HEALTHCHEK DIAGNOSTICS

Dr. Sandeep Singhal M.B.B.S. - DGS GOVT. of India Approval No:HYN/GUR/02/2016
Shop Num 11, 2nd Floor, MGF Metropolis Mall,
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Email:drsinghal@healthchek.in
Ph:+91-9818430364 / Fax:+91-124-4235850

Name:	MLC 200	o and	10111/01/01/004	.,,,,	. 20 .0 44	ILO OC	J. 17 Z. 1	11011 147 0	D.O. 0	Se		t. or mala, iv		erial No		ilii Amend	aments)
Date Of Birth:	1 1	Т	PP / CDC / IND	06.4	lo:					56	· A .	В	ank:	aridi NO	'.		
Vessel:	1 /		Type:	JJ 1	10.			Route:					ank: dical Ex	am·			
Address:			i ype.					Noute.				IVIE	uicai EX	1	lobile:		
Company Name:															ationali	h.e.	
	DV: Dlag		nower the fell	win	a to the l	acet of	fvour	knowlode	••					IN	alionan	ıy.	
MEDICAL HISTO					g to the i		amine	٠.۴							Candid	ato F	xaminer'
-	of the fo	llowi	ng	De	eclaration Yes/No	ı Re	ecord es/No	ls '	á	any o	f the	present h following	istory (eclara Yes/N	ion F	Record Yes/No
Severe one-sided												pendicitis					
Head Injury / Cone Fits / Epilepsy / D												e / Heart Derculosis	Disease				
Eye / Vision Probl				+				Allergy				Jei culosis					
Hearing Impairme	nt		<i>'</i>					Infection	n / Co	ntagio	ous Di						
Ear / Nose / Throa Stomach / Bowel				_								ugs / Toba ijury / Amp					
Gall Stones / Kidn				+				Major /				ijury / Amp	utation				
Jaundice / Liver D		<u></u>						Diabete		Орог	4						
Piles / Varicose V	eins											es / Sleep I	Disorde	r			
Blood Disorder Gynaecology Disorder				+					Malignant Diseases (Cancer) Signed Off on Medical grounds / Declared Unfit				Infit				
Notes : NONE	, uei							Joigneu	J11 UII	wear	cai yi	canas / De	Siai Eu C	,,,,,t			
I hereby certify th form the basis of by omission, can Date:	further n lead to t	edica ermin	al examination	& fin	al conclu	sion o	n my h	ealth stat	us. In t	he ev	ent of	any mis-re	epresen	tation e	I am av either b	vare that y statem	this will ents or
MEDICAL EXAM															-		
Height in cm Weig	nt in kg	BN	II Chest Ins	p-Ex	p in cms	Blood	d Press	ure in mm	of Hg	Pul	se-Bea	ats/Minute	Resp	-Rate/M	inute	General (Condition
Distant Vision	Uncorre	cted	Corrected	1	Field of Vi			ometry		500	1000	2000	3000	4000	5000	6000	8000
Right eye Left eye					Norma Norma		Right e		db db			-			+		
	hihara				NOITIA	Norr				Hearir	na I		Right ear			Left ea	 ar
	ther				Normal					rioum	9		Normal			Norma	
SYSTEMIC EXAM	NATION		Normal/Abnor	nal			ı	Notes				,			1	lormal/A	bnormal
Head and Neck					Is the Seafarer free from any medical condition Re					Respirato	Respiratory System				•		
Eyes					likely to be aggravated by service at sea o						Cardiovascular system						
Ears / Nose / Thro					render the Seafarer unfit for such service endanger the health of other persons on b Yes								Per Abdomen				
Teeth / Oral Cavity									on bo	ard?	ard? Genito-urinary system Others		stem				
Musculo-Skeletal Nervous system	System	-										Hernia / H	lydroco	ماه			
Reflexes											Varicose Veins						
Skin												Fissure /		Piles			
INVESTIGATIONS	_																•
Blood	RESUL	TS	NORMAL		URINE			Result			ldition BsAq	al Tests	Result				
Haemoglobin Total WBC Count	+		12 - 18 gm% 4000 - 11000 ci	ı. mn		ic Grav	ritv			HA							
	% Eos	% Mc	% Ba %		рH					HC	V						
Platelets	-		1.5-3.5 lacs/mr	1	Album	in				_	roat s						
ESR SGOT	+		1 - 20 mm/hr < 40 U/L		Sugar Bile Sa	alt				_	r Diptl		 				
SGPT	1		< 45 U/L			gments	S			_	ntoux						
GGT			< 55 U/L			Blood				_	dal Te						
S. Cholesterol S. Triglycerides	+		< 200 mg/dl < 150 mg/dl		Pus Ce						ılarial ood Gı	Parasite					
Blood Sugar RBS	+		Upto 140 mg/d			of Abu	se				V I & II						
Blood Urea / BUN			6 - 20 mg/dl		X-Ray												
S. Creatinine	-		0.9 - 1.3 mg/dl		ECG		TEAT										
HBA1c Blood Glucose FBS	+		4.0-6.5% 74-99 mg/dl			TRESS				-							
VDRL	<u>t</u> –		55 mg/di		Spiron								L				
							F MED	ICAL EXA	MINATI	ON							_
On the basis of his	tory, clin	ical ex	camination & di	gno	stic tests,l	, Dr. Sa	andeep	Singhal, h	ereby	declar	e that	the examir	nee has l	oeen fo	und me	dically	
FIT FOR SEA SERV	ICES WI	HOU	T RESTRICTION	s													
Recommendations	Remarks	/ Rest	trictions:														
Recommendations				requ	ired under	Annex	cure E 8	k F of M.S(Medica	l Exar	ninatio	on) Rules 2	000 is in	corpora	ted in th	is Certifi	cate.
						Annex	cure E &	F of M.S	Medica	l Exar	ninatio	on) Rules 2	000 is in	corpora	ted in th	nis Certifi	icate.

Official Stamp

Approved Doctor's Signature

Candidate'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	me Middle name		
1 1		Indian	
Date of Birth:(Day/Month/Year)	Gender: Male/Female	(Nationality)	
Number of : Passport / CDC / Other	valid identification document - v	with type of document	
has been examined by	Dr. Sandeep Singhal HY	′N/GUR/02/2016	
	(Name of Medical Examiner an	d Approval Number)	
and has been found fit for sea service	ce in the job of		
		vision in the case of a seafarer to be emp	
b) The seafarer concerned is not suff seafarer unfit for such service or to	•	on likely to be aggravated by service at spersons on board.	sea or to render the
for Seafarers), Table B-I/9 of the ST	CCW Code(i.e. Assessment of m	9 of STCW Code (i.e. Minimum in service ninimum entry level and in-service physical fithe Maritime Labour Convention 2006). (Signature of the Medical Examples)	al abilities for
(Date and Frace of Medical Exam	<u> </u>	<u> </u>	
(Serial Number of the Certificate	ı) 	Dr. Sandeep Singhal M.B.B.S. D.G. Shipping Approved Med DGS Approval No: HYN/GUR/0 Shop Num 11, 2nd Floor, MG Sec -28,Gurgaon Ph: +91-9818430364 / Fax:+9 Email:drsinghal@healthchek.ii	02/2016 GF Metropolis Mall, 1-124-4235850
		Email.disinghal@nealthchek.ii	11
This Certificate expires on*	*(Day, Month,Year)*		
(*N. d	to afternoon contact the conformation	Official Stamp of the Medical E	
(*Not more than 2 years from the dat Medical Certificate shall be 1 year).	e of issue, unless the seafarer is	under the age of 18, in which case the maxi	imum period of validity of the
•	an approved Medical Examiner	ourse of voyage, the Medical Certificate s is available and the seafarer can obtain	

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Annexure-V

SIGHT TEST CERTIFICATE

NEW ENTRY */ PERIODIC*

				For	rm B
eference No. ıll Name					
ank					
P / CDC / ID No.					
ate & Place of Birth					
olour of Eyes					
entification Mark					
		Right Eye	Left Eye	Both Eyes	Result
	Unaided	g = , :		20 2,00	. 1.000.11
Distant Vision	Aided				
	Unaided				
Near Vision	Aided				
	Horizontal Plane				
Field of Vision	Vertical Plane				
	Ishihara				
Colour Vision					
	Lantern / Others				
Dr. Sandeep Singhal,	hereby certify that the esignated rank / position		nnex-II / Annex- (Si		ccupation.
Dr. Sandeep Singhal, andard for his / her* d	hereby certify that the esignated rank / position		nnex-II / Annex- (Si	III* for seafaring o	ccupation.
Dr. Sandeep Singhal, andard for his / her* de (Candidate's Sig	hereby certify that the esignated rank / position		nnex-II / Annex- (Si	III* for seafaring o	ccupation.
Dr. Sandeep Singhal, andard for his / her* de (Candidate's Signate) This Certificate is by the candidate ti 2) Seafarer aggrievee	hereby certify that the esignated rank / position	n* as set out in A	nnex-II / Annex- (Si Ex	ill* for seafaring of ignature of the Me aminer of Masters	dical Examiner and Mates,MM