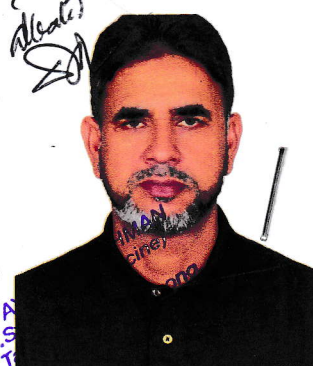


Part B – Result of Medical Examinations											
EYESIGHT: Use of glasses or contact lenses <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Type						Purpose					
VISUAL ACUITY						VISUAL FIELDS					
Unaided			Unaided					Normal	Defective		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular	Right eye	<input checked="" type="checkbox"/>				
Distant 6/6	6/6	6/6	Distant			Left eye	<input checked="" type="checkbox"/>				
Near			Near								
COLOUR VISION (Please tick)						CLINICAL FINDINGS					
Type of Test (Please specify):						Height (cm)	164	Weight (kg)	67 kg	BMI	25.0
<input type="checkbox"/> Not tested <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Doubtful <input type="checkbox"/> Defective						Pulse rate (per minute)	84	Rhythm	REGULAR		
						Blood Pressure systolic (mm Hg)	130	Diastolic (mm Hg)	80		
						Urinalysis: Glucose:	NIL	Protein:	NIL	Blood:	NIL
HEARING						Speech and Whisper Test (metres)					
Pure tone and audiometry (threshold values in dB)											
		500 Hz	1,000 Hz	2,000 Hz	3,000 Hz			Normal	Whisper		
Right ear		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Right ear		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Left ear		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Left ear		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		Normal	Abnormal					Normal	Abnormal		
Head		<input checked="" type="checkbox"/>		Eye movement		<input checked="" type="checkbox"/>		Hernia		<input checked="" type="checkbox"/>	
Sinus, nose, throat		<input checked="" type="checkbox"/>		Lungs and chest		<input checked="" type="checkbox"/>		Anus (not rectal exam)		<input checked="" type="checkbox"/>	
Mouth / teeth / oral cavity		<input checked="" type="checkbox"/>		Breast examination		<input checked="" type="checkbox"/>		G-U system		<input checked="" type="checkbox"/>	
Ears (general)		<input checked="" type="checkbox"/>		Heart		<input checked="" type="checkbox"/>		Upper and lower extremities		<input checked="" type="checkbox"/>	
Tympanic membrane		<input checked="" type="checkbox"/>		Skin		<input checked="" type="checkbox"/>		Spine (C/C, T/S, L/S)		<input checked="" type="checkbox"/>	
Eyes		<input checked="" type="checkbox"/>		Varicose Vein		<input checked="" type="checkbox"/>		Neurologic (full/brief)		<input checked="" type="checkbox"/>	
Ophthalmoscopy		<input checked="" type="checkbox"/>		Vascular (inc. pedal pulse)		<input checked="" type="checkbox"/>		Psychiatric		<input checked="" type="checkbox"/>	
Pupils		<input checked="" type="checkbox"/>		Abdomen and viscera		<input checked="" type="checkbox"/>		General appearance		<input checked="" type="checkbox"/>	
CHEST X-RAY						TREADMILL TEST (45 YEARS OLD & ABOVE)					
<input type="checkbox"/> Not performed <input checked="" type="checkbox"/> Performed on (day/month/year): 09 APR 2022						ADAMANT & CLEAR					
Results: ADAMANT & CLEAR											

Part C – Investigations									
Hepatitis B ¹	HB (ab) <input type="checkbox"/> +ve <input checked="" type="checkbox"/> -ve	HB (ag) <input type="checkbox"/> +ve <input checked="" type="checkbox"/> -ve	Spirirometry						
Bacteriological stool test ²	<input type="checkbox"/> not performed <input checked="" type="checkbox"/> negative <input type="checkbox"/> positive		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding						
Parasitological stool test ³	<input type="checkbox"/> not performed <input checked="" type="checkbox"/> negative <input type="checkbox"/> positive		USG Abdomen						
ECG ⁴	NORMAL		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding						
¹ required by the Company for all crew from endemic areas			Creatine Test						
² required by the Company for all food handlers			<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding						
³ required by the Company for all food handlers from tropical climates			Pregnancy Test						
⁴ compulsory			<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding						
Blood	Result	Normal	Kidney Test						
Hemoglobin	14.9 gms/dl	13.5 – 18.0 gms/dl	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding						
Total WBC count	20 cells / cu.mm	4000 – 10000 / cu.mm							
ESR	9.200 mm	Up to 15mm							
Blood Sugar (FBS)	122.0 mg/dl	80 – 140 mg/dl							
HIV ² (+ve or -ve)	NEGATIVE								
VDRL	NON-REACTIVE								
Others	NORMAL								
Blood Group									



Assessment of Fitness for service at sea: (please tick)
On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

- ☒ Fit for look out duty
☐ Visual aid required
☒ Without restrictions
☐ Unfit for lookout duty
☒ Visual aid not required
☐ With restrictions

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

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

Fit For Duty on Board Ship

VALID FOR TWO YEARS

09 APR 2022

Date of Issue

Signature of Medical Practitioner

DR. MD. AYUBUR RAHMAN
M.B.B.S.; P.G.T. (Medicine)
Taher Chamber
Medical Certificate Number
Regn. No. A-11820

Medical Practitioner's name, license number, address

DR. MD. Ayubur Rahman
M.B.B.S., P.G.T. (Medicine)
Taher Chamber,
10, Agrabad C/A, Chittagong
AND APPROVED BY
DG Shipping
Govt. of Bangladesh

SEAL

This medical certificate shall remain valid for a maximum period of two years unless the seafarer is under the age of 18 or sailing on a Japanese Flag vessel, in which case the maximum period of validity shall be one year.