

INTERNATIONAL LABOUR ORGANIZATION

Sectoral Activities Programme

See text links below.

ILO/WHO/D.2/1997

Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers

Part 6

Annex D

Minimum requirements for the medical examination of seafarers

Name (last, first, middle): KHAN MURSHIDUR RAHMAN	
Date of birth (day/month/year): 14 / 08/ 1994 Sex: wmale	• 🗆 female
Home address:	
HOUSE-10, LINE-6, BLOCK-D, SECTION-14, KAFRUL, 1206, DHAKA	DHAKA CANTONMENT
Passport No./Discharge Book No.: AII4IIO6I / C/0/8195	
Type of ship (container, tanker, passenger, fishing): GAS TANKER	
Trade area (e.g., coastal, tropical, worldwide): WORLD WIDE	

(Assistance should be offered by medical staff)
Have you ever had any of the following conditions•

	Condition	Yes No)	Condition	Yes	No
1.	Eye/vision problem	□• ◊	18.	Sleep problems	□•	1.
2.	High blood pressure	□• √J•	- 19.	Do you smoke?	·	1.
3.	Heart/vascular disease	□• 🗸	20.	Operation/surgery	6 .	6
4.	Heart surgery	· V	21.	Epilepsy/seizures	/	1.
5.	Varicose veins	□• ♦	22.	Dizziness/fainting	/0.	6.
6.	Asthma/bronchitis	· 1	a Hosza	Loss of consciousness	0.	\checkmark

04.2024.6277

7.	Blood disorder	D		24.	Psychiatric problems	Ω	_1
8.	Diabetes		1		Depression		1
9.	Thyroid problem		1	26.		О	1
10.	Digestive disorder			27.		U	1
11.	Kidney problem			28.		П	N
	Skin problem	П	1	29.	Balance problem		1
	Allergies	II.	1			U	У.
	Infectious/contagious diseases	CI.	1	30.	and an out problems		1
	Hernia		1		Restricted mobility	LI	V
	Genital disorders		1	32.	E control e e e e e e e e e e e e e e e e e e e		X
	Pregnancy	0	-Ch		Amputation .	П	1/2
	. regnancy		Mil	34.	Fractures/dislocations	IT	1
Addi	tional questions	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	5. Have you ever been signed of	f as sic	k or repa	atriate	Yes No d from a ship? □	'7	
36	Have you ever been hospitaliz	ed?				1	
37	7. Have you ever been declared u	ınfit fo	or sea du	ty?	n /	7	
30	3. Has your medical certificate en	ver be	en restric	ted or	revoked?	7	
35	Are you aware that you have a illnesses?	ny me	dical pro	blems	, diseases or	1	
40	 Do you feel healthy and fit to p designated position/occupation 	perform	n the du	ties of	your 🗸 🗆		
	. Are you allergic to any medica	itions?	G.			7	
Com	ments:						
	FIT	FOR D	UTY ON I	BOAR	O SHIP		
42 me	. Are you taking any non-prescri edications?	ption o	or prescr	iption		7	

If yes,	please	list the	medication	ns take	n and	the purp	ose((s) and o	dosage(s).		
I hereby	certif	y that t	ne personal	declara	ation	above is	a tm	ne state	ment to th	e best of my	
Signatu				0 1200						O 3 APR,	
				WISP	2	S_Date	(da	y/month	n/year):	/U J AT IY	
Witness	sed by:	(Signa	ture)	Tun	<u></u>	_	- Na	me: (T)	ped or pr	MBBS (DU), DFM.	MD. RAIH CCD (Birdem), PGT (44, MMC-BGD langladesh Appr
hereby lealth in xamine	istituti	rize the	release of public aut	all my horities	previo	ous med	ical	records	from any	Gene	rai Physician Iospitals Limited
Signatu	re of ex	camine	e:M_	wis Ri	d	Date (day/	month/y	vear): 03	APR 2024	
Vitness	ed by:	(Signal	ture)	6		2	N	ame: (T	vped or pi	cinted	
	70	A. 578.0		Tun				. (1,	ypea or pr	MRBS (DU), DFM	. MD. RAH . CCD (Birdem), PGT
										DG Shipp.ng	144, MMC-BGI Bangladesh App eral Physician
Aedica	l exam	inatior	1							Radical	Hospitáls Limite
• Pre	-sea			Period	ic			Π• Ο	ther		
ight				renod	.10			Ц• О	iner		
			Visual	acuity	X.				Viene	al fields	
-	Unaid			Aided						Defective	
	Right eye	Left	Binocular	Right eye	Left eye	Binocu	ılar	Right	rvormar	Defective	
Distant	6/6	666	_					eye			
Near	NS	10	1					Left			
Colour	vision:	□ No	t tested	[No	mal	Doub	tful	□ Defe	ective		
learing				1772.000.000		Doub		- Dere	CHVC		
e ar mg	,										
	Pu	re tone	and audio	metry ((thres	hold val	ues i	n dB)	Speech	and whisper	test (metres
	500 Hz	4,000 Hz	2,000 Hz	3,00 Hz	2200	4,000 Hz	6,0 Hz	000		Normal	Whisper
ight ar	20	zı	20	2	0				Right ear	9	4
eft ar •	20	2	20	2	0	Hospita			Left ear	4	9
					Gao	SPEHIC200	2			/	/

Height: /63	(cm)	Weight:	70	(kg)	
Pulse rate: 78	(/(minute)	Rhythm:	Conta	112_	<u> </u>
Blood pressure:	Systolic: 11	(mm Hg)	Diastolic:	70	(mm Hg)
Urinalysis:	Glucose:	<i>i</i> /	Protein:	n'	
	Normal Abnor			Normal	Abnormal
Head	17	Varicose veins		/1	
Sinuses, nose, throat		Vascular (inc.		11	
Mouth/teeth		Abdomen and	viscera	1/	
Ears (general)	1/1	Hernia		10	
Tympanic membrane	//	Anus (not rect	al exam.)	6,	
Eyes	//	G-U system		//	E)
Opthalmoscopy	1/1	Upper and low	ver extremities	1/2	O
Pupils	11	Spine (C/S, T/	S and L/S)	6	
Eye movement		Neurologic (fu	ıll brief)	1/2	
Lungs and chest		Psychiatric		//	П
Breast examination	NIM	General appea	rance		
Heart					
Skin		_			
A. 1900				N 3 A	PR 2024
Chest X-ray:	□ Not performed	Performed o	on (day/month/y	ear):/	/
Results:		_			
	Vorame	C			
Other diameter					
Other diagnostic test(s) and result(s):				
Test 🖊	3/00/11	Pasult	0/0-	21	
2	10000	rine Result	110/11	ac.	
Medical examiner's	comments:				
		FIT FOR DUTY OF	N BOARD SHIP		
		1 40			
Vaccinatio	on status recorded:			-	
vaccinatio	ni status recorded:	✓ Yes		□ No	

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:



ا اگو	Fit for look-out duty	• □ Not fi	it for look-out duty		
	Deck service	Engine service	Cotorio	0.1	
	Deck service .	Engine service	Catering service	Other servic	es
t M	-0		T.I		
Unfit		LI			
Witho	out restrictions	With restrictions	1 •	Ĭ.	
Describe rest	rictions (e.g., specific	position type of	shin trade area)		
Action taken	by medical examiner	(a a rafama).			
					- 0 - 100 0000
Place of exam	nination RADICAL HOSPIT	AL LIMITED Date of	examination (day/r	month/year):_	0 3 APR 2024
	Uttara, Dhaka, B ificate's date of expira	angiadash	02.400		
		N. Demonstration	ear)		_
Official stam	p (also print name of	medical examiner	if not legible DR. I	VIR. MD. RA	AIHAN
	medical examiner:	Anna	BMDC BMDC	 DFM, CCD (Birdem), P A-55144, MMC-Bi 	GT (Ophth) GD-016
rightane of	medicai examiner.	- Lilian	• UG Ship	Prog Bangladesh A General Physician	Approved
Authorized b	V: DG 3 191911	M BANGO		dical Hospitals Limi etent authority	
		4 =	T K I		
Ē	ABOUT SECTOR SE	CTORS MEETIN	GS PUBLICATION	S WHATS N	EW
A BA	State.				

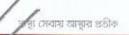


For further information, please contact the Sectoral Activities Department (SECTOR) at Tel: Fax: or email: sector@ilo.org

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This page was created by BR/PL. It was approved by BW/BKN. It was last updated Tues, 17 Jun 1999.







Patient ID	24040069	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	03/04/2024
Patient Name	MURSHIDUR RAHMAN KHAN		00/04/2024
Age	30 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU)		(Eve) DFM

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.6cm, regular in shape and normal position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER: Normal in size & regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

PANCREASE: Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN: Is normal in size (10.3X3.8)cm and uniform in echo-texture.

BOTH KIDNEYS: - Are normal in size RK-8.9cm, LK-9.2cm regular in shape. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated.

URINARY BLADDER: Is well filled. Wall thickness is normal. No intravesicle lesion is seen PROSTATE: Normal in size volume is 12.6 cc ,regular in shape. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Suggestive of Normal study.

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist



ID NO : 24040069

Patient's Name: MURSHIDUR RAHMAN KHAN

: Blood

Ref. By Specimen : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/8199

Date :

Age : 29Y 7M 20D

Sex : Male

03/04/2024

(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	14.5 07	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A
TOTAL WBC COUNT	9,100	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT		45	100000000	
Neutrophils	67	%	(40 - 75)%	Staff Staff
Lymphocytes	26	%	(20-45)%	WBC CURVE
Monocytes	04	%	(2-10)%	
Eosinophils	03	%	(1-6)%	[all.
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	273	/cumm	40 - 450 /cumm	IIII.
TOTAL PLATELET COUNT(PC)	194,000	/cumm	1,50,000-4,50,000 /cumm	福田園 。
MPV	12.3	fL	7.0 -11.0 fL	
PDW-CV	17	%	10 - 18 %	PLT CURVE
PCT	0.24	%	0.10 - 0.28	. L. CORVE
P-LCR	41.8	.%	9.00 - 45.00%	A
P-LCC	81	x10^3/uL	13 - 129 x10^3/uL	A
RBC COUNT	4.96	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	43.7	%	M: 40-54%, F: 37-47%	ARD.
MCV	88	fL	76-94 fL	
MCH	29.2	pg	27-32 pg	
MCHC	33.2	g/dL	29-34 g/dL	RBC CURVE
RDW SD	56	fL	30.0-57.0 fL	
RDW CV	19	%	10-16%	

Checked By Medical Technologist.
Redical Hospital Ltd.
Uttara, Dhaka.

Dr. Sumaiya Khatun MBBS,MD (Gold Medilist) (BSMMU) Associate Professor Dept.Of Microbiology East West Medical College & Hospital.



Bill No	DIA24040069	D			
Patient's Name		HMAN KHAN		03/04/2024	
Patient's Age	29Y 7M 20D	15			
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(P	atient's	Sex	Male
Sample	BLOOD	(Eye),DFM	C	DC NO	C/O/8199

BIOCHEMISTRY REPORT

Test Name

Result

Reference Range

Random Blood Sugar (RBS)

5.5 mmol/l

4.2 - 6.4 mmol/l

KA

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist, Radical Hospital Ltd. Dr. Sumaiya Khatun

MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.



Bill No	DIA24040069	Received	d Data	00/04/	2004
Patient's Name	MURSHIDUR RAHMAN KHAN	Received Date		03/04/2024	
Patient's Age	29Y 7M 20D		Patient's	Cov	Mala
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	M) PGT/Evo) DEM			Male
Sample	BLOOD	JWI),I GT(Eye),DFM	C	DC NO	C/O/8199

SEROLOGICAL REPORT

Test Name

Result

HIV 1 & 2 (Method: (ICT)

Negative

Checked By

Medical Technologist, Radical Hospital Ltd. Se

Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital.



Bill No	DIA24040069	Received	d Date	03/04/2	1004
Patient's Name	MURSHIDUR RAHMAN KHAN	received	Date	03/04/2	2024
Patient's Age	29Y 7M 20D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT			DC NO	C/O/8199
Sample	URINE	(-, -, -, -, -, -, -, -, -, -, -, -, -, -		DC NO	C/O/8199

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	• WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24040069	Dogging	D .		
Patient's Name	MURSHIDUR RAHMAN KHAN	Received Date		9 03/04/2024	
Patient's Age	29Y 7M 20D	D	ationt's	C	Male
Ref. by	Dr. Mir Md. Raihan MBBS (DU) CCD(BIRDEM) BC	ir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO			
Sample	URINE .	i (⊏ye),DFM	C	DC NO	C/O/8199

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines -	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology)

Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.



Patient's Name	5	MURSHIDUR RAHMAN KHAN			
Age	:	30 Yrs	Date	:	03/04/2024
Sex	:	Male CDC NO:C/O/8199			
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM			

Psychometric Test

Test Name	Remarks					
1.APTITUDE TEST						
Numerical Reasoning test	Poor /Good /very good /excellent					
Verbal Reasoning test	Poor /Good /very good /excellent					
Inductive reasoning test	Poor /Good /very good /excellent					
Diagrammatic Reasoning test	Poor /Good /very good /excellent					
Logical Reasoning test.	Poor /Good /very good /excellent					
Error checking test	Poor /Good /very good /excellent					
	2 10 0 11 11 11 11					
2.Skill Test	Poor /Good /very good /excellent					
3.Personality Test	INFJ / EMFJ / ISFJ / ENTP/ ESFJ /ESFP					
4.Watson Glaser test(Critical Thinking Test)						
Arguments	Poor /Good /very good /excellent					
Assumptions	Poor /Goød/very good /excellent					
Deductions	Poor /Goød /very good /excellent					
Interpreting Information's	Poor /Good /very good /excellent					
Inferences	Poor /Good /very good /excellent					
5.Situational Judgment Test.	Poor /Good /very good /excellent					

Poor: <6

Good: 6-7

very good: 7-8

excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (opth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC

Seafarer's Signature Musishid



SL NO		 				 		,	1-
0	4	2	0	2	4	6	2	7	7

Name & Signature of the practitioner:

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for

Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the M	laritime Labour Convention, 2006
EAFARER INFORMATION:	
ame: LastKHAN First MVR3HIDUR	Middle RAHMAN
ender: (Male/Female)MALENationality: BANGILADESHI	Date: 0.3 APR 2024
ccupation: Deck/Engine/Catering/Other (specify)DECK	Rank: 310
ather's/ Husbad'sname: AMA NOT ULLAH KHAN	C.D.C No
other's Name: JANNATUL FERDOUS	Seaman ID No05000717.7
ddress: House No: 10 Street/ Road No: 6	
Locality/Village: MIRPUR-14, BLOCK-D	NID No147. 837. 6542
P.O. DHAKA CANTON MENT-1206	Date of Birth: 14 / 08 / 1994
P.S: KAFRUL	(DD/MM/YYYY)
District: DHAKA	** = *********************************
ECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: am duly authorized by the Department of Shipping, Government of t ne followings:	the People's Republic of Bangladesh and conf
Confirmation that identification documents were checked at the point	nt of examination :XES/NO
Hearing meets the standards in section A-I/9	:XES/NO
Unaided hearing satisfactory?	:YES/NO
4. Visual acuity meets standards in section A-I/9?	:XES/NO
5. Colour vision meets standards in section A-I/9?	×ES/NO
Date of last colour vision test	. 0 3 APR 2024
6. Fit for lookout duties?	:YES/NO
7. Is the seafarer free from any medical condition likely to be aggravate	
render the seafarer unfit for service or to render the health of any other	
Any limitations or restrictions on fitness?	:YES/NØ
If YES, specify limitations or restrictions:	
Duties: Location/Vessel: Medical/Other: RADICAL HOSPITAL LIMI Uitara, Dhaka, Bangladas	TED sh
. Medical fitness category : Fit-No restriction Fit-Su	bject to restrictions Unfit
O Data of avanination flavor (DD/MMADOOO) 03 APR 2024	
U. Date of examination/issue (DD/MM/YYYY)	an 2 years from the date of examination".
	Aver
I have read the contents of the certificate and have been informed of the right to review.	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity, document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997). Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug -related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

 All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whis pered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in
 one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without
 glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to
 perceive the colors red, yellow and green.

(c) Dental:

Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure:

• An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal
voice communication.

(f) Vaccinations:

 All applicants shall be vaccinated according to the requirements indicated in the WHO publication, Interna-tional Travel and Health, Vaccination Requirements, and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

 Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the fight of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E
0.3 APR 7074

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDG A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

NUE