

Visual acuity				Visual fields	
Unaided		Aided		Normal	Defective
Right eye	Left eye	Right eye	Left eye	Right eye	Left eye
Distant		6/6	6/6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Near		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Visual acuity meets the standard laid down in STCW Code Section A-1/9
 Colour vision as per STCW CODE Section A-1/9: Normal Doubtful Defective
 Date of last colour vision test: Date (day/month/year) 24 APR 2022

	Normal	Abnormal		Normal	Abnormal
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Varicose veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sinuses, nose, throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vascular (inc. pedal pulses)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mouth/teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abdomen and viscera	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ears (general)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tympanic membrane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anus (not rectal exam)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G-U system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper and lower extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spine (C/S, T/S and L/S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eye movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neurologic (full brief)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>

RESULTS OF ANCILLARY EXAMINATIONS			
Chest X-Ray	Normal	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
ECG	Normal	BILIRUBIN	Alcohol Test <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
BLOOD R/E		SGPT	URINE R/E
DC(differential count)	Normal	SGOT	OTHERS
HAEMOGLOBIN (HGB)	11.2	DRUG AND ALCOHOL TEST	
ESR (WESTERGRN)	40	Morphine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
WBC	7.850	Amphetamine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
BLOOD GLUCOSE LEVEL		Phencyclidine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
RANDOM	131.0	Barbiturates	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
HBA1C	6.0	Cocaine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
			HIV / AIDS Test <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
			VDRL <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
			Blood Type
			Psychological Exam
			Others(KUB Ultraso)

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

John **MOHAMMED SHAHINUR RAHMAN** **24 APR 2022**
 Signature of Seafarer Name of Seafarer Date

Assessment of fitness for service at sea:
 On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

Fit for lookout duties Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Without restrictions With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes No

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

23 APR 2024

Fitness Date: **22 APR 2022** Valid Until :

DR. MD. AYUBUR RAHMAN
 Name and Signature of Authorized Physician