

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: SHAWON MO SAMSUR RAHMAN Sex: Male Serial No: _____

Date of Birth: 17/12/2001 PP/CDC: T/36069 Rank: T2 Fireman

Vessel: Mr Blue Voyage Type: BULK Carrier Route: _____

Home Address: Uttar Dighelli, Molla Bari, Motlab South, Chandpur

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		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		☒		☒	Hernia / Hydrocoele / Appendicitis		☒		☒
Head Injury / Concussion / Loss of Memory		☒		☒	High / Low blood pressure / Heart disease		☒		☒
Fits / Epilepsy / Dizziness / Fainting		☒		☒	Asthma / 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		☒		☒	Malignant disease (Cancer)		☒		☒
Female Disorder		☒		☒	Signed off on medical grounds / Declared Unfit		☒		☒

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition			
<u>170cm</u>	<u>73kg</u>	<u>42-41</u>	<u>120/80 mmHg</u>	<u>78 b/min</u>	<u>19 b/min</u>	<u>Good</u>			
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000
Right Eye	<u>6/6</u>	<u>6/6</u>	Normal	Right Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>	
Left Eye	<u>6/6</u>	<u>6/6</u>	Normal	Left Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>	
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear		Left ear		
	Other	Normal	Abnormal		<u>9</u>		<u>9</u>		

Systemic Examination	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	☒		FIT FOR SEA SERVICE AS DR. FIREMAN AS PER MLC 2006 Enhanced GARD Medicals done		Respiratory system	☒
Eyes	☒				Cardiovascular system	☒
Ears / Nose / Throat	☒				Per Abdomen	☒
Teeth / Oral Cavity	☒				Genito-urinary system	☒
Musculo-Skeletal system	☒				Others	☒
Nervous system	☒				Hernia / Hydrocoele	☒
Reflexes	☒				Varicose Veins	☒
Skin	☒				Fissure/Fistula/Piles	☒

Investigations		Result	Normal	Urine
Blood				
Hemoglobin		<u>16.2 gm%</u>	14-16 gm %	Colour
Total WBC count		<u>12000 cu.mm</u>	4000-11000 / cu.mm	Specific Gravity
Neu % Lymph		<u>25 %</u>		pH
Malarial parasite		<u>None</u>		Albumin
ESR		<u>10 mm / 1st hour</u>	1-15 mm / hr	Sugar
SGPT		<u>18 U/L</u>	9-43 U/L	Bile pigment
S.Cholesterol		<u>170 mg/dl</u>	145-260 mg / dl	Bile salts
S.Triglycerides		<u>170 mg/dl</u>	upto 200 mg / dl	Occult blood
Blood Sugar		<u>5.0 PPBS</u>	upto 125 mg %	RBC cells
HbsAg		<u>Non-reactive</u>		Leucocytes
HIV I & II		<u>Non-reactive</u>		Others
VDRL		<u>Non-reactive</u>		Spirometry: <u>Normal</u>
Others				Drugs of Abuse: <u>None</u>
Blood Group				USG: <u>Normal</u>

ECG: <u>Normal</u>	TMT: <u>Normal</u>	
X-Ray Chest: <u>Normal</u>		

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

21 APR 2024



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

04.2024.6368

ID NO : 24040437

Date : 21/04/2024

Patient's Name : MD SAMSUR RAHMAN SHAWON

Age : 22Y 4M 4D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/36069

Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	16.2	g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	05	mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	8,100	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	65	%	(40 - 75)%	
Lymphocytes	25	%	(20-45)%	
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	324	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	230,000	/cumm	1,50,000-4,50,000 /cumm	
MPV	9.3	fL	7.0 -11.0 fL	
PDW-CV	16.4	%	10 - 18 %	
PCT	0.21	%	0.10 - 0.28	
P-LCR	23.4	%	9.00 - 45.00%	
P-LCC	54	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	5.7	m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	50.1	%	M: 40-54%, F: 37-47%	
MCV	87.8	fL	76-94 fL	
MCH	28.5	pg	27-32 pg	
MCHC	32.4	g/dL	29-34 g/dL	
RDW SD	48	fL	30.0-57.0 fL	
RDW CV	16.5	%	10-16%	

Checked By.....

Medical Technologist.
Radical Hospital Ltd.
Uttara,Dhaka.

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

Bill No	DIA24040437	Received Date	21/04/2024
Patient's Name	MD SAMSUR RAHMAN SHAWON		
Patient's Age	22Y 4M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/36069
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.0 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.49 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	18.0 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.

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/36069
Sample	BLOOD		

SEROLOGICAL REPORTTest NameResult

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.

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Patient's Name	MD SAMSUR RAHMAN SHAWON		
Patient's Age	22Y 4M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/36069
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,
Radical Hospital Ltd.

Se

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24040437	Received Date	21/04/2024
Patient's Name	MD SAMSUR RAHMAN SHAWON		
Patient's Age	22Y 4M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/36069
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
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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. : 24040437 Receive: 21/04/2024 Print: 21/04/2024
Patient's Name : MD SAMSUR RAHMAN SHAWON
Age : 22 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.

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ID: 24020579

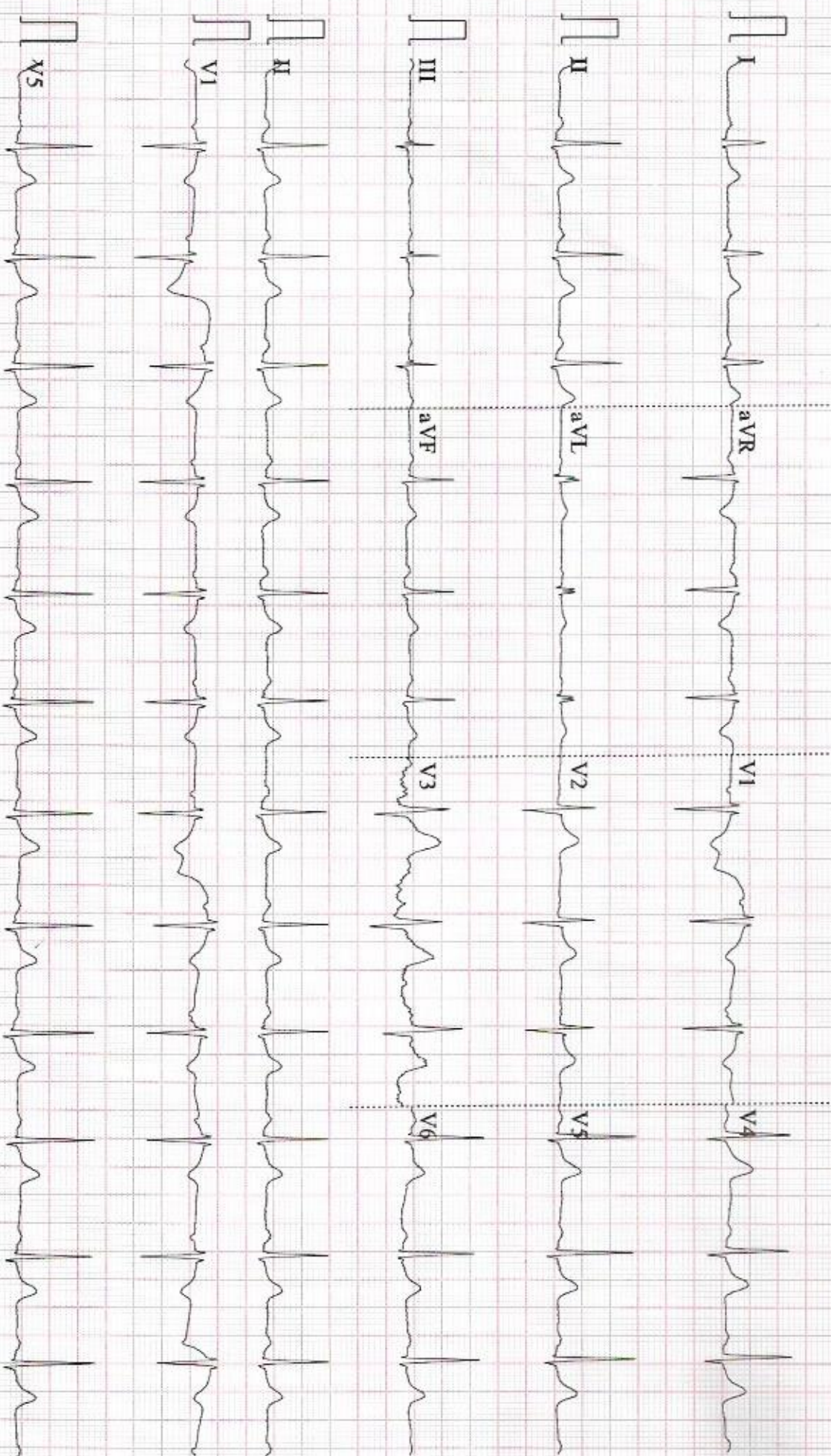
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Mr. *Samir Rahman*
Male 22 Years *Shawon*

HR	: 75	bpm
P	: 120	ms
PR	: 158	ms
QRS	: 82	ms
QT/QTc	: 376/420	ms
P/QRS/T	: 53/55/42	°
RV5/SV1	: 1.356/0.944	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r 75

SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

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Patient's Name : MD SAMSUR RAHMAN SHAWON
Age : 22 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 75 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

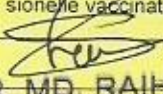
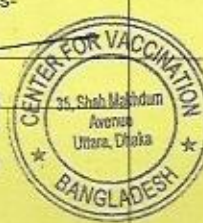
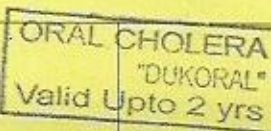
This report has been electronically signed

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**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

This is to certify that MD. Samiur Rahman Shauon date of birth 17-12-2001 Sex Male
JE Soussigne' (e) certifie que _____ no' (e) le _____ sexe _____
Whose signature follows Rahman _____
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 fièvre jaune a la date indiquée.

Date 21 APR 2004	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
1		
2	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bldem), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipping 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 event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this 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 performed.

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

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de cette période de six mois jour de cette revaccination.

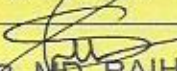
Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections partielles à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

De cachet d'authentification doit être conforme au modèle présenté par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

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

This is to certify that
JE Soussigne' (e) certifie que | MD. Samsun Rahman Shavon | date of birth | 17-12-2001 | Sex | Male |
no' (e) le | | sexe | |
Whose signature follows | Rahman. |
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 fièvre jaune a la date indiquée.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et num'ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
21 APR 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCP (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
3			
4			

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

The validity of this 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 such period of ten years, from the date of the revaccination.

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

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'organisation mondiale de la santé et si le centre de vaccination a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, à compter de la date de la revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant en tenir lieu.

Toute altération ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.