

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

Visual acuity meets the standard laid down in STCW Code Section A-1/9:  YES / NO

Colour vision as per STCW CODE Section A-1/9:  Normal  Doubtful  Defective

Date of last colour vision test: Date (day/month/year) 15 SEP 2021

	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 <i>NIA</i>	<input 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	<i>NORMAL</i>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative		
ECG	<i>NORMAL</i>	BILIRUBIN	Alcohol Test	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative		
	BLOOD R/E	SGPT	URINE R/E	<i>NORMAL</i>			
DC(differential count)	<i>NORMAL</i>	SGOT	OTHERS				
HAEMOGLOBIN (HGB))	<i>19.6</i>	DRUG AND ALCOHOL TEST		HBsAg	<input type="checkbox"/> Reactive	<input checked="" type="checkbox"/> Nonreactive	
ESR (WESTERGREN)	<i>10</i>	Morphine	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	HIV / AIDS Test	<input type="checkbox"/> Reactive	<input checked="" type="checkbox"/> Nonreactive
WBC	<i>9.250</i>	Amphetamine	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	VDRL	<input type="checkbox"/> Reactive	<input checked="" type="checkbox"/> Nonreactive
	BLOOD GLUCOSE LEVEL	Phencyclidine	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	Blood Type	<i>A+ve</i>	
RANDOM	<i>98.0</i>	Barbiturates	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	Psychological Exam	<i>NORMAL</i>	
HBA1C	<i>4.9%</i>	Cocaine	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	Others(KUB Ultraso	<i>-</i>	

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

*Shahidul Islam* SYED SHAHIDUL ISLAM 15 SEP 2021

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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):

Fitness Date: 15 SEP 2021 Valid Until: 14 SEP 2023

*DR. MD. AYUBUR RAHMAN*  
Name and Signature of Authorized Physician, G.T (Medicine)