

Part B – Result of Medical Examinations									
EYESIGHT: Use of glasses or contact lenses <input type="checkbox"/> No <input checked="" 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 6/9	6/9	6/9	Distant 6/6	6/6	6/6	Left eye	<input checked="" 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"/>				
COLOUR VISION (Please tick)					CLINICAL FINDINGS				
Type of Test (Please specify): _____					Height (cm) 165 Weight (kg) 78 BMI 28.6 Pulse rate (per minute) 89 Rhythm REGULAR Blood Pressure systolic (mm Hg) 130 Diastolic (mm Hg) 80 Urinalysis: Glucose: NIL Protein: NIL Blood: NIL				
<input type="checkbox"/> Not tested <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Doubtful <input type="checkbox"/> Defective									
HEARING									
Pure tone and audiometry (threshold values in dB)					Speech and Whisper Test (metres)				
	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		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): 02 FEB 2024 Results: NORMAL & CLEAR					NORMAL				

Part C – Investigations				Spirometry	
Hepatitis B ¹	HB (ab) <input type="checkbox"/> +ve <input checked="" type="checkbox"/> -ve	HB (ag) <input type="checkbox"/> +ve <input type="checkbox"/> -ve		<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> With Finding
Bacteriological stool test ²	<input type="checkbox"/> not performed <input checked="" type="checkbox"/> negative	<input type="checkbox"/> positive			
Parasitological stool test ³	<input type="checkbox"/> not performed <input checked="" type="checkbox"/> negative	<input type="checkbox"/> positive			
ECG ⁴	NORMAL				
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			USG Abdomen		
			<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding		
			Creatine Test		
			<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding		
			Pregnancy Test N/A		
			<input type="checkbox"/> Normal <input type="checkbox"/> With Finding		
			Kidney Test		
			<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding		

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

02 FEB 2024

Date of Issue

Signature of Medical Practitioner

DR. MD. Ayubur Rahman
 M.B.B.S., P.G.T (Medicine)
 Taher Chamber,
 10, Agrabad C/A, Chittagong
 Medical Certificate Number: 11820

AND APPROVED BY

Govt. of Bangladesh

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
 BMDC Reg. No. A-11820
 AND APPROVED BY
 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.