

# HEALTHCHEK DIAGNOSTICS

Dr. Sandeep Singhal M.B.B.S., M.D. - DGS GOVT. of India Approval No:HYN/GUR/02/2016  
 Shop Num 11, 2nd Floor, MGF Metropolis Mall,  
 Sec -28, Gurugram  
 Email: drsinghal@healthchek.in  
 Ph:+91-9818430364 / Fax:+91-124-4235850

## 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

### 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

# 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,  
Sec -28,Gurgaon  
Email:drsinghal@healthchek.in  
Ph:+91-9818430364 / Fax:+91-124-4235850

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  
Email:drsinghal@healthchek.in

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.

# 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,  
Sec -28, Gurugram  
Email: drsinghal@healthchek.in  
Ph: +91-9818430364 / Fax: +91-124-4235850

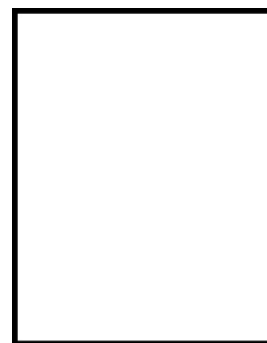
Annexure-V

## 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.