



**PAKISTAN MARINE ACADEMY**

Hawks Bay Road, Mauripur

KARACHI-75780

Ph: 021-99241201-5

Fax: 021-99241206

No. PMA/NE/61<sup>st</sup> Batch/2022/

Roll No: \_\_\_\_\_

Name: \_\_\_\_\_

04 October 2022

Subject: MEDICAL EXAMINATION FOR ADMISSION – 61<sup>st</sup> BATCH PAKISTAN MARINE ACADEMY CADETS-2022

1. For the admission at Pakistan Marine Academy (PMA), it is mandatory for a candidate to be medically fit. Therefore, a medical examination proforma is enclosed. You are to appear in person before medical board at (CMH Abbottabad / Bahawalpur / Hyderabad / Kohat / Kharian / Lahore / Multan / Muzaffrabad / Panoaqil / Quetta / Peshawar / Sargodha/ PNS Hafeez Islamabad/ PNS Shifa Karachi) along with dully filled medical examination proforma and CNIC, w.e.f 10<sup>th</sup> October 2022. It is important to mention that medical examination charges will be borne by you. Moreover, the medical examination may take 3 to 5 days and you are to make boarding, lodging and travelling arrangements at your own risk and cost.

2. You are provisionally called for medical examination, however final selection will be made on the basis of HSC/F.Sc, PET, and NTS result. (Candidate fail to attain 55% marks in F.Sc is disqualified for selection). You are required to forward the photocopy of medical examination final result "Candidates Copy" alongwith copy of HSC/FSc. Pre-Engineering final to PMA immediately through **Courier Services**. Your medical examination result and HSc/F.Sc final should reach this office 25<sup>th</sup> October 2022 positively otherwise you will not be considered for final selection.

3. Hospital authority is requested that if any candidate referred to other hospital and if he approaches your hospital due to unavoidable circumstances, please entertain him by verifying his particulars issued by PMA.

**Note: Colour Blind are not eligible for admission. After joining Eye sight and Colour vision test will be conduct again by Mercantile Marine Department, Govt. of Pakistan Karachi, under arrangement of Pakistan Marine Academy.**

**SHAKOOR AKHTAR**

Officer Incharge Admissions

Encl: (As stated)

**PAKISTAN MARINE ACADEMY**

Hawks Bay Road, Mauripur

Karachi- 75780

Phone: 021-99241201 Ext-274

Fax: 99241206

**MEDICAL EXAMINATION REPORT****For office use only**

Roll No: \_\_\_\_\_ Batch \_\_\_\_\_

Medical Examination Centre \_\_\_\_\_

Paste Recent  
Photograph**A. Particulars of Candidate:**

Name: \_\_\_\_\_ NIC # /Form "B": \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's NIC #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Domicile: \_\_\_\_\_

**B. PERSONAL HISTORY (Tick whichever is applicable)**

<u>Disease/Disability</u>	<u>Yes</u>	<u>No</u>	<u>Disease/disability</u>	<u>Yes</u>	<u>No</u>
Asthma/Breathlessness			Motion Sickness		
Joint Pain			Broken Bone/Dislocation		
Jaundice			Fits / Convulsion / Epilepsy		
History of any Operation Including laparoscopic Operation			History of Visual problems Colour Blindness, Night Blindness		
Fever Headache/Migraine			Eye Surgery Including Laser Keratotomy And Corneoplasty		
Head injury With Unconsciousness			Earache / Ear Discharge		
Tuberculosis/Pneumonia			Any Other Diseases		

**C. FAMILY HISTORY**

Detail of immediate family members who have expired?

<u>Relationship</u>	<u>Age on Death</u>	<u>Detail of Disease Causing Death</u>
Father		
Mother		
Brother		
Sister		

D. I do hereby declare that information given above is complete and correct to the best of my knowledge and belief. I have not with-held any information. I am fully aware of the fact that by willful concealment of above any information, may incur the risk of not being accepted for admission or termination from the training from Pakistan Marine Academy.

(Signature of Candidate)

**Signature of Witness**

Name: \_\_\_\_\_

NIC # \_\_\_\_\_ (attach photocopy)

Address: \_\_\_\_\_

1. **EXAMINATION BY GENERAL PHYSICIAN**

Height.....Cm    Weight..... Kg    Built:    Average / Large / Small  
Chest Shape.....Full inspiration.....Full expiration.....  
Lymphatic Glands.....Respiratory.....  
Cardio – Vascular System: Pulse.....BP.....mmHg  
Central Nervous System.....  
Abdomen.....  
Genito-urinary System.....  
Endocrine System.....  
Locomotor System.....  
Oro-dental Examination:    Gums.....Teeth.....

**Results of Investigations:**

X-Ray Chest:-.....  
Urine R.E .....  
Blood CP with ESR.....  
Any other Investigations.....  
.....

Official Seal

Signature .....  
Rank/Name .....  
Date.....

2. **EXAMINATION BY SURGICAL SPECIALIST:-**

**Disability.( If any):** .....

**Remarks:**    FIT .....  
                    UNFIT due to.....  
                    Temporary Unfit For.....Weeks due to .....

Official Seal

Signature.....  
Rank/Name.....  
Date.....

3. **EXAMINATION BY MEDICAL SPECIALIST**

**Disability.( If any):** .....

**Remarks:**    FIT .....  
                    UNFIT due to.....  
                    Temporary Unfit For.....Weeks due to .....

Official Seal

Signature.....  
Rank / Name  
Date.....

#### 04- EXAMINATION BY EYE SPECILAIST (COLOR BLINDS ARE UNFIT FOR ADMISSION)

Eye Specialist requested to follow the standard set by the Mercantile Marine department. Ministry of Ports and Shipping as mentioned below.

The minimum in-service eyesight standards for seafarers and testing methods and frequency etc. table A-I9

Minimum in-service eyesight standards for seafarers

STCW Regulation	Category of seafarer	Distance vision Aided		Near/ immediate vision Both eyes together, aided or unaided	Colour Vision	Visual fields	Night Blindness	Diplopia (double vision)
		One Eye/ Left eye	Other Eye/ Right Eye					
I/II II/1 II/2 II/3 II/4 II/5 VII/2	Masters, dock officers, and ratings required to undertake look-out duties	0.5	0.5	Vision required for ship's navigation (e.g. chart and nautical publication reference, use of bridge instrumentation and equipment, and identification of aids to navigation)	See Note 5.	Normal Visual Field.	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/II II/1 II/2 II/3 II/4 II/5 VII/2	All Engineer officers, Electro technical Officers, Electro-technical Ratings, And ratings forming part of an Engine Room Watch	0.4	0.4	Vision required to read instruments in close proximity, to operate equipment, and to identify systems, components as necessary	See Note 6.	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident

Description	Distance Vision		Near Vision	Colour Vision
<u>Deck Apprentices</u>	<u>One Eye</u>	<u>Other Eye</u>	A visual acuity sufficient to carry out duties efficiently	Lantern Test for White Red & Green or Test on Ishihara Charts
Unaided	6/9-	6/6.		
Aided	6/6.	6/6.		
Engineering Apprentices			A visual acuity sufficient to carry out duties efficiently	Lantern Test for White. Red & Green or test on Ishihara Charts
Unaided	6/36.	6/36.		
Aided	6/9.	6/9.		

##### a. VISION

##### DISTANT

Without glasses

With glasses

##### NEAR

Without glasses

With glasses

Rt. Eye

Lt. Eye

- b. Visual Acuity Standard:-.....
- c. Colour Vision (C P Standard).....
- d. Disability, If any:-.....
- e. Remarks:-
- FIT (for Nautical and Engineering Branch) .....
- FIT (for Engineering Branch only) .....
- UNFIT due to.....
- Temporary Unfit For.....Weeks due to .....

Official Seal

Signature.....

Rank/Name.....

Date.....

5. **EXAMINATION BY ENT SPECIALIST:-**

- a. Hearing Standard: Rt.....Lt.....  
b. Speech: .....  
c. **Disability. If any:-** .....  
d. **Remarks:-**

FIT .....

UNFIT due to.....

Temporary Unfit For.....Weeks due to .....

Signature.....

Rank/Name.....

Date.....

Official Seal

6. **RESULT OF SCREENING FOR HEPATITIS "B & C"**

It is certified that Mr. ....S/O .....

Roll No ..... has been screened for HEPATITIS "B & C" at .....

on .....and found to be:

a. HEPATITIS "B" NEGATIVE .....

☐

b. HEPATITIS "B" POSITIVE .....

☐

c. HEPATITIS "C" NEGATIVE .....

☐

e. HEPATITIS "C" POSITIVE .....

☐

(Note: Please initial appropriate box )

**Recommendation:**

Fit (FOR Nautical and Engineering Branches) .....

Fit (FOR Engineering Branch only) .....

Temporary Unfit for.....Weeks due to .....

Signature .....

Rank/Name .....

Date.....

Official Seal

# MEDICAL EXAMINATION FINAL RESULT

(Office Copy)

Mr.....S/O..... Roll No .....  
has been Medically Examined at..... from..... to ..... and  
has been declared:

FIT .....

☐

UNFIT due to.....

☐

Temporary Unfit For .....Weeks due to.....

☐

Signature.....

Rank/Name.....

Date.....

Official Seal

## **MEDICAL EXAMINATION FINAL RESULT**

(Candidate's Copy)

Mr.....S/O..... Roll No .....  
has been Medically Examined at..... from..... to ..... and  
has been declared:

FIT .....

☐

UNFIT due to.....

☐

Temporary Unfit For .....Weeks due to.....

☐

(Note: Please initial appropriate box)

Signature.....

Rank/Name.....

Official Seal

Date.....

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## **RESULT OF RE-EXAMINATION FOR CANDIDATES DECLARED TEMPORARY UNFIT**

Mr.....S/O..... Roll No .....  
has been Medically Examined at..... from..... to ..... and  
has been declared:

FIT .....

☐

UNFIT due to.....

☐

Temporary Unfit For .....Weeks due to.....

☐

(Note: Please initial appropriate box)

Signature.....

Rank/Name.....

Official Seal

Date.....

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### **Important Note**

Candidate is requested to immediately send a copy of Medical Examination Final Result (Candidates Copy) to Pakistan Marine Academy through courier / mail on the following Address:

Officer Incharge New Entry  
Pakistan Marine Academy, Hawks Bay Road, Mauripur  
Karachi-75780