Australian Government
Australian Maritime Safety Authority

CERTIFICATE OF MEDICAL FITNESS

This Certificate of medical fitness is to be used by an AMSA appointed Medical inspector in conjunction with the following documents:

- Standards for the medical examination of seafarers and coastal pilots
- Medical examination report (AMSA 232)

Both of these documents can be found on the AMSA website: www.amsa.gov.au

The Standards

Marine Order 76 (Health—medical fitness) 2017 requires that a Medical inspector have regard to the *Standards for the medical examination of seafarers and coastal pilots* and the relevant job task analyses contained within.

The assessment of medical fitness for service at sea is a matter for the Medical inspector's professional judgement. The Standards are to assist a Medical inspector in coming to a decision.

Part B of the Standards contains the medical standards including tests that are either desirable or essential to carry out. The Standards also suggest areas where it may be appropriate or mandatory to refer a person for further testing.

Departments

Deck:
Includes any seafarer serving as a Coastal pilot, Master, Chief mate, Mate, Watchkeeper deck

Engineering:
Includes any seafarer serving as an Engineer class 1, Engineer class 2, Electro-technical officer, Engineer watchkeeper

Integrated rating:
Includes any seafarer serving as a Chief integrated rating, Integrated rating

Rating deck:
Includes any seafarer serving as Able seafarer deck, Rating navigational watch

Rating engineering:
Includes any seafarer serving as Able seafarer engine, Rating engine room watch

Catering:
Includes any seafarer serving as a Hotel manager, Chief steward, Steward, Marine cook, Caterer, Caterer attendant, Purser, working in the hospitality or hotel section of a vessel

Other:
Includes any seafarer serving as a shop keeper, Entertainer, etc, not included above.

Period of review/certificate expiry date

The maximum period of review for a Certificate of medical fitness is:

- Under 18/over 55–1 year
- 18 to 55–2 years.

If period of review is less than the above the Medical inspector should state the reason on the certificate.

Seeking guidance

Any questions regarding the content of the Standards, Medical examination report or Certificate of medical fitness should be directed to the Sonic HealthPlus Seafarer administration team for referral to a senior occupational physician (if required):

Ph: 1300 277 904

Email: seafarermedicals@sonichealthplus.com.au

Distribution of copies

SHP Seafarer administration team:

Duplicate (green) of the Certificate of medical fitness and a copy of the Medical examination report.

Scan and email clear/legible copies to seafarermedicals@sonichealthplus.com.au while the applicant is in the clinic.

SHP will advise within approximately 15 minutes via email if the certificate can be issued to the seafarer, or if further information is required.

If no response has been provided after approximately 15 minutes call SHP on 1300 277 904.

Applicant:

Original (blue) Certificate of medical fitness must be given to Applicant, only after review and confirmation by SHP. If requested, copy of Medical examination report may also be given.

Medical inspector:

Triplicate (white) Certificate of medical fitness and the original of the Medical examination report to be retained by the Medical inspector for a period of at least 30 years.

Overseas applicants:

Medical inspector to retain a copy of the Medical examination report for a period of at least 30 years.

Forward a certified copy of Medical examination report (AMSA 232) and Certificate of medical fitness (AMSA 303) to:

Australian Maritime Safety Authority
Seafarer Certification Service
Operations
GPO Box 2181
Canberra
ACT 2601
AUSTRALIA

AMSA CERTIFICATE OF MEDICAL FITNESS AMSA 303 (6/19)

04.2024.5648

Medical Hospital Ltd. Shipping Bangladesh

Australian Government
Australian Maritime Safety Authority

CERTIFICATE OF MEDICAL FITNESS

To be used in conjunction with Medical Examination Report (AMSA 232)

This certificate is issued in compliance with:

- the *International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978*, as amended (STCW) Regulation I/9,
- the *Maritime Labour Convention, 2006* (MLC 2006) Regulation 1.2,
- the *Navigation Act 2012* and
- *Marine Order 76 (Health – medical fitness) 2017*.

Date of examination 16 JAN 2024

Certificate expiry date (if unfit, enter date of examination) 15 JAN 2026

Place of examination
☐ ACT ☐ NSW ☐ NT ☐ QLD ☐ SA ☐ TAS ☐ VIC ☐ WA
☐ Overseas: country of examination

Applicant details (as recorded on proof of identity)

Family name: QUADREY

Given name(s): SHAKER

Seafarer ID:

Gender: ☑ Male ☐ Female ☐ Indeterminate

Date of birth: 23/10/1998

Nationality: BANGLADESHI

Permanent address: H-49, R- 1/A, Uttara, uttara Dhaka-1230

Email: –

Phone: 01967351943

Proof of identity (sighted by Medical Inspector)
☑ Passport, or
☐ Australian driver licence
Number: AD4623485

Department (tick relevant boxes)
☑ Deck Officer[L]
☐ Engineering Officer[H]
☐ Integrated Rating[L,H]
☐ Rating-Deck[L]
☐ Rating-Engineering[H]
☐ Catering[H]
☐ Other

[L]Denotes lookout duties apply
[H]Denotes Hepatitis A arrangements apply

Declaration of the Medical Inspector

I have evaluated the above-named applicant and on the basis of the applicant's personal declaration, my clinical examination and diagnostic test results recorded on the Medical Examination Report,

I declare the applicant is:

☑ Fit – and is not suffering from a medical condition likely to be aggravated by, or to render him/her unfit for service at sea or likely to endanger the health of other persons on board.

☐ Fit* – with restrictions as detailed below.

☐ Unfit* – details and action taken shown below.

***Restrictions**
Duties:

Location / vessel:

Medical / other:

☐ Must wear corrective lenses for distance vision
☐ Must wear corrective lenses for near vision

I can confirm the following (tick relevant boxes):

Eyesight:

Visual acuity meets standards	☑ Yes	☐ No - Unfit
Applicant requires aids to vision	☐ Yes (Specify restrictions)	☑ No
Colour vision meets standards	☑ Yes	☐ No (Specify restrictions)
Date of last colour vision test	DD / MM /20 YY	

[L]Lookout duties

- Deck Officer only:

Fit for lookout duties	☑ Yes	☐ No - Unfit

- Integrated Rating, Rating-Deck only:

Fit for lookout duties	☑ Yes	☐ No (Specify restrictions)

Hearing:

Hearing meets standards	☑ Yes	☐ No - Unfit
Unaided hearing satisfactory	☑ Yes	☐ No (Specify restrictions)
Applicant used aids to hearing	☐ Yes (Specify restrictions)	☑ No

[H]Hep A (Engineering Officer, Integrated Rating, Rating-Engineering and Catering only):
Active immunity to Hepatitis A ☑ N/A ☐ Yes ☐ No (Specify restrictions)

I acknowledge that I have been advised of the content of the Medical Examination Report and of my right to seek a review of the content of this certificate. In the event of a change in my medical status, I acknowledge the validity of this certificate should be reviewed by a Medical Inspector. If I am regularly taking long term medication, I will notify the vessel's master.

Applicant's signature

Medical Inspector of Seafarers

Name

Signature

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

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

Distribution of copies: Original (Blue) – Applicant - only after review and confirmation by SHP; Duplicate (Green) – SHP Seafarer Administration Team; Triplicate (White) – Medical Inspector of Seafarers (3 years)

Australian Government
Australian Maritime Safety Authority

MEDICAL EXAMINATION REPORT

PART A—TO BE COMPLETED BY APPLICANT

You should complete this section before you go for your medical examination.

You must take a suitable means of identification (passport, certificate of competency, Australian driving licence) with you to the examination.

Name

Family name: QUADREY

Given name(s): SHAKER

Seafarer I.D.

Date of birth: 23 dd / 10 mm / 1993 yyyy

☑ Male ☐ Female ☐ Indeterminate

Permanent address

H-49, R-1/A, Uttara-5, Uttara, Dhaka-1230.

Email address

Department/Position on board vessel

☑ **Deck**
- ☐ Master/Deck Officer/Pilot ☐ Able Seafarer Deck
- ☐ Seafarer forming part of a navigation watch

☐ **Engineering**
- ☐ Engineer Officer*/Electro-technical Officer
- ☐ Able Seafarer Engine* ☐ Engine Room Rating*
- ☐ Seafarer forming part of an engine room watch*

☐ **Integrated Rating***

☐ **Catering**
- ☐ Marine Cook* ☐ Catering* ☐ Other*

☐ **Other** (specify) _____

* Denotes Hepatitis A arrangements apply

Personal history

Are you in good health now? ☑ Yes ☐ No

Doctors Comments

Do you drink alcohol? ☐ Yes ☑ No

If yes, how much and how often?

Doctors Comments

PRIVACY NOTE

The Australian Maritime Safety Authority (AMSA) is collecting the information on this form for the purpose of assessing your medical fitness for duty at sea and for AMSA audit purposes. The collection of the information is required, authorised or directly related to the *Navigation Act 2012* (the Act) and the marine orders made under it. It will be used for purposes related to the Act and marine orders and will be treated in accordance with the Australian Privacy Principles. This information may be exchanged between AMSA, your examining medical officer, your treating medical practitioner and/or any medical panel convened to assess your fitness for duty at sea. Failure to provide the information may result in the transaction not being processed. To contact us, or for more information on how to access or correct your personal information, how to make a privacy complaint, or how your information may be used or disclosed, visit AMSA's privacy policy at www.amsa.gov.au/privacy

Have you ever used illicit drugs? ☐ Yes ☑ No

If yes, Doctor must comment

Do you smoke tobacco? ☐ Yes ☑ No

If no, have you smoked in the past? ☐ Yes ☑ No

If yes, Doctor must comment

Have you been absent from work due to sickness or injury for more than 14 consecutive days over past two years? ☐ Yes ☑ No

If yes, give details

If yes, Doctor must comment

Have you ever had any surgical or chiropractic treatment? ☐ Yes ☑ No

If yes, give details

If yes, Doctor must comment

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Are you taking any medications at present? ☐ Yes ☑ No

If yes, Doctor must comment - Record all medications

Do you have or have you had any eye disorder or injury? ☐ Yes ☑ No

NOTE: If you wear glasses, corneal or contact lenses, bring them with you to the examination. CHROMAGEN LENSES MUST NOT BE WORN

If yes, Doctor must comment

Have you ever been declared unfit for duty at sea? ☐ Yes ☑ No

If yes, state when, for how long and for what reason

If yes, Doctor must comment

Has your Certificate of Medical Fitness ever been restricted or cancelled? ☐ Yes ☑ No

If yes, give details

If yes, Doctor must comment

Have you now, or have you previously had any of the following:

- Psychological or psychiatric disorder
- Anxiety or depression
- Migraine or persistent headaches
- Epillepsy or fits
- Poliomyelitis or other paralysis
- Attack of unconsciousness or weakness, dizziness or turns
- Any other neurologic condition ☐ Yes ☑ No

If yes, Doctor must comment

- High blood pressure
- Disease of the heart, arteries or blood vessels
- Operation on the heart
- Anaemia or any other disease of the blood
- Swelling of the ankles
- Palpitations
- Varicose veins or abnormal bleeding
- Rheumatic fever
- Any other cardiovascular condition ☐ Yes ☑ No

If yes, Doctor must comment

- Asthma
- Bronchitis or emphysema
- Tuberculosis
- Persistent breathlessness
- Persistent cough
- Collapsed lung
- Other lung disease/abnormal x-ray
- Any other lung disease or condition ☐ Yes ☑ No

If yes, Doctor must comment

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- Disease of the liver (including jaundice or hepatitis)
- Disease or ulcer of the stomach or duodenum
- Recurrent abdominal pain/persistent indigestion
- Appendicitis
- Gallbladder disease
- Disease of the bowels
- Haemorrhoids (piles)
- Hernia (rupture)
- Recent change in weight
- Any other gastrointestinal condition

☐ Yes ☑ No

If yes, Doctor must comment

- Infection of bladder
- Kidney disease or kidney stone
- Difficulty in passing urine
- Any abnormality of the urine
- Sexually transmitted disease
- Any other genital or urinary conditions

☐ Yes ☑ No

If yes, Doctor must comment

- Lumbago, sciatica or other back trouble
- Any form of arthritis or stiff joints
- Slipped discs or back or neck pain
- Joint injuries
- Injury of the neck or back
- Repetitive Strain Injury, tennis elbow, tendonitis
- Broken bones
- Gout
- Any other musculoskeletal conditions

☐ Yes ☑ No

If yes, Doctor must comment

- Discharge from ears or perforated eardrum
- Ringing in the ears or disturbances of balance
- Deafness
- Nasal or sinus trouble
- Persistent husky voice or frequent sore throat
- Goitre or Thyroid disease

☐ Yes ☑ No

If yes, Doctor must comment

- Any form of cancer or unexplained lumps

☐ Yes ☑ No

If yes, Doctor must comment

- Diabetes
- Adrenal disease

☐ Yes ☑ No

If yes, Doctor must comment

- Dermatitis/eczema/skin eruptions
- Allergy conditions including hay fever
- Any abnormality of the immune system

☐ Yes ☑ No

If yes, Doctor must comment

- Any allergic reaction to any serum, drug or medicine (including anaesthetic agents) and vaccines

☐ Yes ☑ No

If yes, Doctor must comment and include type of reaction

- Any diseases such as malaria, typhoid, amoebiasis, giardia etc

☐ Yes ☑ No

If yes, Doctor must comment

- Severe tooth or gum trouble
- Impacted wisdom teeth

☐ Yes ☑ No

If yes, Doctor must comment

- Any obstetric or gynaecological problems

☐ Yes ☑ No

If yes, Doctor must comment

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- Are you pregnant? ☐ Yes ☐ No

If yes, Doctor must comment N/A

Please give details of any complaint, illness or injury not previously mentioned

The following should be signed in the presence of the examining medical inspector

Warning: Giving false or misleading information is a serious criminal offence and may lead to prosecution

Are you aware of ANY circumstances regarding your health which may interfere with the satisfactory discharge of the duties of your designated position/occupation? ☐ Yes ☑ No

If yes, give details

Declaration

I hereby declare that, to the best of my knowledge my personal statements are true and correct

Applicant's signature ..... Date 16 JAN 2024

Authority to divulge medical information

If, as a result of this or subsequent examinations for the purposes of assessing my medical fitness for duty at sea, the examining Medical Inspector requires relevant medical details from my treating medical advisor(s), permission is hereby granted to obtain information from:

Dr ..... (Current General Practitioner) Address and phone .....

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

Dr ..... Address and phone .....

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

Dr ..... Address and phone .....

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

Applicant's signature ..... Date 16 JAN 2024

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

PART B – TO BE COMPLETED BY MEDICAL INSPECTOR

Please refer to the 'Standards for the medical examination of seafarers and coastal pilots' available at www.amsa.gov.au/standards-medical-examination

Medical Inspector's name

DR. MIR MD RAIHAN

Telephone number

+8801716134074

Applicant's proof of identity

☑ Passport
☐ Photo driver's licence
☐ Other .....

Passport/Driving Licence No. A04623485

Applicant's position on board vessel

2ND OFF

Requirements regarding hepatitis, colour vision etc will depend on the applicant's position on board the vessel. Refer to the Standards for the medical examinations of seafarers and coastal pilots.

HEIGHT/WEIGHT (Standards—page 8)

Height (without shoes) 180 metres

Weight 78 kg

Body Mass Index (BMI) = Weight in kg / (Height in m)² = 24.0

Is the applicant able to:

- Move safely around vessel and safely move through hatches ☑ Yes ☐ No
- Move quickly in an emergency situation ☑ Yes ☐ No
- If no, is a functional assessment required ☑ Yes ☐ No

VISION (Standards—page 9)

The visual acuity of each eye should be tested with Snellen's Charts, and the results recorded. Both unaided and aided (if applicable) must be recorded.

Visual acuity

	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	✓			
Near	N5	N5	✓			

Visual fields to confrontation

	Normal	Defective
Right eye	✓	
Left eye	✓	

Does the applicant meet the medical standards for his/her work category? ☑ Yes ☐ No

Colour vision

Colour vision must be tested by Ishihara Plates at EACH medical assessment.

Ishihara test ☑ Pass ☐ Further testing needed

Number of plates shown

Number of plates with errors

Does the applicant suffer from any degree of colour blindness as determined by Ishihara plates? ☐ Yes ☑ No

If the Ishihara test has 3 or more errors (24 page edition) or 4 or more errors (38 page edition) further testing is required for the deck or engine department, if not completed within the previous 6 years. Any previous reports must be sighted by the MIS and a copy attached to the medical examination report.

Date of last Lantern or Farnworth D15 colour vision test if **not** tested at this examination / /

Lantern test (Deck dept. only) ☑ Yes ☐ No ☐ Not required

Farnsworth D15 Test (Engine dept. only) ☑ Yes ☐ No ☐ Not required

Applicant considered colour safe for position on board? ☑ Yes ☐ No

SPEECH / HEARING / BALANCE (Standards—page 11)

Is there any defect in speech? ☐ Yes ☑ No

Is there any disease of the ears? ☐ Yes ☑ No

Is there any defect in hearing? ☐ Yes ☑ No

Romberg's test normal? ☐ Yes ☑ No

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz
Right ear	20	20	20			
Left ear	20	20	20			

Conversation Test at 3 metres

Conversation test only required if hearing loss in the better ear is more than 40 dB at 500 to 3000 Hz

	Speech
Both ears together	6 /10

Doctor comments

FIT FOR DUTY ON BOARD SHIP

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CARDIOVASCULAR (Standards—page 12)

Pulse: 78 /min Rhythm Regular

Blood Pressure readings: Systolic 120 Diastolic 70

- If this reading is above 150/95 please take further readings after rest.

Systolic ..... Diastolic .....

Heart sounds / apex beat ☑ Normal ☐ Abnormal

Is there any history or evidence of taking anti-hypertensive medication? ☐ Yes ☑ No

ECG Report (Attach report and tracing to this form).
(Stress ECG required if clinically indicated. Baseline tracing only to be attached to this document.)

Date of ECG: 16 JAN 2024

ECG results: Normal

Stress ECG result (if clinically indicated)

Does the applicant suffer from oedema or varicose veins? ☐ Yes ☑ No

If yes, state severity .....

Are carotid / peripheral pulses normal? ☐ Yes ☑ No

Are you satisfied that the cardiovascular system is clinically within normal limits? ☐ Yes ☑ No

If no, give reasons in full

RESPIRATORY (Standards—page 14)

Trachea ☑ Midline ☐ Abnormal

Chest expansion 4.5 cm ☐ Abnormal

Breath sounds ☑ Normal ☐ Abnormal

Spirometry

	Actual	Predicted	% Predicted
FEV_1	63		
FVC	69		
FEV_1/FVC	72		

Spirometry FEV_1 < 65% requires further review
FVC < 70% requires review
FEV_1/FVC < 70% requires review

Chest X-ray report ☑ Normal ☐ Abnormal

(Chest X-rays are required for pre-sea medicals or if clinically indicated.)

Date 16 JAN 2024 / 20

(Attach report to this form)

If, after examination you are not satisfied with the clinical condition and efficiency of the respiratory system and chest give reasons

Reasons

MOUTH / TEETH (Standards—page 15)

Is there any disease or abnormality of the mouth, throat or neck? ☐ Yes ☑ No

Are there any defects in teeth? ☐ Yes ☑ No

Is there any disease of the nose or sinuses? ☐ Yes ☑ No

Details of any abnormalities

GASTROINTESTINAL / RENAL (Standards—page 15)

Is there any disease or abnormality of the abdominal organs? ☐ Yes ☑ No

Is there any hernia present? ☐ Yes ☑ No

Is the liver enlarged? ☐ Yes ☑ No

Urine dipstick results

Glucose	☑ Normal	☐ Abnormal
Protein	☑ Normal	☐ Abnormal
Blood	☑ Normal	☐ Abnormal

Other .....

If yes, give details

Hepatitis A arrangements

Does the applicant have active immunity to Hepatitis A (completed vaccination course or evidence of past infection)? ☑ Yes ☐ No

If **yes**, date of last vaccination / /

or date of Antibody Positive blood test / /

If **no**, was Hepatitis A vaccination provided on this occasion? ☐ Yes ☐ No

If no, please provide reason

Hepatitis A arrangements apply to applicants who have a position on board marked with an * on the front page of this form.

NEUROLOGICAL / PSYCHIATRIC (Standards – pages 17 & 19)

Is there any evidence of organic disease of the brain, spinal cord or nerves? ☐ Yes ☑ No

Is there any evidence of mental or nervous disorder including psychoses? ☐ Yes ☑ No

Is there any evidence suggestive of anxiety, panic disorder or personality disorder? ☐ Yes ☑ No

If yes, give details

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MUSCULOSKELETAL (Standards—page 21)

Does the applicant have normal use of the legs and arms?	☑ Yes	☐ No
Are there any missing limbs or digits?	☐ Yes	☑ No
Is gait normal?	☑ Yes	☐ No
Are the bones and joints free of any defects?	☑ Yes	☐ No
Are joint movements in normal range and pain free?	☑ Yes	☐ No
Any restriction or pain in movement of spine?	☐ Yes	☑ No

If yes, give details

SKIN / LYMPH NODES (Standards—page 23)

Is there any skin disease, including solar keratoses, BCCs, eczema etc?	☐ Yes	☑ No
Are there any significant scars, ulcers, or enlarged lymph nodes?	☐ Yes	☑ No
Are there any skin grafts?	☐ Yes	☑ No
Are there any identifying marks on the skin?	☐ Yes	☑ No

If yes, give details

Period of review

☐ Under 18/over 55 - 1 year ☑ 18 to 55 - 2 years ☐ Other*

*If period of review is "other", state period and reason.

Medical Inspector's signature

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

Date

16 JAN 2024

ATTACH ALL TEST DOCUMENTS TO THIS REPORT

- **CHEST X-RAY REPORT**
  (for pre-sea medicals or if clinically indicated)
- **ECG TRACING**
  (for applicants aged 55 years or more and/or if clinically indicated)
- **ECG REPORT**
  (confirmed automatic machine report, or report by FRACGP or appropriate specialist)
- **STRESS ECG**
  (if clinically indicated)
- **AUDIOGRAM REPORT**
  (if clinically indicated)

Original copy of this report is to be forwarded by the Medical Inspector to Sonic HealthPlus Seafarer Admin Team after the examination is completed.

The Medical Inspector should retain a copy for record purposes for a period of at least 30 years.

A copy may be given to the applicant for his/her records if requested.

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved