

### 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):	ALI ASIF	MOHAMMED	)
Date of birth (day/month/ye	ar): 14/07/1991	Sex: male	• 🗆 female
Home address:			
H #19, RAJABA	RI, UTTARK	CHAN, DHAKA.	1230.
Passport No./Discharge Boo		16588	
Type of ship (container, tan	ker, passenger, fishin	ng): LPG1	
Trade area (e.g., coastal, tro	pical, 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	D•	6	18.	Sleep problems	□•	DO
2.	High blood pressure	0.	6	19.	Do you smoke?	□•	1
3.	Heart/vascular disease	□•	1	20.	Operation/surgery	□•	4.
4.	Heart surgery	□•	<b>2</b> .	21.	Epilepsy/seizures	□•	1
5.	Varicose veins	<b>-</b>	Vacall	22.	Dizziness/fainting	- □•	6
6.	Asthma/bronchitis	De S	rospila	18	Loss of consciousness	□•	X

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7.	Blood disorder		N	24.	Psychiatric problems		
8.	Diabetes		<b>2</b>		Depression		
9.	Thyroid problem				Attempted suicide		1
10.	Digestive disorder				Loss of memory		1
11.	Kidney problem	П			Balance problem		1
12.	Skin problem		1		Severe headaches		
13.	Allergies		1		Ear/nose/throat problems		
14.	Infectious/contagious diseases				Restricted mobility	0	1
15.	Hernia		1		Back problems	'n	/
16.	Genital disorders		1		Amputation	П	
17.	Pregnancy		NIA		Fractures/dislocations		
Ado	ditional questions						Additional insurance and Additional insurance
	35. Have you ever been signed o	ff as si	ck or rep	atriate		No No	
	36. Have you ever been hospitali	zed?					
	37. Have you ever been declared						
	38. Has your medical certificate 39. Are you aware that you have illnesses?						
	40. Do you feel healthy and fit to designated position/occupation	Part V	rm the d	uties o	of your		
	41. Are you allergic to any medi-	cations	?		0 -	Ð.,	
			ON BOA	RD SH	IP)	_	
	42. Are you taking any non-prese medications?	cription *Apparate	AsiPer-MLG-20	18	m	3	

	olease II	st the	medication	s taken	and ti	he purpose(	s) and do	osage(s).		accommunication and a second
hereby	certify t	hat th	e personal	declara	tion al	bove is a tru	ie statem	ent to the	best of my k	nowledge.
Signatur	e of exa	minee	: 3	ζ.	9	Date (day	y/month/	/year):	0 5 JUN 202	3
Witnesse	ed by: (S	Signat	ure)	Fin	5	Na	me: (Typ	ME	inted IR. MTR. ME 385 (DU). DFM. CCD (8 IMDC A-55144, M G Shipp.ng Bangla	Ardem), PGT (Oph) MMC-BGD-01
	stitution							from any	General Pho Radical Hospit health profess the approved	als Limited. Sionals,
Signatur	e of exa	minee	: 5	<b>L</b> ,	7	Date (day/		ear):/	5 JUN 2023	997
Witnesse	ed by: (S	Signal	ture)	For	7	N	ame: <i>(T</i> )	ped or pi	MBBS (DU), DFM, O BMDC A-5514 DG Shipp.ng R	MD, RAII
Witnesse	: * :			Son Son		, N	ame: (T)	ped or pi	MBBS (DU), DFM, C BMDC A-5514 DG Shipping Ba Genera Radical Ho	MD, RAII CO (Birdem), PGT CO (Birdem), P
Medical	: * :		1	Periodi	ic	N	ame: (T) □• Ot	DATE OF THE PARTY	Genera	Dhysisian
Medical	examir		n  -	Periodi	ic	N		her	Genera Radical Ho	Dhysisian
Medical	examir	nation	n  -			N		her Visua	Genera Radical Ho	Dhysisian
Medical	examin -sea Unaide	nation	n  -	acuity Aided			□• Ot	her Visua	Genera Radical Ho	Dhysisian
Medical Pre Sight	examin -sea Unaide Right eye	ed Left eye	Visual Binocular	acuity Aided Right	Left		□• Ot	her Visua	Genera Radical Ho	Dhysisian
Medical	examin -sea Unaide Right eye	ed Left eye	Visual Binocular	acuity Aided Right	Left		□• Ot	her Visua	Genera Radical Ho	Dhysisian

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	Ran	Cal Hospitals	E11	Left ear	4	9

Height: 173	(cm)	1	Weight:	68	(kg)	
Pulse rate:	(/(minute)	30	Rhythm:	eouan		
Blood pressure:	Systolic:	200	(mm Hg)	Diastolic:	70	(mm Hg)
Urinalysis:	Glucose: _	Nir		Protein:	Nil	
	Normal	Abnormal			Normal	Abnormal
Head	De		Varicose veins	3	D	_ []
Sinuses, nose, throat	A		Vascular (inc.	pedal pulses)	X.	
Mouth/teeth	An		Abdomen and	viscera	X	
Ears (general)	X	[]	Hernia		6	
Tympanic membrane	1		Anus (not recta	al exam.)	60	
Eyes	1		G-U system		1/2	
Opthalmoscopy	61		Upper and low	er extremities	Z	
Pupils	1	[]	Spine (C/S, T/			
Eye movement	61		Neurologic (fu	ıll brief)		
Lungs and chest	1		Psychiatric		1	
Breast examination	N/A		General appear	rance	0	
Heart	1		70-9-2 (00-4-00-2000), <del>* (*</del> 0-0-0-0			
Skin		D				0.5 11111 000
						0 5 JUN 202
Chest X-ray:	☐ Not per	formed	Performed o	on (day/month/y	/ear):	//
Results:  Other diagnostic test(	s) and result		new ne Result	1-Ray	» —	
Medical examiner's	comments:		Y ON BOARD SI		IN TO	
				7		

#### 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 results:

		<ul> <li>□ Not fi</li> </ul>	it for look-out duty		
1	Deck service	Engine service	Catering service	Other services	
it	X	[]		L	
Infit					
Witho	out restrictions	າ With restrictions 1	O •	¥ī.	
\					
	rictions (e.g., specific	position, type or	smp, trade area)		
Action taken	by medical examiner	(e.g., referral):			
	RADICAL HOSE	PITAL LIMITED			
	RADICAL HOSE	PITAL LIMITED	examination (day/	month/year): 05 JUN	207
lace of exan	RADICAL HOSE mination: Uttora, Dhaka	PITAL LIMITED Bangladash Date of	0.1.1111		202
Place of exam	RADICAL HOSE	PITAL LIMITED Bangladash Date of	0.1.1111		1 202
Place of exan	mination: Uttara, Dhaka,	PITAL LIMITED Bengladash Date of the distribution (day/month/y	rear): 04 JUN	2025 /	1 207
Place of exan Medical certi Official stam	RADICAL HOSE mination: Ultura, Dhaka, ificate's date of expira up (also print name of	PITAL LIMITED Rengladash Date of tion (day/month/y medical examiner	rear): 04 JUN	2025  R. MD. RAIHAN M. CCD (Birdem), PGT (Ophth) 5144, MMC-BGD-016	1 202
Place of exan Medical certi Official stam	mination: Uttara, Dhaka,	PITAL LIMITED Bengladash Date of the distribution (day/month/y	rif not legiDB: MIR BMDC A-5 DG Shipping	2025  R. MD. RAIHAN M. CCD (Birdem), PGT (Ophth)	1 202

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For further information, please contact the Sectoral Activities Department (SECTOR) at Tel: Fax: or email: <a href="mailto:sector@ilo.org">sector@ilo.org</a>

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radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23060118	Received Date	05/06/2023
Patient's Name	ASIF MOHAMMED ALI	riodired Bate	00/00/2023
Patient's Age	31Y 10M 22	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/6588
Sample	BLOOD		525 No.0/0/0000

### SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative

Shecked By

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



**Test Name** 



Bill No	DIA23060118	Received Date	05/06/2023
Patient's Name	ASIF MOHAMMED ALI	Treceived Date	03/06/2023
Patient's Age	31Y 10M 22	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR	DEM),PGT(Eve),DFM	CDC NO:C/O/6588
Sample	URINE	,. (- <b>)</b> -//	323 113.0/0/0000

Result

#### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

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



radical\_hospitals@yahoo.com, www.radicalhospital.com

Patient ID	23060118	Voucher No	1
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	05/06/2023
Patient Name	ASIF MOHAMMED ALI	7(E)	
Age	31 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

#### THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is Normal in size 12.8 cm, 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: Contracted.(Postprandial). Visible lumen appears normal.

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

SPLEEN: Is normal in size (9.5 x 3.2)cm and uniform in echo-texture.

BOTH KIDNEYS:-Are normal in size RK 9.3cm, LK-9.8cm 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 and volume is 13.1 cc, regular in shape. Echogenicity is homogenous.
No area of calcification is seen.

IMPRESSION: Normal study.

Dr. Asma Ahmed MBBS,CMU,DMU PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist