



**MARITIME AND PORT AUTHORITY OF SINGAPORE  
SHIPPING DIVISION**

**M P A**  
SINGAPORE

**RECORD OF MEDICAL EXAMINATIONS OF SEAFARER**

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name : (Last, first, middle) (BLOCK CAPITALS) <b>ABEDIN MOHAMMAD ZIAUL</b>		Gender: (Male)Female* <b>(Male)</b>
Date of Birth: day/month/year <b>05/09/1974</b>	Place of Birth: <b>CUMILLA</b>	Nationality: <b>BANGLADESHI</b>
Type of ID documents: NRIC No. / Passport No.: <b>EA0921277</b>	Dept: Deck / Engine / Catering / others Rank: <b>MASTER</b>	Type of ship: <b>CONTAINER</b>
Home Address: <b>FLAT NO-2/202 EASTERN PANTHARAYA PANTHARATH, DHAKA-1205</b>	Routine and emergency duties:	Trading area: e.g coastal <b>(world wide)</b>

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
1. Eye/vision problem	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Sleep problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. High blood pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Do you smoke, use alcohol or drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Heart/vascular disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. Operation/surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Heart Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21. Epilepsy/seizures	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Varicose veins/piles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. Dizziness/fainting	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Asthma/bronchitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Loss of consciousness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Blood disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24. Psychiatric problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25. Depression	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Thyroid problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Attempted suicide	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Digestive disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27. Loss of memory	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Kidney problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28. Balance problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Skin Problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29. Severe headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Allergies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30. Ear(hearing, tinnitus/nose/throat problem)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Infectious / contagious diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31. Restricted mobility	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Hernia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32. Back or joint problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Genital disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	33. Amputation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Pregnancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34. Fracture/dislocations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you answer "yes" to any of the above questions, please provide details:

**GLASSES**

Additional questions

Yes No

35. Have you ever been signed off as sick or repatriated from a ship?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have you ever been hospitalized?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



37. Have you ever been declared unfit for sea duty?		✓
38. Has your medical certificate even been restricted or revoked?		✓
39. Are you aware that you have any medical problems, diseases or illnesses?		✓
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
41. Are you allergic to any medication?		✓
42. Are you using any non-prescription or prescription medication?	✓	

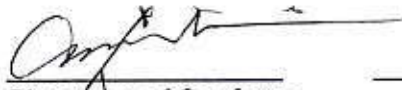
If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

TAB. COVERSYL PLUS FOR HYPERTENSION

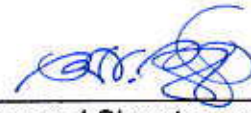
I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

26 SEP 2021

Date



Signature of Seafarer



Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. ATM ANWARUL HAQUE.

26 SEP 2021

Date



Signature of Seafarer



Name and Signature of Witness

Dr. ATM Anwarul Haque  
MBBS, CCD (BIRDEM)  
Reg. no. A27902  
Authorised by DOS (BD)  
Marine Health Care  
Dhaka



## Part B – Result of medical examinations

### Eyesight

Use of glasses or contact lenses

No

Yes Type ..... Purpose NEAR VISION

### Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant <u>6/6</u>	<u>6/6</u>	<u>6/6</u>	Distant		
Near			Near <u>5</u>	<u>5</u>	<u>5</u>

### Visual fields

	Normal	Defective
Right eye	<input checked="" type="checkbox"/>	
Left eye	<input checked="" type="checkbox"/>	

### Colour Vision (please tick)

Not tested  Normal  Doubtful  Defective

### Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear				
Left ear				

### Speech and whisper test (metres)

	Normal	Whisper
Right ear	<u>04</u>	<u>02</u>
Left ear	<u>04</u>	<u>02</u>

### Clinical Findings

Height	(cm)	<u>166</u>	Weight	(kg)	<u>70</u>
Pulse rate	(per minute)	<u>72</u>	Rhythm		<u>REGULAR</u>
Blood Pressure Systolic	(mm Hg)	<u>120</u>	Diastolic	(mm Hg)	<u>85</u>
Urinalysis:	Glucose :	<u>NIL</u>	Protein:	<u>NIL</u>	Blood: <u>NIL</u>

	Normal	Abnormal
Head	<input checked="" type="checkbox"/>	
Sinus, nose, throat	<input checked="" type="checkbox"/>	
Mouth/teeth	<input checked="" type="checkbox"/>	



Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	✓	
Heart	✓	
Skin	✓	
Varicose Vein	✓	
Vascular (inc. pedal pulse)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam)	✓	
G-U system	✓	
Upper and lower extremities		
Spine (C/s, T/S, L/S)		
Neurologic (full/brief)		
Psychiatric		
General appearance		

**Chest X-ray**

Not performed

Performed on (day/month/year): 20 SEP 2021

Results: NORMAL

**Other diagnostic test(s) and result(s):**

Test CBE, CREATININE, LFT, HIV, ETT

Results: NORMAL

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

**Fit For Duty On Board Ship**

**Assessment of fitness for service at sea (please tick)**

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

Fit for look out duty

Unfit for lookout duty

Visual aid required

Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit	✓			
Unfit				



Without restrictions       With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

20 SEP 2021

Date



Signature of  
Medical Practitioner

Dr. ATM Anwarul Haque  
MBBS, CCD (BIRDEM)  
Reg. no. A27902  
Authorised by DOS (BD)  
Marine Health Care  
Dhaka

Medical Practitioner's name, licence number, address





## MARITIME AND PORT AUTHORITY OF SINGAPORE

**M P A**  
SINGAPORE

## SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name : (Last, first, middle) ABEDIN MOHAMMAD ZIAUL		Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female*
Date of Birth: (Day/month/year) 05/09/1974	Nationality: BANGLADESHI	Place of Birth: CUMILLA

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Hearing meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Unaided hearing satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Visual acuity meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Colour vision meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Date of last colour vision test:	20 SEP 2021	
6	Fit for look-out duty?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	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 endanger the life of person onboard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	No limitations or restrictions on fitness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year)	20 SEP 2021	
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	25 SEP 2023	

20 SEP 2021

Date

Signature of Authorised  
Medical Practitioner

Dr. ATM Anwarul Haque  
MBBS, CCD (BIRDEM)  
Reg. no. A27902  
Authorised by DOS (BD)  
Marine Health Care  
Dhaka

Medical Practitioner's Official stamp  
(name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

\* delete as appropriate

