

Form no. USSL006

MEDICAL EXAMINATION

Clinical data

Height: 174 (cm); Weight: 81 (kg); BMI: 26.8; Pulse rate: 84 (/minute); Rhythm: REGULAR
 Blood pressure: Systolic: 130 (mmHg) Diastolic: 90 (mmHg)
 Urinalysis: Glucose: NIL Protein: NIL Blood: NIL

	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 checked="" 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) 23 FEB 2023

Result: NORMAL & CLEAR

Other diagnostic tests and results (if any):

Test: <u>NFT Done</u>	Result:	Test: <u>NFT M</u>	Result:	Test: <u>ANT H2</u>	Result:
Test: <u>r</u>	Result:	Test: <u>L</u>	Result:	Test: <u>r</u>	Result:
Test: <u>r</u>	Result:	Test: <u>r</u>	Result:	Test: <u>r</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"/> |

Vaccination(s): Yellow Fever : Batch No. DAKAR-1313 Date of Issue: PERMANENT
 Others : Batch/Card No. _____ Date of Issue: 18-01-2013 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 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) : 22 FEB 2025

Date of medical certificate issued (day/month/year) : 23 FEB 2023

Number of medical certificate 07-2023-0216

Name of medical practitioner (typed or printed) : DR. M. AYUBUR RAHMAN

License number of medical practitioner : _____

Address of medical practitioner : M.B.S. P.G.T (Medicine)
SABA DIAGNOSTIC CENTRE
TAHER CHAMBER
10 AGRABAD C/A, CHITTAGONG.
BMD AND DG SHIPPING
GOVT. OF BD
23-02-1984

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