

Form no. USSL006

**MEDICAL EXAMINATION**

**Clinical data**

Height: 158 (cm); Weight: 74 (kg); BMI: 29.2; Pulse rate: 90 (/minute); Rhythm: REGULAR  
 Blood pressure: Systolic: 140 (mmHg) Diastolic: 90 (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) 06 JUL 2024  
 Result: NORMAL & CLEAR

**Other diagnostic tests and results (if any):**

Test: <u>EFT</u>	Result: <u>NORMAL</u>	Test: <u>U/D</u>	Result:	Test: <u>U/D</u>	Result:
Test:	Result:	Test: <u>?</u>	Result:	Test: <u>?</u>	Result:
Test:	Result:	Test: <u>?</u>	Result:	Test: <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"/>

**Vaccination(s):** Yellow Fever : Batch No. DARAR-1313 Date of Issue: PERMANENT  
 Others : Batch/Card No. \_\_\_\_\_ Date of Issue: 08-03-22 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 checked="" type="checkbox"/> No <input type="checkbox"/>

Describe restrictions (e.g. specific positions, type of ship, trade area): **NO RESTRICTIONS**

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) : 05 JUL 2026  
 Date of medical certificate issued (day/month/year) : 06 JUL 2024  
 Number of medical certificate 07-2024-0951  
 Name of medical practitioner (typed or printed) : \_\_\_\_\_  
 License number of medical practitioner : \_\_\_\_\_  
 Address of medical practitioner : \_\_\_\_\_

**DR. MD. Ayubur Rahman**  
 M.B.B.S. P.G.T (Medicine)  
 Tahir Chamber,  
 10, Agrabad C/A, Chittagong  
 BMDC Reg. No. A-11820  
 AND APPROVED BY  
 DG Shipping  
 Govt. of Bangladesh

Signature of medical practitioner: [Signature]  
**DR. MD. Ayubur Rahman**  
 M.B.B.S. P.G.T (Medicine)  
 Tahir Chamber,