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 convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS,(DU), DFM

RADICAL HOSPITAL LIMITED,
35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: KHAN (Surname) MD RAFIQUL (First Name) ISLAM (Middle Initial) Sex: Male Serial No:

Date of Birth: 07 / 01 / 1993 PP/CDC: C101 8643 Rank: 3rd Engineer

Vessel: MV BLUE VOYAGE Type: BULK CARRIER Route:

Home Address: CHAR KUMRI, LOHAGARA, NARAIL

Company Name : DOREEN SHIPPING LINE 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 Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	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		✓		✓	Mallignant disease (Cancer)		✓		✓
Female Disorder		✓		✓	Signed off on medical grounds / Declared Unfit		✓		✓

Notes

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
165cm	70kg.	43-41 cms	120/80 mmHg	78 b/min	19 b/min	Good

Distant Vision	Uncorrected	Corrected	Field of Vision
Right Eye	6/6		Normal
Left Eye	6/6		Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Colour Vision			
Ishihara		Normal	Abnormal
Other		Normal	Abnormal

Hearing	Right Ear	Left ear
	✓	✓

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS 3rd Engineer
AS PER MLC 2006

Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	13.1 gm%	14-16 gm %
Total WBC count	8500 cu.mm	4000-11000 / cu.mm
Neu 71 % Lymp 22 % Eos 03 Ba 00 % Mo 04 %		
Malarial parasite	Not Found	
ESR	09 mm / 1st hour	1- - 15 mm / hr
SGPT	20 U/L	9--43 U / L
S.Cholesterol	N/E mg/dl	145--260 mg / dl
S.Triglycerides	N/E mg/dl	upto 200 mg /dl
Blood Sugar	RBS S.S PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non Reactive	
Others	GGTP U/L	
Blood Group		

Urine	
Colour	Straw
Specific Gravity	
pH	
Albumin	Nil
Sugar	Nil
Bile pigment	
Bile salts	
Occult blood	
RBC cells	Nil
Leucocytes	
Others	

ECG : Normal **TMT:** N/D.

X-Ray Chest: Normal

Spirometry: N/D

Drugs of Abuse: Negative

USG: Normal

DR. MIR MD RAIHAN RADICAL HOSPITALS LTD

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically

Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months

Remarks / Recommendations

I, Doctor's Name: DR.MIR MD. RAIHAN 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: 20 APR 2026

Candidate's Signature Official Stamp Doctor's signature:

Date: 21-04-2024

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Sildem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

21 APR 2024

Radical Hospital Ltd As Per MLC-2006 DG Shipping Bangladesh Approved

04.2024.6369

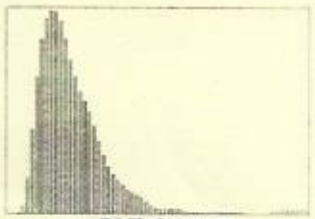
ID NO	**: 24040436**	**Date**	**: 21/04/2024**
Patient's Name	**: MD RAFIQUL ISLAM KHAN**	**Age**	**: 31Y 3M 14D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/8643**	**Sex**	**: Male**
Specimen	**: Blood**		

(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

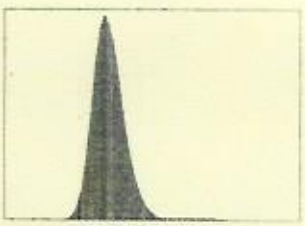
HAEMATOLOGY REPORT

Parameter	Results		Reference Values
Haemoglobin(Hb)	**13.1**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**09**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**8,500**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	71	%	(40 - 75)%
Lymphocytes	22	%	(20-45)%
Monocytes	04	%	(2-10)%
Eosinophils	03	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**255**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**190,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	12.7	fL	7.0 -11.0 fL
PDW-CV	17.5	%	10 - 18 %
PCT	0.24	%	0.10 - 0.28
P-LCR	43.5	%	9.00 - 45.00%
P-LCC	83	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**4.55**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	41.1	%	M: 40-54%, F: 37-47%
MCV	90.3	fL	76-94 fL
MCH	28.9	pg	27-32 pg
MCHC	32	g/dL	29-34 g/dL
RDW SD	46	fL	30.0-57.0 fL
RDW CV	15.5	%	10-16%

WBC CURVE



PLT CURVE



RBC CURVE

Checked By...
Medical Technologist.
Redical Hospital Ltd.
Uttara,Dhaka.

Dr. Sumaiya Khatun
MBBS,MD (Gold Medilist) (BSMMU)
Associate Professor
Dept.Of Microbiology
East West Medical College & Hospital.

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24040436	Received Date	21/04/2024
Patient's Name	MD RAFIQUL ISLAM KHAN		
Patient's Age	31Y 3M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8643
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.50 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	20.0 U/L	Up to 37 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

radical_hospitals@yahoo.com, www.radicalhospital.com

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Sample	**BLOOD**		

SEROLOGICAL REPORT

Test Name	Result
HBs Ag (Method : (ICT)	Negative

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

Bill No	DIA24040436	Received Date	21/04/2024
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Patient's Age	31Y 3M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8643
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

Medical Technologist.
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8643
Sample	**URINE**		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24040436	Receive: Print: 21/04/2024		
Patient's Name	:	**MD RAFIQUL ISLAM KHAN**			
Age	:	31 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	74 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

ID: 24020579 21-04-2024 14:44:17

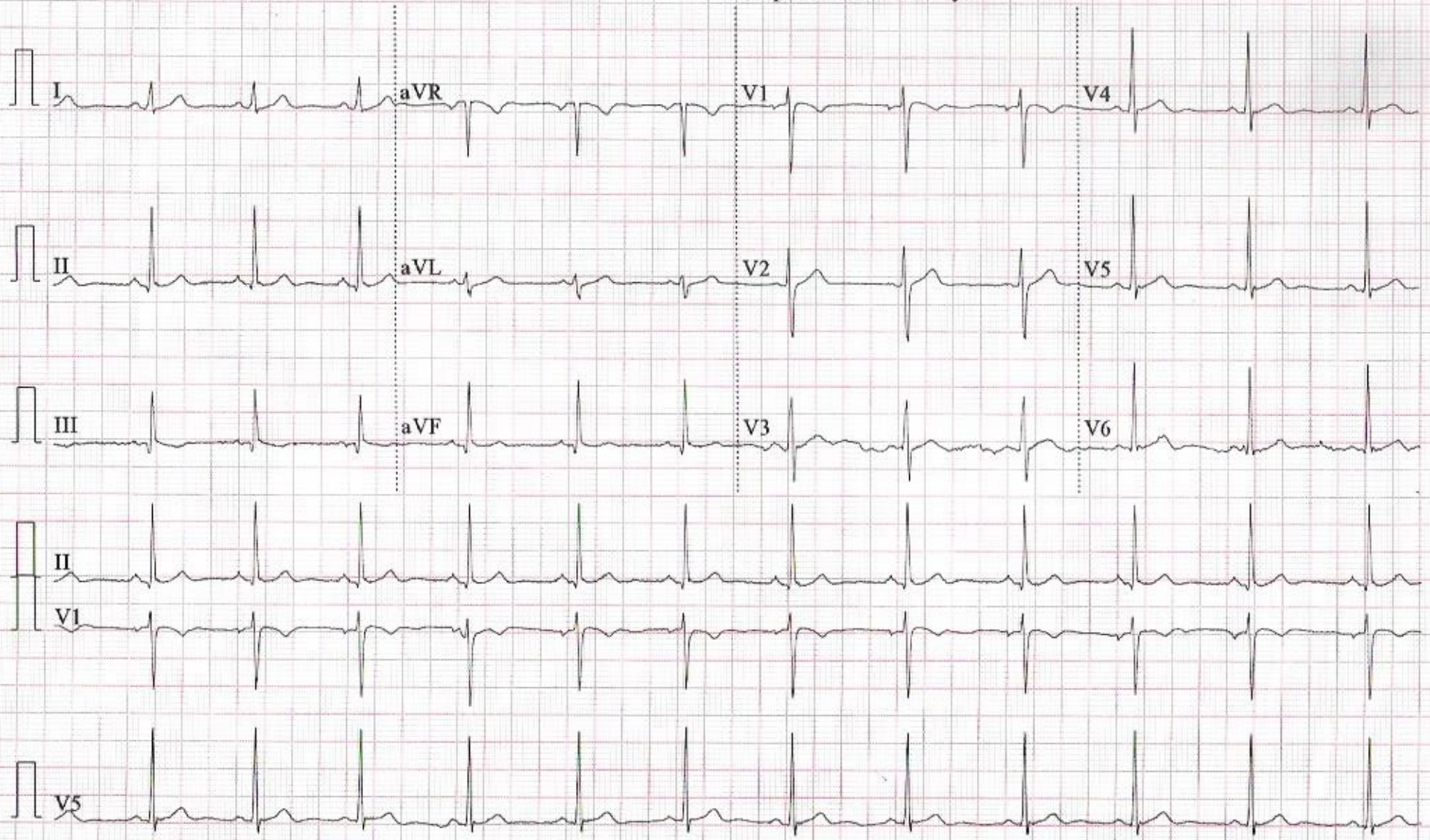
Md. Rashid Khan

Male 31 Years

HR	: 74	bpm	
P	: 96	ms	
PR	: 128	ms	
QRS	: 82	ms	
QT/QTc	: 338/375	ms	
P/QRS/T	: 33/67/17	°	
RV5/SV1	: 1.638/1.150	mV	

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥74 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24040436	Receive:21/04/2024	Print: 21/04/2024
Patient's Name	:	**MD RAFIQUL ISLAM KHAN**		
Age	:	31 YRS	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm	:	Both hemidiaphragm are normal in position. C-P angles are clear.
Heart	:	Normal in T.D.
Lung	:	Lung fields are clear.
Bony thorax	:	Reveals no abnormality.
Comments	:	**Normal chest skiagram.**

Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical COllege Hospital

This report has been electronically signed.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

This is to certify that MD RAFIQUL ISLAM KHAN date of birth 07-01-1993 Sex MALE
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows Rafiq
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
1	21 APR 2024	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ★ ★ ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the ev6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the casc of a pilgrim,.tins certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is perfomed.
Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvrc unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;;gtte period do six mois jour de cette revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou I o. mission d' une quclconquc des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that MD RAFIQUL ISLAM KHAN date of birth 07-01-1993 Sex MALE
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows
don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccipetor Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' . ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1	21 APR 2024 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bircam), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	YELLOW FEVER VACCINE LOT NO DAM	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre Is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccinalion.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for die signature.

Any amendment of this certificate, or erasure, of failure to complete any part of it, may render it invalid.

Ce certificate n' est avalable que si Ic vaccina employe" a c-' tc,' a approve" par I' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allectcr sa validite.