



JAPAN P&I CLUB

THE JAPAN SHIP OWNERS' MUTUAL PROTECTION & INDEMNITY ASSOCIATION

REFERRAL SLIP FOR JAPAN P&I PEME PACKAGE

PHOTO

1 x 1

Date: _____

To: _____

(specify the name of clinic)

Address of Clinic: _____

Name of Patient: _____

Seaman's No./I.D.No.: _____ Signature: _____

Name of Vessel: _____ Rank: _____

Name of Manning Agency: _____

Please conduct the following examination. (check box)

<Japan P&I Package>

1. Physical Examination & Medical History

2. Dental Examination

3. Visual Acuity

4. Color Perception

5. Audiometry

6. ECG

7. Chest X-ray

8. Blood Typing

9. Complete Blood Count

10. Syphilis Testing

11. Urinalysis

12. Stool Examination (for Food Handlers)

13. Psychological Assessment

14. Hepatitis B Virus Screening

15. Specific Diabetes Test

16. Total Cholesterol and LDL

17. BUA

18. Creatinine

19. Liver Tests

20. Pulmonary Function Test

21. HIV Screening

22. Drug Screening

(Metamphetamine & Cannabinoids)

23. Ultrasound

– Liver, Gallbladder & Hepatobilliary Tree

24. Ultrasound – KUB

<Optional Test>

Pregnancy Test (for Female Applicants)

Malaria Smear

Name and Signature of

authorized official of manning agency

Remarks:

※The clinic who are applied Japan P&I PEME Package by this slip are requested to conduct the above indicated medical examination at the agreed price.

※This slip can be used for only the seaman who is scheduled to board the vessel which enters The Japan Ship Owners' Mutual Protection & Indemnity Association.