

HAQUE & SONS LTD.



Accredited By BMDC Accreditation No. A 55144

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880-2-333316214-6, Fax: +880-2-333310530

PATIENT CONTROL NUMBER. HS5910FF

MEDICAL EXAMINATION CERTIFICATE

JRNAME RAHMAN	FIRST NAME AND MD		MIDDLE NAME	HAFIJUR	
ACE AND DATE OF BIRTH	PASSPORT NUMBER		SEAMAN'S BOOK		
PATUAKHALI 20-Dec-1989	B00766864		100000000000000000000000000000000000000	CO5910	
ATIONALITY: BANGLADESHI SEX:	Male ☐ Female VES	SEL TYPE: BU	ILK CARRIER TRAD	ING AREA: WOR	LD WI
RMANENT HOME ADDRESS :		CONT	ACT NUMBER :	00880172967	
URAGOZA, MOHIPUR, KUAKATA-8652, I	PATUAKHALI, BANGLADESH.	RANK		CHIEF ENGI	NEER
Have you ever had any of the following cor	nditions?			•	
Condition	YES NO. C	Condition		YES	NO/
1 Eye/vision problem	/.	Sleep problems			7
2 High blood pressure		Do you smoke?			
3 Heart/vascular disease		Operation/surger	v		1
4 Heart surgery		pilepsy/seizure:			1
5 Varicose veins	1000 N. 1000 N	Dizziness/fainting			8
6 Asthma/bronchitis		oss of consciou		(1)	1
7 Blood disorder	□ ,D 24 F	sychiatric probl	ems	10/	61
8 Diabetes	□ ⁶ 0, 25 [Depression		16/1	1
9 Thyroid problem		Attempted suicid	e	10/1	5/
10 Digestive disorder	4 /	oss of memory	111	1	8/
11 Kidney problem		Balance problem	9/11	150	1/
12 Skin problem		Severe headach		VU 0	1
13 Allergies	□ 30 <u>F</u>	ar/nose/throat	problems		0/1
14 Infectious/contagious diseases		Restricted mobili			Ø,
15 Hernia	□ ℃/ 32 E	Back problems			0
16 Genital disorders	□ Ø 33 A	Imputation \			0/
17 Pregnancy	0 34 F	ractures/disloca	itions		8
Additional questions 35 Have you ever been signed off as 36 Have you ever been hospitalised?	sick or repatriated from a ship?			YES	NO
35 Have you ever been signed off as 36 Have you ever been hospitalised? 37 Have you ever been declared unfi 38 Has your medical certificate ever 39 Are you aware that you have any 40 Do you feel healthy and fit to p	sick or repatriated from a ship? If for sea duty? been restricted or revoked? medical problems, diseases or illne perform the duties of your designa				NO N
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Additional questions 35 Have you ever been signed off as 36 Have you ever been bospitalised? 37 Have you ever been declared unit 38 Has your medical certificate ever 39 Are you aware that you have any 40 Do you feel healthy and fit to p 41 Are you allergic to any medication. Comments: Fig. 42 Are you taking any non-prescription of yes, please list the medications taken and the property of th	sick or repatriated from a ship? It for sea duty? It for sea duty. It for sea dut	alth professionatory contained a	cupation?	and public authority false statement wi	ies
Additional questions 35 Have you ever been signed off as 36 Have you ever been bospitalised? 37 Have you ever been declared unit 38 Has your medical certificate ever 39 Are you aware that you have any 40 Do you feel healthy and fit to p 41 Are you allergic to any medication. Comments: Fig. 42 Are you taking any non-prescription of the prescription of the presc	sick or repatriated from a ship? It for sea duty? been restricted or revoked? medical problems, diseases or illne perform the duties of your designals? I FOR DUTY ON BOARD (on or prescription medications? If the purpose(s) and dosage(s) vious medical records from any he practioner) I also certify that my his s and claims. BM22 Blood Pressure: System Audiometry	alth professionatory contained a	cupation? als, health institutions above is true and any Diastolic Aring by Whisper Tes	and public authority false statement wi	ies
Additional questions 35 Have you ever been signed off as 36 Have you ever been bospitalised? 37 Have you ever been declared unit 38 Has your medical certificate ever 39 Are you aware that you have any 40 Do you feel healthy and fit to p 41 Are you allergic to any medication. Comments: Fig. 42 Are you taking any non-prescription of the prescription of the presc	sick or repatriated from a ship? It for sea duty? been restricted or revoked? medical problems, diseases or illne perform the duties of your designals? I FOR DUTY ON BOARD (on or prescription medications? If the purpose(s) and dosage(s) vious medical records from any he practioner) I also certify that my his s and claims. BM22 Blood Pressure: System Audiometry	alth professionatory contained a	Diastolic Diastolic Inadeq	and public authority false statement wi	ies

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		Vi Jnaided	sual acuity	ided	4		Visual f	ields
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Near			1000		Lette	The state of the s		
		tandard laid do W CODE Sec	wn in STCW Code	/	YES .		(1) N	
				Normal	☐ Doub!	mul LID	efective	
Date of last co	olour vision	test: Date (day	/month/year) 23	APR ZUZ4				
			Normal Abno					10.11
Head			Normal Abrid		se veins		No	rmal Abnorma
Sinuses, nose	e, throat		Z/ [lar (inc. pedal	l pulses)	3.5	
Mouth/teeth			0/, 0		nen and visce		1	
Ears (general))		6/ 0			2.70	/	2. 0
Tympanic mei	mbrane		Z/ C) Anus	not rectal exa	am)	/	
Eyes			7/ 0			100 f		6/ 0
Opthalmoscop	py		6/ 0		and lower ex	tremities		6/ 0
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Chest X-Ray ECG		1000	BILIRUBIN	L (LIVER FUNC	IION (ES!)	Marijuana		ive Negative
	BLOOD R/	IIN	SGPT		300	Alcohol Test	Posit	ive Negative
DC(differentia		MAN	SGOT	-	3	URINE R/E	OTHERS'	1100
HAEMOGLOE		122	the second secon	AND ALCOHOL	TEST	HBsAg		tid Calondonati
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WBC WESTE	NONEIV)	00000	Amphetamine		Negative	VDRL		tiv D Norreacti
	GLUCOS	FIEVEL	Pheneyclidine	C Positive C		Blood Type	□ Read	B+(VE)
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HBA1C		00	Cocaine	□ Positive □	The second secon	Others(KUB Ultrasoun	-	RIF
is to the same of		TRAI	111				-	
ereby I declare t	hat I am in	knowledge of t	he contents of the	Physical examin	ations:			
11 11 11	100	11/1.					2.2	ADD 2021
	Lahuan	110	15	MD HAFIJUR				APR 2024
gnature of Seafa	arer V	/	200	Name of S	eafarer			Date
1	V.							
ssessment of fi				al augenlacelles	nd the diese	alla taat aan t	ala al ala	Total Control
n the basis of the caminee medical	e examinée llv:	s personal de	ciaration, my clinica	aı examınation a	nd the diagno	estic test results reco	ded above	, I declare the
	7.	D ===	for lookout duties		0	Not fit for look	out duties	
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nfit 🕜								
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N/	Without	restrictions		With re	estrictions			
							Telephone State	
				gravated by sen	rice at sea or	to render the seafare	er unfit for s	uch service or to
ndanger the heal				Date:				
			yes /	No				
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			to general en co	90				
escribe restrictio	ns (e.g., sp	ecific position,	type of ship, trade	area):				
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ction taken by me	edical exan	niner (e.g., refe	rral):	1				
Fitness Date:	- 2	3 APR 202	· ·	THE	Intil: .	22	APR 2026	
		3	-	1			LULU	
			DR. N	IR. MD. F	NAHIAN			
			AMORO (DLI)	AGENTALE WHOLE	DCT (Onlyth)	cian	100	

In Accordance with Medical Examination (Seafarers) Sentential Physician No. 78) and STCW 1978/1996 as Amended, MLC 2006

Radical Hospitals Limited. Revision Date: 24

Revision: 5.1

MEDICAL CERTIF	FICATE FOR	PERSONNEL SERVICE ON	BOARD			
SURNAME: RAHMAN	GIVE	GIVEN NAME (S): MD. HAFIJUR				
DATE OF BIRTH:	PLACE	OF BIRTH	SEX			
DAY 20 MONTH 12 YEAR 198	A Comment		GLADESH MALE 7 FEMALE 7			
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING	POURA	G ADDRESS OF APPLICANT: AGOZA, MOHIPUR, KUAKATA-865: KHALI, BANGLADESH.	2,			
DECLARATION OF THE AUTHORIZED PHYSICIAN						
VISION		COLOR TEST TYPE	HEARING			
RIGHT EYE	6/6	LANTERN RIGHT YELLOW RED CONTROL GREEN BLUE CONTROL LEFT	mas ?			
Confirmation that identification documents were check	ed at the point of	examination: YES NO				
Hearing meets the standards in STCW Code, Section	A-1/9? YES	NO NOT APLICABLE				
Unaided hearing satisfactory? YES NO	7					
Visual acuity meets standards in STCW Code, Section	Δ.1/92 VES IZ	NO 🗆				
		NO II				
Colour vision meets standards in STCW Code, Section	U W-1/81, 1E2	NO []				
(the visual test it is required every six years)	23 APR	2026				
Date of the last colour vision test: (Day/Month/Year)						
Are glasses or contact lenses necessary to meet the r	equired vision star	ndards? YES NO				
Able for watchkeeping? YES NO						
Is applicant taking any non-prescription or prescription	medications? YE	s 🗌 NO 🔲				
Is the seafarer free from any medical condition likely to the health of other persons on board? YES	o be aggravated b	y service at sea or to render the seafarer	s unfit for such service or to endanger			
Md. Hatiy'ın Lahum	ts of the Physical f		2 3 APR 2024			
Signature of Applicant	Name of Applica	not /	Date			
CIRCLE APPROPIATE CHOICE: (HE / SHE) IS ENGINEERING OFFICER / RADIO OPERATOR	FOUND TO BE	(FIT / NOT FIT) FOR DUTY AS A (I	MASTER / DECK OFFCIER /			
	FIT FOR DE	ITY ON BOARD SHIP				
NAME AND DEGREE OF PHYSICIAN: DR. MIR MD	THE REAL PROPERTY AND ADDRESS OF THE PARTY.					
ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH	MAKHDUM AVEN	NUE, SECTOR-12, UTTARA, DHAKA-1230), BANGLADESH.			
NAME OF PHYSICIAN'S CERTIFICATING AUTHORI	TY: DG SHIPPIN	IG BANGLADESH				
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 96-	05-2014	. 13/				
SIGNATURE OF PHYSICIAN:	STAMP	OF PHYSICIAN:	2 3 APR 2024			
EXPIRY DATE OF CERTIFICATE:	22 APR	2026				
	ificate is issued in	n compliance with the requirement aded and the Maritime Labour Conventi	ion, 2006.			
MBBS (DU), DFM, CCD (Birdem), PGT	(Ophth)					

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



27.6

30.9

15.8

48

pg

fL

96

g/dL

ID NO : 24040496

Patient's Name: MD HAFIZUR RAHMAN

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/5910

Specimen ; Blood

Date: 23/04/2024

Age : 34Y 4M 3D

RBC CURVE

Sex : Male

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

HAEMA	TOL	OGY	REP	ORT
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Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	13.7 09	g/di mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A
TOTAL WBC COUNT	5,200	/cumm	4,000 - 11,000 /cumm	
Veutrophils Lymphocytes	56 36	% %	(40 - 75)% (20-45)%	WBC CURVE
Monocytes Eosinophils	05 03	%	(2-10)% (1-6)%	
Basophil	00	%	0-1 %	
OTAL CIR. EOSIONOPHIL COUNT OTAL PLATELET COUNT(PC)	156 299,000 8.5	/cumm /cumm	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL	
DW-CV CT	16.4 0.25	%	10 - 18 % 0.10 - 0.28	PLT CURVE
-LCR -LCC	18.3 55	% x10^3/uL	9.00 - 45.00% 13 - 129 x10^3/uL	1
BC COUNT	4.95	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
1CV 1CV	44.3 89.4	% fL	M: 40-54%, F: 37-47% 76-94 fL	

27-32 pg

10-16%

29-34 g/dL

30.0-57.0 fL

MCH

MCHC

RDW SD

RDW CV

De

Dr. S.M.Sharlar Rizvi MBBS,MD(BSMMU) Consultant Dept.Of Microbiology Redical Hospital Ltd.



Bill No	DIA24040496	0496 Received		23/04/2	1/2024	
Patient's Name	MD HAFIZUR RAHMAN					
Patient's Age	34Y 4M 3D		Patient's	s Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	1 0	DC NO	C/O/5910	
Sample	BLOOD	N 308 NO.	1 22		participates a St	

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)	22.0 U/L	Up to 37 U/L
HbA1C	5.2 %	4.0- 6.0 %

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.



Bill No	DIA24040496	Received Date 23		23/04/2024	
Patient's Name	MD HAFIZUR RAHMAN				
Patient's Age	34Y 4M 3D	Pa	tient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDER	M),PGT(Eye),DFM	CD	OC NO	C/O/5910
Sample	BLOOD	VALUE OF THE PROPERTY OF THE P	-	SWEET STATE	The street services

SEROLOGICAL REPORT

Test Name	Result
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HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

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	DIA24040496	Received Date		23/04/2	2024
Patient's Name	MD HAFIZUR RAHMAN				
Patient's Age	34Y 4M 3D	P	atient's	s Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN	M),PGT(Eye),DFM	С	DC NO	C/O/5910
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

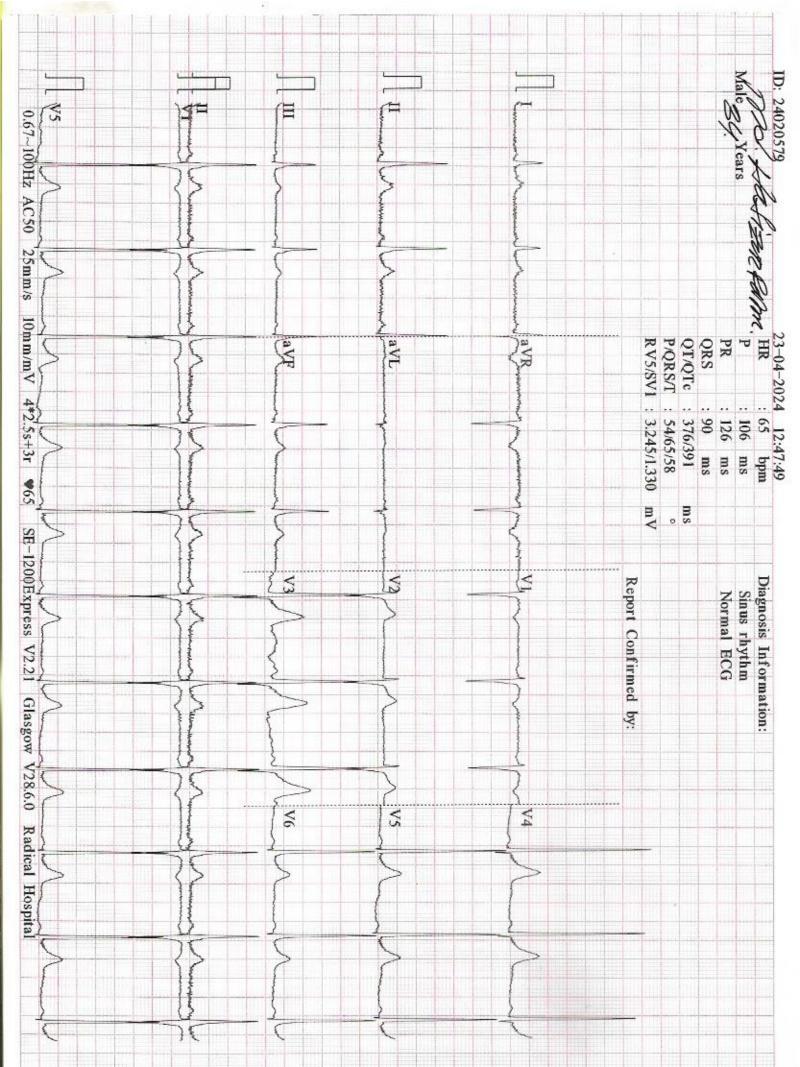
Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	A Nil
Ex.Phosphate	Nil	Granular	Nil
	I was form	Hyaline	Nil

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



RADICAL HOSPITAL

DATE: 23/04/2024

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: SENTOSA CHALLENGER

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: MD. HAFIJUR RAHMAN RANK: Chief Engineer CDC NO: CO5910

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

UNEIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040496 Receive:23/04/2024 Print: 23/04/2024

Patient's Name : MD. HAFIJUR RAHMAN

Age : 34 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 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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