

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147

DR.]

FIT FOR SEA SERVICE

ISO 9001 : 2008 Certified
Accredited by : TUV SUD
Accreditation No : South Asia

AS 2/B
AS PER MLC - 2006
icalcentre.com

Name: _____ Sex: **M** Serial No: _____
Surname Firstname
 Date of Birth: _____ Rank: _____
 Vessel: _____ Type: _____ Route: _____
 Home Address: _____

INDIA

 Company Name : _____

Medical History Please answer the following to the best of your knowledge

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Hernia / Hydrocoele / Appendicitis	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Head Injury / Concussion / Loss of Memory		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	High / Low blood pressure / Heart disease		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Fits / Epilepsy / Dizziness / Fainting		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Asthma / Bronchitis / Tuberculosis		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Eye / Vision Problems (Glasses, etc)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Allergy / Skin disease		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Hearing Impairment		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Infection / Contagious disease		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Ear / Nose / Throat Problems		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Addiction to alcohol / Drugs / Tobacco		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Stomach / Bowel Disorders		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Fracture / Dislocation / Injury / Amputation		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Calculi / Kidney Disorders		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Major / Minor Operation	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Jaundice / Liver Disease		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Diabetes		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Piles / Varicose Veins		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Nervous / Mental disease / Sleep disorder		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Blood Disorder		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Malignant disease (Cancer)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Female Disorder		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Signed off on medical grounds / Declared unfit		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

notes _____

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / mia	Resp.Rate / min	General Condition
						GOOD
Distant Vision	Uncorrected	Corrected	Field Of Vision	Audiometry	Hz	
Right Eye	6/6	-	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Right Ear	dB	500 1000 2000 3000 4000 5000 6000 8000
Left Eye	6/6	-		Left Ear	dB	15 15 15 10 15 15 - 25 -
Color Vision	Ishihara	Normal	Abnormal	Hearing	Normal Voice	Whispered Voice
		<input checked="" type="checkbox"/>		Right Ear	NORMAL	NORMAL
	Other	Normal	Abnormal	Left Ear	NORMAL	NORMAL

Systemic Examination

Systemic Examination	Norm	Abnor	Notes	Norm	Abnor
Head & Neck	<input checked="" type="checkbox"/>		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.	Respiratory system	<input checked="" type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>			Cardiovascular system	<input checked="" type="checkbox"/>
Ears / Nose / Throat	<input checked="" type="checkbox"/>			Per abdomen	<input checked="" type="checkbox"/>
Teeth / Oral Cavity	<input checked="" type="checkbox"/>			Genito-urinary system	<input checked="" type="checkbox"/>
Musculo-Skeletal system	<input checked="" type="checkbox"/>			Others	<input checked="" type="checkbox"/>
Nervous system	<input checked="" type="checkbox"/>			Hernia / Hydrocoele	<input checked="" type="checkbox"/>
Reflexes	<input checked="" type="checkbox"/>			Varicose Veins	<input checked="" type="checkbox"/>
Skin	<input checked="" type="checkbox"/>			Fissure/Fistula/Piles	<input checked="" type="checkbox"/>

Investigations

Blood	Result	Normal	Urine
Hemoglobin	16.4 gm%	14-18 gm %	Colour YELLOW
Total WBC Count	6600CELLS cu.mm	4000-11000 / cu.mm	Specific Gravity 1.030
Neu 58.0 % Lymph 32.8 % Eos 3.1 Ba 0.1 % Mo 6.0 %			pH ACIDIC
Malarial parasite	-VE		Albumin NIL
ESR	07 mm / 1st hour	3 - 15 mm / hr	Sugar NIL
SGPT	33.9 U/L	9-43 U/L	Bile Pigment NIL
S.Cholesterol	169 mg/dl	150-250 mg / dl	Bile Salts NIL
S.Triglycerides	130 mg/dl	upto 200 mg /dl	Occult Blood -VE
Blood Sugar	RBS 102 PPBS	upto 120 mg %	RBC Cells NIL
Hbsag	NEGATIVE		Leucocytes 2-4PUSCELLS
HIV I & II	NON REACTIVE		Others
VDRL	NON REACTIVE		Spirometry NORMAL
Others		GGTP 37.0 U/L	Drugs of Abuse NEGATIVE
Blood Group	A+VE		USG NORMAL STUDY

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. _____ hereby declare the examinee medically
 Fit Unfit Temporarily Unfit Permanently Unfit Should be re-examined in _____ days / weeks / months.

Remarks/Recommendation: SEE REVERSE FOR DETAILS.

I, Dr. _____, certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules, 2000 is incorporated in this certificate.
 This Certificate is valid till _____

Candidate's Signature _____ Official Stamp _____ Doctor's Signature _____
 Date: _____

Medical Certificate for Service at Sea

[Issued under the Authority of Directorate General of Shipping, Govt. of India under Rule 4 of M.S.

(Medical Examination) Rules,2000 as amended]

(Seafarer Name: Last, First, Middle)

MALE

Date of Birth: (dd/mm/yyyy)

Gender: (Male/Female)

Indian Passport/ CDC No.

Valid until

has been examined by

(Name of Medical Examiner and approval no.)

and has been found **fit/unfit*** for service at sea in the job of. _____

If Unfit/ Temp Unfit, Specify Reason- _____

(a) The hearing and sight of the seafarer concerned, and the colour vision in the case of a seafarer to be employed in capacities where fitness for the work to be performed is liable to be affected by defective colour vision, are all satisfactory; and

(b) The seafarer concerned is not suffering from any medical condition 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.

(c) The seafarer complies with the requirements specified in Table A-1/9 of STCW Code (i.e. Minimum in service eyesight standards for seafarers), Table B-1/9 of the STCW Code (i.e. Assessment of minimum entry level and in-service physical abilities for seafarers) and Regulation 1.2, Standard A-1.2 & Guideline B- 1.2 of the Maritime Labour Convention 2006.

(Date & Place of Medical Examination)

(Signature of the medical examiner)

(Serial number of the Certificate)

Address-

E-mail ID.-

Contact no.-

This Certificate expires on* .
(Day, Month, Year)*

Official Stamp of the Medical Examiner. .

(* Not more than 2 years from the date of issue, unless the seafarers is under the age of 18, in which case the maximum period of validity of the Medical Certificate shall be 1 year). If the period of validity of the medical certificate expires in the course of voyage, then the medical certificate shall continue to be in force for a period not exceeding three months from the date of expiry, or until the next port of call where an approved Medical Examiner is available, and the seafarer can get examined and obtain renewed medical certificate from that Medical Examiner.

SIGHT TEST CERTIFICATE

w Entry*/Periodic*

Reference No. Form B: _____

Full Name _____

Rank _____

PP/CDC/ ID No. _____

Date & Place of Birth _____

Colour of Eyes _____

Identification Notes _____

		Right Eye	Left Eye	Both Eyes	Result
Distance Vision	Unaided	6/6	6/6	6/6	NORMAL
	Aided	-	-	-	-
Near Vision	Unaided	N/5	N/5	N/5	NORMAL
	Aided	-	-	-	-
Field of Vision	Horizontal Plan	NORMAL	NORMAL	NORMAL	NORMAL
	Vertical Plan	NORMAL	NORMAL	NORMAL	NORMAL
Colour Vision	Ishihara	NORMAL			NORMAL
	Lantern / Others				

I, Dr _____ hereby certify that the above mentioned candidate has met/~~not met~~*, the eye sight standard for his/~~her~~ designated rank / position as set out in Annex-II* /Annex- III* for seafaring occupation.

Candidate's Signature

Signature of the Medical Examiner

Date _____ at _____

Note:

1) This certificate is valid for two years from the above date. New entry sight test certificates should be retained by the candidate till his active sea career.

2) Seafarer aggrieved by the decision of the Medical Examiner may appeal as per the provision of the M.S. (Medical Examination) Rules, 2000 as amended.

* Delete if not applicable.

Note: The principal rules were published in the Gazette of India, Part II, section 3, sub-section (i) vide Notification Number G.S.R.57 (E) dated the 19th January, 2000.