

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 <u>6/6</u>	<u>6/6</u>	<u>6/6</u>	Distant			Left eye			<input checked="" type="checkbox"/>			
Near <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Near									
COLOUR VISION (Please tick)						CLINICAL FINDINGS						
Type of Test (Please specify): _____ <input type="checkbox"/> Not tested <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Doubtful <input type="checkbox"/> Defective						Height (cm)	<u>165 cm</u>	Weight (kg)	<u>65 kg</u>	BMI	<u>23.8</u>	
						Pulse rate (per minute)	<u>78</u>	Rhythm	<u>REGULAR</u>			
						Blood Pressure systolic (mm Hg)	<u>135</u>	Diastolic (mm Hg)	<u>85</u>			
						Urinalysis: Glucose: <u>NIL</u> Protein: <u>NIL</u> Blood: <u>NIL</u>						
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 <u>N/A</u>			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) <u>02 JAN 2024</u> Results: <u>NORMAL & CLEAR</u>						<u>NORMAL.</u>						

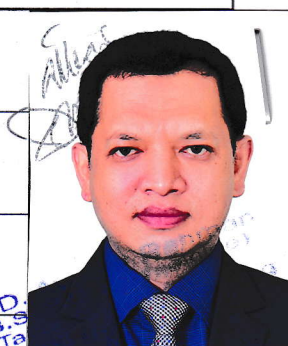
Part C – Investigations

Hepatitis B ¹¹	HB (ab) <input type="checkbox"/> +ve <input checked="" type="checkbox"/> -ve	HB (ag) <input type="checkbox"/> +ve <input type="checkbox"/> -ve
Bacteriological stool test ¹²	<input type="checkbox"/> not performed <input checked="" type="checkbox"/> negative	<input type="checkbox"/> positive
Parasitological stool test ¹³	<input type="checkbox"/> not performed <input checked="" type="checkbox"/> negative	<input type="checkbox"/> positive
ECG ¹⁴	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

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)	129.0 mg/dl	80 – 140 mg/dl
HIV ¹² (+ve or -ve)	NEGATIVE	
VDRL	NON-REACTIVE	
Others	NORMAL	
Blood Group	-	

Spirometry	
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> With Finding
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	
<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	MASTER			
Unfit				

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

NO RESTRICTIONS

Fit For Duty on Board Ship

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
DR. Shabbir
Govt. of Bangladesh

02 JAN 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
MEDC Reg No: A-11020
Medical Certificate Number

Medical Practitioner's name, licence number, address

SEA

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.