Westfield Clinic

Microbiology Form

| | | | | 10 | | | | | | | | |
|-------------------------|--|---|--|-----------------------|------------------------------|-------------|------------------|-------------------|--|--|--|--|
| Gut-patients | □In-patient | □Urgent I | Routine | | | Registratio | on number | | | | | |
| Name | | | | | | | | Date of birth Age | | | | |
| - | | | • | | | | III Age | 0 | | | | |
| Omme g | ARROE | | | | | | d | X) | | | | |
| Sex: / Address | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Male DFemale | | | | | | | | | | | | |
| Clinical data: | | | | 1 | | | | -4 | | | | |
| | | | | | | | | | | | | |
| Ordering Physician: | , P | 22.1 | | | Requ | uest date: | 01.0 | 10 | | | | |
| | DR GAA | 4877 | | uest date: 26/12/23 - | | | | | | | | |
| Date & time collected | 2812/2 | 23- | | ected by l | | | | | | | | |
| | | | | | | | | | | | | |
| | □SWAB | . Blood cultures | □CSF | | | | | | | | | |
| | | | | | | | | | | | | |
| Urine Blood culture CSF | | | | | | | | | | | | |
| Urii | ne | | culture | | | | CSF | | | | | |
| Urinanalysis | Result | Culture | | | | Total | Lactate | Glucose ratio | | | | |
| Appearance | | - | | | | protein | | | | | | |
| Colour | andel | 10000 | | | | | | | | | | |
| Protein | mb | 1101P | | | | | | | | | | |
| Sugar | ml | - | | | | | | | | | | |
| Ketone | l ml | | | | | | | | | | | |
| Bile | negatie. | Sensitivity | Organis | m | 403404404040404040404040 | Microscop | y: Cell count ar | nd cytology | | | | |
| Urobilinogen | , nil | | 1 | 2 | 3 |] | | | | | | |
| Ph | 6 | Penicillin | | | | | | | | | | |
| Nitrite | Nejatue | Ampicillin | | | | | | | | | | |
| Blood | ml | Cloxaxillin | | | | 1 | | | | | | |
| Microscopy | | Co-trimoxazole | | | | | | | | | | |
| WBC | | Gentamicin | | | | 1 | | | | | | |
| RBC | | Chloramphenicol | | | | | | | | | | |
| Epith cells | | Tetracycline | | | | | Sto | ol | | | | |
| Bacteria | NT6 | | | | | , Appea | arance | | | | | |
| | | _ | | | | | | | | | | |
| Yeast cells | | Nitrofurantoin | | | | | | | | | | |
| Urine crystals | | | | | | | | | | | | |
| 0.1 | NIL. | Ciprofloxacillin | | municipation | - | Micros | SCODV | | | | | |
| Casts | 101- | Ceftriaxone | 1 | | 1 | | | | | | | |
| Other | | Cefuroxime | | | | | | | | | | |
| | | Erythromycin | | | | | | | | | | |
| Culture N | 12. | Methicillin | | | | Cultur | е | | | | | |
| | | Polymixin B | | | | | | | | | | |
| | | Nalidixic Acid | | | | | | • | | | | |
| Sensitivity | | SI | wab | | Lab technician sign and date | | | | | | | |
| · · · · | 9 ¹⁹ | microscopy culture Lab technician sign and date | | | | | | | | | | |
| | | | GWES T | FIE | LUC | I INIG | | | | | | |
| have c | CARE A P | | PMB 569 - KANIF Supervisor sign and date | | | | | | | | | |
| preme sc | TREENING | | THE GAMBIA | | | | | | | | | |
| ALA | | 1 | 28-12 2 BDOULIE | | | | | | | | | |
| UTITE | | | BAIL | | | 175 | +220 360 | GA | | | | |
| CAMAR | (110723) | ALL | | | | 10/200 | 20 | 183 12 | | | | |
| AMPH | ETAMINE - | ALL WECATIVE | - | | | DATE | -0-12 | 22 | | | | |
| | _ | | | | | A SIGN: | | | | | | |
| to CAT | DRUG SCREEMING OFIFIES CAHARINOIDS AMPHEIADUINT COCAINE COCAINE COCAINE DRUG SCREEMING ALL NECATIVE COCAINE Supervisor sign and date THE GAMBIN DATE 28-12 DOULIE CAMARINOIDS ALL NECATIVE COCAINE COCAINE COCAINE COCAINE | | | | | | | | | | | |

Routine Laboratory Form

THE GAMBIA



| | out-patients | □In-p | patient | | Emergency | | | Re | gistration nur | nber | | |
|------------------------------------|-----------------------------|-----------|-----------|--------------|------------------------------------|--|---------------|------------------------|----------------------------|---|-------|--|
| Name Om m Anres Sex: Address | | | | | | | | Da | ate of birth Age | | | |
| Sex | | Addres | s | | | | | Lal | o No: | | | |
| | | | | | | | | | ceiving ibiotics | Yes | No | |
| Clinical data: | | | | | | ine all | | Name of antibiotics | | | | |
| Ord | ering Physician: | A | Conal | :7 | | | Date | e 2 | \$/12/2 | 3 | | |
| | Full Blo | ood Count | | Biochemistry | | | | Microbiology | | | | |
| x | Test | Result | Ref range | x | Test | Result | Ref range | x | Test | Result | ***** | |
| | Haemoglobin | 15.5g | l | | Urea | | · · · · | | Urinanalysis | manahaanaanaanaanaanaanaanaanaanaanaanaan | ***** | |
| | PCV | 43.1 | | | Creatinine | | | | Colour | | | |
| | Blood film for malaria | | | | Random glucose | | | | Smell | | | |
| | Reticulocyte count 12134 | 5.10 | | | Fasting glucose | | | | Urobilinogen | | | |
| | WBC (total) | | | | Sodium | | | - | Glucose | | | |
| | WBC differential | 6.1 | | 1 | Potassium | | | | Bilirubin | | | |
| | Neurophil | 68°h. | | | Chloride | | | 1 | Ketones | | | |
| | Lymphocytes | 26.3% | | | Pregnancy test | | | - | Specific gravity | | | |
| | Monocytes | 5.6% | | | Sickle test | | 19545 | | | | | |
| | Eosinophils | | | | VDRL | | | | Blood | | | |
| | Basophil mcv | 84.5 | | | HIV | 2-12 | GATINE | | рН | | | |
| | MCI-F - Platelet Count | 3014 | | | -10 | 2-110 | ~,,, | | Protein | | | |
| | | 233 | | | | | | | Nitrite | | | |
| | ESR | 21 | | | Urine culture | | | | | | | |
| | MCIFC ABO Blood | 36.0 | 1 | | | | | | Leukocyte Urine microsc | 001/ | | |
| | group | | | | Sensitive | Resist | ant | | | ору | | |
| Thin | blood film: comment | | | | | | | | | · · · | | |
| | | | | | | | | | | | | |
| | | | - | | | | + | | | | | |
| Lab technician sign and date | | | | | upervisor sign and date | | | | | | | |
| | | | | | PMB 569 - KANIFING, THE GAMBIA. | | | | ABDOUL | IE GAA | | |
| | | | | | DATE 23-12-23 | | | | A-12-2-2-12 DATE: | | | |
| | | | | | | and the state of t | in the second | 1 . | SIGN | | 2 | |

THE WESTFIELD CLINIC

KANIFING

Biochemistry Form

| □Out-patients □In-patient □Urgent □Routine | | | | | | | | Registration number | | | | | |
|--|------------------------|---|-----------------|----------|-----------------------------|---------------------|--|---------------------|------------------------------------|-------------------------|-------------|------------------------------|--|
| Name | | | | | | | | Dat | Date of birth Age | | | | |
| OMAR DARBOE | | | | | | | | | | | øð- | | |
| Sex | | Address | | | | | | | | | 000 | | |
| | Male DFemale | | | | | | | | | | | | |
| Clir | iical data: | | | | | | | | | | | | |
| Ord | lering Physician: | Con | <u></u> | | | | | Requ | est | date: | | | |
| Date & time collected 261×23 | | | | | Coll | | | | uest date: 26/12/23 ected by | | | | |
| Dui | | 261 | 12/27 | | | | | - | | | | and the second second second | |
| | Basic Meta | bolic Panel | 1 | | Renal Fur | nction Pane | I | | Co | omprehensive | e metabolic | Panel | |
| х | Examination | Result | Ref range | X | Examination | Result | Ref rang | je | x | Examination | Result | Ref range | |
| | Blood Urea Nitrogen | 4.3 r | moll | 7 | Albumin | | | | | Albumin | | | |
| | Calcium | | dummen af some | | Blood Urea | | pattanananananananananananananananananan | | americani | Alkaline | | | |
| | Sodium | | ammunum | malannan | Nitrogen Calcium | | | | | Phosphatase ALT | | | |
| ****** | Potassium | | | - | Sodium | | | | ***** | ALT | | | |
| | | | T | | _ Oodidiii | | | | N9399993793397938 | Blood Urea | | | |
| | Chloride | | | | Potassium | | | | | Nitrogen | | | |
| | Creatinine | 66,85 | Mmo | eff. | Chloride | | | | | Calcium | | | |
| | Random Glucose | | | | Creatinine | | | | ****** | Creatinine | | | |
| WINDOWNWAW | | | | | Random | | | | | Random | | | |
| | Lipid Panel | | | | Glucose | | | | | Glucose | | | |
| ******* | Cholesterol | and encourse and the second | | | Phophorus | | | | ******* | Total Protein | | | |
| | HDL | | Obstetric Panel | | | | Liver Function Panel | | | | | | |
| | LDL | | | | ABO | I | | | ***** | Albumin | 44.63 | GM | |
| | Triglyceride | · · | | | Antibody screen HBSAg | | | | | Alkaline Phosphatase | 5 6 | UJZ | |
| | Hepatitis P | anel Acute | | | Pregnancy | | | | | ALT | 16 | UIL | |
| .1 | HAV Ab IgM | Late Port | VS. | | kest Rh | | | | | AST | 16.67 | UIC | |
| | HBSAg | -NECOS | 311 | | Rubella IgG | | | | | Total Bilirubin | 3,53 | umo | |
| | пволу 2 | - N Chapm | 00 | - | Syphilis IgG/ | | | | | Direct | 2137 | uno, | |
| ~ | HBSAb | いをしのうう | σε | | IgM | | | | | Bilirubin | | | |
| ~ | HBc Ab IgM | NECONTI NECODTI NECODTI -NECOTI | IVE | | Infertil FSH | ity Panel | | | | Creatinine kinase | | | |
| de | | iers | I | | LH | | | 1 | | 0 07 | | | |
| | PSA free | | | 1 | Prolactin | | • | | | Gamma GT | | | |
| | PSA total | | | | Semen | | | 1994 | | Total Protein | 77.22 | G. | |
| | T3 free | | - | Lab | technician sign | and date | 1 | | Sup | ervisor sign and | d date | . 1 | |
| | T3 total | | | | · · | Tr | | InfoMLE CO | | | | | |
| Í | T4 Thyroxine | | | | SWESTF | IELD CLIN | 10 | | | TUNK | 36010 AR | 1 | |
| | Creatinine kinase | | | | PMB 56 | 9 - KANIFING, | | | 1 | 2-14-1-4 | 12-2-2- | 2 | |
| | | | | | DATE 25 | E GAMBIA. 3-12-2 | 3 | | (6 | DATE: | * |) | |
| | | | | | Dita Aliminia | | | | 3 | * THE G | MBIA | | |



Welcome to All Sea Medical online,

The steps on these 2 pages will walk you through the process of how you can submit your medical documents for processing of your Seafarer Medical Fitness Certificate (SMFC formerly known as PEME). Food workers and Youth must additionally complete the "Food Workers and Youth Staff Testing" instructions. You must fill in ALL portions of the documents as well as complete all required tests. After your tests are fully completed and signed please submit in one scanned file (.pdf format if possible) to documents@allseamedical.com . It is possible that after you submit your files you will be asked to repeat tests, perform new tests, or see a medical specialist for further opinions.

Step 1- Go to <u>allseamedical.com</u> and submit your payment under the "Payments" tab. If using a credit card that is not yours please send an email to us and tell us the name on the card you used to make your payment. <u>This will trigger our system to send you the proper Carnival medical documents</u>.

Step 2- Schedule your appointment with your doctor at least **4 weeks prior to your start date** and let your doctor know the tests involved so they can be prepared. If you will be unable to schedule an appointment within 4 weeks let your head of department or schedulers know.

Step 3- Take all the documents attached to this file and fill them out at your doctor's office with your doctor. Make sure you answer complete and honestly so there are no delays. Also make sure your doctor fills in all the details to your "Yes" answers. If documents are not fully completed you may have to return to your doctor. !! Take all the original documents as you will need them to board!!

Page 1 of 2 General Instructions