD001
Valid until 28 Feb 2023
Page no: 1 of 1

Our Ref	Description	Qty	Unit Price	VAT	Total Excl.
	SAMSA (EXTENDED) Medical by Doctor, including	1	R 1 043.48	15.0%	R 1 043.48
	* Consultation				
	* Urine Dip Stick				
	* Resting ECG				
	Urine Multi-Drug Screen / Rapid (Cup)	1	R 217.39	15.0%	R 217.39
	* Drug screen cup - Marijuana, Cocaine, Opiates, Amphetamines, Metamphetamines - excludes Phencyclidine				
	Occupational Health Items				
	X-Ray Chest: Reported by a Specialist Radiologist	1	R 691.30	15.0%	R 691.30
	OHS - Audiometry	1	R 226.09	15.0%	R 226.09
	OHS - Vision	1	R 226.09	15.0%	R 226.09
	OHS - Lung Function	1	R 226.09	15.0%	R 226.09
	Laboratory Items : TO NOTE : Additional tests may be needed, and payable at time of Consultation.				
	* Collection of bloods	1	R 60.87	15.0%	R 60.87
	* ALT	1	R 95.65	15.0%	R 95.65
	* AST	1	R 95.65	15.0%	R 95.65
	* Bilirubin	1	R 147.83	15.0%	R 147.83
	* Blood group	1	R 142.00	15.0%	R 142.00
	* Calcium	1	R 147.83	15.0%	R 147.83
	* Full Blood Count with ESR	1	R 254.00	15.0%	R 254.00
	* Glucose **(FASTING)**	1	R 65.22	15.0%	R 65.22
	* Hepatitis A IgG Levels	1	R 252.17	15.0%	R 252.17
	* Hepatitis B Surface Antigen (HbsAg)	1	R 313.04	15.0%	R 313.04
	* Hepatitis C Screen	1	R 252.17	15.0%	R 252.17
	* HIV ELISA	1	R 156.52	15.0%	R 156.52
	* Lipid Screen / Lipogram	1	R 395.00	15.0%	R 395.00
	* RPR	1	R 239.13	15.0%	R 239.13
	* U&E Creatinine (includes Blood Urea Nitrogen - BUN)	1	R 339.13	15.0%	R 339.13
	* Uric acid	1	R 65.22	15.0%	R 65.22
	* QuantiFERON-TB (0192)	1	R 850.00	15.0%	R 850.00
	Laboratory Items - Additional tests, if required, and payable at time of Consultation.				
	* HbA1C Hb		R 250.87	15.0%	R 0.00
	* MC&S (Stool)		R 350.00	15.0%	R 0.00
	Vaccines : TO NOTE : Additional vaccines may be needed, and payable at time of Consultation.				
	* Priorix	1	R 240.00	15.0%	R 240.00
	* Stamaril	1	R 361.74	15.0%	R 361.74
	* Varilrix	1	R 456.52	15.0%	R 456.52

De Frey en Vennote Ing.
TRAVEL DOCTOR
CORPORATE

Payments Can be Made to:
De Frey en Vennote Ing.
ABSA Clearwater Strubens Valley
Branch Code: 632005 Account no: 4067 486 631
Swift Code: ABSAZAJJ
Please send POP to : info@TravelDocCorp.com

Sub Total ex VAT	R 7 560.13
VAT 15%	R 1 134.02
Total	R 8 694.15
Discounts	
Balance	**R 8 694.15**

Notes:
• Terms : 100% to be paid upfront to secure booking
• In the event of not arriving for the scheduled appointment, the full amount will be used as a “no-show fee” and no refund will be applicable.

PEME / REME FORM A

(Pre-Employment & Re-Employment Medical Examination Form)

This seafarer medical certificate complies with STWC 1/9 or ILO-73 Panama & Maltese medical standards or as approved by countries with a reciprocal recognition agreement, "Guidance for conducting medical fitness examination for seafarers."

SEAFARER DECLARATION

First Name:	Last Name:	Nationality:	Country of residence:
Gender: Male ☐ Female ☐ Other ☐ (if other, please state in comments)	Date of Birth:	Crew Position:	Vessel:
	Crew ID:	Passport Number:	Seaman's Book Number:

Do you or have you ever had any of the following?	Yes	No	*Do you or have you ever had any of the following?*	Yes	No
1. Severe headaches or nosebleeds	☐	☐	19. Skin problems/rashes	☐	☐
2. Head injury/concussion/memory loss	☐	☐	20. Allergies to environment, chemicals, food or drugs	☐	☐
3. Fainting/seizures/epilepsy/stroke/TIA	☐	☐	21. Joint pains/arthritis/numbness in extremities	☐	☐
4. Eye injury/eye problems/wear glasses/contact lenses	☐	☐	22. Fracture/dislocation /Injury/amputation/prosthesis	☐	☐
5. Ear problems/frequent ear infections/hearing aids	☐	☐	23. Neck/back pain or injury/restricted mobility	☐	☐
6. Frequent colds/sinus trouble	☐	☐	24. Serious accidents/illnesses	☐	☐
7. Poor circulation/varicose veins	☐	☐	25. Malignant diseases/cancer/tumours	☐	☐
8. Asthma/bronchitis/pneumonia/tuberculosis	☐	☐	26. Breast lumps/masses/tenderness	☐	☐
9. Breathing problems/wheezing/coughing up blood	☐	☐	27. Syphilis/HIV/gonorrhoea/chlamydia	☐	☐
10. High/low blood pressure/heart disease/heart attack	☐	☐	28. Yellow fever/scarlet fever/malaria/tropical diseases	☐	☐
11. Shortness of breath/chest pain/palpitations/angina	☐	☐	29. Mental illness/depression/anxiety/sleep disorder	☐	☐
12. Abdominal pain/hernias/hydrocele/appendicitis	☐	☐	30. Varicella/measles/mumps/hepatitis (A, B or C)	☐	☐
13. Jaundice/liver disease/gallbladder problems	☐	☐	31. Any medical conditions not mentioned on this form	☐	☐
14. Gastritis/reflux/gastric or duodenal ulcers	☐	☐	32. Prostate problems (for males)	☐	☐
15. Stomach problems/frequent diarrhoea/constipation	☐	☐	**FOR FEMALES**		
16. Haemorrhoids/rectal bleeding/bowel problems	☐	☐	33. Are you or do you think you may be pregnant?	☐	☐
17. Diabetes/thyroid problems	☐	☐	34. When was your last menstrual period? (DD/MM/YY)	☐	☐
18. Frequent urinary/kidney infections/blood in urine	☐	☐	35. Gynaecological problems/cysts	☐	☐

TO BE FILLED OUT BY THE PHYSICIAN. If "yes" to any of the above questions, please give details:

Additional questions	Yes	No	If yes…
Have you ever been hospitalised or had any type of surgery?	☐	☐	When? What for?
Has your medical certificate even been restricted/revoked?	☐	☐	When? What for?
Are you taking any non-prescription/prescription medications?	☐	☐	What? What for?
Have you ever received a blood transfusion?	☐	☐	When? What for?
Have you ever been signed off sick or repatriated from a ship?	☐	☐	When? What for?
Do you or have you ever smoked?	☐	☐	How many per day? When did you quit?
Do you drink alcohol?	☐	☐	How many units per day? Per week?

FOR PHYSICIAN. I confirm that I have reviewed the above information with the applicant and noted comments as required.

PHYSICIAN NAME:	**REGISTRATION NUMBER:**
PHYSICIAN EMAIL ADDRESS:	**PHYSICIAN PHONE NUMBER:**
PHYSICIAN SIGNATURE:	**DATE:**

FOR SEAFARER. My signature below acknowledges that all statements provided by me in this application are true and correct to the best of my knowledge and belief. I authorise and consent to the release of my medical records from any source, including nations, insurance offices, doctors, hospitals and/or other institutions of public authorities. This general medical release will also authorise the release of my psychological/psychiatric records/referrals. I UNDERSTAND THAT FALSIFICATION WILL BE GROUNDS FOR LOSS OF BENEFITS AND/OR TERMINATION OF EMPLOYMENT. My signature acknowledges my consent to any physical examinations and diagnostic testing.

SEAFARER SIGNATURE:	**DATE:**

ORIGINAL COPY TO BE TAKEN TO SHIP'S MEDICAL CENTRE

PRE-EMPLOYMENT PHYSICAL EXAMINATION FORM B

(for new hires and returning crew)

This seafarer medical certificate complies with STWC 1/9 or ILO-73 Panama & Maltese medical standards or as approved by countries with a reciprocal recognition agreement, "Guidance for conducting medical fitness examination for seafarers."

PHYSICAL EXAMINATION

Height ____ cm	Weight ____ Kg	BMI ____	Systolic BP ____
Temp ____ Celsius	Resp Rate ____ /min	Pulse ____ /min	Diastolic BP ____

1. HEENT	**Normal**	**Abnormal**	**8. RECTAL**	**Normal**	**Abnormal**	**WRISTS…**	**Normal**	**Abnormal**
Mouth	☐	☐	Haemorrhoids	☐	☐	Dorsiflexion	☐	☐
Tonsils	☐	☐	Prostate	☐	☐	Planer flexion	☐	☐
Pharynx	☐	☐	Fistula	☐	☐	**16. FINGERS**	**Normal**	**Abnormal**
Ears	☐	☐	**9. BREAST**	**Normal**	**Abnormal**	Flexion	☐	☐
Eyes	☐	☐	Tenderness	☐	☐	Extension	☐	☐
Head	☐	☐	Masses	☐	☐	**17. LUMBAR**	**Normal**	**Abnormal**
Nose	☐	☐	**10. NECK**	**Normal**	**Abnormal**	Forward flexion	☐	☐
2. CARDIAC	**Normal**	**Abnormal**	Nodes	☐	☐	Extension	☐	☐
Rhythm	☐	☐	Thyroid	☐	☐	Lateral flexion	☐	☐
Murmurs	☐	☐	**11. MENTAL**	**Normal**	**Abnormal**	Rotation	☐	☐
3. RESPIRATORY	**Normal**	**Abnormal**	Status	☐	☐	Sitting rotation	☐	☐
Percussion	☐	☐	**RANGE OF MOVEMENT**			Supine rotation	☐	☐
Auscultation	☐	☐	**12. CERVICAL**	**Normal**	**Abnormal**	**18. HIPS**	**Normal**	**Abnormal**
4. EXTREMITIES	**Normal**	**Abnormal**	Forward flexion	☐	☐	Flexion	☐	☐
Varicose Veins	☐	☐	Extension	☐	☐	Extension	☐	☐
Oedema	☐	☐	Lateral flexion	☐	☐	Abduction	☐	☐
Scars	☐	☐	Rotation	☐	☐	Adduction	☐	☐
Discolouration	☐	☐	**13. SHOULDERS**	**Normal**	**Abnormal**	Internal rotation	☐	☐
Deformities	☐	☐	Forward elevation	☐	☐	External rotation	☐	☐
5. NEUROLOGIC	**Normal**	**Abnormal**	Backward elevation	☐	☐	**19. KNEES**	**Normal**	**Abnormal**
Motor	☐	☐	Abduction	☐	☐	Retained flexion	☐	☐
Sensory	☐	☐	Internal rotation	☐	☐	Extension	☐	☐
Reflexes	☐	☐	External rotation	☐	☐	**20. ANKLES**	**Normal**	**Abnormal**
6. ABDOMINAL	**Normal**	**Abnormal**	**14. ELBOWS**	**Normal**	**Abnormal**	Dorsal flexion	☐	☐
Shape	☐	☐	Retained flexion	☐	☐	Plantar flexion	☐	☐
Tenderness	☐	☐	Extension	☐	☐	Inversion	☐	☐
Masses	☐	☐	Pronation	☐	☐	Eversion	☐	☐
Scars	☐	☐	Supination	☐	☐	**21. FEET**	**Normal**	**Abnormal**
7. PELVIC	**Normal**	**Abnormal**	**15. WRISTS**	**Normal**	**Abnormal**	Inspection	☐	☐
Status	☐	☐	Pronation	☐	☐	Arch status	☐	☐
Testicles	☐	☐	Supination	☐	☐	Deformities	☐	☐

COMMENTS:

ORIGINAL FORM AND COPY TO BE PRESENTED TO SHIP'S MEDICAL CENTRE FOR VERIFICATION
CREW MEMBER WILL RETAIN THE ORIGINAL DURING FULL CONTRACT
MEDICAL CENTRE WILL RETAIN THE COPY

PRE-EMPLOYMENT PHYSICAL EXAMINATION FORM B

(for new hires and returning crew)

This seafarer medical certificate complies with STWC 1/9 or ILO-73 Panama & Maltese medical standards or as approved by countries with a reciprocal recognition agreement, "Guidance for conducting medical fitness examination for seafarers."

VISION

GLASSES WORN?	**Yes ☐ No ☐ If yes, state type and purpose:**						
COLOUR VISION	**Normal**	**Abnormal**	**FIELD VISION**			**VISION ADEQUATE FOR POSITION?**	
Ishihara test	☐	☐		**Normal**	**Abnormal**		
Snellen test	☐	☐	Left eye	☐	☐	Yes	☐
Bostrom Kugelberg	☐	☐	Right eye	☐	☐	No	☐

HEARING

Information on the use of hearing protection provided?	Yes	☐	No	☐	**Speech & whisper test** (if abnormal perform audiogram)		Normal		Abnormal	
Any subjective signs of impaired hearing or dizziness?	Yes	☐	No	☐			☐		☐	
AUDIOMETRY (see report attached)	**500hz**		**1000hz**		**2000hz**	**3000hz**	**4000hz**		**6000hz**		**8000hz**	
Right Ear	☐		☐		☐	☐	☐		☐		☐	
Left Ear	☐		☐		☐	☐	☐		☐		☐	

COMMENTS:

LABORATORY TEST RESULTS

COMMUNICABLE DISEASES		**OTHER LABS**				**URINALYSIS / DRUG SCREEN**	
HAV (Hepatitis A Virus)		Na (not required for REME)		ALT		Glucose	
HBs Ag (Hepatitis B Virus)		K (not required for REME)		AST		Protein	
HCV (Hepatitis C Virus)		Ca (not required for REME)		Uric Acid		Blood	
HIV		Cl (not required for REME)		Creatinine		Cocaine	
VDRL (Syphilis) (RPR or TPHA)		Triglycerides		Total bilirubin		Benzodiazepines	
TB Screening (choose one)		Cholesterol LDL		BUN		Opiates	
Immunoassay		Cholesterol HDL		Hb (g/dl)		Barbiturates	
Tuberculin test		Total Cholesterol		CBC		Marijuana	
Serial sputum		Glucose (mg/dl)		HbA1c (only if diabetic & glucose is abnormal)		Amphetamines	
Stool for ova and parasites (for all food, beverage and accommodation positions)				Stool culture (for all food, beverage and accommodation positions)			

OTHER TESTS (attach reports)

CHEST X-Ray (attach report)	Normal ☐ Abnormal ☐ Note:
Electrocardiogram (attach report)	Normal ☐ Abnormal ☐ Note:
Spirometry (attach report)	Normal ☐ Abnormal ☐ Note:

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PRE-EMPLOYMENT PHYSICAL EXAMINATION FORM B

(for new hires and returning crew)

This seafarer medical certificate complies with STWC 1/9 or ILO-73 Panama & Maltese medical standards or as approved by countries with a reciprocal recognition agreement, "Guidance for conducting medical fitness examination for seafarers."

COMMENTS:

VACCINATION RECORD

(Valid vaccination card required for embarkation)

Name of Vaccination	Date of last Vaccination	Name of Vaccination	Date of last Vaccination	Name of Vaccination	Date of last Vaccination
Hepatitis A		MMR		Diphtheria	
Hepatitis B		Tetanus		Pertussis	
Hepatitis C		Tuberculosis		Yellow Fever	
Varicella		Typhoid		Polio	

HISTORY

Occupational:
Family:
Physiological:
Lifestyle:
Other:

Note:

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PRE-EMPLOYMENT PHYSICAL EXAMINATION FORM B

(for new hires and returning crew)

This seafarer medical certificate complies with STWC 1/9 or ILO-73 Panama & Maltese medical standards or as approved by countries with a reciprocal recognition agreement, "Guidance for conducting medical fitness examination for seafarers."

FINAL ASSESSMENT OF FITNESS FOR SERVICE AT SEA

Work restrictions?	Yes ☐ No ☐ Note:
Able to perform all activities of their job?	Yes ☐ No ☐ Note:

Based on the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically: -

☐	☐	☐
FIT FOR DUTY (crew member is not believed to be suffering from any sickness, physical or mental ailment making him / her unfit for service or which may endanger the health of any other person onboard)	**UNFIT FOR DUTY** For the following reason(s): -	**FIT FOR DUTY AFTER DEFECT CORRECTED** (Describe): -

CREW MEMBERS DETAILS

(Forms without CREW MEMBER'S contact details will not be accepted)

Full Name (please print):	***Signature:***
Address:	***Phone number:***

CLINICIAN DETAILS

(Forms without physician contact details will not be accepted)

Full Name (please print):	***Signature:***
Licence number:	***Phone number:***
Home address and email:	

Physician Stamp

Date medical certificate issued (day/month/year) ____ / ____ / ____

VALID FOR TWO YEARS FROM DATE OF ISSUE

ORIGINAL FORM AND COPY TO BE PRESENTED TO SHIP'S MEDICAL CENTRE FOR VERIFICATION
CREW MEMBER WILL RETAIN THE ORIGINAL DURING FULL CONTRACT
MEDICAL CENTRE WILL RETAIN THE COPY

PRE-EMPLOYMENT PHYSICAL EXAMINATION

FORM B

(for new hires and returning crew)

MSC MALTA SEAFARERS COMPANY LIMITED

This seafarer medical certificate complies with STWC 1/9 or ILO-73 Panama & Maltese medical standards or as approved by countries with a reciprocal recognition agreement, "Guidance for conducting medical fitness examination for seafarers."

ORIGINAL FORM AND COPY TO BE PRESENTED TO SHIP'S MEDICAL CENTRE FOR VERIFICATION
CREW MEMBER WILL RETAIN THE ORIGINAL DURING FULL CONTRACT
MEDICAL CENTRE WILL RETAIN THE COPY

MSC
MALTA SEAFARERS COMPANY LIMITED

RE-EMPLOYMENT & SHIPBOARD EMPLOYEE MEDICAL EXAM FORM B

(for returning crew)

This Seafarer Medical Certificate complies with STWC 1/9 or ILO-73, Panama and Maltese Medical Standards or as approved by Countries with a Reciprocal Recognition Agreement, "Guidance for conducting Medical Fitness Examination for Seafarers"

Last Name: _____ First Name: _____ Birth Date (mm/dd/yy): _____ Exam Date: _____

Temp: _____ Pulse: _____ Resp: _____ B/P: _____ Height: _____ Weight: _____ Body Mass Index (BMI): _____

Chest X-Ray	Field Vision	Colour Vision		Vision adequate for position as per standards?
☐ WNL	R = WNL ____	☐ Ishihara	☐ Bostrom Kugelberg	
☐ Other	L = WNL ____	☐ Snellen	☐ Passed ☐ Not Passed	☐ Yes ☐ No

EAR	500hz	1000hz	2000hz	3000hz	4000hz	6000hz	8000hz
Right							
Left							

Whisper Test: ☐Yes ☐No **If ABNORMAL perform audiogram**

Information on the use of hearing protection provided? ☐Yes ☐No

Any subjective signs of impaired hearing or dizziness? ☐Yes ☐No

Name of Vaccination	Date of last vaccination	Name of Vaccination	Date of last vaccination
Diphtheria		Polio	
Tetanus		Varicella	
Typhoid		MMR	
Pertussis		Hepatitis A, B, C	
Yellow fever		Tuberculosis	
SARS CoV2	When Available		

REQUIRED TESTS - Attach ALL LAB TESTS to Original All results must be in ENGLISH		
Chest X-ray (attach report)		Comprehensive Metabolic Panel
VDRL/RPR/FTA (use one)	O&P + Stool Culture (All Food, Beverage and Housekeeping positions)	
CBC (complete blood count)	Hepatitis AIgM, HBsAg & Anti HCV	Lipid Panel
Routine Urinalysis	Urine Drug Test (Benzodiazepines, Amphetamines, THC, Opiates, Cocaine, Barbiturates)	Electrocardiogram
Results requiring investigation		
RT-PCR SARS-CoV2 Swab		

PHYSICAL EXAM

HEENT	Normal	Abnormal	THORAX LUNGS	Normal	Abnormal	ABDOMEN	Normal	Abnormal	RECTAL	Normal	Abnormal
Mouth			Percussion			Shape			Haemorrhoid		
Tonsils			Auscultation			Tenderness			Prostate		
Pharynx			EXTREMITIES			Masses			Fistula		
Ears			Varicose veins			Scars			NECK		
Eyes			Oedema			Hernia			Nodes		
Head			Scars			Circumcised			Motion		
Nose			Discolouration			Testicles			Thyroid		
EMOTIONAL			Deformities			PELVIC			CoV2		
Status			NEURO			Status			Fever		
HEART			Motor			BREASTS			Chills		
Rhythm			Sensory			Tenderness			Muscle Pain		
Murmurs			Reflexes			Masses			Headache		
									Sore Throat		
									Loss of Taste or Smell		

RANGE OF MOTION

CERVICAL	Normal	Abnormal	ELBOW	Normal	Abnormal	LUMBAR	Normal	Abnormal	WRIST	Normal	Abnormal
Forward flex			Retained flex			Forward flex			Pronation		
Extension			Extension			Extension			Supination		
Lateral flexion			Pronation			Lat. Flex			Dorsiflexion		
Rotation			Supination			Rotation			Planer flexion		
Scars			Scars			Sitting rotation			Abduct		
HIP			FEET			Supine rotation			Adduct		
Flexion			Inspection			Scars			KNEE		
Extension			Arch status			SHOULDER			Retained flex		
Abduction			Deformities			Forward elev.			Extension		
Adduction			ANKLE			Backward elev.			Scars		
Internal rotation			Dorsal flex			Abduction			*Comments:*		
External rotation			Plantar flex			Adduction					
FINGERS			Inversion			Int. Rotation					
Flexion			Eversion			Ext. Rotation					
Extension			Scars			Scars					

JOB SPECIFIC PERFORMANCE

Work Restrictions: _____ ☐ Yes ☐No | Are they able to perform all activities of their job? ☐ Yes ☐No

DECISION

☐ **FIT FOR WORK:** (crew member is not believed to be suffering from any sickness or physical or mental ailment making him unfit for service or which may endanger the health of the other persons onboard.)	☐ **UNFIT FOR WORK** for the following reason(s):	☐ **FIT AFTER DEFECT CORRECTED** (Describe):

SIGNATURE

Forms without physician contact information are not acceptable

PHYSICIAN NAME *(please print)* | PHYSICIAN SIGNATURE | DATE | ADDRESS | PHONE NUMBER