

**Part B – Result of Medical Examinations**

|                                                   |          |           |                                                   |                   |           |
|---------------------------------------------------|----------|-----------|---------------------------------------------------|-------------------|-----------|
| <b>EYESIGHT:</b>                                  |          | Yes       |                                                   | Type              | Purpose   |
| Use of glasses or contact lenses                  |          |           |                                                   |                   |           |
| <b>VISUAL ACUITY</b>                              |          |           | <b>VISUAL FIELDS</b>                              |                   |           |
| Unaided                                           |          |           | Aided                                             |                   |           |
| Right eye                                         | Left eye | Binocular | Right eye                                         | Left eye          | Binocular |
| Distant                                           | 6/6      | 6/6       | Distant                                           |                   |           |
| Near                                              | ✓        | ✓         | Near                                              |                   |           |
| COLOUR VISION (Please tick)                       |          |           | CLINICAL FINDINGS (* TMT to be done if BMI > 28)  |                   |           |
| Type of Test (Please specify):                    |          |           | Height (cm)                                       | Weight (kg)       | BMI *     |
| NORMAL                                            |          |           | 170 CM                                            | 62 kg             | 21.4      |
| Not tested                                        |          |           | Pulse rate (per minute)                           | Rhythm            |           |
| ✓ Normal    Doubtful    Defective                 |          |           | 84                                                | REGULAR           |           |
|                                                   |          |           | Blood Pressure systolic (mm Hg)                   | Diastolic (mm Hg) |           |
|                                                   |          |           | 120                                               | 75                |           |
|                                                   |          |           | Urinalysis: Glucose:                              | Protein:          | Blood:    |
|                                                   |          |           | NIL                                               | NIL               | NIL       |
| <b>HEARING</b>                                    |          |           | <b>Speech and Whisper Test (metres)</b>           |                   |           |
| Pure tone and audiometry (threshold values in dB) |          |           | Normal    Whisper                                 |                   |           |
| 500 Hz    1,000 Hz    2,000 Hz    3,000 Hz        |          |           | Right ear    Left ear                             |                   |           |
| Right ear                                         |          |           | ✓    ✓                                            |                   |           |
| Left ear                                          |          |           | ✓    ✓                                            |                   |           |
| Normal    Abnormal                                |          |           | Normal    Abnormal                                |                   |           |
| Head                                              |          |           | Hernia                                            |                   |           |
| Sinus, nose, throat                               |          |           | Anus (not rectal exam)                            |                   |           |
| Mouth / teeth / oral cavity                       |          |           | G-U system                                        |                   |           |
| Ears (general)                                    |          |           | Upper and lower                                   |                   |           |
| Tympanic membrane                                 |          |           | Spine (C/C, T/S, L/S)                             |                   |           |
| Eyes                                              |          |           | Neurologic (full/brief)                           |                   |           |
| Ophthalmoscopy                                    |          |           | Psychiatric                                       |                   |           |
| Pupils                                            |          |           | General appearance                                |                   |           |
| CHEST X-RAY                                       |          |           | TREADMILL TEST (45 YEARS OLD & ABOVE OR BMI > 28) |                   |           |
| Not performed                                     |          |           | NOT DONE                                          |                   |           |
| Performed on (day/month/year):                    |          |           |                                                   |                   |           |
| Results: NORMAL & CLEAR                           |          |           |                                                   |                   |           |

**Part C – Investigations**

|                                                                                                                                                                                                            |                     |                      |          |          |     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|----------|----------|-----|-----|
| Hepatitis B +1                                                                                                                                                                                             | HB (ab)             | +ve                  | -ve      | HB (ag)  | +ve | -ve |
| Bacteriological stool test +2                                                                                                                                                                              | not performed       | ✓                    | negative | positive |     |     |
| Parasitological stool test +3                                                                                                                                                                              | not performed       | ✓                    | negative | positive |     |     |
| ECG +4                                                                                                                                                                                                     | NORMAL              |                      |          |          |     |     |
| +1 required by the Company for all crew from endemic areas<br>+2 required by the Company for all food handlers<br>+3 required by the Company for all food handlers from tropical climates<br>+4 compulsory |                     |                      |          |          |     |     |
| Blood                                                                                                                                                                                                      | Result              | Normal               |          |          |     |     |
| Hemoglobin                                                                                                                                                                                                 | 14.9% gms/dl        | 13.5 – 18.0 gms/dl   |          |          |     |     |
| Total WBC count                                                                                                                                                                                            | 8,700 cells / cu.mm | 4000 – 10000 / cu.mm |          |          |     |     |
| ESR                                                                                                                                                                                                        | 12 mm               | Up to 15mm           |          |          |     |     |
| Blood Sugar (FBS)                                                                                                                                                                                          | 98.0 mg/dl          | 80 – 140 mg/dl       |          |          |     |     |
| HIV +2 (+ve or -ve)                                                                                                                                                                                        | NEGATIVE            |                      |          |          |     |     |
| VDRL                                                                                                                                                                                                       | NON-REACTIVE        |                      |          |          |     |     |
| Others                                                                                                                                                                                                     | NORMAL              |                      |          |          |     |     |
| Blood Group                                                                                                                                                                                                | NOT DONE            |                      |          |          |     |     |

**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          | CH. ENGR.      |                  |               |
| Unfit        |                |                  |               |

**Fit For Duty on Board Ship**

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

**31 JUL 2022**

Date of Issue

Signature of Medical Practitioner  
 M.B.B.S. P.G.T (Medicine)  
 Taher Chamber  
 10, Agrabad C/A, Chittagong.  
 Medical Certificate Number: 4-17820

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  
 DG Shipping  
 Govt. of Bangladesh

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.