

## HAQUE & SONS LTD.

Tel: +880-2-333316214-6, Fax: +880-2-333310530



Accredited By . BMDC

Accreditation No. A 55144

### MEDICAL EXAMINATION CERTIFICATE

PATIENT	CONTROL	NUMBER:
	H1752	

Revision Date: 24th July 2022

RNAME		FIRST NAME AND		MIDDLE N					
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2	High blood pressure		19 Do you sn				PA		
3	Heart/vascular disease		20 Operation			D	21		
4	Heart surgery		21 Epilepsy/s			- 0	P		
5	Varicose veins		22 Dizziness.	DOUGH TO THE PARTY		D	1		
6	Asthma/bronchitis			onsciousness		(0)	71		
7	Blood disorder			c problems	garan	1 21	1		
8	Diabetes		25 Depression		- 11		1		
9	Thyroid problem		26 Attempted		[]	120	D		
10	Digestive disorder		27 Loss of m		111	10	- M		
11	Kidney problem		28 Balance p		111	1 0	11		
12	Skin problem		29 Severe he		170		1		
13	Allergies			throat problems	1		2/		
14	Infectious/contagious diseases		31 Restricted		-		PA		
15	Hernia		32 Back prot				DA		
16	Genital disorders		33 Amputation	n \			1/		
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	meets the stand	dard laid down	in STCW C	ode Se	ction A-1/9	Left e	NO		
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reby I declare t	hat I am in knov	wledge of the d	ontents of t	he Phy	sical examina	ations:			
towant	10 -1	17		MO	HAMMAD A	BUNASER			0 2 APR 2024
nature of Seaf	arer )			WIC	Name of Se			-	Date
11	1								Date
	tness for serv								er all files even ne seems
the basis of the aminee medica	e examinee's p llv:	ersonal declara	ation, my cli	nical ex	amination ar	nd the diagno	stic test results i	recorded abov	re, I declare the
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ion taken by m	***************************************	PR 2024		MIS	MD. R		-	O 1 APR	2026

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

Register Hospitals Limited. Revision Date: 24

Revision: 5.1

Revision Date : 24th July 2022



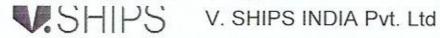
# V. SHIPS INDIA Pvt. Ltd.

Certificate No:

### MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000; STCW code I/9 MLC 2006 – Reg 1.2 And

Family Name	NASER		(12)	HOSPITALS T
Given Names	MOHAMMAD ABU	1	12	LTD
Date of birth (day/month/year)	01-JAN-1980	Sex: Male	☐ Fem	160 N 55
Nationality	BANGLADESHI		59.0	
Confirmation that identification docum	nents were checked at th	e point of	Yes No	NA NA
examination	ionio word onconca at ar	o politico:		
learing satisfactory and meets the si and MLC 2006 1.2-6 (a):	andards in STCW Code,	section A-I/9		
Inaided hearing satisfactory?			//	
isual acuity satisfactory and meets and MLC 2006 1.2-6 (a)?	standards in STCW Code	e, section A-I/9		
Colour vision satisfactory and meets	standards in STCW Code	e, section A-I/9		
nd MLC 2006 1.2- 6 (a)?				
have evaluated the above named ex	vaminee according to			
have evaluated the above harned ex		National law, regulation	or other requir	ement)
on the basis of the everyings's pe				The state of the s
on the basis of the examinee's per				
esults recorded above, I certify that				
kely to be aggravated by service at:	sea or to render the seafa	arer unfit for such s	service or to	endanger t
ealth of other persons on board and	hence declare the exam	inee medically:		1970
$\wedge$				
Fit for look-out duty	Not fit for look-out duty			
			0/1	
Deck serv	Engine service	Catering service	Other servi	ces
<b>≠</b> it ∠				
Unfit				
Without restrictions	☐ With restriction	ons		
Visual aid required	Yes No			
Chest X-ray	nosmal	not p	erformed	
Bacteriological stool test	negative		erformed	
Parasitical stool test	negative		erformed	
Vaccination records	satisfactory		renewed	
Describe any restrictions (e.g., sp.		The second secon	Tellewed	
Describe any restrictions (e.g., sp	ecilic position, type or sin	ip, trade area).		
RADICAL HOSP	ITAL LIMITED	0.7	APR 2024	
Place of examination: Ultara, Dhoka,	Bangiadash Date (day/m	nonth/year)/	2024	-
Medical certificate's date of expira		0 1 APR 2026		0.151
Official stamp (also print name of	medical examiner if not le	egible) RRS (DU), DEM. CO	MD. RAIH	phth !
Signature of medical examiner:	Thirty	BMDC A-5514 DG Shipping Ba Genera	ngladesh Appro i Physician	vec.
Authorised by:	200	(competent author	speak Limited	
I acknowledge and confirm that I I a review in accordance with parag				of the right
Examinee's signature:	enorgo. =			
(To be sign	ed in the presence of the medic	cal examiner)		
	01.			



	MEDICAL FITNESS EXAMINATIONS OF SEAFARERS
) ST	ant Shipping (Medical Examination) Rules 2000; CW code I/9 and MLC 2006 – Reg 1.2 And s on the medical examinations of seafarers ILO/IMO/JMS/2011/12
Family Name	NASER IN LTI
Given Names	MOHAMMAD ABU
Rank and department	CHIEF OFFICER, DECK
Date of birth (day/month/year)	01-JAN-1980 Sex: Male Female
Vationality	BANGLADESHI
Home address	32/B, 1/2, EAST NOYATOLA, MOGHBAZAR, DHAKA-1217, BANGLADESH
Residence & Mobile No:	0088 01816117625
Passport No./Discharge Book No.	A02947748, C/O/3669
Type of ship (container, tanker, bassenger, fishing)	BULK CARRIER
Trade area (e.g., coastal, tropical, worldwide)	WORLDWIDE
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic Have you ever had any of the fo	cal staff) Illowing conditions?
A. EXAMINEE'S PERSONAL D (Assistance should be offered by medic Have you ever had any of the fo  Condition	Yes No Condition Yes No
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic Have you ever had any of the fo	Yes No Condition Yes No Sleep problems
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic Have you ever had any of the fo  Condition  Eye/vision problem  High blood pressure	Yes No Condition Yes No  18. Sleep problems   19. Do you smoke; use alcohol or drugs?
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic Have you ever had any of the fo  Condition  Eye/vision problem  High blood pressure  Heart/vascular disease	Yes No Condition Yes No  18. Sleep problems  19. Do you smoke; use alcohol or drugs?
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic Have you ever had any of the fo  Condition  Eye/vision problem  High blood pressure  Heart/vascular disease  Heart surgery	Yes No Condition Yes No  18. Sleep problems   19. Do you smoke; use alcohol or drugs?  20. Operation/surgery   21. Epilepsy/seizures
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic Have you ever had any of the fo  Condition  Eye/vision problem  High blood pressure  Heart/vascular disease Heart surgery Varicose veins	Yes No Condition Yes No  18. Sleep problems   19. Do you smoke; use alcohol or drugs?  20. Operation/surgery   21. Epilepsy/seizures   22. Dizziness/fainting
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic Have you ever had any of the fo  Condition  Eye/vision problem High blood pressure Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis	Yes No Condition Yes No  18. Sleep problems
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic Have you ever had any of the fo  Condition  Eye/vision problem High blood pressure  Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis Blood disorder	Yes No Condition Yes No  18. Sleep problems   19. Do you smoke; use alcohol or drugs?  20. Operation/surgery   21. Epilepsy/seizures   22. Dizziness/fainting   23. Loss of consciousness   24. Psychiatric problems
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic have you ever had any of the fo  Condition  Eye/vision problem High blood pressure Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis Blood disorder Diabetes	Yes No Condition Yes No    18. Sleep problems
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic Have you ever had any of the fo  Condition  Eye/vision problem  High blood pressure  Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis Blood disorder Blood disorder Thyroid problem	Yes No Condition Yes No    18. Sleep problems
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic Have you ever had any of the fo  Condition  Eye/vision problem  High blood pressure  Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis Blood disorder  Blood disorder  Diabetes Thyroid problem  Digestive disorder	Yes No Condition Yes No    18. Sleep problems
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic have you ever had any of the fo  Condition  Eye/vision problem High blood pressure  Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis Blood disorder Blood disorder Diabetes Thyroid problem Digestive disorder Kidney problem	Yes No Condition Yes No    18. Sleep problems
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic Have you ever had any of the fo  Condition  Eye/vision problem High blood pressure  Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis Blood disorder Diabetes Thyroid problem Digestive disorder Kidney problem Skin problem	Yes No Condition Yes No  18. Sleep problems
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic Have you ever had any of the fo  Condition  Eye/vision problem  High blood pressure  Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis Blood disorder  Blood disorder  Diabetes Thyroid problem  Digestive disorder  Kidney problem  Skin problem	Yes No Condition Yes No    18. Sleep problems
A. EXAMINEE'S PERSONAL D (Assistance should be offered by medic Have you ever had any of the fo  Condition  1. Eye/vision problem 2. High blood pressure 3. Heart/vascular disease 4. Heart surgery 5. Varicose veins 6. Asthma/bronchitis 7. Blood disorder 8. Diabetes	Yes No Condition Yes No    18. Sleep problems
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic Have you ever had any of the fo  Condition  Eye/vision problem  High blood pressure  Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis Blood disorder  Blood disorder  Diabetes Thyroid problem  Digestive disorder  Kidney problem  Skin problem  Allergies  Infectious/contagious	Yes No Condition Yes No   18. Sleep problems   29. Do you smoke; use alcohol or drugs?   20. Operation/surgery   21. Epilepsy/seizures   22. Dizziness/fainting   23. Loss of consciousness   24. Psychiatric problems   25. Depression   26. Attempted suicide   27. Loss of memory   28. Balance problem   29. Severe headaches   30. Ear/nose/throat problems   31. Restricted mobility   31. Restricted mobility   30.
A. EXAMINEE'S PERSONAL D Assistance should be offered by medic Have you ever had any of the fo  Condition  Eye/vision problem High blood pressure  Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis Blood disorder Diabetes Thyroid problem Digestive disorder Kidney problem Skin problem Allergies  Infectious/contagious diseases	Yes No Condition Yes No   18. Sleep problems   2.    2

Page 1 of 4

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## V. SHIPS INDIA Pvt. Ltd

Additional que	stions
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		Ye	No
25		S	
35.	Have you ever been signed off as sick or repatriated from a ship?	Ш	4
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?	Z'	
41.	Are you allergic to any medications?		7
Con	nments:		-
	FIT FOR DUTY ON BOARD SHIP		
	THE ON BOARD SHIP		
42.	Are you taking any non-prescription or prescription medications?		1

I MOHAMMAD ABU NASER holding Passport/Seaman Book No A02947748, C/O/3669 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: (ANDM)

Date (day/month/year)

Q 2 APR 2024

Witnessed by: (Signature)

41.

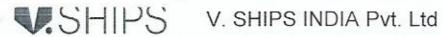
Name: (typed or printed)

DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144. MMC-BGD-018 adesh 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).





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ose or gr	asses 01	comaci		al acuity	NOL.	(ii yes, s	specify	willon typ		ual fie	
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Near				15	7	5		Left eye		].	
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Hearing:				~	mal			ul 🗌 Defe		at /ma	·*****
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_eft ear	20	1	6	20	>		Le	ft ear			
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Urinalys	is		1011-101-10-00-10-10-10-10-10-10-10-10-1								STITLE ST
Glucose:		11	P	rotein:		21		Blood:	ni		
	0		-	mał? Abi	norma	al			Norma	al Atan	ormal
Head				1		Varicos	e veins	-	3	1	
Sinuses,	nose, th	roat		1		Vascula	ar (inc. p	edal puls	ses)	ZX	
Mouth/te						Abdome			Í	1/	
Ears (ge	neral)					Hernia			Ī	1	
Tympani	c membr	ane				Anus (n	ot recta	l exam)	Ę	Z	
Eyes				0		G-U sys	stem		1	Z,	
Opthalm	oscopy			D/		Upper a	and low	er extrem	ities [	7	
Pupils				1//		Spine (	C/S, T/S	and L/S	) {		
Eye mov	ement					Neurolo	gic (ful	brief)	[	1/	
manufacture of the latest the lat	nd chest	100		2		Psychia	atric			ZA	
Lungs ar	xaminatio	on	N	团人		Piles				1/	
			4'			Skin				4/	
Breast e			-11 - 21	$\square$		Genera	l appea	rance			
Breast e Heart	le			7							
Lungs ar Breast e Heart Hydroce				ot perfor	med	1/	VOM	mec	= 02	ADD	2021
Breast e. Heart Hydroce						/month/y	VOIII rear):	mec	<u></u>	APR	2024



Test		Result					
Blood Tests – tick in box if done- readings seperately issued*1							
Haemoglobin "Hb" *1			g/dl				
Hepatitis B *3	HB (ab) □+ve ve ✓	- HB (ag	)				
Bacteriological stool test*4	not performed	negative	positive				
Parasitical stool test*5	not performed	negative	positive				
ECG (only for crew above 40 years)	NOTONI	ul .					
HIV *2 (+ve or -ve)	Nela	lla-	3.5				
Medical examiner's comments:	FIT FOR DUTY OF	N BOARD SHIP					
Assessment of fitness for ser On the basis of the examine diagnostic test results recorded from any medical condition likel unfit for such service or to endathe examinee medically:  Fit for look-out duty	e's personal declara labove, I certify that y to be aggravated b	ation, my clinion the seafarer of y service at sea her persons on	cal examination and oncerned is not suffe or to render the sea				
Zi it for look-out duty							
Deck service	Engine service	Catering service	Other services				
Fit 🖒							
Unfit							
Without restrictions  Describe restrictions (e.g., spec		restrictions ship, trade area)	Ε				
Place of examination: REDICAL Date (day/month/year)	APR 2024 iration (day/month/ye (day/month/year):	0 1 <sub>/</sub> APR 0 2 APR 2024 <sub>/</sub>	2026				
Official stamp (also print name) Signature of medical examiner: Medical practitioner information	Town	DR, MIF MBBS (DU), DF BMOC A-5	R. MD. RAIHAN M. CO (Birdem), PGT (Optib) 5144, MMC-BGD-016 1 Bangladesh Approved 1eral Physician				
NAME: MIR MD. RAIHAN; M.B ADDRESS: REDICAL HOSP SECTOR-12, UTTARA, DHA	B.S(D.U.), REG. NO	o. A-55144 5, SHAH MAK	Hospitals Limited				

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### PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

#### THE REPUBLIC OF LIBERIA

NACED	APPLICANT		FIRST NAME		MIDDLE INITIAL
NASER			MOHAMMAD		ABU
DATE OF BIRTH			PLACE OF BIRTH		SEX
1	1	1980	NOAKHALI	BANGLADESH	
MONTH	DAY	YEAR	CITY	COUNTRY	MALE FEMALE
EXAMINATION	FOR DUTY AS	3:	F41	MAILING ADDRESS OF APPI	LICANT:
MASTER		RATING	52.	32/B, 1/2, EAST NOYATOLA	
MATE	+	MOU DECK		MOGHBAZAR, DHAKA	
ENGINEER		MOU ENGINE			
RADIO OFF		SUPERNUME	RARY	BANGLADESH.	
MEDICAL EXA	AMINATION	(SEE PAGE 2	) STATE DETAILS	ON PAGE 2	
HEIGHT 17/m	WEIGHT 77/3	BLOOD PR	ESSURE PI	RESPIRATION MAIN AMERICAN	GENERAL APPEARANCE
WITHOUT GLAS			/		
WITH GLASSES		1/	17/	_	
DATE OF LAST	COLOR VISIO	N TEST (Month	/Day/Year) 02	APR 2024 Testing Requi	ired every 6 years
COLOR VISION	MEETS STAN	DARING IN STY	CW CODE, TABLE A-	6	No II-
Service of the later	Marine Market Com-				
OLOR TEST TYP	E: BOOK LAN	TERN CHECK	IF COLOR TEST IS NO	RMAL YELLOW 1	RED GREEN BLUE
IEARING	RT. EAR	120	30	LEFT YEAR	SA CORE
	2000 200 000				
HEAD AND NEC	'K		211 HE	ART (CARDIOVASCULAR)	non-
HEAD AND NEC	K No	man	ac.		wonnal
HEAD AND NEC	* No	ing pa	AC SPI	EECH (DECK/NAVIGATIONAL	OFFICER AND RADIO OFFICER) ORMAL VOICE COMMUNICATION
LUNGS	* No	SOLA VOVA	AC SPI	EECH (DECK/NAVIGATIONAL	4 T. O. P. M. T. G. T. O. M. S. T. G. T. G. T.
	* No	nen Vera eV e	AC SPI	EECH (DECK/NAVIGATIONAL	1 T. O. T. IN TO STORY OF MANY STREET, A STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,
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UNGS EXTREMITIES: JPPER S APPLICANT S OR LIKELY TO 1	SUFFERING FRENDANGER TO		SPL SPL SSPL SSPL SSPL SSPL SSPL SSPL S	LOWER AGGRAVATED BY, OR TO RE	ORMAL VOICE COMMUNICATION  OF THE SERVICE AT SEA
UNGS EXTREMITIES: JPPER S APPLICANT S OR LIKELY TO B EXAMINATION	SUFFERING FRENDANGER TO ON PAGE 2.	HE HEALTH O	SPL SPL SSPL SSPL SSPL SSPL SSPL SSPL S	LOWERAGGRAVATED BY, OR TO RE ON BOARD? IF YES, EXPLAIN	ENDER HIM UNFIT FOR SERVICE AT SEA IN DETAILS OF MEDICAL
UNGS EXTREMITIES: JPPER S APPLICANT S OR LIKELY TO B EXAMINATION SIGN	SUFFERING FRENDANGER TO ON PAGE 2.	PLICANT	SPI IS SP	LOWER AGGRAVATED BY, OR TO REON BOARD? IF YES, EXPLAIN DATE OF EXAM	ENDER HIM UNFIT FOR SERVICE AT SEA IN DETAILS OF MEDICAL  0 1 APR 2026  EXPIRY DATE
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EXTREMITIES: UPPER IS APPLICANT S OR LIKELY TO I EXAMINATION SIGN THIS IS TO CER	SUFFERING FRENDANGER TO ON PAGE 2.  ATURE OF ARTHURS SIGNAT THEY THAT A	PLICANT URE SHOULD PHYSICAL EX	EASE LIKELY TO BE FOTHER PERSONS  BE AFFIXED IN THE AMINATION WAS G	LOWER AGGRAVATED BY, OR TO RE ON BOARD? IF YES, EXPLAIN  DZ APR 2024  DATE OF EXAM PRESENCE OF THE EXAMINITION TO:  MO  (NAME OF	ENDER HIM UNFIT FOR SERVICE AT SEA IN DETAILS OF MEDICAL  O 1 APR 2026  EXPIRY DATE  ONG PHYSICIAN.  OHAMMAD ABU NASER  APPLICANT)
UNGS EXTREMITIES: JPPER S APPLICANT S OR LIKELY TO B EXAMINATION SIGN THIS IS TO CER	SUFFERING FRENDANGER TOON PAGE 2.  ATURE OF ARTHUR SIGNAT THEY THAT A DUND TO BE (1)	PLICANT URE SHOULD PHYSICAL EX	EASE LIKELY TO BE FOTHER PERSONS  BE AFFIXED IN THE AMINATION WAS G	LOWER AGGRAVATED BY, OR TO RE ON BOARD? IF YES, EXPLAIN  DZ APR 2024  DATE OF EXAM PRESENCE OF THE EXAMINITION TO:  MO  (NAME OF	ENDER HIM UNFIT FOR SERVICE AT SEA IN DETAILS OF MEDICAL  O 1 APR 2026  EXPIRY DATE  IN OPHYSICIAN.  OHAMMAD ABUNASER
EXTREMITIES:  JPPER S APPLICANT S OR LIKELY TO B EXAMINATION  SIGN  THIS IS TO CER  WE (SHE) IS FOR	SUFFERING FRENDANGER TO ON PAGE 2.  ATURE OF ARTHUS SIGNAT THEY THAT A DUND TO BE (IT SUPERNUME)	PLICANT URE SHOULD PHYSICAL EX (NOT FIT) ERARY).	BE AFFIXED IN THE AMINATION WAS GOOD TO REAL T	LOWER AGGRAVATED BY, OR TO RE ON BOARD? IF YES, EXPLAIN  DZ APR 2024  DATE OF EXAM PRESENCE OF THE EXAMINITION TO:  MO  (NAME OF	ENDER HIM UNFIT FOR SERVICE AT SEA IN DETAILS OF MEDICAL  O 1 APR 2026  EXPIRY DATE  ONG PHYSICIAN.  OHAMMAD ABU NASER  APPLICANT)
LUNGS  EXTREMITIES: JPPER S APPLICANT S OR LIKELY TO I EXAMINATION SIGN THIS IS TO CER MOU ENGINE OF	SUFFERING FRENDANGER TO ON PAGE 2.  ATURE OF ARTHUS SIGNAT TIFY THAT A DUND TO BE (I SUPERNUME EGREE OF PAGE O	PLICANT URE SHOULD PHYSICAL EX FIT EX (NOT FIT) ERARY). HYSICIAN	BE AFFIXED IN THE AMINATION WAS GOTHER DUTY AS A (NO DR. MIR MD. R.	LOWER  AGGRAVATED BY, OR TO RE ON BOARD? IF YES, EXPLAIN  D Z APR 2024  DATE OF EXAM  PRESENCE OF THE EXAMINITATION TO:  MO  HOARD SHIP (NAME OF INSTER, MATE, ENGINEER, R.)  AIHAN; M.B.B.S.(D.U.),	ENDER HIM UNFIT FOR SERVICE AT SEA IN DETAILS OF MEDICAL  O 1 APR 2026  EXPIRY DATE  ONG PHYSICIAN.  OHAMMAD ABU NASER  APPLICANT)
EXTREMITIES:  JPPER S APPLICANT S OR LIKELY TO BEXAMINATION  SIGN  THIS IS TO CER  WHEN (SHE) IS FOR MOU ENGINE OF MOUNINE AND D  ADDRESS J	SUFFERING FRENDANGER TO N PAGE 2.  ATURE OF ARTHUR SIGNAT THEY THAT A DUND TO BE (I SUPERNUME EGREE OF PICKEDICAL HOS	PLICANT URE SHOULD PHYSICAL EX FIT EARY). HYSICIAN	BE AFFIXED IN THE AMINATION WAS G FOR DUTY ON FOR DUTY AS A: (N DR. MIR MD. R.	LOWER  AGGRAVATED BY, OR TO RE ON BOARD? IF YES, EXPLAIN  O Z APR 2024  DATE OF EXAM  PRESENCE OF THE EXAMINITIVEN TO:  MO  (NAME OF INSTER, MATE, ENGINEER, R.  AIHAN; M.B.B.S.(D.U.),  HUUM AVENUE, SECTOR-12, U.	ENDER HIM UNFIT FOR SERVICE AT SEA IN DETAILS OF MEDICAL  O 1 APR 2026  EXPIRY DATE  ONG PHYSICIAN.  OHAMMAD ABUNASER  APPLICANT)  ADIO OFFICER, RATING, MOU DECK,  OTTARA, DHAKA-1230, BANGLADESH.
EXTREMITIES:  UPPER  IS APPLICANT S OR LIKELY TO I EXAMINATION  SIGN  THIS IS TO CER  WHOU ENGINE OF  NAME AND D  ADDRESS  J	SUFFERING FREDICAL HOS	PLICANT URE SHOULD PHYSICAL EX FIT ERARY). HYSICIAN EPITALS LIMIT ERTIFICATIN	BE AFFIXED IN THE AMINATION WAS GOOD TO ROUTY AS A CONTROL OF THE AMINATION WAS GOOD TORDUTY AS A CONTROL OF THE AMINATION WAS GOOD TO ROUTY AS A CONTROL OF THE AMINATION WAS GOOD TO ROUTY AS A CONTROL OF THE AMINATION WAS GOOD TO ROUTY AS A CONTROL OF THE AMINATION WAS GOOD TO ROUTY AS A CONTROL OF THE AMINATION WAS AND THE AMINATION WAS A CONTROL OF THE AMINATION WAS	LOWER  AGGRAVATED BY, OR TO RE ON BOARD? IF YES, EXPLAIN  O Z APR 2024  DATE OF EXAM  PRESENCE OF THE EXAMINITIVEN TO:  MO  (NAME OF INSTER, MATE, ENGINEER, R.  AIHAN; M.B.B.S.(D.U.),  HUUM AVENUE, SECTOR-12, U.	ENDER HIM UNFIT FOR SERVICE AT SEA IN DETAILS OF MEDICAL  O 1 APR 2026  EXPIRY DATE  ING PHYSICIAN.  OHAMMAD ABUNASER  APPLICANT)  ADIO OFFICER, RATING, MOU DECK.

the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-105M ANNEX3R. MIR. MD. RAIHAN MEBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A 551MA, MMC PCD, 916

Sangate and

Rev0 - 09/01/2023

#### MEDICAL REQUIREMENT

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 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 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 vision in one eye and (c) at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) 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.
- (h) 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.

#### DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

- 1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.
- 2. PATHOLOGICAL EXAMINATION: A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg),

E) Urinlysis F) Drug Test G) Alcohol Test,

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

02 APR 2024

RLM-I05M ANNEX 2



BMDC A-55144, MMC-BGD-016
GShipping Bengladesh Approved
General Rev0; 99/01/2023





Date

Age

radical\_hospitals@yahoo.com, www.radicalhospital.com

ID NO : 24040030

Ref. By Specimen

Patient's Name: MOHAMMAD ABU NASER

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/3669

Sex Male

02/04/2024

44Y 3M 1D

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

*EXAMPLE STATE OF THE PARTY OF	BURNESS STORY	COLUMN DESCRIPTION OF THE PERSON OF THE PERS	CONTRACTOR OF THE PROPERTY.	
Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	14 06	g/dl 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	8,200	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT Neutrophils Lymphocytes Monocytes Eosinophils	64 23 08 05	% % % %	(40 - 75)% (20-45)% (2-10)% (1-6)% 0-1 %	WBC CURVE
TOTAL CIR. EOSIONOPHIL COUNT TOTAL PLATELET COUNT(PC)	410 262,000	/cumm	40 - 450 /cumm 1,50,000-4,50,000 /cumm	
MPV PDW-CV PCT P-LCR	10 16.4 0.26 28.1	fL % %	7.0 -11.0 fL 10 - 18 % 0.10 - 0.28 9.00 - 45.00%	PLT CURVE
P-LCC  RBC COUNT  HCT/PCV  MCV	74 5.04 44.7 88.7	x10^3/uL m/ul % fL	13 - 129 x10^3/uL M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 fL	
MCH MCHC RDW SD RDW CV	27.7 31.2 50 17.3	pg g/dL fL %	27-32 pg 29-34 g/dL 30.0-57.0 fL 10-16%	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

radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24040030	Dossinad	D .	001011	
Patient's Name	MOHAMMAD ABU NASER	Received	Date	02/04/2	2024
Patient's Age	44Y 3M 1D	р	otiont's		T
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	T/Evo) DEM	atient's	AND NEWS PROPERTY.	Male
Sample	BLOOD	(Eye),DFM	С	DC NO	C/O/3669

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.6 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.61 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	28.0 U/L	Up to 40 U/L
Serum AST (SGOT)	26.0 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	DIA24040030	Received D	)oto	00/04/	2004
Patient's Name	MOHAMMAD ABU NASER	received L	Jate	02/04/2	2024
Patient's Age	44Y 3M 1D	Pa	tient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PC			DC NO	100000000000000000000000000000000000000
Sample	BLOOD	(-)-//0/ 10/	Ci	DC NO	C/O/3669

# SEROLOGICAL REPORT

<u>lest Name</u>	Result
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

RADICAL

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	DIA24040030	Received Da	oto   00/04/	2004
Patient's Name	MOHAMMAD ABU NASER	Received Da	ate 02/04/	2024
Patient's Age	44Y 3M 1D	Pat	ient's Sex	Mole
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CONTRACTOR STATE	Male
Sample	URINE	J (Lyc), D I W	CDC NO	C/O/3669

# URINE ROUTINE EXAMINATION

# PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	2-3/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.

**Test Name** 



Bill No	DIA24040030	Received	Dete	00/04/0	2001
Patient's Name	MOHAMMAD ABU NASER	received	Date	02/04/2	2024
Patient's Age	44Y 3M 1D	P	atient's	Sov	Mala
Ref. by	r. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM				Male
Sample	URINE URINE	(Eye),DFM	С	DC NO	C/O/3669

# DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Result

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumarya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.



REF: MV. ANABELA DATE: 02/04/2024

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

## EYE EXAMINATION REPORT

NAME: MOHAMMAD ABU NASER RANK: CH.OFF CDC NO: C/O/3669

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

NORMAL/BLIND

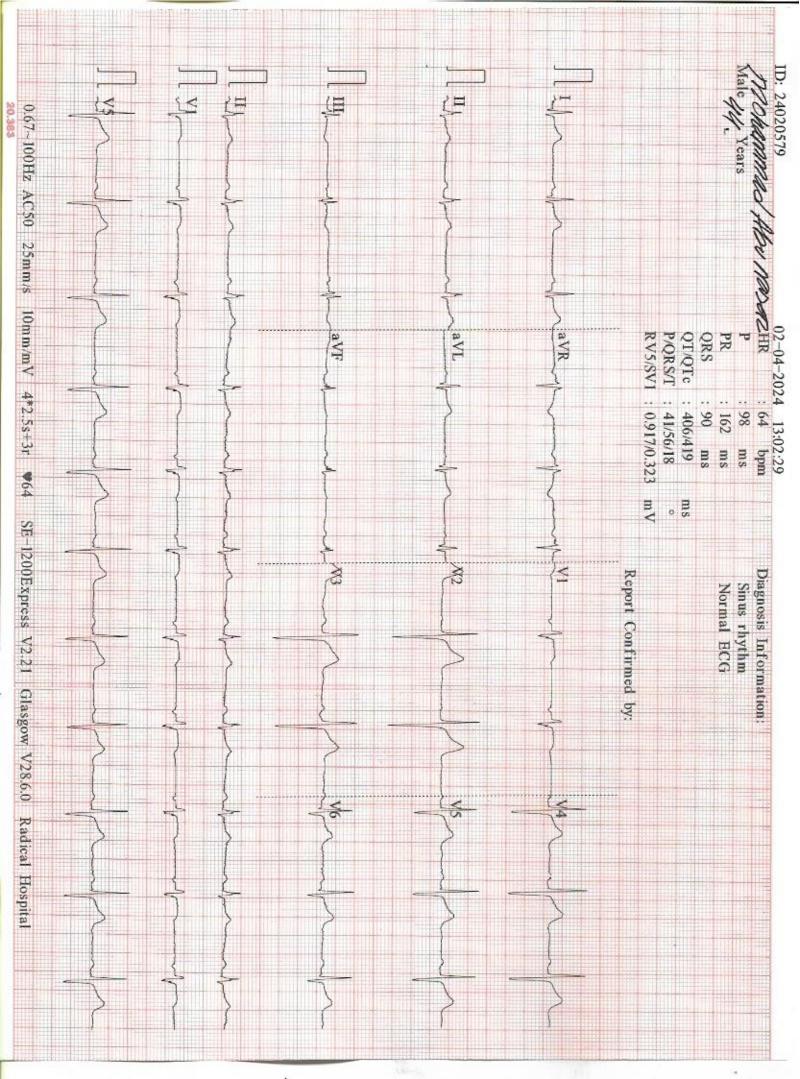
OPINION

UNFITS/ 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. : 24040030 Receive:02/04/2024 Print: 02/04/2024

Patient's Name : MOHAMMAD ABU NASER

Age : 44 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.

# MOHAMMAD ABU NASER INTERNATIONAL CERTIFICATE OF VACCINATION OF REVACCINATION

AGAINST CHOLERA

This is	to certify	that
whose	signature	follows

Date of birth 01.01.1980 Sex\_

- 8			
Date	Signature and Professional status of vaccinator	Approved Stamp	ngi i
MAR 2021	DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka,	AGRABAD CIA CTG.	
31 MAY 29 MAR 2021	DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka	AGRABAD CIA. CTG.	
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6	BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	Avenue Uttera, Dhaka * Valid Upto 2 yr	s
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