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:
HS4793FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
KHAN	MOHAMMAD	NAZRUL ISLAM
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
JAMALPUR 16-Dec-1977	A00071672	CO4793

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

PERMANENT HOME ADDRESS :
IMPULSE,ARUNIMA, HOUSE#908, FLAT#C9, ASHKONA PURBAPARA, DAKSHINKHAN, DHAKA, BANGLADESH.

CONTACT NUMBER : 0088 01816007000

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	☐	NA	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.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 71kg Height (cm) 166 BMI 25.7 Blood Pressure: Systolic 120mm Diastolic 80mm PULSE: 78bpm

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

Audiometry			
500	1000	2000	3000
	NA		

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-I/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) 09 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	✓	☐	General appearance	✓	☐
Heart	✓	☐	Skin	✓	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	✓	BIO CHEMICAL (LIVER FUNCTION TEST)				Marijuana	☐	Positive	☑ Negative
ECG	✓	BILIRUBIN	0.54			Alcohol Test	☐	Positive	☑ Negative
BLOOD R/E		SGPT				URINE R/E	✓		
DC(differential count)	✓	SGOT				OTHERS			
HAEMOGLOBIN (HGB)	12.6	DRUG AND ALCOHOL TEST				HBsAg	☐	Reactiv	☑ Nonreactive
ESR (WESTERGREN)	04	Morphine	☐	Positive	☑ Negative	HIV / AIDS Test	☐	Reactiv	☑ Nonreactive
WBC	4700	Amphetamine	☐	Positive	☑ Negative	VDRL	☐	Reactiv	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐	Positive	☑ Negative	Blood Type	O+(VE)		
RANDOM	4.8	Barbiturates	☐	Positive	☑ Negative	Psychological Exam	✓		
HBA1C	5.0 %	Cocaine	☐	Positive	☑ Negative	Others(KUB Ultrasound)	✓		

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

Signature of Seafarer	MOHAMMAD NAZRUL ISLAM KHAN Name of Seafarer	09 APR 2024 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: 09 APR 2024	Valid until : 08 APR 2025

DR. MIR MD. RAIHAN
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Name and Signature of Authorized Physician

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
MOHAMMAD NAZRUL ISLAM KHAN	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 月 日 Year 1977 Month 12 Day 16	CHIEF OFFICER
現住所 Address	
HOUSE-908, IMPULSE ARUNIMA, FLAT-C9 ASHKONA PURBO PARA, DAKHIN KHAN, DHAKA	
TEL 8801816007000	

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 banded	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 09 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. As Per MLC-2006 Seafarers Health Approved

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

＝Remarks＝
1．話声語とは、机に向かい合い話をして相手に理解でき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.

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

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(申請者記入)
(Written by applicant)

氏名(ふりがなをつけること) Name	性別 Sex
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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 月 日 Year 1977 Month 12 Day 16	CHIEF OFFICER
現住所 Address	
HOUSE-908, IMPULSE ARUNIMA, FLAT-C5 ASHKONA PURBO PARA, DAKHIN KHAN, DHAKA	
TEL 8801816007000	

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

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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

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(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）
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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
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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

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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 : 09 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 (Brdem), PGT (Ostrh)
BMDC A-55144, MMC-BOD-016
DG Shipping Bangladesh Approved
General Physician

Radical Hospital Ltd. As Per-MLC-2006 Approved

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

=Remarks=
1．話声語とは、机に向かい合い話をして相手に理解でき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。
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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

CONFIDENTIALFORM

Pre-seaExam ☒ PeriodicExam ☐

Name (last,first,middle): KHAN MOHAMMAD NAZRUL ISLAM

Date of birth (day/month/year): 16 / 12 / 1977 Sex: male ☒ female ☐

Home address: IMPULSE,ARUNIMA, HOUSE#908, FLAT#C9, ASHKONA PURBAPARA, DAKSHINKHAN, DHAKA, BANGLADESH.

Passport No./Discharge Book No.: A00071672

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): BULK 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	☐	☒	34.	Fractures/dislocations	☐	☒

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

Additional questions

		Yes	No
35.	Haveyou ever been signed offas sick or repatriated from a ship?	☐	☑
36.	Havcyou 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): 09 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): 09 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

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	N5	N5				

	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		
Left ear		

Height: 166 (cm) Weight:(kg) 71 (kg) Pulse rate: 78 (/minute) Rhythm: REGULAR

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

	Normal	Abnormal
Head		
Sinuses, nose, throat	☑	☐
Mouth/teeth	☑	☐
Ears (general)	☑	☐
Tympanicmembrane	☑	☐
Eyes	☑	☐
Opthalmoscopy	☑	☐
Pupils	☑	☐
Eyemovement	☑	☐
Lungs and chest	☑	☐
Breast examination	N/A	☐
Heart	☑	☐

	Normal	Abnormal
Skin		
Varicose veins	☑	☐
Vascular(inc. pedal pulses)	☑	☐
Abdomen and viscera	☑	☐
Hernia	☑	☐
Anus (not rectal exam.)	☑	☐
G-U system	☑	☐
Upper and lower extremities	☑	☐
Spine (C/S, T/S and L/S)	☑	☐
Neurologic (full brief)	☑	☐
Psychiatric	☑	☐
General appearance	☑	☐

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 09 APR 2024

Results: Normal

Radical Hospital Ltd. As Per MLC-2006

Urinalysis: Glucose: Nil 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 Blood *Result* Normal

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 ☐ o ☒

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): ___/08 APR 2025/ _____

Date ofexamination (day/month/year): ___/09 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 BD. (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: KHAN	GIVEN NAME(S): MOHAMMAD NAZRUL ISLAM
NATIONALITY: BANGLADESHI	ID DOCUMENT NO: C/O/4793
DATE OF BIRTH: 12 (MONTH) 16 (DAY) 1977 (YEAR)	PLACE OF BIRTH: JAMALPUR (CITY) BANGLADESH (COUNTRY)
SEX: ☑ MALE ☐ FEMALE	
EXAMINATION FOR DUTY AS: ☐ MASTER ☑ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING	MAILING ADDRESS OF APPLICANT: IMPULSE,ARUNIMA, HOUSE#908, FLAT#C9, ASHKONA PURBAPARA, DAKSHINKHAN, 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
166cm	71kg	120/80 mm	72b/m	14 b/m	Good

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

WITH GLASSES: ____ / ____

HEARING: RT. EAR: nad LEFT EAR: nad

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

DATE OF LAST COLOR VISION TEST: 09 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 ☑

09 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 Sampong Bangladesh Approved

BERNHARD SCHULTE SHIPMANAGEMENT

Form No: QHSE PSRM 18

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MOHAMMAD NAZRUL ISLAM KHAN
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: 09 APR 2024

EXPIRY DATE OF CERTIFICATE : 08 APR 2025

SEAFARER ACKNOWLEDGMENT

I, MOHAMMAD NAZRUL ISLAM KHAN (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 DG Shipping Bangladesh Approved

MEDICALREQUIREMENTS

Allapplicantsforanofficercertificate,Seafarer'sIdentificationandRecordBookorcertificationofspecialqualificationsshallberequired tohaveaphysical examinationreported onthis Medical Formcompleted bya certificated physician. The completedmedical formmust accompanytheapplicationforofficercertificate,applicationforseafarer'sidentitydocument,orapplicationforcertificationofspecial qualifications.Thisphysicalexaminationmustbecarriedoutnotmorethan 24 months immediately preceding applicationsforanofficer certificate,certificationofspecialqualificationsorascafarer'sbook.Theexaminationshallbeconductedinaccordancewiththe InternationalLaborOrganizationWorld HealthOrganization,*GuidelinesforConductingPre-seaandPeriodicMedicalFitness ExaminationsforSeafarers(ILO/WHO/D.2/1997.*Suchproofofexaminationmustestablishthatthe applicantisinsatisfactoryphysicaland mentalconditionforthespecifiedutyassignmentundertakenandisgenerallyinpossessionofall bodyfacultiesneeessaryinfulfillingtherequirementsoftheseafaringprofession.

Inconductingtheexamination,thecertifiedphysicianshould,whereappropriate,examinetheseafarer'spreviousmedicalrecords (includingvaccinations)andinformationonoccupationalhistory,notinganydiseases,including alcoholordrug-relatedproblemsand/or injuries. Inaddition, thefollowingminimumrequirements shall apply:

(a) Hearing
- Allapplicantsmusthavehearingunimpairedfornormalsoundsandbecapableofhearingawhisperedvoiceinbetterearat15 feet (4.57m) andin poorer ear at 5feet (1.52m).

(b) Eyesight
- Deckofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/20(1.00)visioninoneeyeandatleast20/40 (0.50)intheother. Ifthe applicant wears glasses, hemust havevisionwithoutglasses ofat least 20/160(0.13) in botheyes. Deckofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingthecolorsred,green,blueand yellow.
- Engineerandradiofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninoneeyeandat least20/50(0.40)intheother.Ifthepplicantwearsglasses,hemusthavevisionwithoutglassesofatleast20/200(0.10)in botheyes. Engineer andradio officer applicants must also be ableto perceivethe colors red, yellowandgreen.

(c) Dental
- Seafarers must befreefrominfections ofthemouthcavityor gums.

(d) BloodPressure
- Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration.

(e) Voice
- Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunimpairedfornormalvoice communication.

(f) Vaccinations
- AllapplicantsshallbevaccinatedaccordingtotherequirementsindicatedintheWHOpublication,InternationalTraveland Health,VaccinationRequirementsandHealthAdvice,andshallbegivenadvicebythecertifiedphysicianonimmunizations. Ifnewvaccinations aregiven, theseshall berecorded.

(g) Diseases or Conditions
- Applicantsafflictedwithanyofthefollowingdiseasesorconditionsshallbedisqualified:epilepsy,insanity,senility, alcoholism,tuberculosis, acute venereal disease or neurosyphilis, AIDS,and/ortheuse of narcotics.

(h) Physical Requirements
- Applicantsforablescaman,bosun,GP-1,ordinaryseamanandjuniorordinaryseamanmustmeetthephysicalrequirementsfor adeck/navigational officer's certificate.
- Applicants for fireman/watertender,oiler/motor,pumpman,electrician,wiper,tanker rating andsurvivalcraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate.

IMPORTANTNOTE:

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).

09 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.

BERNHARD SCHULTE SHIPMANAGEMENT

Form No: QHSE PSRM 18

Medical Exam Form

CONFIDENTIALFORM

Pre-seaExam ☑ PeriodicExam ☐

Name (last,first,middle): KHAN MOHAMMAD NAZRUL ISLAM

Date of birth (day/month/year): 16 / 12 / 1977 Sex: male ☑ female ☐

Home address: IMPULSE,ARUNIMA, HOUSE#908, FLAT#C9, ASHKONA PURBAPARA, DAKSHINKHAN, DHAKA, BANGLADESH.

Passport No./Discharge Book No.: A00071672

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): BULK 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.

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): 09 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): 09 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

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	N5	N5				

	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	✓	
Left ear	✓	

Height: 166 (cm) Weight:(kg) 71 (kg) Pulse rate: 78 (/minute) Rhythm: Regular

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

	Normal	Abnormal
Head		
Sinuses, nose, throat	☑	☐
Mouth/teeth	☑	☐
Ears (general)	☑	☐
Tympanicmembrane	☑	☐
Eyes	☑	☐
Opthalmoscopy	☑	☐
Pupils	☑	☐
Eyemovement	☑	☐
Lungs and chest	☑	☐
Breast examination	NAD ☑	☐
Heart	☑	☐

	Normal	Abnormal
Skin		
Varicose veins	☑	☐
Vascular(inc. pedal pulses)	☑	☐
Abdomen and viscera	☑	☐
Hernia	☑	☐
Anus (not rectal exam.)	☑	☐
G-U system	☑	☐
Upper and lower extremities	☑	☐
Spine (C/S, T/S and L/S)	☑	☐
Neurologic (full brief)	☑	☐
Psychiatric	☑	☐
General appearance	☑	☐

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 09 APR 2024

Results: Normal

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

Urinalysis: Glucose: NIL 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 Blood. *Result* Normal.

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): ___/08 APR 2025/_____

Date ofexamination (day/month/year): ___/09 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: Dr. 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 (I.L.O No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME: KHAN	GIVEN NAME(S): MOHAMMAD NAZRUL ISLAM
NATIONALITY: BANGLADESHI	ID DOCUMENT NO: C/O/4793
DATE OF BIRTH: 12 (MONTH) 16 (DAY) 1977 (YEAR)	PLACE OF BIRTH: JAMALPUR (CITY) BANGLADESH (COUNTRY)
SEX: ☑ MALE ☐ FEMALE	
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☑ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: IMPULSE,ARUNIMA, HOUSE#908, FLAT#C9, ASHKONA PURBAPARA, DAKSHINKHAN, 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
166cm	71kg	120/80 mm	78b/m	nabs	Good

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

WITH GLASSES — RIGHT EYE ____ — LEFT EYE ____

HEARING: RT. EAR nbs — LEFT EAR nbs

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

DATE OF LAST COLOR VISION TEST: 09 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 ☑

09 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 Approved by Shipping Bangladesh

BERNHARD SCHULTE SHIPMANAGEMENT

Form No: QHSE PSRM 18

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MOHAMMAD NAZRUL ISLAM KHAN
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 (Pardem), 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 2014.

SIGNATURE OF PHYSICIAN :

DATE OF EXAMINATION: _____ 09 APR 2024

EXPIRY DATE OF CERTIFICATE : _____
08 APR 2025

SEAFARER ACKNOWLEDGMENT

I, MOHAMMAD NAZRUL ISLAM KHAN (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 DG Shipping Bangladesh Approved

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 examinations 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).

09 APR 2024

Radical Hospital Ltd. As Per-MLC-2006 Seafarers 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: KHAN	First Name: MOHAMMAD NAZRUL ISLAM
Date of Birth (DD/MM/YY): 16-12-1977	Address: IMPULSE ARUNIMA, HOUSE#908, FLAT#C9, ASHKONA PURBAPARA, DAKSHINKHAN, , BANGLADESH. Street: City: DHAKA Postal Code: 1230 Country: BANGLADESH
Place of Birth: JAMALPUR	
Examination for duty as	Master | Officer | Engineer | Rating | Cadet
Please indicate the quantity of alcohol you consume weekly	Beer (litre)..... Wine (litre)..... Spirits (measures).....
Do you regularly take any medically prescribed drugs? Please list. ***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)	***Note:*** If circumstances change with respect to the above statements, inform the company of such changes immediately.

Radical Hospital Ltd. As Per-MLC-2006 Seafarers 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: DR. MIR MD. RAIHAN; M.B.B.S.(D.U.) REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.	Signature of Physician: Date: 09 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

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.

MOHAMMAD NAZRUL ISLAM KHAN
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 Affidavit

CSC 04A

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

Surname: KHAN	First Name: MOHAMMAD NAZRUL ISLAM
Date of Birth (DD/MM/YY): 16-12-1977	Address: IMPULSE ARUNIMA, HOUSE#908, FLAT#C9, ASHKONA PURBAPARA, DAKSHINKHAN, , BANGLADESH. Street: City: DHAKA Postal Code: 1230 Country: BANGLADESH
Place of Birth: JAMALPUR	

Examination for duty as	Master		Officer		Engineer		Rating		Cadet	

Please indicate the quantity of alcohol you consume weekly	Beer (litre)..... Wine (litre)..... Spirits (measures).....
Do you regularly take any medically prescribed drugs? Please list. ***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)	***Note:*** If circumstances change with respect to the above statements, inform the company of such changes immediately.

Radical Hospital Ltd. As Per-MLC-2006 Chittagong 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.) REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.	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: 09 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.

MOHAMMAD NAZRUL ISLAM KHAN
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: KHAN, MOHAMMAD, NAZRUL ISLAM

Passport No.: A00071672

Seaman's Book No.: CO4793

Date of Birth: 16-DEC-1977

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	
Opiates	< 300 NG / ML	
Phencyclidine	< 25 NG / ML	
Amphetamines	< 300 NG / ML	
Benzodiazepine	< 200 NG/ML	
Methaqualone	< 300 NG/ML	
Barbiturates	< 200 NG/ML	
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 09 APR 2024

Examined by (Name/Signature)

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 Results

CSC 04

Seafarer's Surname, First Name, Middle Name: KHAN, MOHAMMAD, NAZRUL ISLAM

Passport No.: A00071672

Seaman's Book No.: CO4793

Date of Birth: 16-DEC-1977

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	
Opiates	< 300 NG / ML	
Phencyclidine	< 25 NG / ML	
Amphetamines	< 300 NG / ML	
Benzodiazepine	< 200 NG/ML	
Methaqualone	< 300 NG/ML	
Barbiturates	< 200 NG/ML	
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 09 APR 2024

Examined by (Name/Signature)

Radical Hospital Ltd. As Per-MLC-2009 DG Shipping Bangladesh Approved

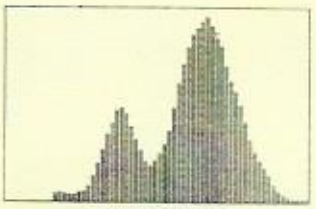
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

ID NO	: 24040217	**Date**	: 09/04/2024
Patient's Name	: MOHAMMAD NAZRUL ISLAM KHAN	**Age**	: 46Y3M24D
Ref. By	: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/4793	**Sex**	: Male
Specimen	: Blood		

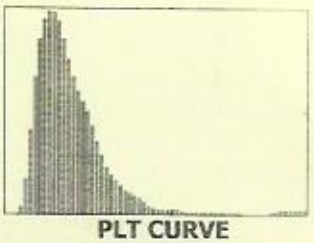
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

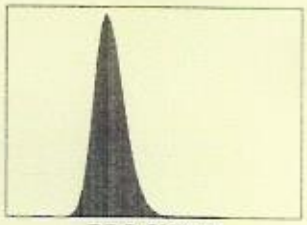
Parameter	Results		Reference Values
Haemoglobin(Hb)	**12.6**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**04**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**4,700**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	69	%	(40 - 75)%
Lymphocytes	24	%	(20-45)%
Monocytes	04	%	(2-10)%
Eosinophils	03	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**141**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**150,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	13.6	fL	7.0 -11.0 fL
PDW-CV	17.2	%	10 - 18 %
PCT	0.2	%	0.10 - 0.28
P-LCR	50.2	%	9.00 - 45.00%
P-LCC	75	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**4.62**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	40.7	%	M: 40-54%, F: 37-47%
MCV	87.9	fL	76-94 fL
MCH	27.3	pg	27-32 pg
MCHC	31	g/dL	29-34 g/dL
RDW SD	50	fL	30.0-57.0 fL
RDW CV	17	%	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	DIA24040217	Received Date	09/04/2024
Patient's Name	MOHAMMAD NAZRUL ISLAM KHAN		
Patient's Age	46Y 3M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	ROLL NO	C/O/4793
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	4.8 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.54 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22.0 U/L	Up to 37 U/L
HbA1C	5.0 %	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	DIA24040217	Received Date	09/04/2024
Patient's Name	MOHAMMAD NAZRUL ISLAM KHAN		
Patient's Age	46Y 3M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	ROLL NO	C/O/4793
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	DIA24040217	Received Date	09/04/2024
Patient's Name	MOHAMMAD NAZRUL ISLAM KHAN		
Patient's Age	46Y 3M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	ROLL NO	C/O/4793
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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24040217	Received Date	09/04/2024
Patient's Name	MOHAMMAD NAZRUL ISLAM KHAN		
Patient's Age	46Y 3M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	ROLL NO	C/O/4793
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.

REF:	MV. SHINWA MARU	DATE: 09/04/2024

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

EYE EXAMINATION REPORT

NAME:	**MOHAMMAD NAZRUL ISLAM KHAN**	**RANK: CH.OFF**	**CDC NO: C/O/4793**

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

09-04-2024 13:42:11

Muhammad Nazeer Dom Khan.

Male Years 46.

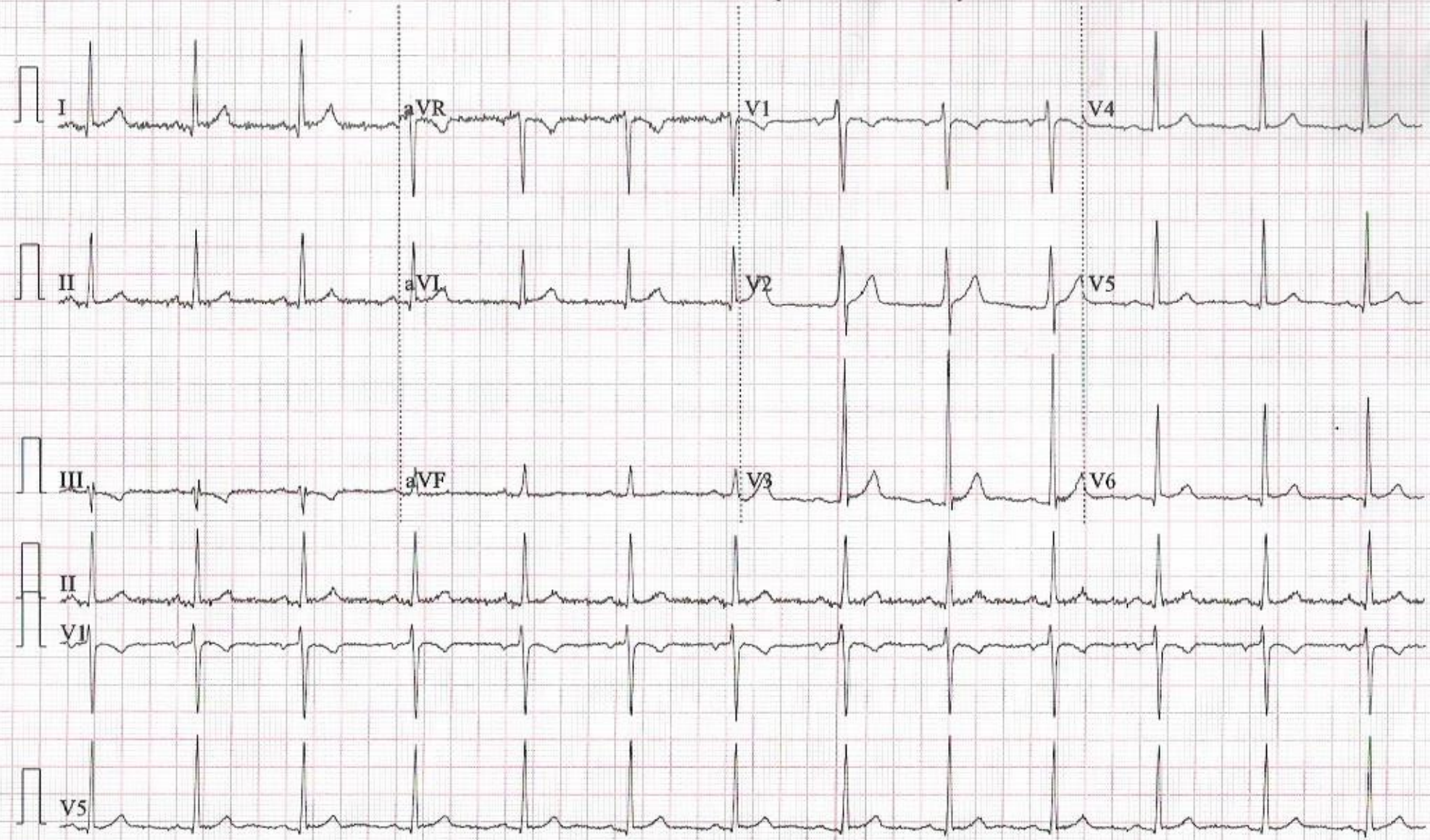
HR	: 77	bpm	
P	: 72	ms	
PR	: 138	ms	
QRS	: 86	ms	
QT/QTc	: 342/387	ms	
P/QRS/T	: 55/21/4	°	
RV5/SV1	: 1.586/1.318	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥77 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	2404217	Receive:09/04/2024	Print: 09/04/2024
Patient's Name	:	**MOHAMMAD NAZRUL ISLAM KHAN**		
Age	:	46 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.

Certificate (continued) Certificate (quite)

9 09 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	9 CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	10
10			

The Validity of this certificate shall extend for a period of two years beginning six days after the first injection or the vaccine or in event of a revaccination within such period of two years on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

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

OTHER VACCINATIONS AUTERS VACCINATION

Date	Nature of vaccine		Physician's Signature

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that MOHAMMAD NAZRUL ISLAM KHAN whose signature follows } Date of birth 16/12/1977 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 24 FEB 2019	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 09 DEC 2019	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 08 JAN 2021	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
4		4
5 28 APR 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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
6		6
7 04 JUL 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
8		8

Continued overleaf Suite our erso