

# HEALTHCHEK DIAGNOSTICS

Dr. Sandeep Singhal M.B.B.S. - 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<br>Yes/No | Examiner's Record<br>Yes/No | Is there any past / present history of any of the following | Candidate Declaration<br>Yes/No | Examiner's Record<br>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?<br>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 |

### INVESTIGATIONS

| 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            |        | Stool Routine             | --     |
| SGOT                          |         | < 40 U/L            | Bile Salt        |        | Mantoux Test              | --     |
| SGPT                          |         | < 45 U/L            | Bile Pigments    |        | Widal Test                | --     |
| GGT                           |         | < 55 U/L            | Occult Blood     |        | Malarial Parasite         | --     |
| 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  
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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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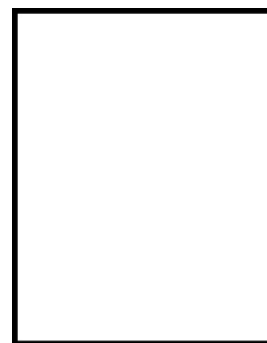
Annexure-V

## 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.