

Form no. USSLO06

MEDICAL EXAMINATION

Clinical data

Height: 173 (cm); Weight: 70 (kg); BMI: 23.4; Pulse rate: 80 (/minute); Rhythm: REGULAR
 Blood pressure: Systolic: 120 (mmHg) Diastolic: 80 (mmHg)
 Urinalysis: Glucose: N/C Protein: N/C Blood: N/C

	Normal	Abnormal		Normal	Abnormal
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sinuses, nose, throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Varicose veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mouth/teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vascular (inc. Pedal pulses)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ears (general)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abdomen and viscera	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tympanic membrane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hernias	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anus (not rectal exam.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G-U system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper and lower extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eye movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spine (C/S, T/S and L/S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neurologic (full brief)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast examination <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Chest X-ray: Not performed Performed (day /month /year) 03 / MAY 2023
 Result: NORMAL & CLEAR

Other diagnostic tests and results (if any):

Test: <u>N/A</u>	Result:	Test: <u>N/A</u>	Result:	Test: <u>N/A</u>	Result:
Test: <u>U</u>	Result:	Test: <u>U</u>	Result:	Test: <u>U</u>	Result:
Test: <u>U</u>	Result:	Test: <u>U</u>	Result:	Test: <u>U</u>	Result:

Drug & Alcohol Tests

i. Cocaine	Positive / Negative: <input checked="" type="checkbox"/>	ii. Barbiturates	Positive / Negative: <input checked="" type="checkbox"/>	iii. Amphetamines	Positive / Negative: <input checked="" type="checkbox"/>
iv. Phencyclidine	Positive / Negative: <input checked="" type="checkbox"/>	v. Morphine	Positive / Negative: <input checked="" type="checkbox"/>	vi. Marijuana	Positive / Negative: <input checked="" type="checkbox"/>
vii. Opiates	Positive / Negative: <input checked="" type="checkbox"/>	viii. Alcohol	Positive / Negative: <input checked="" type="checkbox"/>	ix. Cannabinoids	Positive / Negative: <input checked="" type="checkbox"/>
x. Benzodiazepines	Positive / Negative: <input checked="" type="checkbox"/>	xi. Propoxyphene	Positive / Negative: <input checked="" type="checkbox"/>	xii. Methadone	Positive / Negative: <input checked="" type="checkbox"/>

Comments (if any):

Vaccination(s): Yellow Fever : Batch No. DAXM-1313 Date of Issue: PERMANENT
 Others : Batch/Card No. _____ Date of Issue: 11-11-1996 Date of Expire: _____

Pregnancy Test (female only): Positive Negative N/A

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

<input checked="" type="checkbox"/> Fit for look-out duty	<input type="checkbox"/> Not fit for look-out duty
<input checked="" type="checkbox"/> Without restrictions	<input type="checkbox"/> With restrictions
Visual aid required	Si <input type="checkbox"/> No <input checked="" type="checkbox"/>

Describe restrictions (e.g. specific positions, type of ship, trade area):

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

Fit For Duty on Board Ship

Medical certificate's date of expiration (day/month/year) : 02 MAY 2025

Date of medical certificate issued (day/month/year) : 03 MAY 2023

Number of medical certificate 07-2023-0591

Name of medical practitioner (typed or printed) :

License number of medical practitioner :

Address of medical practitioner :

DR. M. AYUBUR RAHMAN
 M.B.B.S., P.C.T. (Medicine)
SABA DIAGNOSTIC CENTRE
 TAHER CHAMBER
 10, AGRABAD C/A, CHITTAGONG.
 BMDC AND DG SHIPPING
 GOVT. OF BD
 23.02.1984

Signature of medical practitioner: [Signature] Seal/Stamp: **STAMP**