



HAQUE & SONS LTD.



Accredited By BMDC
Accreditation No. A 55144

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880-2-333316214-6, Fax : +880-2-333310530

PATIENT CONTROL NUMBER:
H1324

MEDICAL EXAMINATION CERTIFICATE

SURNAME UDDIN	FIRST NAME AND MD	MIDDLE NAME HEMAEATH
PLACE AND DATE OF BIRTH BARISAL 11-Dec-1990	PASSPORT NUMBER A05577827	SEAMAN'S BOOK NUMBER CO5755
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : BULK CARRIER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : DARICHAH, KHAZURIA, MEHENDIGANJ, DARI CHAR KHAJURIA-8270, BARISHAL, BANGLADESH		CONTACT NUMBER : 8801710434317
		RANK : 2ND OFFICER

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.

Additional questions

	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Hadem
Signature of Seafarer

MEDICAL EXAMINATION

Weight 76 kg	Height (cm) 171	BMI 25.9	Blood Pressure: Systolic 120 mm	Diastolic 80 mm	PULSE: 78 bpm																					
<table><tr><td>Ear</td><td colspan="2">Hearing by Audiometry</td><td colspan="2">Audiometry</td><td colspan="2">Hearing by Whisper Test</td></tr><tr><td>Right</td><td>☐ Adequate</td><td>☐ Inadequate</td><td>500</td><td>1000</td><td>2000</td><td>3000</td></tr><tr><td>Left</td><td>☐ Adequate</td><td>☐ Inadequate</td><td colspan="4">N/A</td></tr></table>						Ear	Hearing by Audiometry		Audiometry		Hearing by Whisper Test		Right	☐ Adequate	☐ Inadequate	500	1000	2000	3000	Left	☐ Adequate	☐ Inadequate	N/A			
Ear	Hearing by Audiometry		Audiometry		Hearing by Whisper Test																					
Right	☐ Adequate	☐ Inadequate	500	1000	2000	3000																				
Left	☐ Adequate	☐ Inadequate	N/A																							
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																										

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9: ☒ NormalDate of last colour vision test: Date (day/month/year) 18 MAR 2024

	Visual fields	
	Normal	Defective
	Right eye	Left eye
Right eye	☒	
Left eye	☒	

☒ YES / NO☐ Doubtful☐ Defective

	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☒ Negative
ECG	NAD	BILIRUBIN	0.57	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	N/E	URINE R/E	NAD
DC(differential count)	NAD	SGOT	22	OTHERS	
HAEMOGLOBIN (HGB)	14.5	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	0.5	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	7.000	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	O+(VE)
RANDOM	5.3	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	NAD
HBA1C	5.0%	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)	N/E

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Signature of Seafarer Haldin

MD HEMAETH UDDIN

Name of Seafarer

18 MAR 2024

Date

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:

☒ Fit for lookout duties☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☒	☐	☐	☐
Unfit	☐	☐	☐	☐

☒ Without restrictions☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes	No
☒	☐

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

Fitness Date: 18 MAR 2024

Valid Until:

17 MAR 2026

Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: UDDIN		GIVEN NAME (S): MD HEMAEATH	
DATE OF BIRTH: DAY 11 MONTH 12 YEAR 1990		PLACE OF BIRTH CITY BARISAL COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: DARICHAR, KHAZURIA, MEHENDIGANJ, DARI CHAR KHAJURIA-8270, BARISHAL, BANGLADESH	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR MM
LEFT EYE	6/6	—	LEFT EAR MM

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **18 MAR 2024**

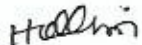
Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

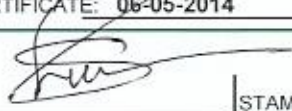
Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☒

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

 Signature of Applicant	MD HEMAEATH UDDIN Name of Applicant	18 MAR 2024 Date
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CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S.(D.U.), REG. NO. A-55144		
ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.		
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH		
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05-2014		
SIGNATURE OF PHYSICIAN: 	STAMP OF PHYSICIAN: 	DATE: 18 MAR 2024
EXPIRY DATE OF CERTIFICATE: 17 MAR 2026		

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

DR. MIR. MD. RAIHAN

MBBS (D.U.), M.B.B.S. (D.U.), D.C. (D.U.)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited

ID NO : 24030441

Date : 18/03/2024

Patient's Name : MD.HEMAEATH UDDIN

Age : 33Y 3M 7D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM C/O/5755

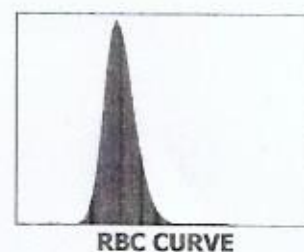
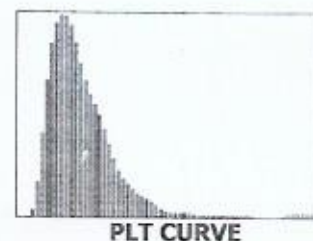
Sex : Male

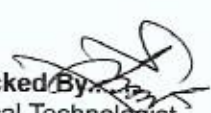
Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	14.5	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	05	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	7,900	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	54	%	(40 - 75)%
Lymphocytes	36	%	(20-45)%
Monocytes	06	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	316	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	392,000	/cumm	1,50,000-4,50,000 /cumm
MPV	10.3	fL	7.0 -11.0 fL
PDW-CV	16.2	%	10 - 18 %
PCT	0.4	%	0.10 - 0.28
P-LCR	28.4	%	9.00 - 45.00%
P-LCC	111	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	5.5	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	48.0	%	M: 40-54%, F: 37-47%
MCV	87.2	fL	76-94 fL
MCH	26.4	pg	27-32 pg
MCHC	30.3	g/dL	29-34 g/dL
RDW SD	52	fL	30.0-57.0 fL
RDW CV	18	%	10-16%



Checked By: 
Medical Technologist
Radical Hospital Ltd.
Uttara, Dhaka.


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

Bill No	DIA24030441	Received Date	18/03/2024
Patient's Name	MD HEMAEATH UDDIN		
Patient's Age	33Y 3M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5755
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.57 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22.0 U/L	Up to 37 U/L
HbA1C	5.0 %	4.0- 6.0 %

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	DIA24030441	Received Date	18/03/2024
Patient's Name	MD HEMAEATH UDDIN		
Patient's Age	33Y 3M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5755
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

RADICAL

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	DIA24030441	Received Date	18/03/2024
Patient's Name	MD HEMAEATH UDDIN		
Patient's Age	33Y 3M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5755
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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



REF: MV. AMARYLLIS

DATE: 18/03/2024

M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: MD HEMAEATH UDDIN

RANK: 2ND OFF

CDC NO: C/O/5755

VISUAL ACUITY:

RIGHT

LEFT

6/6

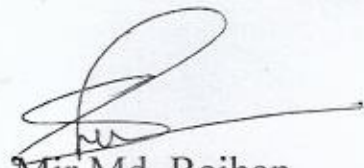
6/6

UNAIDED

AIDED

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD


Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID: 24020576

18-03-2024 14:31:52

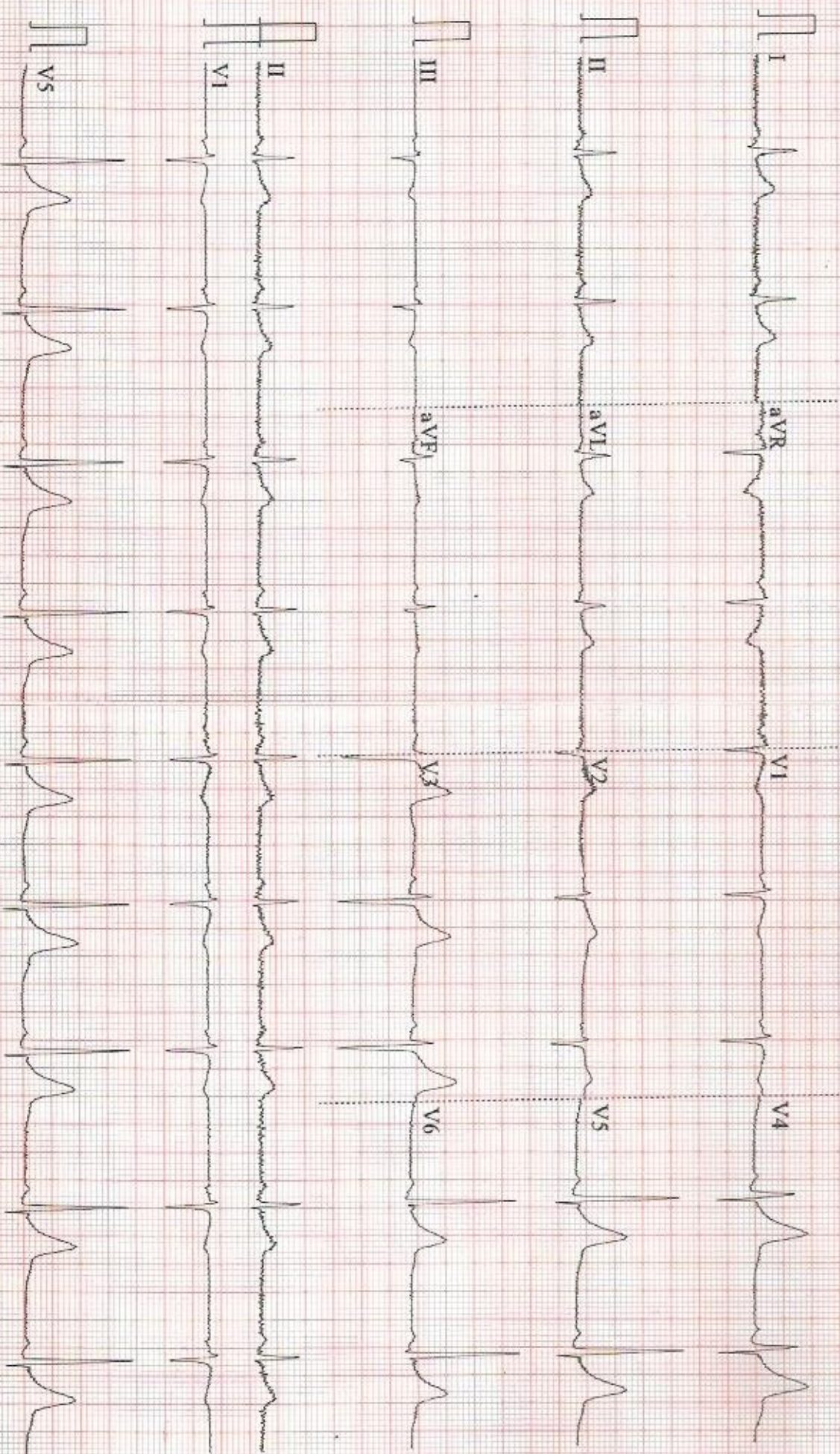
Mr. Hemachandran
Male 35 Years

HR : 55 bpm
P : 104 ms
PR : 134 ms
QRS : 88 ms
QT/QTc : 422/404 ms
P/QRS/T : 35/13/14 °
RV5/SV1 : 1.869/0.730 mV

Diagnosis Information:

Sinus bradycardia
Normal ECG except for rate

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030441 Receive: 18/03/2024 Print: 18/03/2024
Patient's Name : MD HEMAEATH UDDIN
Age : 33 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.


Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

MD HEMAEATH
UDDIN

AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 11.12.1990 Sex Male

Hellon

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1	<i>19 FEB 2021</i> <i>Dr. Md. Rafiqul Islam</i>	
2	Dr. Md. Rafiqul Islam M.B.B.S; A.M.C (Part-1) Seafarer's Medical Practitioner Approved By D.G.Shipping Dhaka. Regd No : A 22539	
3	<i>18 MAR 2024</i> <i>Dr. Mir. Md. Raihan</i>	
4	DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Dordam), PGT (OPHTH) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	
5		
6		
7		
8		

Continued overleaf Suite our erso

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



Form No:SMC

SL NO.

04.2024.6162

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 (STCW78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last UDDIN First MD Middle HEMAEATH
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 18 MAR 2024
Occupation: Deck/Engine/Catering/Other (specify) DECK Rank: 2ND OFF
Father's/ Husband's name: MD ABDUR RAZZAQ C.D.C No. 4015755
Mother's Name: RABEYA BEGUM Seaman ID No. 050005104
Address: House No: _____ Street/ Road No: _____ Passport No. A05577827
Locality/Village: DARICHAR KHAZURIA NID No. 7780117706
P.O.: DARICHAR KHAZURIA Date of Birth: 11.12.1990
P.S.: MEHENDIGANG (DD/MM/YYYY)
District: BARISHAL

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination : YES/NO
 - Hearing meets the standards in section A-I/9 : YES/NO
 - Unaided hearing satisfactory? : YES/NO
 - Visual acuity meets standards in section A-I/9? : YES/NO
 - Colour vision meets standards in section A-I/9? : YES/NO
Date of last colour vision test : 18 MAR 2024
 - Fit for lookout duties? : YES/NO
 - Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? : YES/NO
 - Any limitations or restrictions on fitness? : YES/NO
- If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category :

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY) : 18 MAR 2024

11. Date of expiry (DD/MM/YYYY) : 17 MAR 2026 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Huddrin

Seafarer's 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

Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications 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 whispered 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/Navigation 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, International 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 use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible 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/navigation 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 engineer 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 right 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 Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

18 MAR 2024

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