nalysis: Glucose MIL Protein: MIC Blood: WIL Visual acuity									Visual fields		Defective	September 1995 and 1	
	Unaided					Aided	1		1.0		Defective	\dashv	
	Right eye				t eye	Left eye	Binocular		Right eye	- Total		-	
	6/9	-	6/9	6	16	616	616		Left eye	~	1:10/	_	
, carre	V	V	1	7	V	C	L		Colour Visi	ion: MD	100 A	<u>=</u>	
ear				7. 1		V 3/15/2	ic Hearing	,		Norma	l speech at a		
Hearing	learing Nor		rmal Normal speec			ppy (Tympan embrane)	with aid		Normal	dista	nce of 4m		
ithout aid	1		distance of a	+111		Cilibratie			V	1 3			
ght ear	V						Right ear		1/			1	
eft ear	13	V				г	Left ear	<u> </u>			Normal	Abnormal	
	V.	Ç 74	N	N		Abnormal		1.			V		
ead			þо	1			Varicose veins Vascular (inc. p	nedal	pulses)		~	-	
	uses, nose, throat				V		Abdomen and	omen and viscera			~		
outh/teeth					-	Hernia				1			
ars (general					~		Anus (not rectal exam)				1		
res phthalmoscopy					7		G-U system Upper and lower extremities				V	10.7	
upils							Spine (C/S, T/S and L/S)						
ye movement					Neurologic (full/brief)					1			
ungs and ch	ngs and chest east examination V/A -					Psychiatric General appearance					1		
eart							General appearance						
kin	7				V		Chest X-ray						
ther diag	nostics	Tests and	results			1.00		<u>- 5-1</u>		Yes No			
ther diagnostics Tests and results					-17.6								
Test	- A A .					FIT			T for look out duty				
CG		105/	SATU	IF			FIT for se	ervic	e at sea				
HIV		NEC	19/10		4 =	NE	If No, please s	state t	he reason:				
VDRL		NO	V-RA	17	011	7.	-						
			4	0.187									
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If the fitness	is condition	al, state limi	tations in regar	ds to) Field o	f work			c) T	rading area			
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The conformi	free from at	ny medical con	dition likely to be	aggra	ated by	service at sea	or to render the sea	afarer	unfit from such se	rvice or to end	anger to heart	TOT OLLIE, P	
The Sealarer is									Stad CIA	G E			
Diago of Evan	ination:	+14	TOGR	///		_	DAHA	11	1				
Place of Exam			DR. MI	. /	97L	1301	XHAI		Z o Officia	stamp:	0.5	CCD	
1	roved Medica	il Examiner: 🐣	CV	1 .					Date	if issue day/m	onth/ye2 5	JOEL	
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Name of App	Approved Me	dical Examiner		AID.	DAHM	AN				Lin nowiElente I	valid for 1 ves	ar from the o	
Signature of	Approved Me	dical Examiner	R. MD. AYUL	UR ptyfqry	RAHM PERSONCHIP	AN by 18 years	on the date of medi	ical ex	amination where t	his certificate i ar from the dat	s valid for 1 yea e of issue.)	ar from the (
Signature of A	Approved Me	dical Examiner ars from the d ong flag vessels	R. MD. AYU	SUR pyfqrw araini	RAHM RESPONDE BEEN TH	AN lojv 18 years of e date of med					s valid for 1 yea e of issue.)	ar from the (
Signature of A	Approved Me	dical Examiner of ars from the dong flag vessels	R. MD. AYU ate of issue, exect s and a poye 55 ve o, Agrabad C Regn. No	IA C	hittago	AN logy 18 years of e date of med ong.			amination where t ate is valid for 1 year		s valid for 1 yearse of issue.)	ar from the o	