

Doctor Name

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 covention 147

Name: **WEWEWE WEWEWE** Sex: **0** Serial No: **C18274157**
 Surname First Name Middle Initial
 Date of Birth: **09/07/1975** PP/CDC: **523523452** Rank: **A E/Eng**
 Vessel: **ww33** Type: _____ Route: _____
 Home Address: _____
 Company Name : **Air Borne Rec.Pvt.Ltd.**

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)					Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memory				✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc)					Allergy / Skin disease		✓		✓
Hearing Impairment					Infection / Contagious Disease				
Ear / Nose / Throat problems					Addiction to alcohol / drugs / tobacco				
Stomach / Bowel disorders					Fracture / Dislocation / Injury / Amputation				
Gall stones / Kidney disorders					Major / Minor Operation				
Jaundice / Liver Disease		✓		✓	Diabetes				
Piles / Varicose veins					Nervous / Mental disease / Sleep disorder				
Blood Disorder					Malignant disease (Cancer)				
Female Disorder					Signed off on medical grounds / Declared Unfit				

Notes

Medical Examination

Height cms	Weight Kgs	BMI	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min		Resp.Rate / min			General Condition					
			-cm-	/											
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				Abnormal		Left Ear	dB								
Colour Vision		Ishihara		Normal Abnormal		Hearing	Right Ear					Left ear			
		Other		Normal Abnormal											

Systemic Examination

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Notes

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Head & Neck			Notes	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	Result	Normal	Urine	Result	PHOTO
Hemoglobin	gm%	12-18 gm %	Colour		
Total WBC count	cu.mm	4000-11000 cells/ cu.mm	Specific Gravity		
Neu % Lymph % Eos Ba % Mo %		(150-450)x10 ³ cells/cu.mm	pH		
Platelets		ESR	Albumin		
Blood Group		upto 40 U/L	Sugar		
SGPT		0-50 U/L	Bile pigment		
GGTP		upto 260 mg%	Bile salts		
S.Cholesterol		upto 200 mg %	Occult blood		
S. Triglycerides		upto 140 mg %	RBC cells		
Blood Sugar		HAV	Leucocytes		
HIV I & II		HBsAg	Others		
VDRL		HCV	Drugs of Abuse		
Malarial Parasite		Others	X-Ray		
Spirometry			Audiometry		
ECG			USG Abdomen		
TMT					

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, **Raj Parekh**, hereby declare the examinee medically

Fit ☐ Unfit ☐ Temporarily unfit ☐ Permanaently unfit ☐ Should be re-examined in **0** days / weeks / months.

Remarks / Recommendation

I, **Raj Parekh**, 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 **2015-07-15**