

<b>Part B – Result of Medical Examinations</b>																																			
<b>EYESIGHT:</b> Use of glasses or contact lenses <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes    Type _____					Purpose _____																														
<b>VISUAL ACUITY</b>						<b>VISUAL FIELDS</b>																													
<b>Unaided</b>			<b>Unaided</b>					<b>Normal</b>	<b>Defective</b>																										
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular	Right eye	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Distant 6/9	6/9	6/9	Distant 6/6	6/6	6/6	Left eye	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Near <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Near <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																														
<b>COLOUR VISION (Please tick)</b> Type of Test (Please specify): <u>NORMAL</u>						<b>CLINICAL FINDINGS</b>																													
<input type="checkbox"/> Not tested <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Doubtful <input type="checkbox"/> Defective						Height (cm)	176	Weight (kg)	77	BMI	24.9																								
						Pulse rate (per minute)	89	Rhythm	REGULAR																										
						Blood Pressure systolic (mm Hg)	125	Diastolic (mm Hg)	80																										
						Urinalysis: Glucose:	NIL	Protein:	NIL	Blood:	NIL																								
<b>HEARING</b>						<b>Speech and Whisper Test (metres)</b>																													
<b>Pure tone and audiometry (threshold values in dB)</b>																																			
		<b>500 Hz</b>	<b>1,000 Hz</b>	<b>2,000 Hz</b>	<b>3,000 Hz</b>			<b>Normal</b>	<b>Whisper</b>																										
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"/>																									
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"/>																									
		<b>Normal</b>	<b>Abnormal</b>			<b>Normal</b>	<b>Abnormal</b>			<b>Normal</b>	<b>Abnormal</b>																								
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Eye movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
Sinus, nose, throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lungs and chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anus (not rectal exam)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
Mouth / teeth / oral cavity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Breast examination	N/A	<input checked="" type="checkbox"/>	G-U system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
Ears (general)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper and lower extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
Tympanic membrane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spine (C/C, T/S, L/S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Varicose Vein	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neurologic (full/brief)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
Ophthalmoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vascular (inc. pedal pulse)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
Pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abdomen and viscera	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
<b>CHEST X-RAY</b> <input type="checkbox"/> Not performed <input checked="" type="checkbox"/> Performed on (day/month/year): <u>21 AUG 2023</u> Results: <u>NORMAL &amp; CLEAR</u>						<b>TREADMILL TEST (45YEARS OLD &amp; ABOVE)</b>																													
<b>Part C – Investigations</b>																																			
Hepatitis B <sup>1</sup>	HB (ab) <input type="checkbox"/> +ve <input checked="" type="checkbox"/> -ve	HB (ag) <input type="checkbox"/> +ve <input type="checkbox"/> -ve	<b>Spirometry</b>			<b>Photo</b>																													
Bacteriological stool test <sup>2</sup>	<input type="checkbox"/> not performed <input checked="" type="checkbox"/> negative <input type="checkbox"/> positive	<input type="checkbox"/> positive	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding																																
Parasitological stool test <sup>3</sup>	<input type="checkbox"/> not performed <input checked="" type="checkbox"/> negative <input type="checkbox"/> positive	<input type="checkbox"/> positive	<b>USG Abdomen</b>																																
ECG <sup>4</sup>	<u>NORMAL</u>		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding																																
<sup>1</sup> required by the Company for all crew from endemic areas <sup>2</sup> required by the Company for all food handlers <sup>3</sup> required by the Company for all food handlers from tropical climates <sup>4</sup> compulsory			<b>Creatine Test</b>																																
			<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding																																
			<b>Pregnancy Test</b> <u>N/A</u>																																
			<input type="checkbox"/> Normal <input type="checkbox"/> With Finding																																
			<b>Kidney Test</b>																																
			<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding																																
<b>Blood</b>			<b>Result</b>	<b>Normal</b>																															
Hemoglobin	15.1 %	gms/dl	13.5 – 18.0 gms/dl																																
Total WBC count	8.100	cells / cu.mm	4000 – 10000 / cu.mm																																
ESR	12	mm	Up to 15mm																																
Blood Sugar (FBS)	112.0	mg/dl	80 – 140 mg/dl																																
HIV <sup>2</sup> (+ve or -ve)	<u>NEGATIVE</u>																																		
VDRL	<u>NON-REACTIVE</u>																																		
Others	<u>NORMAL</u>																																		
Blood Group	<u>A</u>																																		
<b>Assessment of Fitness for service at sea: (please tick)</b> On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:																																			
<input checked="" type="checkbox"/> Fit for look out duty <input type="checkbox"/> Unfit for lookout duty																																			
<input checked="" type="checkbox"/> Visual aid required <input type="checkbox"/> Visual aid not required																																			
<input checked="" type="checkbox"/> Without restrictions <input type="checkbox"/> With restrictions																																			
<table border="1"><tr><td>Deck Service</td><td><input checked="" type="checkbox"/></td><td>Engine Service</td><td><input type="checkbox"/></td><td>Catering Service</td><td><input type="checkbox"/></td><td>Other service</td><td><input type="checkbox"/></td></tr><tr><td>Fit</td><td><u>MASTER</u></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Unfit</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												Deck Service	<input checked="" type="checkbox"/>	Engine Service	<input type="checkbox"/>	Catering Service	<input type="checkbox"/>	Other service	<input type="checkbox"/>	Fit	<u>MASTER</u>							Unfit							
Deck Service	<input checked="" type="checkbox"/>	Engine Service	<input type="checkbox"/>	Catering Service	<input type="checkbox"/>	Other service	<input type="checkbox"/>																												
Fit	<u>MASTER</u>																																		
Unfit																																			
<div>Fit For Duty on Board Ship</div>																																			
Description of restrictions (e.g. specific position, type of ship, trading area etc.)																																			
<b>NO RESTRICTIONS</b>																																			

21 AUG 2023

Date of Issue

Signature of Medical Practitioner  
DR. MD. AYUBUF RAHMAN  
M.B.B.S.; P.G.T (Medicine)  
Taher Chamber  
10, Agrabad C/A, Chittagong.  
Medical Certificate Number  
Regn. No. A-11820

DR. MD. Ayubur Rahman  
M.B.B.S, P.G.T (Medicine)  
Taher Chamber,  
10, Agrabad C/A, Chittagong  
BMDC Reg No: A-11820  
Medical Practitioner's name, licence number, address  
DG Shipping  
Govt. of Bangladesh

SEAI

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.