# HAQUE & SONS LTD.

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

Accredited By : BMDC
Accreditation No: A 55144

PATIENT CONTROL NUMBER:
HS4381FF

## MEDICAL EXAMINATION CERTIFICATE

| SURNAME | FIRST NAME AND | MIDDLE NAME |
|---|---|---|
| RANA | MD | MASUD |
| PLACE AND DATE OF BIRTH | PASSPORT NUMBER | SEAMAN'S BOOK NUMBER |
| DHAKA 3-Feb-1981 | B00007046 | CO4381 |

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : CONTAINER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
94/1, NAWABPUR, DHAKA, WARI, NAWABPUR-1226, DHAKA, BANGLADESH

CONTACT NUMBER : 0088 01911291876

RANK : TRAINEE MASTER

Have you ever had any of the following conditions?

| | Condition | YES | NO | | Condition | YES | NO |
|---|---|---|---|---|---|---|---|
| 1 | Eye/vision problem | ☐ | ☑ | 18 | Sleep problems | ☐ | ☑ |
| 2 | High blood pressure | ☐ | ☑ | 19 | Do you smoke? | ☐ | ☑ |
| 3 | Heart/vascular disease | ☐ | ☑ | 20 | Operation/surgery | ☐ | ☑ |
| 4 | Heart surgery | ☐ | ☑ | 21 | Epilepsy/seizures | ☐ | ☑ |
| 5 | Varicose veins | ☐ | ☑ | 22 | Dizziness/fainting | ☐ | ☑ |
| 6 | Asthma/bronchitis | ☐ | ☑ | 23 | Loss of consciousness | ☐ | ☑ |
| 7 | Blood disorder | ☐ | ☑ | 24 | Psychiatric problems | ☐ | ☑ |
| 8 | Diabetes | ☐ | ☑ | 25 | Depression | ☐ | ☑ |
| 9 | Thyroid problem | ☐ | ☑ | 26 | Attempted suicide | ☐ | ☑ |
| 10 | Digestive disorder | ☐ | ☑ | 27 | Loss of memory | ☐ | ☑ |
| 11 | Kidney problem | ☐ | ☑ | 28 | Balance problem | ☐ | ☑ |
| 12 | Skin problem | ☐ | ☑ | 29 | Severe headaches | ☐ | ☑ |
| 13 | Allergies | ☐ | ☑ | 30 | Ear/nose/throat problems | ☐ | ☑ |
| 14 | Infectious/contagious diseases | ☐ | ☑ | 31 | Restricted mobility | ☐ | ☑ |
| 15 | Hernia | ☐ | ☑ | 32 | Back problems | ☐ | ☑ |
| 16 | Genital disorders | ☐ | ☑ | 33 | Amputation | ☐ | ☑ |
| 17 | Pregnancy | ☐ | N/A | 34 | Fractures/dislocations | ☐ | ☑ |

If any of the above questions were answered "yes", please give details.

**Additional questions**

| | | YES | NO |
|---|---|---|---|
| 35 | Have you ever been signed off as sick or repatriated from a ship? | ☐ | ☑ |
| 36 | Have you ever been hospitalised? | ☐ | ☑ |
| 37 | Have you ever been declared unfit for sea duty? | ☐ | ☑ |
| 38 | Has your medical certificate ever been restricted or revoked? | ☐ | ☑ |
| 39 | Are you aware that you have any medical problems, diseases or illnesses? | ☐ | ☑ |
| 40 | Do you feel healthy and fit to perform the duties of your designated position/occupation? | ☑ | ☐ |
| 41 | Are you allergic to any medications? | ☐ | ☑ |

Comments: FIT FOR DUTY ON BOARD SHIP

| | | | |
|---|---|---|---|
| 42 | Are you taking any non-prescription or prescription medications? | ☐ | ☑ |

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Mir Md. Raihan** (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Masud Rana
Signature of Seafarer

MEDICAL EXAMINATION

Weight 82 kg Height (cm) 176 BMI 26.4 Blood Pressure: Systolic 130 mmHg Diastolic 80 mmHg PULSE: 78 /min

| Ear | Hearing by Audiometry | |
|---|---|---|
| Right | ☐ Adequate | ☐ Inadequate |
| Left | ☐ Adequate | ☐ Inadequate |

| Audiometry | | | |
|---|---|---|---|
| 500 | 1000 | 2000 | 3000 |
| | N/A | | |

| Hearing by Whisper Test | |
|---|---|
| ☑ Adequate | ☐ Inadequate |
| ☑ Adequate | ☐ Inadequate |

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☑ NO ☐

Cont'd from page 1

| | Visual acuity | | | |
|---|---|---|---|---|
| | Unaided | | Aided | |
| | Right eye | Left eye | Right eye | Left eye |
| Distant | 6/6 | 6/6 | | |
| Near | | | | |

| | Visual fields | |
|---|---|---|
| | Normal | Defective |
| Right eye | ✓ | |
| Left eye | ✓ | |

Visual acuity meets the standard laid down in STCW Code Section A-1/9 ~~YES~~ / NO

Colour vision as per STCW CODE Section A-I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 25 APR 2024

| | Normal | Abnormal | | Normal | Abnormal |
|---|---|---|---|---|---|
| Head | ☑ | ☐ | Varicose veins | ☑ | ☐ |
| Sinuses, nose, throat | ☑ | ☐ | Vascular (inc. pedal pulses) | ☑ | ☐ |
| Mouth/teeth | ☑ | ☐ | Abdomen and viscera | ☑ | ☐ |
| Ears (general) | ☑ | ☐ | Hernia | ☑ | ☐ |
| Tympanic membrane | ☑ | ☐ | Anus (not rectal exam) | ☑ | ☐ |
| Eyes | ☑ | ☐ | G-U system | ☑ | ☐ |
| Opthalmoscopy | ☑ | ☐ | Upper and lower extremities | ☑ | ☐ |
| Pupils | ☑ | ☐ | Spine (C/S, T/S and L/S) | ☑ | ☐ |
| Eye movement | ☑ | ☐ | Neurologic (full brief) | ☑ | ☐ |
| Lungs and chest | ☑ | ☐ | Psychiatric | ☑ | ☐ |
| Breast examination | N/A | ☐ | General appearance | ☑ | ☐ |
| Heart | ☑ | ☐ | Skin | ☑ | ☐ |

RESULTS OF ANCILLARY EXAMINATIONS

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Chest X-Ray | NAD | BIO CHEMICAL (LIVER FUNCTION TEST) | | | Marijuana | ☐ | Positive | ☑ Negative |
| ECG | NAD | BILIRUBIN | 0.54 | | Alcohol Test | ☐ | Positive | ☑ Negative |
| BLOOD R/E | | SGPT | 21 | | URINE R/E | NAD | | |
| DC(differential count) | NAD | SGOT | 25 | | OTHERS | | | |
| HAEMOGLOBIN (HGB) | 12.7 | DRUG AND ALCOHOL TEST | | | HBsAg | ☐ | Reactive | ☑ Nonreactive |
| ESR (WESTERGREN) | 10 | Morphine | ☐ Positive | ☑ Negative | HIV / AIDS Test | ☐ | Reactive | ☑ Nonreactive |
| WBC | 5400 | Amphetamine | ☐ Positive | ☑ Negative | VDRL | ☐ | Reactive | ☑ Nonreactive |
| BLOOD GLUCOSE LEVEL | | Phencyclidine | ☐ Positive | ☑ Negative | Blood Type | O+(VE) | | |
| RANDOM | 5.8 | Barbiturates | ☐ Positive | ☑ Negative | Psychological Exam | NAD | | |
| HBA1C | 5.3% | Cocaine | ☐ Positive | ☑ Negative | Others(KUB Ultrasound) | NAD | | |

Hereby I declare that I am in knowledge of the contents of the Physical examinations: 25 APR 2024

Masud Rana

Signature of Seafarer | MD MASUD RANA (Name of Seafarer) | Date

**Assessment of fitness for service at sea:**

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☑ Fit for lookout duties ☐ Not fit for lookout duties

| | Deck service | Engine service | Catering service | Other services |
|---|---|---|---|---|
| Fit | ☑ | ☐ | ☐ | ☐ |
| Unfit | ☐ | ☐ | ☐ | ☐ |

☑ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

| Yes | No |
|---|---|
| ☑ | ☐ |

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

| Fitness Date: | 25 APR 2024 | Valid Until : | 24 APR 2025 |
|---|---|---|---|

DR. MIR MD. RAIHAN
MBBS, DTM&H, Diploma in Anesthesiology
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

第１５号様式の２（第６５条の２関係）

# 締約国資格受有者身体検査証明書

Certification of the medical examination for the holder of a certificate issued by a party to the STCW convention

(申請者記入)
(Written by applicant)

| 氏名(ふりがなをつけること) Name | 性別 Sex |
|---|---|
| MD MASUD RANA | 男 Male ／ 女 Female |
| 出生の生年月日 Date of birth | 指定を受けようとする就業範囲 Desired Capacity in which you are authorized to serve |
| 年 Year 月 Month 日 Day | |
| 現住所 Address | |
| 94/1, NAWABPUR, DHAKA, WARI, NAWABPUR-1226, DHAKA, BANGLADESH<br>TEL (0088 01911291876) | |

(写真)
次のような写真を貼り付けること
Put following photograph here
1. 縦 30ミリメートル 横 30ミリメートル
30mm×30mm or passport size
2. 申請日前６月以内撮影
Within 6 months
3. 無帽、正面上半身
No cap, head And shoulder

Put the stamp of the medical facility here !

(医師記入) (Written by doctor or medical practitioner)

1. 視力（5mの距離で万国視力表を用いること。）
Eyesight (Distance less than 5m by international eyesight test)

| | | |
|---|---|---|
| 裸眼視力 Unaided | 左 Left 6/6 | 右 Right 6/6 |
| 矯正視力(裸眼視力が0.6未満の者のみ記入) Aided(Written by person whose eyesight less than 0.6) | 左 Left | 右 Right |

2. 弁色力 Color blindness

| 正常 Normal | その他 Others |
|---|---|

3. 聴力 Hearing acuity

| 5mの話声語の弁別 Distinction of voice be separated less than 5m | 可 Able | 不可 Disable |
|---|---|---|

4. 疾病 Disease

| 疾患の有無 Existence of disease | 病名及び程度(疾患のある者のみ記入) The name of a disease and the extent (Written by person who fit) | 勤務への支障 Hitch for job |
|---|---|---|
| 有 Yes ／ 無 No | | 有 Yes ／ 無 No |

5. 身体機能の障害 Obstacle of a body function
(1)身体機能の障害の有無 Existence of obstacle

| 障害の有無 Existence of obstacle | 障害の内容及び程度 The name of obstacle and the extent | 握力(手指に障害がある者のみ記入) Grasping power (Written by person who fit) | |
|---|---|---|---|
| 有 Yes ／ 無 No | | 左 Left Kg | 右 Right Kg |

(2)身体機能の障害の部位（身体機能の障害がある者の場合のみ記入）
Portion of an obstacle (Written by person who fit)

(3)運動機能(身体機能に障害のある者の場合のみ記入) Function of exercise (Written by person who fit)
①関節の屈伸 Flexibility of joint

| | | |
|---|---|---|
| 手指の屈伸 Flexibility of finger | できる Able | できない Disable |
| 手の屈伸 Flexibility of hand | できる Able | できない Disable |
| 膝の屈伸 Flexibility of knee | できる Able | できない Disable |

②障害のある関節(関節の屈伸のいずれかができなかった者のみ記入) Joint of lesion (Written by person who fit)

| 手関節 Joint of hand | | 肘関節 Joint of elbow | | 肩関節 Joint of shoulder | |
|---|---|---|---|---|---|
| 左 Left | 右 Right | 左 Left | 右 Right | 左 Left | 右 Right |
| 股関節 Joint of crotch | | 膝関節 Joint of knee | | 足関節 Joint of leg | |
| 左 Left | 右 Right | 左 Left | 右 Right | 左 Left | 右 Right |

③運動機能障害の程度（膝関節の屈伸のできなかった者のみ記入）
The extent of lesion of exercise ability (Written by person who fit)

| | | |
|---|---|---|
| 一般歩行 Normal walk | できる Able | できない Disable |
| 低重心歩行 Walking with one's legs bended | できる Able | できない Disable |
| 跳躍 Jump | できる Able | できない Disable |

(4)義手義足の部位（義手又は義足を装着している者の場合のみ記入）
Portion of an artificial arm and an artificial leg (Written by person who fit)

FIT FOR DUTY ON BOARD SHIP

6. 医師所見（受検者の船舶職員としての勤務について指摘すべきことがあれば記入）
Doctor's opinion (Write down something that you had to indicate as concerns the hitch of ship officer's job for examinee as Doctor)

7. 上記のとおりであることを証明します。 It is hereby certified the above mentioned.
証明年月日 Date : 25 APR 2024
医師の氏名 Doctor's Name
医療機関の名称及び所在地 Name, address and stamp of the medical facility

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

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

(医療機関印) Put the stamp of the medical facility here !

=Remarks=
1. 語声語とは、机に向かい合い話をして相手の話が聞き取れる程度の普通の大きさの音声をいう。
Speaking voice means ordinary voice of loudness who can understand to hear the speaker's voice sitting on the chair by the both sides of disk.
2. 疾病による勤務への支障の有無は、船舶職員の勤務は一般に動揺する船内において立ったままの状態が継続することや、急な階段の昇降など動き回ることが多いことを考慮し、更に本人からも通常の勤務の態様を詳しく聴取の上判断すること。
The hitch of job be caused of many kind of disease must be judged by the following condition after you heard the ordinary working condition from examinee in detail.
Ship's officer had to continue to stand up the rolling ship's floor and had to move up and down the steep steps.
3. 写真の割印及び項目7.の証明印は同じ印鑑を使用し、医師が押印すること。
The doctor must put a stamp of his medical facility on photograph and above item 7. as a tally impression.

BERNHARD SCHULTE SHIPMANAGEMENT

Form No: QHSE PSRM 18

**Medical Exam Form**

CONFIDENTIAL FORM

Pre-seaExam ☒ PeriodicExam ☐

Name (last,first,middle): RANA MD MASUD

Date of birth (day/month/year): 03 /02 / 1981 Sex: male ☒ female ☐

Home address: 94/1, NAWABPUR, DHAKA, WARI, NAWABPUR-1226, DHAKA, BANGLADESH

Passport No./Discharge Book No.: B00007046

Department (deck/engine/radio/food handling/other): DECK

Routine and emergency duties (if known): _____

Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): CONTAINER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

**Examinee's personal declaration**

*(Assistanceshould beoffered bymedical staff)*

Haveyou ever had anyof thefollowingconditions:

| | Condition | Yes | No | | Condition | Yes | No |
|---|---|---|---|---|---|---|---|
| 1. | Eye/vision problem | ☐ | ☒ | 18. | Sleepingproblems | ☐ | ☒ |
| 2. | High blood pressure | ☐ | ☒ | 19. | Do you smoke? | ☐ | ☒ |
| 3. | Heart/vasculardisease | ☐ | ☒ | 20. | Operation/surgery | ☐ | ☐ |
| 4. | Heart surgery | ☐ | ☒ | 21. | Epilepsy/seizures | ☐ | ☒ |
| 5. | Varicose veins | ☐ | ☒ | 22. | Dizziness/fainting | ☐ | ☐ |
| 6. | Asthma/bronchitis | ☐ | ☒ | 23. | Loss of consciousness | ☐ | ☒ |
| 7. | Blood disorder | ☐ | ☒ | 24. | Psychiatricproblems | ☐ | ☒ |
| 8. | Diabetes | ☐ | ☒ | 25. | Depression | ☐ | ☒ |
| 9. | Thyroid problem | ☐ | ☒ | 26. | Attempted suicide | ☐ | ☒ |
| 10. | Digestivedisorder | ☐ | ☒ | 27. | Loss of memory | ☐ | ☒ |
| 11. | Kidneyproblem | ☐ | ☒ | 28. | Balanceproblem | ☐ | ☒ |
| 12. | Skin problem | ☐ | ☒ | 29. | Severeheadaches | ☐ | ☒ |
| 13. | Allergies | ☐ | ☒ | 30. | Ear/nose/throat problems | ☐ | ☒ |
| 14. | Infectious/contagious diseases | ☐ | ☒ | 31. | Restricted mobility | ☐ | ☒ |
| 15. | Hernia | ☐ | ☐ | 32. | Back problems | ☐ | ☒ |
| 16. | Genital disorders | ☐ | ☒ | 33. | Amputation | ☐ | ☒ |
| 17. | Pregnancy | ☐ | N/A | 34. | Fractures/dislocations | ☐ | ☐ |

If anyof theabovequestions wereanswered "yes," pleasegive details below.

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**Additional questions**

| | | Yes | No |
|---|---|---|---|
| 35. | Haveyou ever been signed offas sick or repatriated from a ship? | ☐ | ☑ |
| 36. | Haveyou ever been hospitalized? | ☐ | ☑ |
| 37. | Haveyou ever been declared unfit forseaduty? | ☐ | ☑ |
| 38. | Has your medical certificate ever been restricted or revoked? | ☐ | ☑ |
| 39. | Areyou awarethat you have anymedical problems, diseases or illnesses? | ☐ | ☑ |
| 40. | Do you feel healthyand fit to perform theduties of your designated position/occupation? | ☑ | ☐ |
| 41. | Areyou allergic to anymedications? | ☐ | ☑ |

Comments.

FIT FOR DUTY ON BOARD SHIP

| | | | |
|---|---|---|---|
| 42. | Areyou takinganynon-prescription or prescription medications? | ☐ | ☑ |

If yes, pleaselist themedications taken and thepurpose(s) and dosage(s).

Iherebycertifythat the personal declaration aboveis a truestatement to thebest of myknowledge.

Signatureof examinee: _____

Date (day/month/year): 25 APR 2024 / /

Witnessed by: *(Signature)* _____

Name:*(Typed or printed)* _____

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

Iherebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofessionals,health institutions and public authorities to Dr._____(theapproved medical examiner).

Signatureof examinee: _____

Date (day/month/year): 25 APR 2024 / /

Witnessed by: *(Signature)* _____

Name:*(Typed or printed)* _____

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

Date & Contact details for previous medical examination (if known): ) __



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

BERNHARD SCHULTE SHIPMANAGEMENT

Form No: QHSE PSRM 18

# MEDICAL EXAMINATION

## Sight

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

| Visual Acuity | | | | | | |
|---|---|---|---|---|---|---|
| | Unaided | | | Aided | | |
| | Right eye | Left eye | Binocular | Right eye | Left eye | Binocular |
| Distant | 6/6 | 6/6. | | | | |
| Near | | | | | | |

| | Visual fields | |
|---|---|---|
| | Normal | Defective |
| Right eye | ✓ | |
| Left eye | ✓ | |

**Colorvision**: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

## Hearing

Pure tone and audio metry (threshold values in dB)

| | 500 Hz | 1,000 Hz | 2,000 Hz | 3,000 Hz | | |
|---|---|---|---|---|---|---|
| Right ear | 20 | 20 | 20 | | | |
| Left ear | 20 | 20 | 20 | | | |

Speech and whisper test (metres)

| | Normal | Whisper |
|---|---|---|
| Right ear | 4 | 4 |
| Left ear | 4 | 4 |

Height: 176 (cm) Weight:(kg) 82 (kg) Pulse rate: 78 (/minute) Rhythm: Regular.

Blood pressure: Systolic: 130 (mm Hg) Diastolic: 80 (mm Hg)

| | Normal | Abnormal | | Normal | Abnormal |
|---|---|---|---|---|---|
| Head | | | Skin | | |
| Sinuses, nose, throat | ✓ | ☐ | Varicose veins | ☐ | ☐ |
| Mouth/teeth | ✓ | ☐ | Vascular(inc. pedal pulses) | ✓ | ☐ |
| Ears (general) | ✓ | ☐ | Abdomen and viscera | ✓ | ☐ |
| Tympanicmembrane | ✓ | ☐ | Hernia | ✓ | ☐ |
| Eyes | ✓ | ☐ | Anus (not rectal exam.) | ✓ | ☐ |
| Opthalmoscopy | ✓ | ☐ | G-U system | ✓ | ☐ |
| Pupils | ✓ | ☐ | Upper and lower extremities | ✓ | ☐ |
| Eyemovement | ✓ | ☐ | Spine (C/S, T/S and L/S) | ✓ | ☐ |
| Lungs and chest | ✓ | ☐ | Neurologic (full brief) | ✓ | ☐ |
| Breast examination | N/A | ☐ | Psychiatric | ✓ | ☐ |
| Heart | ✓ | ☐ | General appearance | ✓ | ☐ |

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 25 APR 2024

Results: Normal chest X-ray

Radical Hospital Ltd. ISO 9001:2008 As Per MLC-2006 Shipping Bangladesh Approved

Urinalysis: Glucose: Ntl Protein: Nil

Blood Analysis: Hepatitis B Test Negative, V.D.R.L Non Reactive
Immunodeficiency Virus Anti bodies

Other diagnostic test(s) and result(s):
*Test* *Result*

Medical Examiners comments: FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☑ Yes ☐ No

**Assessment of fitness forserviceat sea**

On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic test results recorded above, Ideclarethe examineemedically:

☑ Fit for lookout duty ☐ Not fit for look-out duty

| | Deck service | Engine service | Cateringservice | Other services |
|---|---|---|---|---|
| Fit | ☑ | ☐ | ☐ | ☐ |
| Unfit | ☐ | ☐ | ☐ | ☐ |

Without restrictions ☑ With restrictions ☐

Visual aid required: Yes ☐ No ☑

Describe restrictions (eg. Specific positions, type of ship, trade area)

Action taken bymedical examiner (e.g., referral):

Medical certificate's dateof expiration (day/month/year): / 24 APR 2025 /

Date ofexamination (day/month/year): 25 APR 2024 /

Number of Medical Certificate: Official stamp:

Signature of medical practitioner:

Name of medical examiner: *(Typed or printed)* 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

Address of medical practitioner::

Authorized by: DG SHIPPING BANGLADESH (competent authority)

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

BERNHARD SCHULTE SHIPMANAGEMENT

Form No: QHSE PSRM 18

## SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE
CONFIDENTIAL DOCUMENT

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

| | |
|---|---|
| SURNAME: RANA | GIVEN NAME(S): MD MASUD |
| NATIONALITY: BANGLADESHI | ID DOCUMENT NO: C/O4381 |
| DATE OF BIRTH: 02 (MONTH) 03 (DAY) 1981 (YEAR) | PLACE OF BIRTH: DHAKA (CITY) BANGLADESH (COUNTRY) |
| SEX: ☑ MALE ☐ FEMALE | |
| EXAMINATION FOR DUTY AS: ☑ MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING | MAILING ADDRESS OF APPLICANT: 94/1, NAWABPUR, DHAKA, WARI, NAWABPUR-1226, DHAKA, BANGLADESH |

DECLARATION OF APPROVED MEDICAL PRACTIONER:
I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

| HEIGHT | WEIGHT | BLOOD PRESSURE | PULSE | RESPIRATION | GENERAL APPEARANCE |
|---|---|---|---|---|---|
| 176cm | 82kg. | 130/90 mmHg | 78 b/min | 19 b/min | Good |

VISION: WITHOUT GLASSES — RIGHT EYE: 6/6 / LEFT EYE: 6/6
WITH GLASSES — RIGHT EYE: / LEFT EYE:

HEARING: RT. EAR: Normal LEFT EAR: Normal

COLOR TEST TYPE: BOOK ☑ LANTERN ☑ CHECK IF COLOR TEST IS NORMAL - YELLOW ☑ RED ☑ GREEN ☑ BLUE ☑

DATE OF LAST COLOR VISION TEST: 25 APR 2024

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? YES ☐ NO ☑

| | |
|---|---|
| HEAD AND NECK: Normal | HEART (CARDIOVASCULAR): Normal |
| LUNGS: Normal. | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes. |

EXTREMITIES: UPPER: Normal LOWER: Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? YES ☑ NO ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?
YES ☐ NO ☑

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☑

Masud Rana — 25 APR 2024

SIGNATURE OF APPLICANT — DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

Radical Hospital Ltd. As Per-MLC-2006 Seafarers Bangladesh Approved

BERNHARD SCHULTE SHIPMANAGEMENT

Form No: QHSE PSRM 18

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MD MASUD RANA
NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES ☑ NO ☐

SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OFFICER / RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN: 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

ADDRESS: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BD

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: 06 MAY 2024

SIGNATURE OF PHYSICIAN :

DATE OF EXAMINATION: 25 APR 2024

EXPIRY DATE OF CERTIFICATE : 24 APR 2025

SEAFARER ACKNOWLEDGMENT

I, MD MASUD RANA (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.

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

BERNHARD SCHULTE SHIPMANAGEMENT

Form No: QHSE PSRM 18

## MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months immediately preceding applications for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997.* Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply

(a) Hearing
- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m)

(b) Eyesight
- Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental
- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure
- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice
- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations
- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions
- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.

(h) Physical Requirements
- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers. Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided – Medical Exam Form).

25 APR 2024

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

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

BSM

## Drug and Alcohol Screening Affidavit

CSC 04A

**PART A - To be completed by Seafarer prior to Medical Examination and hand to Physician**

| | |
|---|---|
| Surname:<br>RANA | First Name:<br>MD MASUD |
| Date of Birth (DD/MM/YY):<br>03-02-1981 | Address: 94/1, NAWABPUR, DHAKA, WARI,<br>NAWABPUR |
| Place of Birth:<br>MADARIPUR | Street:<br>City: DHAKA<br>Postal Code: 1226<br>Country: BANGLADESH |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Examination for duty as | Master | | Officer | | Engineer | | Rating | | Cadet |

| | |
|---|---|
| Please indicate the quantity of alcohol you consume weekly | Beer (litre).....<br>Wine (litre).....<br>Spirits (measures)..... |
| Do you regularly take any medically prescribed drugs? Please list.<br><br>***Note:*** Give a copy of this list to the Master upon joining the vessel. | |
| Have you ever been convicted of a charge involving illegal drugs? | Yes.....No.....(If Yes please detail on the reverse) |
| Have you ever been convicted of a drinking related incident? | Yes.....No.....(If Yes please detail on the reverse) |
| Have you ever received treatment for alcohol or drug dependence? | Yes.....No.....(If Yes please detail on the reverse) |
| Signed and Dated (by Seafarer)<br><br>..... | ***Note:*** If circumstances change with respect to the above statements, inform the company of such changes immediately. |

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

BSM

## Drug and Alcohol Screening Affidavit

CSC 04A

**PART B - To be completed by Physician and Seafarer during Medical Examination**

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

| Name, Address of Physician: | Signature of Physician: |
|---|---|
| DR. MIR MD. RAIHAN; M.B.B.S.(D.U.)<br>REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE,<br>SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH. | DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |
| | Date: 25 APR 2024 |

**Anti-Drug and Alcohol Abuse Affidavit**

I hereby declare that I have not in the past or present used any prohibited substance, nor have I abused alcohol.

MD MASUD RANA
Examinee's Name & Signature

I hereby certify that the above examinee does not have any signs and symptoms of drug use and/or alcohol abuse.

.....

Examining Physician's Signature
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

**ORIGINAL TO BE RETAINED BY CREWING AGENCY**

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

BSM

## Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name: RANA, MD MASUD

Passport No.: B00007045

Seaman's Book No.: CO4381

Date of Birth: 03-FEB-1981

Medical Center Name: REDICAL HOSPITALS LIMITED

Full Address: 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.

Doctor's Name: DR. MIR MD. RAIHAN

**Drug and Alcohol Screening Limits and Results**

| Drug | Threshold Limit | Results |
|---|---|---|
| Marijuana | < 15 NG/ML | Negative |
| Cocaine | < 150 NG/ML | Negative. |
| Opiates | < 300 NG / ML | Negative |
| Phencyclidine | < 25 NG / ML | Negative |
| Amphetamines | < 300 NG / ML | Negative |
| Benzodiazepine | < 200 NG/ML | Negative |
| Methaqualone | < 300 NG/ML | Negative |
| Barbiturates | < 200 NG/ML | Negative |
| Alcohol | < 0.04% BAC | Negative |

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Date

25 APR 2024

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

Examined by (Name/Signature)

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

RADICAL HOSPITAL LIMITED

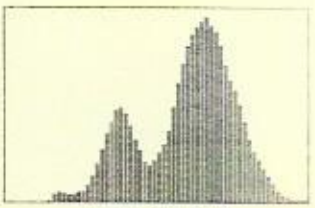
radical_hospitals@yahoo.com, www.radicalhospital.com

| | | | |
|---|---|---|---|
| **ID NO** | **: 24040547** | **Date** | **: 25/04/2024** |
| **Patient's Name** | **: MD.MASUD RANA** | **Age** | **: 43Y2M22D** |
| **Ref. By** | **: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/4381** | **Sex** | **: Male** |
| **Specimen** | **: Blood** | | |

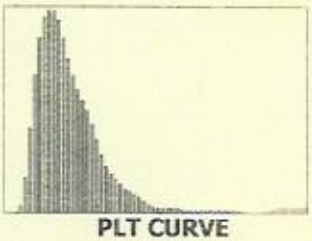
***(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually )***

## *HAEMATOLOGY REPORT*

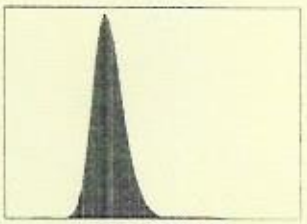
| Parameter | Results | | Reference Values |
|---|---|---|---|
| **Haemoglobin(Hb)** | **12.7** | **g/dl** | M:12-16, F:10-14.0 g/dl |
| **ESR(Westergren)** | **10** | **mm/1st hr** | M:0-10, F:0-20 mm/1st hr |
| **TOTAL WBC COUNT** | **5,400** | **/cumm** | 4,000 - 11,000 /cumm |
| **DIFFERENTIAL COUNT** | | | |
| Neutrophils | 45 | % | (40 - 75)% |
| Lymphocytes | 48 | % | (20-45)% |
| Monocytes | 04 | % | (2-10)% |
| Eosinophils | 03 | % | (1-6)% |
| Basophil | 00 | % | 0-1 % |
| **TOTAL CIR. EOSIONOPHIL COUNT** | **162** | **/cumm** | 40 - 450 /cumm |
| **TOTAL PLATELET COUNT(PC)** | **335,000** | **/cumm** | 1,50,000-4,50,000 /cumm |
| MPV | 9.9 | fL | 7.0 -11.0 fL |
| PDW-CV | 16.5 | % | 10 - 18 % |
| PCT | 0.33 | % | 0.10 - 0.28 |
| P-LCR | 27.2 | % | 9.00 - 45.00% |
| P-LCC | 91 | x10^3/uL | 13 - 129 x10^3/uL |
| **RBC COUNT** | **5** | **m/ul** | M: 4.5-6.5, F: 3.8-5.8 m/ul |
| HCT/PCV | 41.3 | % | M: 40-54%, F: 37-47% |
| MCV | 82.6 | fL | 76-94 fL |
| MCH | 25.3 | pg | 27-32 pg |
| MCHC | 30.6 | g/dL | 29-34 g/dL |
| RDW SD | 48 | fL | 30.0-57.0 fL |
| RDW CV | 17.5 | % | 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 | DIA24040547 | Received Date | 25/04/2024 |
| Patient's Name | MD MASUD RANA | | |
| Patient's Age | 43Y 2M 22D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/4381 |
| Sample | BLOOD | | |

## BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|---|---|---|
| Random Blood Sugar (RBS) | 5.8 mmol/L | 4.2 – 6.4 mmol/L |
| Serum Bilirubin (Total) | 0.51 mg/dl | 0.2 - 1.1 mg/dl |
| Serum AST (SGOT) | 25.0 U/L | Up to 37 U/L |
| HbA1C | 5.3 % | 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.

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

| | | | |
|---|---|---|---|
| Bill No | DIA24040547 | Received Date | 25/04/2024 |
| Patient's Name | MD MASUD RANA | | |
| Patient's Age | 43Y 2M 22D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/4381 |
| Sample | **BLOOD** | | |

# SEROLOGICAL REPORT

| Test Name | Result |
|---|---|
| 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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

| | | | |
|---|---|---|---|
| Bill No | DIA24040547 | Received Date | 25/04/2024 |
| Patient's Name | MD MASUD RANA | | |
| Patient's Age | 43Y 2M 22D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/4381 |
| Sample | URINE | | |

## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

| Bill No | DIA24040547 | Received Date | 25/04/2024 |
|---|---|---|---|
| Patient's Name | MD MASUD RANA | | |
| Patient's Age | 43Y 2M 22D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/4381 |
| 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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

| REF: | MV. ONE TRADITION | DATE: 25/04/2024 |
|---|---|---|

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

## EYE EXAMINATION REPORT

| NAME: | MD MASUD RANA | RANK: TR MASTER | CDC NO: C/O/4381 |
|---|---|---|---|

| VISUAL ACUITY: | RIGHT | LEFT |
|---|---|---|
| UNAIDED | 6/6 | 6/6 |
| AIDED | | |

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID: 24020579

Md. Mexid Rana.

Male 43 Years

25-04-2024 14:17:07

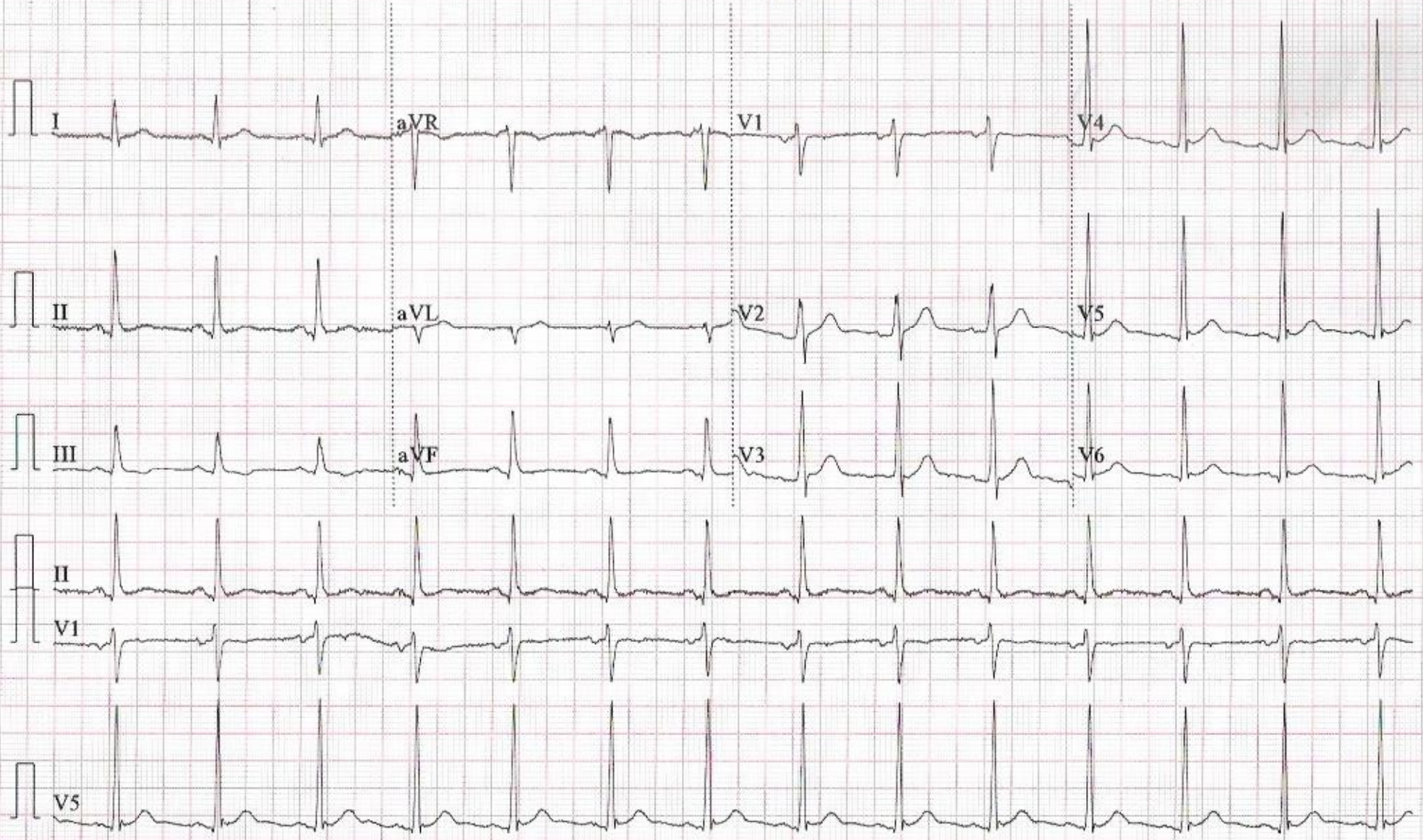
| | | |
|---|---|---|
| HR | : 84 | bpm |
| P | : 110 | ms |
| PR | : 140 | ms |
| QRS | : 102 | ms |
| QT/QTc | : 358/424 | ms |
| P/QRS/T | : 62/63/13 | ° |
| RV5/SV1 | : 2.264/0.720 | mV |

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:




0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥84 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

## DEPARTMENT OF RADIOLOGY & IMAGING

| | | | | |
|---|---|---|---|---|
| *ID. No.* | : | 24040547 | Receive:25/04/2024 | Print: 25/04/2024 |
| *Patient's Name* | : | **MD MASUD RANA** | | |
| *Age* | : | 43 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 AGAINST CHOLERA

This is to certify that whose signature follows } Date of birth 03-FEB-1981 Sex MALE

MD. MASUD RANA (C/0/4381)

has on the date indicated been vaccinated or revaccinated against Cholera

| Date | Signature and Professional status of vaccinator | Approved Stamp | |
|---|---|---|---|
| 1 22 MAY 2023 | 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 | CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH | |
| 2 25 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 | CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH | |
| 3 | | 3 | 4 |
| 4 | | | |
| 5 | | 5 | 6 |
| 6 | | | |
| 7 | | 7 | 8 |
| 8 | | | |

Continued overleaf Suite our erso

**ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING**
**GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH**

Form No: SMC

SL NO. 04.2024.6409

# SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

## SEAFARER INFORMATION:

**Name: Last** RANA **First** MD MASUD **Middle**

Gender: (Male/Female) MALE Nationality: BANGLADESHI

Occupation: Deck/Engine/Catering/Other (specify) DECK.

Father's/ ~~Husbad~~'sname: MD NURUL ALAM

Mother's Name: HANUFA BEGUM.

Address: House No: 4 Street/ Road No:

Locality/Village: NAWAB STREET, WARI

P.O: tw NAW WARI

P.S: SUTRAPUR

District: DHAKA.

Date: 25.04.2024.

Rank: MASTER TRAINEE

C.D.C No. C1014381

Seaman ID No. 0500061049

Passport No. B0000704G.

NID No.

Date of Birth: 03/02/1981 (DD/MM/YYYY)

## DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

**I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:**

1. Confirmation that identification documents were checked at the point of examination :YES/NO
2. Hearing meets the standards in section A-I/9 :YES/NO
3. Unaided hearing satisfactory? :YES/NO
4. Visual acuity meets standards in section A-I/9? :YES/NO
5. Colour vision meets standards in section A-I/9? :YES/NO
   Date of last colour vision test : 25 APR 2024
6. Fit for lookout duties? :YES/NO
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? :YES/NO
8. Any limitations or restrictions on fitness? :YES/NO

If YES, specify limitations or restrictions:

Duties:
Location/Vessel:
Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category : Fit-No restriction | Fit-Subject to restrictions | Unfit

10. Date of examination/Issue (DD/MM/YYYY) 25 APR 2024

11. Date of expiry (DD/MM/YYYY) 24 APR 2026 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature

Radical Hospital Ltd. Official Stamp As Per MLC 2006 DG Shipping Bangladesh Approved

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
Name & Signature of the practitioner:

## MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making applieation for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug -related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whis pered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental:

- Seafarers must be free from infectiqns of the mouth cavity or gums.

(d) Blood Pressure:

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, Interna-tional Travel and Health, Vaccination Requirements. and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

### IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the fight of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

## DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix1):

**1. Complete physical Examination.**

**2. Pathological Examination:**

**a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E**

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