

SHOW FOLLOWING TO GENERAL PHYSICIAN

FORMAT FOR BODY MASS INDEX (BMI) REPORT

This test report should be on **General Physician's letterhead** containing his / her Name, qualifications, contact Numbers and Registration Number.

PLEASE GIVE ACTUAL HEIGHT and WEIGHT.

DISQUALIFICATION FOR WRONG HEIGHT and WEIGHT

The test report should be along following lines:

FULL NAME: THIS IS FORMAT: DO NOT FILL

PASSPORT NUMBER: THIS IS FORMAT: DO NOT FILL

IDENTIFICATION NOTES: THIS IS FORMAT: DO NOT FILL

ON DOCTOR'S
LETTERHEAD
CANDIDATE'S PP
SIZE
PHOTOGRAPH
WITH SIGNATURE
ACROSS AND
DOCTOR'S STAMP

HEIGHT (METERS)	WEIGHT (KGS)	BMI
XX	XX	XX

ON DOCTOR'S LETTER HEAD

Doctor's Stamp and Signature (THIS IS FORMAT)

Place:

Date:

NOTE: BMI SHOULD BE CHECKED AFTER FORM IS DISPLAYED ON WEBSITE

SHOW FOLLOWING TO EYE SURGEON

FORMAT FOR EYE TEST REPORT

The test report should be on **Ophthalmologist's / Eye Surgeon's letter head** containing his / her Name, qualifications, contact Numbers and Registration Number. **Please give actual report.**

The test report should be along following lines:

FULL NAME: THIS IS FORMAT: DO NOT FILL
PASSPORT NUMBER: THIS IS FORMAT: DO NOT FILL
IDENTIFICATION NOTES: THIS IS FORMAT: DO NOT FILL

ON DOCTOR'S LETTERHEAD CANDIDATE'S PP SIZE PHOTOGRAPH WITH SIGNATURE ACROSS AND DOCTOR'S STAMP

		RIGHT EYE	LEFT EYE	BOTH EYES
DISTANT VISION	Unaided	6/XX	6/XX	6/XX
	Aided	6/XX	6/XX	6/XX
NEAR VISION	Unaided	6/XX	6/XX	6/XX
	Aided	6/XX	6/XX	6/XX
FIELD OF VISION	Horizontal Plane	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
	Vertical Plane	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
COLOUR VISION	Ishihara			

UNAIDED: WITHOUT SPECTACLES/LENSES/ANY OTHER AID

Eye surgeon should check for irremediable morbid condition of either eye or the lids of either eye, presence of diplopia, glaucoma and uveitis, congenital night blindness, retinitis pigmentosa or any other serious or progressive eye disease.

NOTE: Shipping company doctors check the above prior to joining every ship; hence, it is necessary that Eyesight meet the standards before commencing pre-sea training.

ON DOCTOR'S LETTER HEAD

Doctor's Stamp and Signature (THIS IS FORMAT)

Place:

Date:

NOTE: EYES SHOULD BE CHECKED AFTER FORM IS DISPLAYED ON WEBSITE