## **Clinical Condition**

Height:  $\frac{172}{172}$  (cm) Weight:  $\frac{74}{14}$  (kg) Pulse rate:  $\frac{72}{12}$  /(minute) Rhythm:  $\frac{REGOLAR}{REGOLAR}$ Blood pressure: Systolic:  $\frac{120}{120}$  (mm Hg) Diastolic:  $\frac{75}{120}$  (mm Hg) Wrinalysis: Glucose:  $\frac{M/L}{R}$  Protein:  $\frac{M/C}{R}$  Blood: M/C

NON-REARTIVE.

| ight eye<br>eft eye<br>olour Visio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Normal           | Defect                                                                                                          | ive                                                                    |
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| eft eye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ~                |                                                                                                                 |                                                                        |
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| olour Visio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nn M             | And and a second se  |                                                                        |
| and the second data and the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  | 3MiA (                                                                                                          | $\leq$                                                                 |
| Normal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | al speech at<br>ance of 4m                                                                                      | а                                                                      |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                                                 | -                                                                      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | r                                                                                                               |                                                                        |
| Vascular (inc. pedal pulses)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | V                                                                                                               |                                                                        |
| Abdomen and viscera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                 |                                                                        |
| Hernia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                                                 |                                                                        |
| Anus (not rectal exam)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                                                 |                                                                        |
| G-U system                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                                                 |                                                                        |
| Upper and lower extremities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                                                                                                 |                                                                        |
| Spine (C/S, T/S and L/S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                                                 |                                                                        |
| Neurologic (full/brief)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                                                                 |                                                                        |
| Psychiatric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                                                                                                 |                                                                        |
| General appearance<br>Chest X-ray                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | in the second |                                                                        |
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| Va                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | No               |                                                                                                                 |                                                                        |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ities<br>)<br>Ye | ities<br>)<br>Yes No                                                                                            | V<br>V<br>V<br>ities<br>V<br>V<br>V<br>V<br>V<br>V<br>V<br>V<br>V<br>V |

If No, please state the reason:

Fit For Duty on Board Ship

| If the fitness is conditional, state limitations in regards to                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                     |  |  |  |
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| a) Time                                                                                                                                                                                                                                                                                                                                                            | b) Field of work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | c) Trading area                                                                                                 |                                     |  |  |  |
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| The seafarer is free from any medical condition likely to be age                                                                                                                                                                                                                                                                                                   | reverse division of the second | e seafarer unfit from such service or to endanger to h                                                          | health or other person on-board.    |  |  |  |
| The searcher is free from any medical condition incervice de des                                                                                                                                                                                                                                                                                                   | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ament of Shippi                                                                                                 |                                     |  |  |  |
| CHATTOGRAM                                                                                                                                                                                                                                                                                                                                                         | ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S DUI Rahm S *                                                                                                  |                                     |  |  |  |
| Place of Examination:                                                                                                                                                                                                                                                                                                                                              | - 1 PALMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | with a market and a market and a market |                                     |  |  |  |
| Place of Examination: <u>CHATTOGRAM</u><br>Name of Approved Medical Examiner: <u>DR</u> .MD.G                                                                                                                                                                                                                                                                      | YUBUR A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B P Q Official stamp:                                                                                           |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A Date of issue (day/month/year                                                                                 | 2 6 NOV 2023                        |  |  |  |
| Signature of Approved Medical Examiner:                                                                                                                                                                                                                                                                                                                            | yubur Rahman                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of assue (day/month/year                                                                                   |                                     |  |  |  |
| DR. WID: A                                                                                                                                                                                                                                                                                                                                                         | G T (Medicine)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | edical examination where this certificate is valid for                                                          | 1 year from the date of issue. (For |  |  |  |
| Validity of certificate: 2 years from the date of issue, except for person below 18 years on the date of medical examination where the certificate is valid for 1 year from the date of issue. (For person serving on Hong Kong flag vessels and above 55 years in are on the date of medical cycle, this certificate is valid for 1 year from the date of issue.) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                     |  |  |  |
| BMDC R                                                                                                                                                                                                                                                                                                                                                             | eg No: A-11820<br>PROVED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                    | Shipping                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                 | (Competent Authority)               |  |  |  |
| The above medical Examiner is approved by:                                                                                                                                                                                                                                                                                                                         | f Bangladosh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                                     |  |  |  |
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VDRL