

HEALTHCHEK DIAGNOSTICS

Dr. Sandeep Singhal M.B.B.S., M.D. - DGS GOVT. of India Approval No:HYN/GUR/02/2016
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REPORT OF MEDICAL EXAMINATION OF SEAFARERS BY APPROVED MEDICAL EXAMINER OF DG SHIPPING OF INDIA

(As Per Standards of MLC 2006 and ISM/STCW Code I/9 of 2010 and ILO CONVENTION 147 & D.G. Shipping.(Govt. of India) M.S. Medical Rules 2000 with Amendments)

Name:		Sex:	Serial No:
Date Of Birth:	PP / CDC / INDOS No:		Rank:
Vessel:	Type:	Route:	Medical Exam:
Address:			Mobile:
Company Name:			Nationality:

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 Yes/No	Examiner's Record Yes/No	Is there any past / present history of any of the following	Candidate Declaration Yes/No	Examiner's Record Yes/No
Severe one-sided headaches (Migraine)			Hernia / Hydrocoele / Appendicitis		
Head Injury / Concussion / Loss of memory			High/ Low Blood Pressure / Heart Disease		
Fits / Epilepsy / Dizziness / Fainting			Asthma / Bronchitis / Tuberculosis		
Eye / Vision Problems (Glasses etc)			Allergy / Skin Diseases		
Hearing Impairment			Infection / Contagious Diseases		
Ear / Nose / Throat Problems			Addiction to Alcohol / Drugs / Tobacco		
Stomach / Bowel Disorders			Fracture / Dislocation / Injury / Amputation		
Gall Stones / Kidney Disorder			Major / Minor Operation		
Jaundice / Liver Diseases			Diabetes		
Piles / Varicose Veins			Nervous / Mental Diseases / Sleep Disorder		
Blood Disorder			Malignant Diseases (Cancer)		
Gynaecology Disorder			Signed Off on Medical grounds / Declared Unfit		

Notes : NONE

I hereby certify that the personal declaration & medical history given above is true & accurate to the best of my knowledge & I am aware that this will form the basis of further medical examination & final conclusion on my health status. In the event of any mis-representation either by statements or by omission, can lead to termination of service or loss of sickness benefits. I also give consent for conducting an HIV test.

Date:

MEDICAL EXAMINATION

Height in cm	Weight in kg	BMI	Chest Insp-Exp in cms	Blood Pressure in mm of Hg			Pulse-Beats/Minute			Resp-Rate/Minute			General Condition	
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000	
Right eye			Normal	Right ear	db									
Left eye			Normal	Left ear	db									
Colour Vision	Ishihara		Normal	Hearing			Right ear			Left ear				
	Other		Normal											
							Normal			Normal				
SYSTEMIC EXAMINATION		Normal/Abnormal	Notes									Normal/Abnormal		
Head and Neck			Is the Seafarer free 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? Yes						Respiratory System					
Eyes									Cardiovascular system					
Ears / Nose / Throat									Per Abdomen					
Teeth / Oral Cavity									Genito-urinary system					
Musculo-Skeletal System									Others					
Nervous system									Hernia / Hydrocoele					
Reflexes									Varicose Veins					
Skin									Fissure / Fistula/ Piles					
BLOOD		RESULTS	NORMAL	URINE		Result	Additional Tests		Result					
Haemoglobin			12 - 18 gm%	Color			HBsAg							
Total WBC Count			4000 - 11000 cu. mm	Specific Gravity			HAV							
Neu % Lymph % Eos % Mo % Ba %				pH			HCV							
Platelets			1.5-3.5 lacs/mm	Albumin			Throat swab for Diptheria		--					
ESR			1 - 20 mm/hr	Sugar			Mantoux Test		--					
SGOT			< 40 U/L	Bile Salt			Widal Test		--					
SGPT			< 45 U/L	Bile Pigments										
GGT			< 55 U/L	Occult Blood										
S. Cholesterol			< 200 mg/dl	RBC Cells			Blood Group							
S. Triglycerides			< 150 mg/dl	Pus Cells			HIV I & II							
Blood Sugar RBS			Upto 140 mg/dl	Drugs of Abuse										
Blood Urea / BUN			6 - 20 mg/dl	X-Ray Chest										
S. Creatinine			0.9 - 1.3 mg/dl	ECG										
HBA1c			4.0-6.5%	TMT/STRESS TEST										
Blood Glucose FBS			74-99 mg/dl	USG(Abd+Pelvis)										
VDRL				Spirometry										

RESULT OF MEDICAL EXAMINATION

On the basis of history, clinical examination & diagnostic tests, I, Dr. Sandeep Singhal, hereby declare that the examinee has been found medically

FIT FOR SEA SERVICES WITHOUT RESTRICTIONS

Recommendations/ Remarks/ Restrictions:

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

Valid till:

Date of issue:

Candidate's Signature

Official Stamp

Approved Doctor's Signature

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Annexure-IV

Medical Certificate for Service at Sea

(Issued under Authority of Directorate General of Shipping, Govt. of India under
Rule 4 of M.S (Medical Examination) Rules,2000 as amended)

Seafarer's Last name First name Middle name

Date of Birth:(Day/Month/Year) Gender: Male/Female Indian
(Nationality)

Number of : Passport / CDC / Other valid identification document - with type of document

has been examined by **Dr. Sandeep Singhal HYN/GUR/02/2016**
(Name of Medical Examiner and Approval Number)

and has been found fit for sea service in the job of

- (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-I/9 of STCW Code (i.e. Minimum in service eyesight standards at sea for Seafarers), Table B-I/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 and Place of Medical Examination)

(Signature of the Medical Examiner)

(Serial Number of the Certificate)

Dr. Sandeep Singhal M.B.B.S.
D.G. Shipping Approved Medical Examiner
DGS Approval No: HYN/GUR/02/2016
Shop Num 11, 2nd Floor, MGF Metropolis Mall,
Sec -28,Gurgaon
Ph: +91-9818430364 / Fax:+91-124-4235850
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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 seafarer 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, the Medical Certificate shall continue in force until the next port of call where an approved Medical Examiner is available and the seafarer can obtain a Medical Certificate, provided that period of such extension shall not exceed 3 months.

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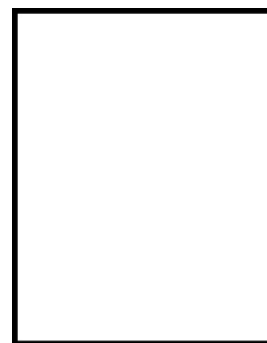
Annexure-V

SIGHT TEST CERTIFICATE

NEW ENTRY */ PERIODIC*

Form B

Reference No. _____
Full Name _____
Rank _____
PP / CDC / ID No. _____
Date & Place of Birth _____
Colour of Eyes _____
Identification Mark _____



		Right Eye	Left Eye	Both Eyes	Result
Distant Vision	Unaided				
	Aided				
Near Vision	Unaided				
	Aided				
Field of Vision	Horizontal Plane				
	Vertical Plane				
Colour Vision	Ishihara				
	Lantern / Others				

I, Dr. Sandeep Singhal, 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 or
Examiner of Masters and Mates, MMD)

Date _____ at _____

Note:

- 1) This Certificate is valid for two years from the above date. New Entry sight test Certificate 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.