

HAQUE & SONS LTD.



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Accredited By : BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER: HS4793FF

MEDICAL EXAMINATION CERTIFICATE

	E KHAN	FIRST N	AME AND MOH	AMMAD		MIDDLE NAME	ZRUL ISLAM	
CE A	ND DATE OF BIRTH	PASSPO	RT NUMBE		SEAMAN'S BOOK NUMBER		CONTRACTOR OF STREET	
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NAMS	ENT HOME ADDRESS:					T NUMBER :	0088 0181	
JLSE,	ARUNIMA, HOUSE#908, FLAT#C	, ASHKONA	PURBAPA	RA.				
	KHAN, DHAKA, BANGLADESH.			wed	RANK :		CHIEF OF	FICER
lave y	ou ever had any of the following co	nditions?				11		
	Condition	YES	NO /	Condi	tion		YES	NO/
1	Eye/vision problem	П	1	The state of the state of	problems			2
2	High blood pressure		11	-	u smoke?			1
3	Heart/vascular disease		6/	1. 1888 TSS				
4	Heart surgery		11.	30 CO (10 TO	tion/surgery			1/
5	Varicose veins		1.	1 1 6 YESTON 6 TH	sy/seizures			1/
6			7/,	1 1 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ess/fainting			1/
	Asthma/bronchitis		1/	2007	of conscious			11
7	Blood disorder		11	CONTRACT DESCRIPTIONS	iatric probler	ns	V 61	141
8	Diabetes		1	25 Depre		-	11/9	19
9	Thyroid problem		11	1 0 200 00 LF (10 000 000 000 000 000 000 000 000 00	oted suicide	181	117.61	1
10	Digestive disorder		71		f memory	1	100	TH,
11	Kidney problem		7.		ce problem (111	116 0	TY.
12	Skin problem		17.	29 Severe	e headaches	11 1	100	1/
13	Allergies		14.		se/throat p			D/
14	Infectious/contagious diseases	. 0	H	31 Restric	sted mobility	10		7,
15	Hemia		The		problems			4
16	Genital disorders		1	33 Amput		1		6
17	Pregnancy	D _e	NAM		res/dislocati	ons	П	6
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		Visi	ual acuity					Vie	ual fields
	Una	aided	1	Aideo	i			809 16	
	Right eye	Left eye	Right e	ye	Left eye			Normal	Defective
Distant	6/6	6/6			HEOFE D		it eye	-	
Near	20	-		- 3			eye		
Colour vision	meets the star n as per STCW colour vision tes	CODE Section	n A-I/9:		ormal		/ NO btful	□ Defectiv	е
Head Sinuses, nos			Normal A		ıl Vari	icose veins	al pulses)		Normal, Abnorma
Mouth/teeth			1/		Abd	omen and vise	cera		7/0
Ears (genera	al)		10/		Hen	nia			91 0
Tympanic m	embrane		11		Anu	is (not rectal e	xam)		9/ 0
Eyes			7,			system			1/ 0
Opthalmoso	ору		14.		Upp	er and lower o	extremities		9, 0
Pupils			1		Spir	ne (C/S, T/S ar	nd L/S)		9 0
Eye moveme			P			rologic (full br	ief)		19/1- 0
Lungs and c			N.			chiatric			19.00
Breast exam	ination		NA			neral appearar	ice		
Heart			1.7		Skir	1		- 1	10
			-					170	13/12
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Chest X-Ray		VIX.		ICAL (L	IVER FUN	ICTION TEST			Positive Negative
ECG	1/	0	BILIRUBIN		0	.34	Alcohol Test		Positive Negative
D.O. L.	BLOOD R/E		SGPT		-	VIE	URINE R/E	~	MA
DC(different		100	SGOT			1	10	OTHE	
HAEMOGLO	The second secon	2.6			ALCOHO		HBsAg		Reactiv Nonfeactiv
ESR (WEST	ERGREN)		Morphine			☐ Negative	HIV / AIDS T		Reactiv Norreacti
WBC	19		Amphetamine		100	Negative	VDRL		Reactiv Nonreacti
	D GLUCOSE L		Phencyclidine			☑ Negative	Blood Type		O+(VE)
RANDOM	- 4		Barbiturates	-		Negative	Psychologica		1/10
HBA1C		2-0%	Cocaine	/ Dr.	Positive	Negative	Others(кив и	ltrasound)	IYJE
Dom	that I am in kn	owledge of the		KE SANDOON TO	IMAD NA	ZRUL ISLAM	KHAN		0 9 APR 2024
gnature of Sea	narer				Name of	f Seafarer			Date
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ction taken by	medical examin	er (e.g., refer	ral):		6	=		0.0.400	0000
Fitness Date	: 09	APR 2024		~	ALVAY	the state of	•	UU APK	2025
			201	415	MD B	AILIANI			

第15号様式の2(第65条の2階級)

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

(申請告記入)

氏名(ふりがなをつけること) Name	(328	i# Say	盟
MOHAMMAD NAZRUL ISLAM KHAN	AM KHAN	₩ ₩ ☑	Wale OF Female
出生の生年月日 Date of birth	指定者: Desired C	指定を受けようとする就業範囲 Desired Capacity in which you are authorized to serve	就樂範囲 ich you are arve
年 月 日 Year 1977 Wooth 12 Day 15	0	CHIEF OFFICER	FICER



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

SOUSEGOS, IMPULSE ARUNINA, FLATIOS ASTRONA PURSO PARA, DANHIN KRAN, DRANA

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8801816007000

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)

1	Right			類正視力(実践視力が0.6 未満の者のみ記入) 左 Aided(Written by person whose eyesight less than 0.6) Left
616	Right	919	Eft 전	練 IR 親 力 Unaided

	H	2、并色力
lorna))y	Color blindness
Others	ゆのお	

	l	
	١.	
		Others
	ı	

聴力

Hearing acuity

m	4	0
麻魚	da.	60
en (#	旅	3
e 9		0
疾患の有無 distance of diseas	D	5m の話声語の并別 n of voice be separated]
# III	Diseas	5 9
3	e e	S 58
2		S. A
8		0 0H
of a		2 9
概点	1	tad #
Sease Sease		90
and th		5m の話声話の弁別 Distinction of voice be separated less than 5m
京 海		on T
疾患の有無 病名及び程度(疾患のある者のみ記入) 数務への支撑 Existence of disease The name of a disease and the extent(Written by person who fit) Hitch for job		Ab le
勤務への支導 Hitch for job		不可 Disable
の支導 or job		

9	CR.
)早年報期の課題の有罪	身体機能の障害
	Obstacle
Existence	9,
nce of	a body
obstacle	function

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×	Ke Right	는 라	7	E S	gg 그바
*語入)	権力(手指に障害がある者のみ記入)	提力(手	障害の有無 障害の内容及び程度 握力(手指に障害がある者のみ記入)	推薦	障害の有無
*ho fit)	asping power (Written by person who f	Grasping po	Existence of obstacle The name of obstacle and the extent Grasping power (Written by person who fit)	obstacle]	Existence of obstac

(2) 学体教語の音楽の地位(現存教語の音楽がある柏の様句のみ記人)

Portion of an obstacle (Written by person who fit)

(3)運動機能(身体機能に降害のある者の場合のみ起入) Function of exercise (Mritten by person who fit) ①関節の屈伸 Flexibility of joint

Flexibility of knee	察り詞を	Flexibility of hand	中の前音	Flexibility of finger	平指の囲伸
Ab 0	7	Able /	7	Able	7
Disable	できない	Disable	が事ない	Disable	いなきつ

②障害のある疑題 (秘密の意体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)

五山社	設置部	左uft	手関節
古利pht	Joint of crotch	古Alght	Joint of hand
計り五	深國勢	左Left	財別館
右別ett	Joint of Moss	右乳ght	Joint of elbow
五1411	加麗時	左left	運搬部 こ
在Right	Joint of leg	右和ght	Joint of shoulder

③運動機能障害の程度(蒸製館の団体のだきなかった者のみ記入)

The extent of lasion of exercise ability (Written by person who fit)

行 できる できない Able Disable できる できない できない Able Disable Wisable できる できない Able できる できない Able できる できない	. Aug. 200	低重心歩き Walking with one's legs	— 数步行 Normal walk
		† bended	
			0 4

ty here

(4) 義手義足の部位 (裁手又は義足を装着している者の場合のみ配入)

Portion of an artificial arm and an artificial leg (Written by person who fit)

FIT FOR DUTY ON BOARD SHIP

Doctor's opinion (Write down something that you had to indicate as concerns the hitch of ship officer's do 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) for examinee as Doctor)



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

on the chair by the both sides of disk. Speaking voice means ordinary voice of loudness who can understand to hear the speaker's voice sitting

疾病による動務への支踵の有無は、船舶戦員の動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 語版の土地差すること。

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

写真の割却及び項目 7.の証明印は同じ印鑑を使用し、医師が押印すること。

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The dector must put a stamp of his medical facility on photograph and above item 7. as a tally impression

第15号模式の2(第65条の2関係)

締約国資格受有者身体検査証明書

Cartification 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) MOHAMMAD NAZRUL ISLAM KHAN Œ 氏名(ふりがなをつけること) 生の生年月 Desired Capacity in which you are 指定を受けようとする就業範囲 Male Female 薛 Sex 30

Year 1977 Wonth 12 Day HOUSE-908, XIPULSE ARUNINA, FLAT-OS ASHKONA PURBO PARA, DAKHIN KHAN, DHAKA # Date of birth m E 8801816007000 Address authorized to serve CHIEF OFFICER

Put the DR occurry 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)

Right Pight	1		類正視力(禄眼視力が0.6未満の者のみ記入) 左 Aided Mritten by person whose eyesight less than 0.6) Left
Right 61	616	まる	裸 眼 視 力 Unaided

N 并包力 Color blindness

惡力 Hearing acuity

Disa	Ab log	Distinction of voice be separated less than 5ml
K	7	5mの語声語の弁別

4 疾病 Disease

Z i	Yes ah	2	Z III	gg 油叶
への支障 for job	it) Hitch	舞名及び程度 (疾患のある者のみ紀入) 勤務への支険 The name of a disease and the extent (Written by person who fit) Hitch for job	of disease	疾患の有無 Existence of disease

(1) 卓体報館の障害 Obsta (1) 単体報館の障害の有額 Obstacle of a body function

Existence of obstacle

× 1	Right	× m	Left.	2	Z iff	Yes
能力	握力(手指に障害がある者のみ記入) asping power Writton by person who f	障害力	權力(手指に Grasping power	摩 書 の 内 容 及 び 程 度	obstac iii	xistence of

(2) 昇体機能の障害の節位(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人) Function of exercise (Written by person who fit) ①麹草の風筝 Flexibility of join

夢の囲命	Flexibility of t	半の面	Flexibility of fi	手指の囲	
				申できると	
できない	Disable	できない	Disable	できない	

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起入) Joint of lesion (Written by person who fit)

Flexibility of knee

Disable

左し仕	段型部	左山北	手製飾	A 10 10 10 10 10 10 10 10 10 10 10 10 10
首系ight	Joint of gratch	古Right	手関節 Joint of hand	Charles and the same of the contract of the co
対し対	京記録	左Left	計開部	The section of
右Bight	Joint of knee	右Right	Joint of elbor	the state of the same of
左し代	12.0	在luft	Joint of eiboe 期間的 Joint of shoulder	and of the same
右Bight	Joint of leg	右科性	of shoulder	The Part of the Party of

③運動機能障害の程度(陰陽節の屈伸のできなかった者のみ記入)

The extent of lasion of exercise ability (Mritten by person who fit)

	184 184	Walking with o	高無	Norma	一一步
himo	120	ne's legs bended	長重の歩行	al walk	华
			心部分		
Dieshia	つきない	Disable	いな幸かい	Disable	できない

(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

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

上記のとおりであることを証明 医療機関の名称及び所在地 証明年月日 Date Doctor DG Shipping Bangla BMDC A-55144. Mile address It is hereb Approved But the stamp of the medical tegutity bere amp of the medical facility perilified the above mentioned 民海線衛門と 904 900-37W-84.5y

1. 話声語とは、机に向かい合い結系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

疾病による勤務への支障の有無は、総治職員の勤務は一般に動揺する治内において立ったままの状態が維続することや、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 on the chair by the both sides of disk.

The hitch of job be caused of many kind of disease must be judged by the following condition after 聴取の上判断すること。

Ship's officer had to continue to stand up the rolling ship's floor and had to move up and down the you heard the ordinary working condition from examinee in detail.

写真の割印及び項目 7.の証明印は同じ印鑑を使用し、医師が特別すること。

C

The doctor must put a stamp of his medical facility on photograph and above item 7. as a tally impression



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

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

Pagest of 7

34. Fractures/dislocations

17.

Pregnancy



Ad	litional questions			
35.	Haveyou ever been signed offas sick or repatr	riated from a ship?	Yes	No.7
36.	Haveyou ever been hospitalized?	**************************************	П	7
37.	Haveyou ever been declared unfit forseaduty?			
38.	Has your medical certificate ever been restrict	ted or revoked?		
39.	Areyou awarethat you have anymedical proble	ems, diseases or illnesses?	. 🗀	7
40.	Do you feel healthyand fit to perform the dutie position/occupation?	es of your designated	Z	
41.	Areyou allergic to anymedications?			d
Cor	FIT FOR DUTY ON BOAR	D SHIP		
42.	Areyou takinganynon-prescription or prescrip	tion medications?		7
	ebycertifythat the personal declaration above is	a truestatement to thebest of myl	knowledge.	
STATE OF THE PARTY	c (day/month/year): 0 9 APR 2024 /		EASTERN TO	
		DR. MIR. MD. RAIHAN MBBS (DU), DFM CCD (Birdem), PGT (Ophth)		
	ne:(Typed or printed)	BMDC A 55144, MMC BGD 016 DG Shipping Bangladesh Approved General Physician Redical Hospitals Limited		
med	ebyauthorizethereleaseofallmypreviousmedical tutions and public authorities to Drical examiner).		als,health (theapprove	ed
	e (day/month/year): 0 9 APR 2024	La transfer de la companya della companya della companya de la companya della com		= 13.5
	nessed by: (Signature)	DR. MIR. MD. RAIHAN MBBS (DU) DFM. CCD (Birdem), PGT (Ophth)		
	icssed by. (signature)			
Nan	ne:(Typed or printed)	BMDC A 55144, MMC BGD 018 DC Shipping Bangladesh Approved General Physician	exemple in the second	-

Page 2 of 7 OSDIG

Rev. 03



Sight	t		M	EDICAL	EXAMI	NATION			
Use	of glasses of	r contact	lenses: Yes/I	No (If ye:	s, specify	which type a	nd for what	purpose)	
			Visual Acui	ty				Visu	al fields
	Unaided			Aided				Normal	Defectiv
	Right eye	Left eye,	Binocular	Right eye	Left eye	Binocular	Right eye	/	7
Distant	6/6	6/1					Left eye		
Near	15	MS							
Colo Hear			ot tested io metry (thre		es in dB)	Doubt	ful Speech and (metres)	Defection	
	500 Hz	1,000 H			00 Hz			Normal	Whisper
Right ear	20	25	70)			Right ear		
Left ear	20	100	1 2)			Left ear		
Height: Bloo	66 (cm) d pressure:	Systo	ot:(kg)	O _(mn	n Hg) Dia		hythm: No	mal Ab	m Hg)
Head	B	***			Skin			_	
Sinu	ses, nose, t	hroat		1	Varicose	veins	1		
Mou	th/teeth		/ //	1	Vascular	(inc. pedal p	ulses) [$\overline{\Box}$
Ears	(general)		名/ 7	า	Abdome	n and viscera	EW to	1	
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0.00	almoscopy	7	17. E	1	G-U sys	tem		2	
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	novement		F. 7	Je v.		S/S, T/S and I			
	s and ches	t]		gic (full brief	6	Z.	
- TO TO THE R. P. LEWIS CO. L.	st examina		DE T		Psychiat				
Hear		/			0.0070	appearance	I I CALLED	ď.	
Ches	st X-ray:	Not	erformed _	Perfor	med on (day/month/ye	ear):/	09 A	PR 2024

AS Per-MLC-2006

Results: Nonnau

SHIPMANAGEMENT	Form No: QHSE PSRM 18
Urinalysis: Glucose: Protein:	22/_
Blood Analysis: Hepatitis B Test	
Other diagnostic test(s) and result(s): Test Blood Result	Nonmal
Medical Examiners comments:	ON BOARD SHIP
Vaccination status recorded: Yes No	
Assessment of fitne	ess forserviceat sea
On thebasis of theexaminee's personal declarati results recorded above. Ideclarethe examineeme	on, myclinical examination and the diagnostic te edically:
Fit for lookout duty	Not fit for look-out duty
Deck service Engine service	Cateringservice Other services
Unfit	
Without restrictions	With restrictions
Without restrictions /	
Visual aid required: Yes	
Visual aid required: Yes	trade area)): 0 8 APR 2025

Number of Medical Certificate: Official stamp:

Signature of medical practitioner:

Name of medical examiner: (Typed or printed)

Address of medical practitioner::

Authorized by: DA SMAMM BD:

(competent authority)





CONTRACTOR OF THE PROPERTY OF
N NAME(S) DHAMMAD NAZRUL ISLAM DCUMENT NO: D/4793 EE OF BIRTH MALPUR BANGLADESH COUNTRY ING ADDRESS OF APPLICANT: PULSE, ARUNIMA, HOUSE#908, FLAT#C9, ASHKONA RBAPARA, DAKSHINKHAN, DHAKA, BANGLADESH. /NO CAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE RESPIRATION GENERAL APPEARANCE LA DIMIN LA DIMIN LA DIMIN CALOR RESPIRATION GENERAL APPEARANCE LA DIMIN LA DI
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RESPIRATION GENERAL APPEARANCE 14 DIM 15 USO
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11 19 DAMA NOON
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RT. EAR ME LEFT EAR MAN
OR TEST IS NORMAL - YELLOW RED GREEN BLUE
QUIRED VISION STANDARD? YES NO
HEART (CARDIOVASCULAR)
Nanna/
1 101 (VIACO
SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?
LOWER Normal
MMENDATIONS? YES NO
RAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER THE HEALTH OF OTHER PERSONS ON BOARD?
N MEDICATIONS? YES NO
0 9 APR 2024
DATE DATE

BERNHARD SCHULTE SHIPMANAGEMENT

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:	MOHAMMAD NAZRUL ISLAM KHAN
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES	NAME OF APPLICANT
SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICE RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTION	R / ENGINEERING OFFICER / RADIO OFFICER / INS:
DR. MIR. MD. RAIHA MB83 (DU), DFM, CCD (Birdem), PGT (Opht BMDC A-55144, MMC-BGD-016	(h) 6
ADDRESS RADICAL HOSPITAL LIMITED Ultara, Dhaka, Bangladesh Ultara, Dhaka, Bangladesh	nd
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DAS MIT	ANNO BP
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE D6 16	119204.
SIGNATURE OF PHYSICIAN :	
DATE OF EXAMINATION: 0 9 APR 2024	
EXPIRY DATE OF CERTIFICATE : 0 8 APR 2025	
SEAFARER ACKNOWLEDGMENT	
, MOHAMMAD NAZRUL ISLAM KHAN (NAME OF SEAFARER), CO	



MEDICALREQUIREMENTS

tohaveaphysical Allapplicantsforanofficercertificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required completedmedical formmust examinationreported onthis Medical Formcompleted bya certificated physician. accompanytheapplication for officer certificate, application for seafarer's identity document, or application for certification of special applicationsforanofficer 24 months immediately preceding qualifications. This physical examination must be carried out not more than certificate, certification of special qualifications or a scafarer's book. The examination shall be conducted in accordance with the HealthOrganization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness InternationalLaborOrganizationWorld ExaminationsforSeafarers(ILO/WHO/D.2/1997.Suchproofofexaminationmustestablishthatthe applicantisinsatisfactoryphysicaland mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary inful filling the requirements of these afaring profession.

Inconducting the examination, the certified physician should, where appropriate, examine the sea farer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcoholor drug-related problems and/or injuries. In addition, the following minimum requirements 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. If the applicant wears glasses, hemust havevisionwithoutglasses of at least 20/160(0.13) in botheyes. Deckofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingthecolorsred, green, blueand yellow.
 - Engineerandradiooflicerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninoneeyeandat least20/50(0.40)intheother.Iftheapplicantwearsglasses, hemusthavevisionwithoutglassesofatleast20/200(0.10)in botheyes.
 Engineerandradiooflicerapplicantsmust also be ableto perceivethe colors red, yellowandgreen.
- (c) Dental
 - Seafarers must befreefrominfections ofthemoutheavityor gums.
- (d) BloodPressure
 - Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration.
- (e) Voice
 - Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunimpairedfornormalvoice communication.
- (f) Vaccinations
 - AllapplicantsshallbevaccinatedaccordingtotherequirementsindicatedintheWHOpublication,InternationalTraveland
 Health,VaccinationRequirementsandHealthAdvice,andshallbegivenadvicebythecertifiedphysicianonimmunizations.
 If newvaccinations are given, these shall be recorded.
- (g) Diseases or Conditions
 - Applicantsafflicted 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
 - Applicantsforableseaman,bosun,GP-1,ordinaryseamanandjuniorordinaryseamanmustmeetthephysicalrequirementsfor officer's certificate.
 - Applicants for fireman/waterlender,oiler/motor,pumpman,electrician,wiper,tanker rating andsurvivaleraft/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).

0 9 APR 2024



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



Medical Exam Form CONFIDENTIALFORM Pre-seaExam PeriodicExam Name (last, first, middle): KHAN MOHAMMAD NAZRUL ISLAM female Date of birth (day/month/year): 16/12/1977 Sex: male 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 thefollowing conditions: Condition Yes Condition Yes No 18. Sleepingproblems Eye/vision problem 1. High blood pressure 19. Do you smoke? 2. 20. Operation/surgery 3. Heart/vasculardisease 21. Epilepsy/seizures 4. Heart surgery Dizziness/fainting 5. Varicose veins Loss of consciousness 6. Asthma/bronchitis 24. Psychiatricproblems Blood disorder 7. 25. Depression Diabetes 8. 26. Attempted suicide 9. Thyroid problem 27. Loss of memory 10. Digestivedisorder 28. Balanceproblem 11. Kidneyproblem 29. Severeheadaches 12. Skin problem Ear/nose/throat problems 13. Allergies 31. Restricted mobility Infectious/contagious diseases 32. Back problems 15. Hernia 33. Amputation Genital disorders 34. Fractures/dislocations 17. Pregnancy

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

Page 1 of 7 HOSO/4



Ado	ditional questions			
35.	Haveyou ever been signed offas sick or repatriated from a ship?		Yes	No
36.	Haveyou ever been hospitalized?			Z
37.	Haveyou ever been declared unfit forseaduty?		П	
38.	Has your medical certificate ever been restricted or revoked?			7
39.	Areyou awarethat you have anymedical problems, diseases or illnesses?	Ē		
40.	Do you feel healthyand fit to perform theduties of your designated position/occupation?	17	Z	· 🗆
41.	Areyou allergic to anymedications?			
Con	nments.			
	FIT FOR DUTY ON BOARD SHIP			
42.	Areyou takinganynon-prescription or prescription medications?			1
	ebycertifythat the personal declaration above is a truestatement to thebest of r	nykno	owledg	ţe.
	e (day/month/year): 0 9 APR 2024 /			
Witr	nessed by: (Signature) DR. MIR. MD. RAIHA Steps (pu), psu. CCD (Birden) PGT (Ophi ne: (Typed or printed) DG Shipp.ing Bangladesh Approve General Physician	5	Liver Dayell	
insti	ebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofessi tutions and public authorities to Drical examiner).		health, leappro	
Sign	atureof examinee:			
Date	e (day/month/year): 0 9 APR 2024 / DR. MIR. MD. RAIHAN MEBS (DU), DFM, CCD (Birdens), PGT (Ophth	1		
Witr	nessed by: (Signature) BMDC A-55144, MMC-BGD-016			
Nam	ne:(Typed or printed) General Physician Radical Hospitals Limited			-
Date	e & Contact details for previous medical examination (if known):)			

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Rev. 03



MEDICAL EXAMINATION

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

	V		Visual Acui	ty					Visua	al fields
	Unaided	Suec and		Aided					Normal	Defective
	Right	Left		Right	Left			Right		7
	eye	eye	Binocular	eye	eye	Binocul	ar	eye		
Distant	616	666						Left eye		
Near	15	15								
Colo Hear	70 C		ot tested		ormal	Dou	000 100		Defection	
	500 Hz	1,000 H	The state of the s		00 Hz	- Ve	1 Г		Normal	Whisper
Right ear	20	21	0 2	0			R	ight ear		7
Left ear	20	2	02	2				eft ear		
Ears Tym Eyes Opth Pupi	almoscopy				Abdome Hernia Anus (no G-U syst Upper ar	(inc. pedal n and visce of rectal ex- em nd lower ex- /S, T/S and	era am.)	ities		
Lung Brea Hear	gs and chest st examinat	tion /	erformed]]	Neurolog Psychiatr	gic (full bri ric appearance	ief)] 	APR 2024	



Blood Analys	sis: Hepatitis B Test partie, V.D.R.L pan foller
	Immunodeficiency Virus Anti bodies
	gnostic test(s) and result(s): Result Normal.
Medical Examin	ners comments: FIT FOR DUTY ON BOARD SHIP
Vaccinati	ion status recorded: Yes No
	Assessment of fitness forserviceat sea
	sis of theexaminee's personal declaration, myclinical examination and the diagnostic corded above. Ideclarethe examineemedically:
	Fit for lookout duty Not fit for look-out duty
	Deck service Engine service Cateringservice Other service
Unfit	
353464	Without restrictions With restrictions
	Visual aid required: Yes o
accriba ractric	
escribe restric	tions (eg. Specific positions, type of ship, trade area)
	ken bymedical examiner (e.g., referral):
Action tal	certificate's dateof expiration (day/month/year): / 0 8 APR 2025 /
	continuence of date of confinement (dat) months (car),
Medical c	samination (day/month/year): 0 9 APR 2024 /
Medical of	N 9 APR 2024
Medical of Date of Sumber of	samination (day/month/year):
Medical control Date of ex Number of Signature	camination (day/month/year): 0 9 APR 2024 / Official Stamp:



SEAFARER'S M	EDICAL EXAMINATION	N REPORT	CERTIFICATE	
This	CONFIDENTIAL DOC	JMENT		
certificateisissuedbyauthority of the Maritime Administra LONo, 73), asamended, STCW Convention, 1978 as am				Seafarers)Convention1946(I
SURNAME	GIVEN NAME(S)			
KHAN	МОНАММА	D NAZRUL	ISLAM	
NATIONALITY	ID DOCUMENT N	0:		
BANGLADESHI	C/O/4793			
DATE OF BIRTH	PLACE OF BIRTH			SEX
12 16 197 MONTH DAY YEA			BANGLADESH COUNTRY	MALE FEMA
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING		UNIMA, HO	ouse#908, Flati Khan, Dhaka, B	19 TO ST. T. S. C.
DECLARATION OF APPROVED MEDICAL PRACTIONERS I CONFIRM THAT IDENTIFICATION DOCUMENTS WER				
MEDICAL EXAMINATION (SEE LAS	ST PAGE FOR MEDICAL REQUIR	EMENTS) STA	TE DETAILS ON RE	VERSE SIDE
HEIGHT WEIGHT BLOOD PRESSURE	PULSE RES	PIRATION	GENERAL APPEARA	ANCE 2
16 6m 71 16 12018 mm	-78m/1 0	12	110	201
COLOR TEST TYPE: BOOK LANTERN DATE OF LAST COLOR VISION TEST:	CHECK IF COLOR TEST IS N	ORMAL - YELI	LOW RED	
ARE GLASSES OR CONTACT LENSES NECESSARY	TO MEET THE REQUIRED V	ISION STANE	ARD? YES	No
HEAD AND NECK	HE	ART (CARD	OVASCULAR)	
Non	mel	/	012000	el
LUNGS NONE	620.00		NAVIGATIONAL OFFICE ED FOR NORMAL VOICE COM	R AND RADIO OFFICER)
EXTREMITIES: UPPER	mel .	OWER	Nomi	el
IS APPLICANT VACCINATED IN ACCORDANCE W	ITH WHO RECOMMENDA	TIONS?	YES	No 🗌
IS APPLICANT SUFFERING FROM ANY DISEASE L HIM/HER UNFIT FOR SERV CE AT SEA OR LIKELY YES NO				
IS APPLICANT TAKING ANY NON-PRESCRIPTION	OR PRESCRIPTION MEDICA	ATIONS?	YES 🗌	No 🗗
Rom	THOS	000		0 9 APR 2024
SIGNATURE OF APPLICA THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE O	1121	C-2006	DATE	



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:	MOHAMMAD NAZRUL ISLAM KHAN
THIS ADDUCANT IS CONTINUE OF COMMUNICATION OF COMMUNICATI	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 OFFICE RATING/CHIEF COOK/ COOK) (WITHOUT ANY)/ WITH THE FOLLOWING) RESTRICTION	ER / ENGINEERING OFFICER / RADIO OFFICER / DNS:
NAME AND DEGREE OF PHYSICIAN DR. MIR. MD. RAII MERS (DU), DFM. CCD (Birdem), PGT EMDIC A 55:144, MMC-BGD	(Ophth)
ADDRESS RADICAL HOSPITAL LIMITED RADICAL HOSPITAL LIMITED Ultiara, Dhaka, Bangladash DG Shipping Bangladash Approximate App	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG STANG	PANG BD
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE D6 m	DY 2014
SIGNATURE OF PHYSICIAN:	
DATE OF EXAMINATION: 0 9 APR 2024	
EXPIRY DATE OF CERTIFICATE : 0 8 APR 2025	
SEAFARER ACKNOWLEDGMENT	
, MOHAMMAD NAZRUL ISLAM KHAN (NAME OF SEAFARER), CO	ONFIRM THAT I HAVE BEEN INFORMED O





MEDICALREQUIREMENTS

Allapplicantsforanofficerecrtificate, Scafarer's Identification and Record Book or certification of special qualifications shall be required tohaveaphysical examinationreported onthis Medical Formcompleted bya certificated physician. The. completedmedical formmust accompanythcapplicationforofficercertificate, application for sea farer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than months immediately preceding applicationsforanofficer certificate, certification of special qualifications or as eafarer's book. The examination shall be conducted in accordance with the International Labor Organization World HealthOrganization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness ExaminationsforSeafarers(ILO/WHO/D, 2/1997, Suchproofofexaminationmustestablishthatthe applicantisinsatisfactoryphysicaland mentalconditionforthespecificdutyassignmentundertakenandisgenerallyinpossessionofall body faculties necessary inful filling the requirements of these afaring profession.

Inconducting the examination, the certified physician should, where appropriate, examine the sea farer's previous medical records (including vaccinations) and information one cupational history, noting any diseases, including alcoholor drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
 - Allapplicantsmusthavehearingunimpairedformormalsoundsandbecapableofhearingawhisperedvoiceinbetterearat15 feet (4.57m) andin poorer ear at 5feet (1.52m).
- (b) Eyesight
 - Deckofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/20(1.00)visioninonecycandatleast20/40 (0.50)intheother. If the applicant wears glasses, hemust havevisionwithoutglasses of at least 20/160(0.13) in botheyes. Deckofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingtheoolorsred, green, blueand yellow.
 - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninoneeyeandat least20/50(0.40)intheother.Iftheapplicantwearsglasses,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
 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
 - Applicantsforableseaman,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 scafarers. 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).

0 9 APR 2024



DR MIR. MD. RAJHAN
MBBS (DV). DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144. MMC-BGD-016
BC Shipping Bangladesh Approved
General Physician
Facilist Hospitals Limited.





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,				
Place of Birth: JAMALPUR		FLAT#C9, ASHKONA PURBAPARA, DAKSHINKHAN BANGLADESH. Street: City: DHAKA Postal Code: 1230 Country: BANGLADESH				
Examination for duty as	Master	Officer	Engineer	Rating	Cadet	
Please indicate the quantity of alcohol you consume weekly	Wine (litre)	e) re) neasures)				
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	e detail on th	e reverse)	
Have you ever been convicted of a drinking related incident?	(10)	(If Yes please	e detail on th	e reverse)		
Have you ever received treatment for alcohol or drug dependence?	Yes	N3	(If Yes please	detail on th	e reverse)	
Signed and Dated (by Seafarer)			nange with responders			



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:

0 9 APR 2024

MIR MD A-\$5144, MMC-BGD-016

inosal Physician

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

Regical Hospitals Linned

ORIGINAL TO BE RETAINED BY CREWING AGENCY



Rev: 02

Page 2 of 2

Member of the SCHULTE GROUP





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, ,				
Place of Birth: JAMALPUR	BANGLADESH. Street: City: DHAKA Postal Code: 1230 Country: BANGLADESH					
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	e detail on th	ne reverse)	
Have you ever been convicted of a drinking related incident?	(No)	(If Yes please	e detail on th	ne reverse)		
Have you ever received treatment for alcohol or drug dependence?	Yes	(No)	(If Yes please	e detail on th	ne reverse)	
Signed and Dated (by Seafarer)	The second secon	circumstances change with respect to the above ents, inform the company of such changes immediate				



BARRAGA

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:

DR. MIR. MD. RAIHAN

Date: 0 9 APR 2024

MDC A-55144, MRR-BBD-619 3 Shipping Bangladesh Approved General Physician Rabical 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 RAIHAA MBBS (DU), DFM, CCD (Birdem), PGT (Ophilin BMDC A-55144 MMC-BGD-016

DG Shipping Bangladesh Approved General Physician Radical Hospitats Limited

ORIGINAL TO BE RETAINED BY CREWING AGENCY





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	realive
Cocaine	< 150 NG/ML	1
Opiates	< 300 NG / ML	/
Phencyclidine	< 25 NG / ML	
Amphetamines	< 300 NG / ML	/
Benzodiazepine	< 200 NG/ML	
Methaqualone	< 300 NG/ML	
Barbiturates	< 200 NG/ML	l
Alcohol	< 0.04% BAC	Nembo

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

0 9 APR 2024



Examined by (Name/Signature)

DR. MIR. MD. RAIHAN

BMDC A-55144, MMC-BGD-016 DG Shipping Bangiadesh Approved General Physician Radical Hospitals Limited





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:

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Medical Center Name:

REDICAL HOSPITALS LIMITED

Full Address:

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Doctor's Name:

DR. MIR MD. RAIHAN

Drug and Alcohol Screening Limits and Results

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Marijuana	< 15 NG/ML	regull
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Phencyclidine	< 25 NG / ML	
Amphetamines	< 300 NG / ML	
Benzodiazepine	< 200 NG/ML	
Methaqualone	< 300 NG/ML	6
Barbiturates	< 200 NG/ML /	
Alcohol	< 0.04% BAC	vantu

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

0 9 APR 2024

As Per-Mac 2005

Examined by (Name/Signature)

DR. MIR. MD. RAIHAN
MSBS (DU) DFM. CCD (Birdem), PGT (Opieh)
BMDC A 55114. MMC BGD-016
DG Shipping Bungladesh Approved
General Physician
Rapical Hospitans Limited





ID NO : 24040217

Patient's Name: MOHAMMAD NAZRUL ISLAM KHAN

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/4793

Specimen : Blood

Ref. By

Date: 09/04/2024

Age : 46Y3M24D

Sex : Male

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

HAEMAT	DLOGY	REPORT
--------	-------	--------

RESPONDEN		MATOLOGI I	CLP OK I	
Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	12.6 04	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	4,700	/cumm	4,000 - 11,000 /cumm	MA
Neutrophils Lymphocytes Monocytes Eosinophils Basophil	69 24 04 03 00	% % % %	(40 - 75)% (20-45)% (2-10)% (1-6)% 0-1 %	WBC CURVE
MPV PDW-CV	141 150,000 13.6 17.2	/cumm /cumm fL %	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL 10 - 18 %	PLT CURVE
P-LCR P-LCC	0.2 50.2 75	% % ×10^3/uL	0.10 - 0.28 9.00 - 45.00% 13 - 129 x10^3/uL	
RBC COUNT HCT/PCV MCV MCH MCHC RDW SD RDW CV	4.62 40.7 87.9 27.3 31 50	m/ul % fL pg g/dL fL %	M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 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. Sumaka Khatun MBBS,MD (Gold Medilist) (BSMMU) Associate Professor Dept.Of Microbiology East West Medical College & Hospital.



Bill No	DIA24040217	Received Da	ate 09/04/2	024
Patient's Name	MOHAMMAD NAZRUL ISLAM KH	AN		
Patient's Age	46Y 3M 24D	Pati	ent's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	EM),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.



Bill No	DIA24040217	Received	Date	09/04/2	024
Patient's Name	MOHAMMAD NAZRUL ISLAM KHAN				
Patient's Age	46Y 3M 24D	P	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	F	OLL 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



CheckedBy

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



Bill No	DIA24040217	Receive	ed Date	09/04/2	024
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(BIRD	EM),PGT(Eye),DFI	M R	OLL 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

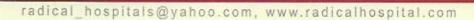
Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	/ Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

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

CheckedBy

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





Bill No	DIA24040217	Received	Date	09/04/2	024
Patient's Name	MOHAMMAD NAZRUL ISLAM KHAN		1.0000000		
Patient's Age	46Y 3M 24D	Pa	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	RC	LL 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
hencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

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

AIDED

COLOUR VISION:

NORMAL / BLIND

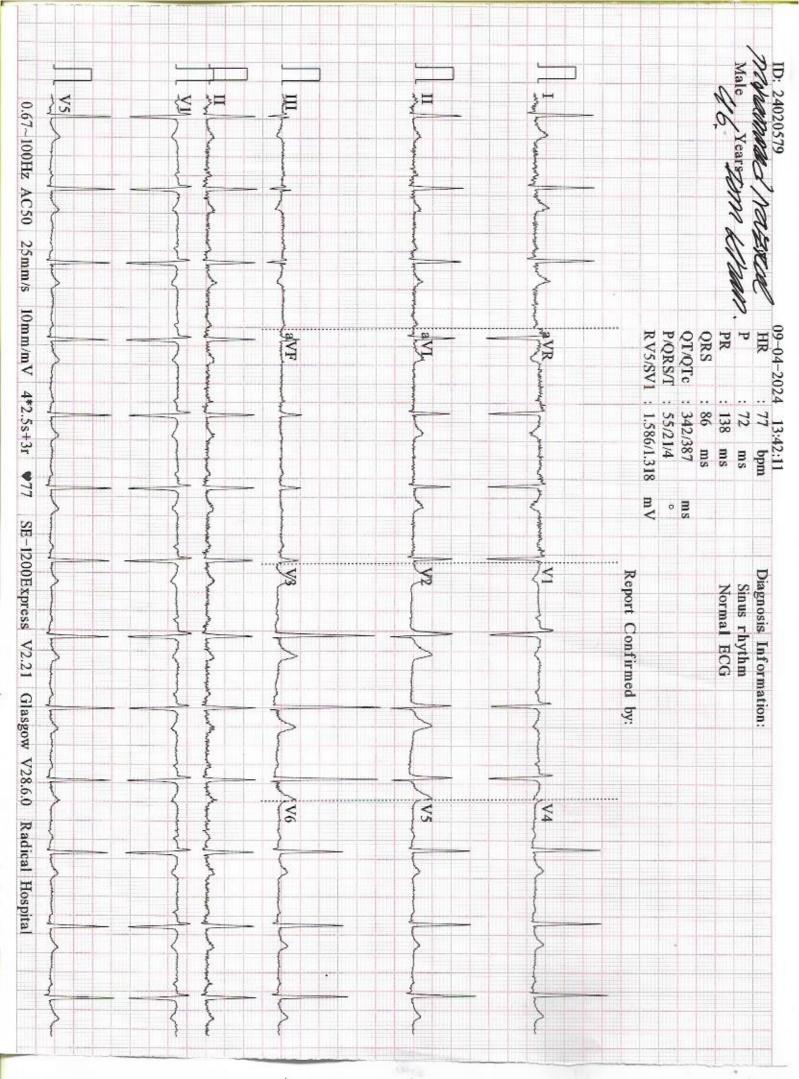
OPINION

UNIFITY FIT FOR EMPLOYMENT ON BOARD

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

Assistant Registrar (EX)

East west Medical College & 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 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.

Page of 1

S APR TOP	DR. MIR. MD. RAIHAN	35, Shah Wakhdum Avenuo Uttara, Dhaka
11/2	MRS IDIN DEM CCD (Bidem), PGT (Onlith) MBS IDIN DEM CCD (Bidem), PGT (Onlith) BMDC A. 55144, MMC-BGD 610 BMDC A. 55144, MMC-BGD 6	PANGLADEST
0	The state of the s	

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
1000		
		1 9 3 4 1
1 5		
		THE WALL TO SEE BY SHEET

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA MOHAMMAD NAZRUL This is to certify that Date of birth whose signature follows has on the date indicated been vaccinated or revaccinated against Cholera Date Signature and Professional Approved Stamp status of vaccinator 24 FEB 76 DR. MTR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A- 55144, MMC-BGD- 016 DG Shipping Bangladesh Approved General Physician Uttera, Dh Radical Hospitals Limited. 03 DEC 2019 idemy, PGT (Ophth) Uttern, Dhalo BIMDO A- 05144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited 35, Shah Warry Averue DR. MIR. MD. RALHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Shysiolan Radical h DR. MIR. MD. RAIHAN 35. Shah Makhdu Амелив MBBS (DII) DFM, CCD (Birdem), PGT (Ophth) tara, Dhaka BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 Avenue DG Shipping Bangladesh Approved General Rhysician Radical Hospitals Limited WGLAS Continued overleaf Suite our erso