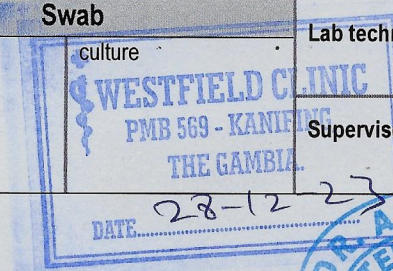


<input checked="" type="checkbox"/> Out-patients <input type="checkbox"/> In-patient <input type="checkbox"/> Urgent <input type="checkbox"/> Routine		Registration number	
Name <i>Amir DABOE</i>		Date of birth	Age <i>20</i>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Address		
Clinical data:			
Ordering Physician: <i>DR GABBA</i>		Request date: <i>28/12/23</i>	
Date & time collected <i>28/12/23</i>		Collected by	
<input checked="" type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> SWAB <input type="checkbox"/> Blood cultures <input type="checkbox"/> CSF			

Urine		Blood culture				CSF		
Urinanalysis	Result	Culture				Total protein	Lactate	Glucose ratio
Appearance	<i>amber</i>							
Colour	<i>ml</i>							
Protein	<i>ml</i>							
Sugar	<i>ml</i>							
Ketone	<i>ml</i>							
Bile	<i>negative</i>	Sensitivity	Organism			Microscopy: Cell count and cytology		
Urobilinogen	<i>6 ml</i>		1	2	3			
Ph	<i>6</i>	Penicillin						
Nitrite	<i>Negative</i>	Ampicillin						
Blood	<i>ml</i>	Cloxacillin						
Microscopy		Co-trimoxazole				Stool		
WBC	<i>/</i>	Gentamicin						
RBC	<i>/</i>	Chloramphenicol						
Epith cells	<i>/</i>	Tetracycline						
Bacteria	<i>/</i>							
Yeast cells		Nitrofurantoin				Microscopy		
Urine crystals								
Casts	<i>NIL</i>	Ciprofloxacin						
Other		Ceftriaxone						
		Cefuroxime						
Culture	<i>NIL</i>	Erythromycin				Culture		
		Methicillin						
		Polymixin B						
		Nalidixic Acid						
Sensitivity		Swab				Lab technician sign and date		
		microscopy culture						
<i>Drug Screening</i>						Supervisor sign and date <i>[Signature]</i>		
		DATE: <i>28-12-23</i>						

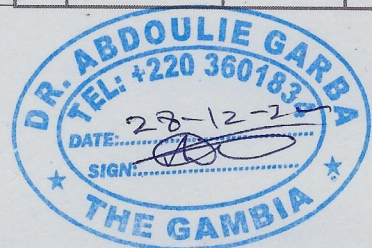
*OPATICS
CATHARINOLIS
AMPHETAMINE
COCAINE*

*ALL
NEGATIVE*





<input checked="" type="checkbox"/> Out-patients <input type="checkbox"/> In-patient <input type="checkbox"/> Emergency		Registration number	
Name <i>Omara AAROE</i>		Date of birth	Age <i>180</i>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Address	Lab No:	Receiving antibiotics
Clinical data:		Yes	No
Ordering Physician: <i>Dr. Garba</i>		Date <i>28/12/23</i>	

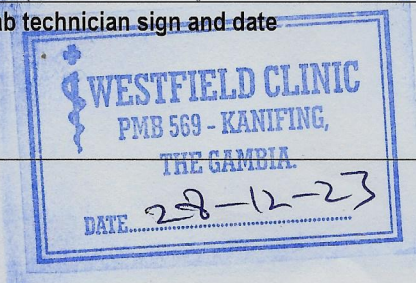
Full Blood Count				Biochemistry				Microbiology			
X	Test	Result	Ref range	X	Test	Result	Ref range	X	Test	Result	
	Haemoglobin	<i>15.5g/l</i>			Urea				Urinalysis		
	PCV	<i>43.1</i>			Creatinine				Colour		
	Blood film for malaria				Random glucose				Smell		
	Red blood cell count <i>RBC</i>	<i>5.10</i>			Fasting glucose				Urobilinogen		
	WBC (total)				Sodium				Glucose		
	WBC differential	<i>6.1</i>			Potassium				Bilirubin		
	Neutrophil	<i>58%</i>			Chloride				Ketones		
	Lymphocytes	<i>26.3%</i>			Pregnancy test				Specific gravity		
	Monocytes	<i>5.6%</i>			Sickle test				Blood		
	Eosinophils	<i>-</i>			VDRL				pH		
	Basophil <i>mcv</i>	<i>84.5</i>			HIV	<i>- 1 & 2 - NEGATIVE</i>			Protein		
	Platelet Count	<i>233</i>			Urine culture				Nitrite		
	ESR <i>mcv</i>	<i>36.0</i>			Sensitive		Resistant		Leukocyte		
	ABO Blood group				Urine microscopy						
Thin blood film: comment											
Lab technician sign and date				Supervisor sign and date <i>[Signature]</i>							



<input type="checkbox"/> Out-patients <input type="checkbox"/> In-patient <input type="checkbox"/> Urgent <input type="checkbox"/> Routine		Registration number	
Name <i>OMAR AL-ROE</i>		Date of birth	Age <i>42</i>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Address		
Clinical data:			
Ordering Physician: <i>Garba Dr</i>	Request date: <i>26/12/23</i>		
Date & time collected <i>26/12/23</i>	Collected by		

Basic Metabolic Panel				Renal Function Panel				Comprehensive metabolic Panel			
X	Examination	Result	Ref range	X	Examination	Result	Ref range	X	Examination	Result	Ref range
	Blood Urea Nitrogen	4.3	mmol/l		Albumin				Albumin		
	Calcium				Blood Urea Nitrogen				Alkaline Phosphatase		
	Sodium				Calcium				ALT		
	Potassium				Sodium				AST		
	Chloride				Potassium				Blood Urea Nitrogen		
	Creatinine	66.85	mmol/l		Chloride				Calcium		
	Random Glucose				Creatinine				Creatinine		
	Lipid Panel				Random Glucose				Random Glucose		
	Cholesterol				Phosphorus				Total Protein		
	HDL			Obstetric Panel				Liver Function Panel			
	LDL				ABO				Albumin	44.63	g/l
	Triglyceride				Antibody screen				Alkaline Phosphatase	86	U/l
					HBSAg				ALT	16	U/l
Hepatitis Panel Acute					Pregnancy test				AST	16.67	U/l
✓	HAV Ab IgM	NEGATIVE			Rh				Total Bilirubin	3.53	mmol/l
✓	HBSAg	NEGATIVE			Rubella IgG				Direct Bilirubin		
✓	HBSAb	NEGATIVE			Syphilis IgG/ IgM				Creatinine kinase		
✓	HBc Ab IgM	NEGATIVE		Infertility Panel					Gamma GT		
					FSH				Total Protein	77.22	g/l
Others					LH						
	PSA free				Prolactin						
	PSA total				Semen						
	T3 free			Lab technician sign and date 				Supervisor sign and date 			
	T3 total										
	T4 Thyroxine										
	Creatinine kinase										

Lab technician sign and date



Supervisor sign and date





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 allseamedical.com 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. This will trigger our system to send you the proper Carnival medical documents.

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!!