



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.

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Accredited By : BMD
Accreditation No. A 55144

PATIENT CONTROL NUMBER
H1586

MEDICAL EXAMINATION CERTIFICATE

SURNAME BHUIYAN	FIRST NAME AND MD	MIDDLE NAME MUAJ
PLACE AND DATE OF BIRTH NOAKHALI 14-Jun-1988	PASSPORT NUMBER A03919746	SEAMAN'S BOOK NUMBER CO5473
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : OIL/CHEM TANKER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : BALIA DHAR, CHATKHIL, DELIAYE-3708, NOAKHALI, BANGLADESH	CONTACT NUMBER : 0088 01770204323	RANK : CHIEF OFFICER

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	☐	☒	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?	☐	☒
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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 practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Mir Md. Raihan

Signature of Seafarer

MEDICAL EXAMINATION

Weight 95 kg	Height (cm) 183	BMI 28.3	Blood Pressure: Systolic 120 mm	Diastolic 80 mm	PULSE: 78 bpm
Ear	Hearing by Audiometry	Audiometry	Hearing by Whisper Test		
Right	☐ Adequate ☐ Inadequate	500 1000 2000 3000	☒ Adequate ☐ Inadequate		
Left	☐ Adequate ☐ Inadequate		☒ Adequate ☐ Inadequate		
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐					

Visual acuity				Visual fields	
Unaided		Aided		Normal	Defective
Distant	Right eye	Left eye	Right eye	Left eye	
	6/6	6/6			
Near					

Visual acuity meets the standard laid down in STCW Code Section A-1/9
 Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 15 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	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<u>12/12</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	<u>12/12</u>	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E	<u>12/12</u>	SGPT	URINE R/E	<u>12/12</u>
DC (differential count)	<u>12/12</u>	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	<u>12.6</u>	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGREN)	<u>04</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test
WBC	<u>10.200</u>	Amphetamine	☐ Positive ☒ Negative	VDRL
BLOOD GLUCOSE LEVEL	<u>5.2</u>	Phencyclidine	☐ Positive ☒ Negative	Blood Type
RANDOM	<u>99.1</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam
HBA1C	<u>9.9</u>	Cocaine	☐ Positive ☒ Negative	Others (KUB Ultrasound)

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

Signature of Seafarer

MD MUAJ BHUIYAN

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:

15 APR 2024

Valid Until:

14 APR 2026

Name and Signature of Authorized Physician

DR. MIR. MD. RAHMAN

In Accordance with Medical Examination (Seafarers) Code of Practice, STCW 1978/1996 as Amended, MLC 2006

Certificate No: 04.2024.6321

GUIDELINES AND MINIMUM REQUIREMENTS FOR:

PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
OF SEAFARERS

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 and MLC 2006 – Reg 1.2 And
ILO/IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12



Family Name	BHUIYAN	
Given Names	MD MUAJ	
Rank and department	CHIEF OFFICER, DECK	
Date of birth (day/month/year)	14-JUN-1988	Sex: ☒ Male ☐ Female
Nationality	BANGLADESHI	
Home address	HOUSE-46, FLAT-4/A, SECTOR-12, ROAD-5, UTTARA, DHAKA-1219, BANGLADESH	
Residence & Mobile No:	0088 01770204323	
Passport No./Discharge Book No.	A03919746, C/O/5473	
Type of ship (container, tanker, passenger, fishing)	CHEMICAL / OIL TANKER	
Trade area (e.g., coastal, tropical, worldwide)	WORLDWIDE	

A. EXAMINEE'S PERSONAL DECLARATION:

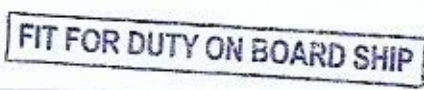
(Assistance should be offered by medical staff)

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; use alcohol or drugs?	☐	☒
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 or joint problems	☐	☒
16. Genital disorders	☐	☒	33. Amputation	☐	☒
17. Pregnancy	☐	☒	34. Fractures/dislocations	☐	☒

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

Additional questions

		Yes	No
		s	
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:			
			
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 MD MUAJ BHUIYAN holding Passport/Seaman Book No A03919746 / CO5473 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: 

Date (day/month/year) **15 APR 2024**

Witnessed by: (Signature) 

Name: (typed or printed) **DR. MIR. MD. RAIHAN**
MBBS (DU), DPM, CCD (Birdem), PGT (Cophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

I hereby authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).



B. 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	Bino-cular	Right eye	Left eye	Bino-cular	
Distant	6/6	6/6	✓			
Near	✓	✓	✓			

Visual fields			
		Normal	Defective
Right eye		✓	
Left eye		✓	

Method of Testing Colour vision:
☒ Ishihara Plates ☒ Lantern Test ☐ Others

Colour vision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing:

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 Hz
Right ear	25	25	25	
Left ear	25	25	25	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings:

Height in cm	183	Weight in kg	95
Pulse rate	78 (/ minute)	Rhythm	Regular
Blood pressure Systolic	120 mm Hg	Diastolic	80 mm Hg

Urinalysis

Glucose:	Nil	Protein:	Nil	Blood:	Nil
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	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	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	Piles	☒	☐
Heart	☒	☐	Skin	☒	☐
Hydrocele	☒	☐	General appearance	☒	☐

Chest X-ray	☐ Not performed	15 APR 2024
Results:	Performed on (day/month/year):	✓
Normal chest x-ray		

Other diagnostic test(s) and result(s):

Test	Result
Blood Tests – tick in box if done- readings separately issued* ¹	CBC ☒ , Blood VDRL test ☒ , Blood ESR ☒ , Blood Sugar – Random ☒
Haemoglobin "Hb" * ¹	g/dl
Hepatitis B * ³	HB (ab) ☐ +ve ☒ -ve HB (ag) ☐ +ve ☒ -ve
Bacteriological stool test* ⁴	☒ not performed ☐ negative ☐ positive
Parasitical stool test* ⁵	☒ not performed ☐ negative ☐ positive
ECG (only for crew above 40 years)	
HIV * ² (+ve or -ve)	
Medical examiner's comments:	<i>review</i> FIT FOR DUTY ON BOARD SHIP

*¹ compulsory*³ required by the Company for all crew from endemic areas*² not compulsory*⁴ required by the Company for all food handlers*⁵ required by the Company for all food handlers from tropical climates

Assessment of fitness for service at sea including physical capabilities:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☒ Fit for look-out duty☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☒	☐	☐	☐
Unfit	☐	☐	☐	☐

☒ Without restrictions☐ With restrictions

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

Place of examination: REDICAL HOSPITALS LIMITEDDate (day/month/year) 15 APR 2024Medical certificate's date of expiration (day/month/year) 14 APR 2026Date medical certificate issued (day/month/year): 15 APR 2024

Official stamp (also print name of medical examiner if not legible):

Signature of medical examiner: *[Signature]*

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

Medical practitioner information (name, license number, address):

NAME: MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144

ADDRESS: REDICAL HOSPITALS LIMITED. 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH



Certificate No: 04.2024.6321

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 MLC 2006 – Reg 1.2 And
ILO/IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12



Family Name	BHUIYAN	
Given Names	MD MUAJ	
Date of birth (day/month/year)	14-JUN-1988	Sex: ☒ Male ☐ Female
Nationality	BANGLADESHI	

	Yes	No	NA
Confirmation that identification documents were checked at the point of examination	☒		
Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2-6 (a):	☒		
Unaided hearing satisfactory?	☒		
Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2-6 (a)?	☒		
Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2-6 (a)?	☒		

I have evaluated the above named examinee according to _____
(National law, regulation or other requirement)

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☒ Fit for look-out duty	☐ Not fit for look-out duty			
☒ Fit	☒ Deck service	☐ Engine service	☐ Catering service	☐ Other services
☐ Unfit	☐	☐	☐	☐
☐ Without restrictions	☐ With restrictions			
Visual aid required	☐ Yes ☒ No			
Chest X-ray	☒ normal	☐ not performed		
Bacteriological stool test	☒ negative	☐ not performed		
Parasitical stool test	☒ negative	☐ not performed		
Vaccination records	☒ satisfactory	☐ to be renewed		

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

RADICAL HOSPITAL LIMITED

15 APR 2024

Place of examination: Dhaka, Bangladesh Date (day/month/year) 14 APR 2026

Medical certificate's date of expiration (day/month/year) 14 APR 2026

Official stamp (also print name of medical examiner if not legible): DR. MIR. MD. RAIHAN

Signature of medical examiner

Authorised by: _____ (competent authority)

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

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature: _____
(To be signed in the presence of the medical examiner)



CRW15 – CHEMICAL BLOOD TEST REPORT

LAST NAME BHUIYAN	FIRST NAME MD MUAJ	POSITION ON BOARD CHIEF OFFICER
DATE OF BIRTH 14-JUN-1988	PLACE OF BIRTH NOAKHALI	SEX MALE
		ID DOCUMENT NO C/O/5473

(PLEASE INDICATE BELOW IF THE LISTED TESTS ARE WITHIN THE REFERENCE LEVEL)

TEST	YES	NO	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	☒	☐	LYMPHOCYTE COUNT	☒	☐
RED BLOOD CELL COUNT (RBC)	☒	☐	MONOCYTE COUNT	☒	☐
PLATELET COUNT (PLT)	☒	☐	EOSINOPHIL COUNT	☒	☐
HAEMOGLOBIN (HGB)	☒	☐	BASOPHIL COUNT	☒	☐
HAEMOTOCRIT (HCT)	☒	☐	GRANULOCYTE COUNT	☒	☐
MEAN CORPUSCULAR VOLUME (MCV)	☒	☐	THROMBOCYTE COUNT	☒	☐
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	☒	☐	BIOCHEMISTRY	YES	NO
MEAN CORPUSCULAR HB. CONC (MCHC)	☒	☐	ASPARTATE AMINOTRANSFERASE (AST, SGOT)	☒	☐
MEAN PLATELET VOLUME (MPV)	☒	☐	ALANINE AMINOTRANSFERASE (ALT, SGPT)	☒	☐
RED BLOOD CELL DISTRIBUTION WIDTH (RDW)	☒	☐	TOTAL BILIRUBIN	☒	☐
NEUTROPHIL COUNT	☒	☐		☐	☐

IF ANY OF THE ABOVE CHEMICAL-SPECIFIC BLOOD TEST INDICATES NEGATIVE RESPONSE TO CLINICAL TEST PARAMETERS, PLEASE GIVE DETAILS BELOW.
COMMENTS (for abnormal result):

Doctors Comments:

No Abnormality Found.



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

15 APR 2024

MEDICAL EXAMINER
(SIGNATURE & PRINTED NAME)

DATE OF EXAMINATION

ID NO : 24040297

Date : 15/04/2024

Patient's Name : MD.MUJ BHUIYAN

Age : 35Y10M1D

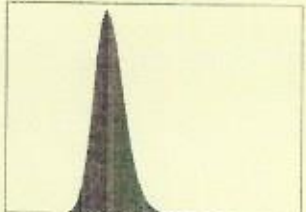
Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/5473

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)	14.6	g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	04	mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	10,200	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	59	%	(40 - 75)%	
Lymphocytes	30	%	(20-45)%	
Monocytes	07	%	(2-10)%	
Eosinophils	04	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	408	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	360,000	/cumm	1,50,000-4,50,000 /cumm	
MPV	9.2	fL	7.0 -11.0 fL	
PDW-CV	15.9	%	10 - 18 %	
PCT	0.33	%	0.10 - 0.28	
P-LCR	21.7	%	9.00 - 45.00%	
P-LCC	78	x10 ³ /uL	13 - 129 x10 ³ /uL	
RBC COUNT	5.04	m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	46.2	%	M: 40-54%, F: 37-47%	
MCV	91.7	fL	76-94 fL	
MCH	29	pg	27-32 pg	
MCHC	31.6	g/dL	29-34 g/dL	
RDW SD	50	fL	30.0-57.0 fL	
RDW CV	16.4	%	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	DIA24040297	Received Date	15/04/2024
Patient's Name	MD MUAJ BHUIYAN		
Patient's Age	35Y 10M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5473
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.2 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum ALT (SGPT)	16 U/L	Up to 40 U/L
HbA1C	4.9 %	4.2 - 6.7 %

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 Hospitals Ltd.

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

Bill No	DIA24040297	Received Date	15/04/2024
Patient's Name	MD MUAJ BHUIYAN		
Patient's Age	35Y 10M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5473
Sample	Blood		

SEROLOGICAL REPORT

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

RADICAL
HOSPITAL
LIMITED

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	DIA24040297	Received Date	15/04/2024
Patient's Name	MD MUAJ BHUIYAN		
Patient's Age	35Y 10M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5473		
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.

Bill No	DIA24040297	Received Date	15/04/2024
Patient's Name	MD MUAJ BHUIYAN		
Patient's Age	35Y 10M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5473		
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.

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

REF: MT. VS GLORY

DATE: 15/04/2024

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

EYE EXAMINATION REPORT

NAME: MD MUAJ BHUIYAN

RANK: CH.OFF

CDC NO: C/O/5473

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

25-04-2024 12:05:10

Mr. Macpherson
Male
35 Years

HR : 83 bpm

Diagnosis Information:

P : 134 ms

Sinus rhythm

PR : 188 ms

Normal ECG

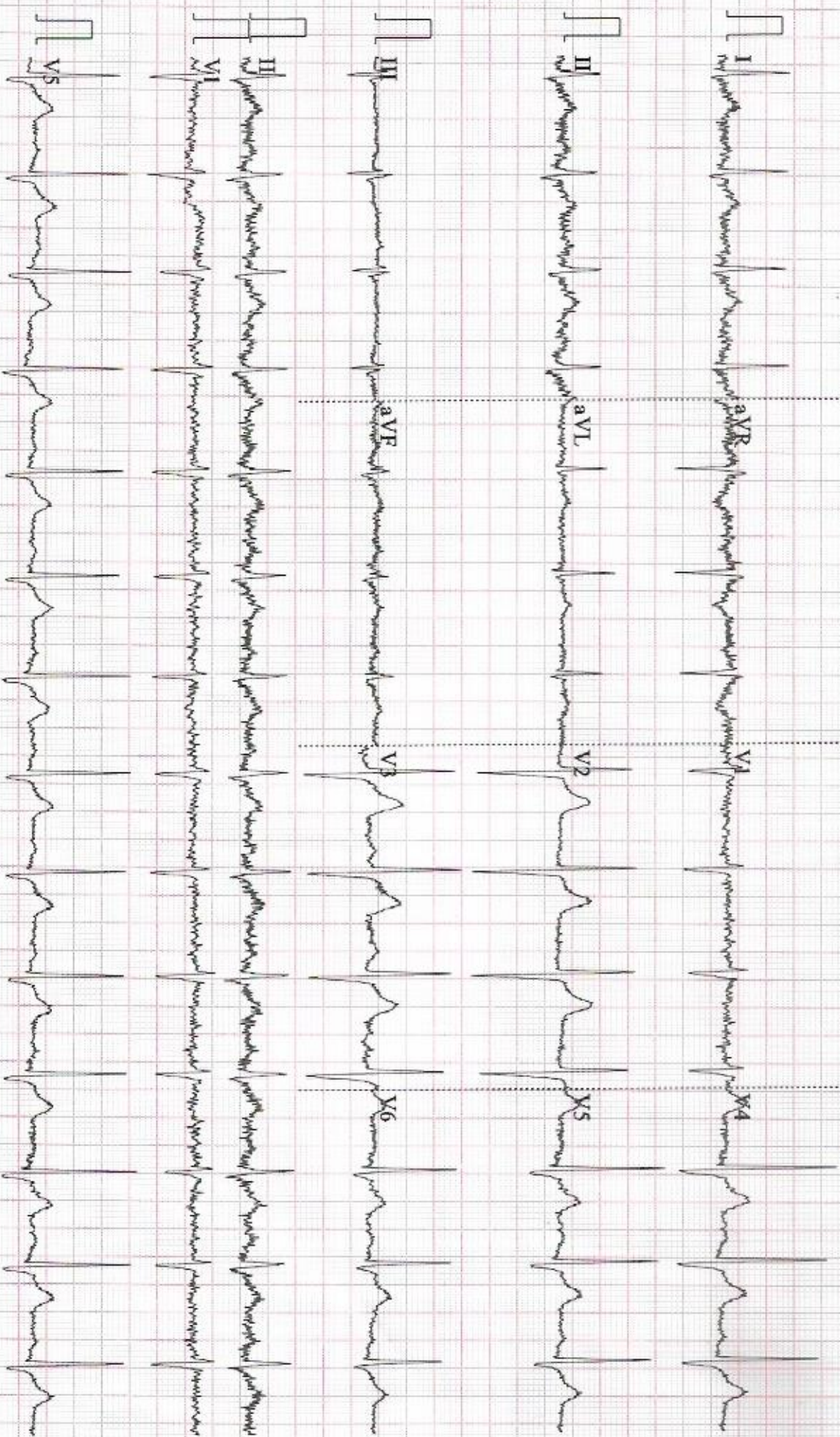
QRS : 104 ms

QT/QTc : 374/440 ms

P/QRS/T : 54/19/39 °

RV5/SV1 : 1.736/0.684 mV

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r 83

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040297 Receive: 15/04/2024 Print: 15/04/2024
Patient's Name : MD MUAJ BHUIYAN
Age : 35 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

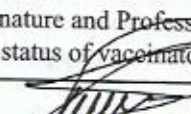
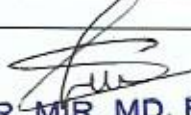
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 14-JUN-1988 Sex MALE

MD. MUAJ BHUIYAN (C/05473)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
03 AUG 2022	 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.	
06 JUN 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.	
15 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.	
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. 04.2024.6321
1289.7202.70

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 BHUIYAN First MD. Middle MUAJ
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 15 APR 2024
Occupation: Deck/Engine/Catering/Other (specify) DECK Rank: CH. OFF.
Father's/ Husband's name: MD. ALAMGIR C.D.C No. C/015473
Mother's Name: MAHMUDA AKHTER Seaman ID No. 050001141
Address: House No: 46 Street/ Road No: 05 Passport No. A03919746
Locality/Village: SECTOR-12 NID No. 6852916722
P.O.: UTTARA Date of Birth: 14/06/1988
P.S.: UTTARA (DD/MM/YYYY)
District: DHAKA

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:

- Confirmation that identification documents were checked at the point of examination: YES/NO
 - Hearing meets the standards in section A-I/9: YES/NO
 - Unaided hearing satisfactory?: YES/NO
 - Visual acuity meets standards in section A-I/9?: YES/NO
 - Colour vision meets standards in section A-I/9?: YES/NO
Date of last colour vision test: 15 APR 2024
 - Fit for lookout duties?: YES/NO
 - 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
 - Any limitations or restrictions on fitness?: YES/NO
- If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED
Utara, Dhaka, Bangladesh

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

10. Date of examination/Issue (DD/MM/YYYY): 15 APR 2024

11. Date of expiry (DD/MM/YYYY): 14 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



DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Bldem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

Name & Signature of the practitioner:

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



Form No: SMC

SL NO. _____

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SEAFARER INFORMATION:

Name: Last BHUIYAN First MD. Middle MUAJ
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 15 APR 2024
Occupation: Deck/Engine/Catering/Other (specify) DECK Rank: CH. OFF.
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 - Unaided hearing satisfactory?: YES/NO
 - Visual acuity meets standards in section A-I/9?: YES/NO
 - Colour vision meets standards in section A-I/9?: YES/NO
Date of last colour vision test: 15 APR 2024
 - Fit for lookout duties?: YES/NO
 - 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
 - Any limitations or restrictions on fitness?: YES/NO
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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): 15 APR 2024

11. Date of expiry (DD/MM/YYYY): 14 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

Muj. CAR



DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Birdom), 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 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 prior to the date of making application 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 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 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 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/Navigation 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. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible 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/navigation 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 engineer 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 right 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 Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

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

15 APR 2024

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