

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	Distant			Left eye	<input checked="" type="checkbox"/>				
Near	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Near								
COLOUR VISION (Please tick)						CLINICAL FINDINGS					
Type of Test (Please specify):						Height (cm)	172 CM	Weight (kg)	82	BMI	27.7
<input type="checkbox"/> Not tested <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Doubtful <input type="checkbox"/> Defective						Pulse rate (per minute)	90	Rhythm	REGULAR		
						Blood Pressure systolic (mm Hg)	140	Diastolic (mm Hg)	90		
						Urinalysis: Glucose:	NIL	Protein:	NIL	Blood:	NIL
HEARING						Speech and Whisper Test (metres)					
Pure tone and audiometry (threshold values in dB)								Normal		Whisper	
500 Hz		1,000 Hz		2,000 Hz		3,000 Hz					
Right ear	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	Left ear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Normal		Abnormal		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		N/A		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):						NEGATIVE					
Results: NORMAL & 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	Spirometry																											
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 ² required by the Company for all food handlers ³ required by the Company for all food handlers from tropical climates ⁴ compulsory			Creatine Test																											
<table border="1"> <thead> <tr> <th>Blood</th> <th>Result</th> <th>Normal</th> </tr> </thead> <tbody> <tr> <td>Hemoglobin</td> <td>14.7 gms/dl</td> <td>13.5 – 18.0 gms/dl</td> </tr> <tr> <td>Total WBC count</td> <td>9.200 cells / cu.mm</td> <td>4000 – 10000 / cu.mm</td> </tr> <tr> <td>ESR</td> <td>20 mm</td> <td>Up to 15mm</td> </tr> <tr> <td>Blood Sugar (FBS)</td> <td>122.0 mg/dl</td> <td>80 – 140 mg/dl</td> </tr> <tr> <td>HIV ² (+ve or -ve)</td> <td>NEGATIVE</td> <td></td> </tr> <tr> <td>VDRL</td> <td>NON-REACTIVE</td> <td></td> </tr> <tr> <td>Others</td> <td>NORMAL</td> <td></td> </tr> <tr> <td>Blood Group</td> <td></td> <td></td> </tr> </tbody> </table>			Blood	Result	Normal	Hemoglobin	14.7 gms/dl	13.5 – 18.0 gms/dl	Total WBC count	9.200 cells / cu.mm	4000 – 10000 / cu.mm	ESR	20 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			Pregnancy Test <input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding Kidney Test <input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding
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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 ☐ Unfit for lookout duty
☐ Visual aid required ☒ Visual aid not required
☒ Without restrictions ☐ 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"/>

Fit For Duty on Board Ship

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

NO RESTRICTIONS

DR. M. AYUBUR RAHMAN
 M.B.B.S. P.G.T (Medicine)
 SABA DIAGNOSTIC CENTRE
 TAHER CHAMBER
 10, AGRABAD C/A, CHITTAGONG.
 BMDC AND DG SHIPPING
 GOVT. OF BD

05 SEP 2023

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, licence number, address

SEAL

VALID FOR TWO YEARS

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.