



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):

ROYAL G.M. LUT FOR RAHMAN

Date of birth (day/month/year):

04/08/1978

Sex:

☒ male

☐ female

Home address:

CHARAICHA, KANPUR, KOTWALI
BARISHAL

Passport No./Discharge Book No.:

EH0567358 T/34066

Type of ship (container, tanker, passenger, fishing):

TANKER

Trade area (e.g., coastal, tropical, worldwide):

WORLDWIDE

Examinee's personal declaration

(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	☐	☒
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	☐	☒



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- | | | | | | |
|------------------------------------|--------------------------|-------------------------------------|------------------------------|--------------------------|-------------------------------------|
| 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 hospitalized? | ☐ | ☒ |
| 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?



☐ ☒

If yes, please list the medications taken and the purpose(s) and dosage(s).

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: G.M. LUT FORRAH . Date (day/month/year): 13 JUN 2023

Witnessed by: (Signature) [Signature]

Name: (Typed or printed)

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

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 (the approved medical examiner).

Signature of examinee: G.M. LUT FORRAH . Date (day/month/year): 13 JUN 2023

Witnessed by: (Signature) [Signature]

Name: (Typed or printed)

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

Medical examination

☒ Pre-sea

☐ Periodic

☐ Other

Sight

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

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour vision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

Speech and whisper test (metres)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz		Normal	Whisper
Right ear	20	20	20				Right ear	4	4
Left ear	20	20	20				Left ear	4	4



Height: 170 (cm)Weight: 70 (kg)Pulse rate: 77 (/minute)Rhythm: REGULARBlood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)Urinalysis: Glucose: NI Protein: NI

	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	<u>NI</u>	☐	General appearance	☒	☐
Heart	☒	☐			
Skin	☒	☐			

Chest X-ray: ☐ Not performed☒ Performed on (day/month/year): 13 JUN 2023

Results:

Normal em X-ray

Other diagnostic test(s) and result(s):

Test Blood Urea Nitrogen Result Normal

Medical examiner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination 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:



☒ Fit for look-out duty

☐ Not fit for look-out duty

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

Without restrictions ☒ • With restrictions ☐ •

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

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

Place of examination: **RADICAL HOSPITAL LIMITED** Date of examination (day/month/year): **13 JUN 2023**
Uttara, Dhaka, Bangladesh

Medical certificate's date of expiration (day/month/year): **12 JUN 2025**

Official stamp (also print name of medical examiner if not legible): **DR. MIR. MD. RAIHAN**

Signature of medical examiner:

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

Authorized by: **DG SHIPPING BANGLADESH** (competent authority)



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

Disclaimer | webinfo@ilo.org

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





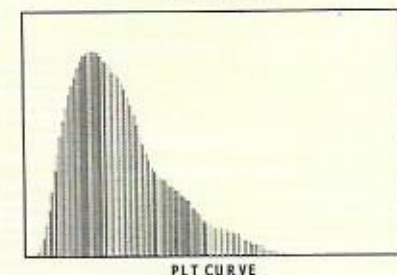
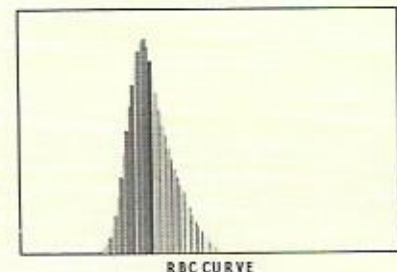
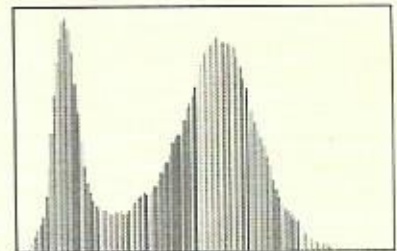
MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA				
SURNAME: ROYAL		GIVEN NAME (S): G.M. LUTFOR RAHMAN		
DATE OF BIRTH: DAY 01 MONTH 08 YEAR 1978		PLACE OF BIRTH CITY BARISHAL COUNTRY BD	SEX MALE ☒ FEMALE ☐	
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☒		MAILING ADDRESS OF APPLICANT: CHARAICHA KANPUR KOTWALI BARISHAL		
DECLARATION OF THE AUTHORIZED PHYSICIAN				
VISION		COLOR TEST TYPE		HEARING
	WITHOUT GLASSES	WITH GLASSES	☐ BOOK ☐ LANTERN YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒	RIGHT EAR ☒ LEFT EAR ☒
RIGHT EYE	6/6	—		
LEFT EYE	6/6	—		
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 is required every six years)				
Date of the last colour vision test: (Day/Month/Year) 13 JUN 2023				
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.				
G.M. LUT FOR RAHMAN Signature of Applicant		G.M. LUTFOR RAHMAN ROYAL Name of Applicant		13 JUN 2023 Date
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 MBBS, (DU), DFM REG: A-55144				
ADDRESS: RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230				
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH				
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY-2014				
SIGNATURE OF PHYSICIAN:		STAMP OF PHYSICIAN:		DATE: 13 JUN 2023
EXPIRY DATE OF CERTIFICATE: 12 JUN 2025				
This certificate is issued by the Panama Maritime Authority in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.				
DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bldem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.				

Id No : 0353 **Date** : 13-Jun-2023 **D.Date** : 13-Jun-2023
Patient's Name : G M LUTFOR RAHMAN ROYAL **Age** : 44Y 10M 12D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/34066

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.6 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,900 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	198 /cumm	50-450/cumm
Total RBC Count	4.89 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.6 %	M: 40-54%, F:37-47%
MCV	83.0 fL	76 - 94 fL
MCH	31.9 pg	27 - 32 pg
MCHC	38.4 g/dL	29 - 34 g/dL
RDW	13.2 %	11 - 16 %
PDW	15.0 fL	35 - 56 fL
Total Platelete Count (PC)	2,11,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.188 %	0.1 - 0.5 %
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
Medical Technologist

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

Bill No	DIA23050353	Received Date	13/06/2023
Patient's Name	G M LUTFOR RAHMAN ROYAL		
Patient's Age	44Y 10M 12	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/34066		
Sample	BLOOD		

SEROLOGICAL REPORT

HBsAg (Method : (ICT)	Negative
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RADICAL

Checked By

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

Bill No	DIA23050353	Received Date	13/06/2023
Patient's Name	G M LUTFOR RAHMAN ROYAL		
Patient's Age	44Y 10M 12	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM CDC NO:T/34066		
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	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 Hospitals Ltd.


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

Bill No	DIA23050353	Received Date	13/06/2023
Patient's Name	G M LUTFOR RAHMAN ROYAL		
Patient's Age	44Y 10M 12	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/34066		
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic 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 Hospitals Ltd.



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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060353 Receive: Print: 13/06/2023
Patient's Name : G M LUTFOR RAHMAN ROYAL
Age : 44 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 86 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

Impression : Findings are within normal limit.


Dr. Debashish Paul

MBBS, MD (Cardiology)

Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1

ID: 0016

13-06-2023 13:18:00

Male 47 Years

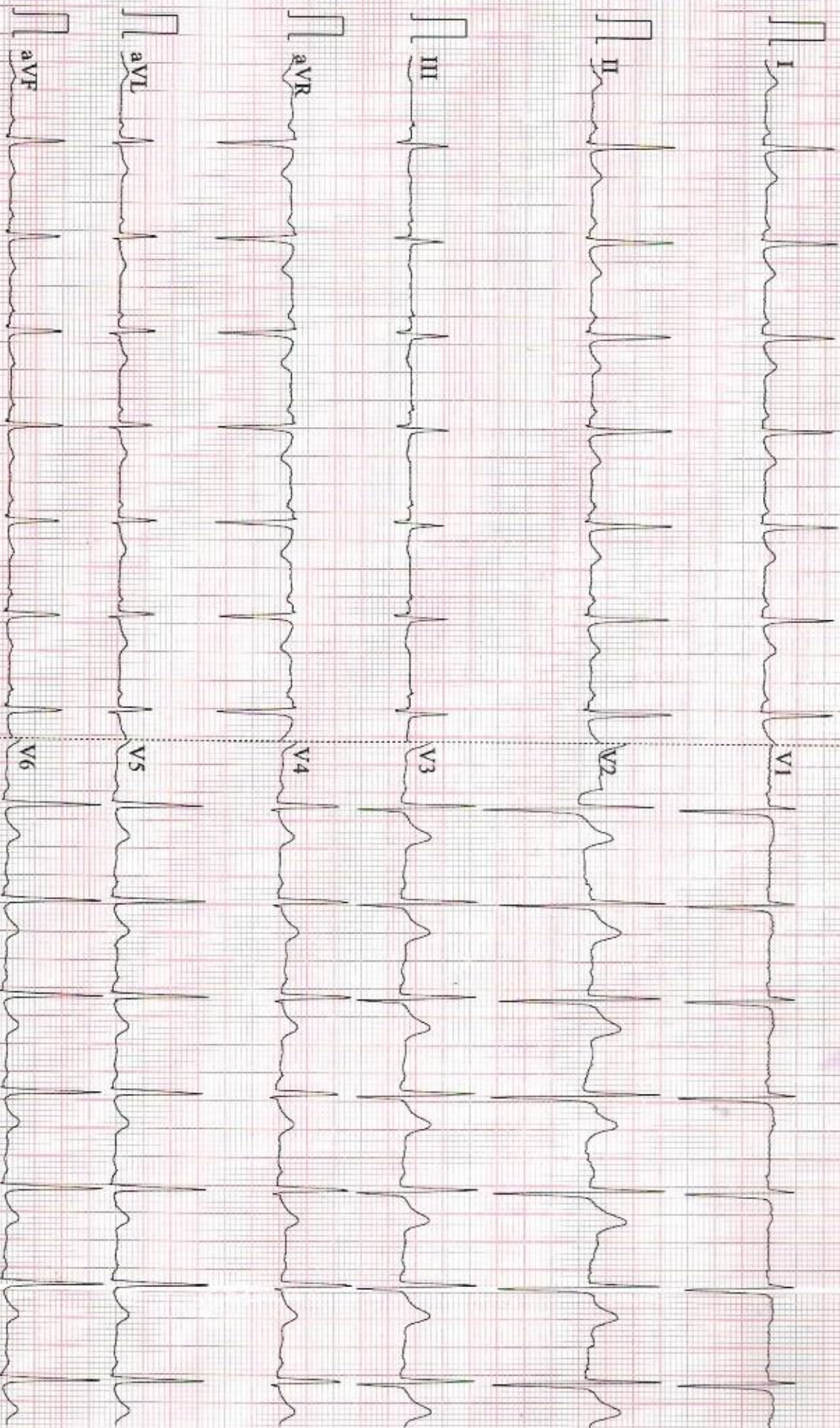
HR : 86 bpm
P : 108 ms
PR : 144 ms
QRS : 88 ms
QT/QTc : 352/421 ms
P/QRS/T : 36/40/18 °
RV5/SV1 : 1.679/1.576 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s 86

SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060353 Receive: 13/06/2023 Print: 13/06/2023
Patient's Name : G M LUTFOR RAHMAN ROYAL
Age : 44 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

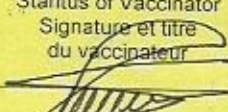
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE

GIM LUTFOR RAHMAN ROYAL

This is to certify that JE Soussigne' (e) certifie que | date of birth 02.08.1978 Sex MALE
no' (e) le sexe

Whose signature follows don't la signature suit | G.M LUTFOR RAHMAN

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et num'c ro du lot	Official sump of vaccinating centre Cachet officiel du centre de vaccination
13 JUN 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdam), PGT (Opht) BMDC A-55144, MMC-BGD-016 2 DG Shipping Bangladesh Approved General Physician Radisson Hospitals Limited		
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within such period often years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'organisation Mondiale de la santé et si le centre où il est administré a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, à dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant le lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il

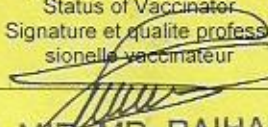
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

G.M. LUTFOR RAHMAN ROYAL

This is to certify that JE Soussigne' (e) certifie que _____ date of birth 02.08.1978 Sex MALE
no' (e) le _____ sexe

Whose signature follows G.M. LUTFOR RAHMAN
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualite profess sionelle vaccinateur	Approved Stamp Cachet d'authentification
13 JUN 2023	 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	 ORAL CHOLERA "Dukoral" Valid Upto 2 yrs
1		
2		
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any part of it. May render it invalid.

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, au cours de la période de six mois suivant cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections partielles à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

De cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut en affecter la validité.