



HAQUE & SONS LTD.



Accredited By BMDC Accreditation No. A 55144

> PATIENT CONTROL NUMBER: H1799

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880 31 716214-6, Fex: +880 31 710530

MEDICAL EXAMINATION CERTIFICATE

RNAME	FIRST NAME	1000000000	MIDDLE NAME	
AHAMMAD		ONIR		
CE AND DATE OF BIRTH	PASSPORT NUMBER		SEAMAN'S BOOK NU	
NOAKHALI 21-Jan-1997		740488		9800
TONALITY: BANGLADESHI SEX:	☑ Male ☐ Female		HEM. TANKER TRADING	
RMANENT HOME ADDRESS :			ACT NUMBER: 0°	1777-542162(SELF)/01
SAYESTANAGAR,PO-JAMIDARHAT,PS	-SENBAGH DIST-NOAK	HALI, RANK	74	2ND OFFICER
GLADESH				
	F11 0			
lave you ever had any of the following co	nditions?			
Condition	YES NO	Condition		YES NO
1 Eye/vision problem	0 %/	18 Sleep problems		0 01
2 High blood pressure		19 Do you smoke?		
Heart/vascular disease	0 7	20 Operation/surge		0 0
4 Heart surgery	1 D	21 Epilepsy/seizur		0 0
5 Varicose veins	0 %	22 Dizziness/faintii		
6 Asthma/bronchitis		23 Loss of conscio	The Control of the Co	(D. D
7 Blood disorder		24 Psychiatric prof		0 0
8 Diabetes	5 Z	25 Depression		10/2
9 Thyroid problem	0 %	26 Attempted suic	de -	0 8
10 Digestive disorder	n 1/	27 Loss of memor		000
11 Kidney problem	0 /	28 Balance proble		0 0
12 Skin problem	0 /	29 Severe headac		0 0
13 Allergies		30 Ear/nose/throat		
14 Infectious/contagious diseases	0 6/	31 Restricted mob		
15 Hemia		32 Back problems		0 0
16 Genital disorders	0 1	33 Amputation		
17 Pregnancy	II NII	34 Fractures/dislo	cations	0 0
Additional questions	red "yes", please give det	ails.		VES NO
Additional questions	(2)	/		YES NO
Additional questions 35 Have you ever been signed off a	s, sick or repatriated from	/		0 8
Additional questions 35 Have you ever been signed off a 36 Have you ever been hospitalised	s sick or repatriated from	/		
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			sual acuity					Visual fields
		naided		*****	ded	and the	Management	200 CONTRACT
Distant	Right eye	Left ex		eye	Left ey	_	Norn	nal Defective
Near	600	661				Right		0
1.17	y meets the sta	indord laid de	our in CTCIA/	0-4-	Continue A	Left e		
Colour vision	n as per STCW	CODE Soci	tion A I/O:		Normal		SELECTION TO SELECT	77.
	n do per o rov	V CODE GEG	uon A-1/5.	-		□ Doubt	tful 🗆 De	efective
Date of last	colour vision te	est: Date (day	//month/year)	3 0	APR ,202	A TO THE OWNER WHEN THE		
			22-7-22-2					
Head			Normal A	bnor				Normal Abno
Sinuses, nos	se throat		1			ricose veins		1/1
Mouth/teeth			- TV			scular (inc. pedal		
Ears (genera			1/			domen and visce	ra	/0/
Tympanic me			/11/	0	0.00	mia		10/ 1
Eyes	citibrane		7/			us (not rectal exa	im)	X/ C
Opthalmosco	ODV		1	0		J system		7 .
Pupils	opy		1			per and lower ext		9 0
Eye moveme	ent		7			ine (C/S, T/S and		191 0
Lungs and cl			6			urologic (full brief)	/9/ 0
Breast exam			a CHO			ychiatric		1950
Heart	auon		14/1			neral appearance	2	9/10
nealt			/ 21		Ski	n .	-	100/10
				11				112/1
	ANCILLARY EX	MOITANIMAX					2011	110
Chest X-Ray		1878	BIO CHEM	ICAL.	(LIVER FUI	NCTION TEST)	Marijuana	Positive Negati
ECG		mas	BILIRUBIN		0	.50	Alcohol Test	Positive Negati
	BLOOD R/E		SGPT		9	200	URINE R/E	1 Control Integral
DC(differentia		M	SGOT		9	0		OTHERS
HAEMOGLO	BIN (HGB)	13.0	DRU	IG AN	ID ALCOHO	DL TEST	HBsAq	Reactive Nonrea
ESR (WEST	ERGREN)	00)	Morphine	1		Negative	HIV / AIDS Test	☐ Reactiv ☐ Nonrea
WBC	7	2700	Amphetamine	11		Negative	VDRL	
BLOOK	D GLUCOSÉ L	EVEL	Phencyclidine		☐ Positive	Negative	Blood Type	☐ Reactiv ☑ Nonrea
RANDOM		5.50	Barbiturates	11	D Positive	Negative	Psychological Exam	POOR
HBA1C	-	8.0%	Cocaine	1		Negative	Others(KUB Ultrasound)	
		18 31	111				To a resolution of a source)	11010
ereby I declare	that I am in kn	owledge of the	e contents of	the Pl	hysical exar	ninations:		
M) onel	2	1/:						3 0 APR 2024
nature of Seaf	farer	1	-	_		AHAMMAD f Seafarer		
1	1				rvaine o	Gealaiei		Date
sessment of the the basis of the aminee medical	fitness for ser he examinee's ally:	personal dec	elaration, my cl		examination	n and the diagnos	stic test results record	led above, I declare the ut duties
	TANK TO THE PARTY OF	Deck	service		Engine s	ervice	Catering service	Other service
			И		U			Other service
			D .					
-					Witt	n restrictions	Name of the Con-	
-	Without res	strictions		Lat				
the Seafarer fre	ee from any me	edical condition	ons likely to be			ervice at sea or t	o render the seafarer	unfit for such service or
the Seafarer fredanger the hea	ee from any me alth of other per	edical conditions on boa	Yes	aggr	No	ervice at sea or t	o render the seafarer	unfit for such service or
the Seafarer fredanger the hea	ee from any me alth of other per ons (e.g., speci	edical conditirsons on boa	Yes Yes	aggr	No	ervice at sea or t	o render the seafarer	unfit for such service or
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the Seafarer fredanger the headscribe restriction taken by m	ee from any me alth of other per ons (e.g., speci nedical examin	edical conditirsons on boa	Yes Yes	aggr	No D	ervice at sea or t	33.5	unfit for such service or

Revision Date: 24th July 2022

	MEDICAL CER	TIFICATE	FOR I	PERSONNEL SERVIC	E ON BOARI	
SURNAME: AHAM	IMAD		GIVE	N NAME (S): MONIR		
DATE OF BIRTH:			PLACE	OF BIRTH		SEX
DAY 21	MONTH 1 YEAR	1997	CITY	NOAKHALI COUNTRY	BANGLADESH	PER 8000
POSITION ON BOA		1001		G ADDRESS OF APPLICA		MALE [
MASTER DECK OFFICER ENGINEERING OFF RADIO OPERATOR RATING			DIST-N	YESTANAGAR,PO-JAMID IOAKHALI, BANGLADESH LADESH.		BAGH
DECLARATION OF	THE AUTHORIZED PHYSIC	CIAN			,	
	VISION			COLOR TEST TYPE		HEARING
	WITHOUT GLASSES	WITH GLA	SSES	BOOK		00
RIGHT EYE	666			YELLOW A RED MED GREEN BLUE A	RIGHT EAR	1990 1990
Confirmation that ide	entification documents were	checked at the	point of	examination: YES NO	1	
	standards in STCW Code, Se			NO □ NOT APLICA	CALL COLUMN	
Unaided hearing sat	$\overline{}$	CHORDS AND THE CONTRACT		A NOTALION	WILL [
	standards in STCW Code, S		vee Z	NO \square		
		The second second	7	/		
The second second second	standards in STCW Code, S	section A-1/9?	YES	NO 🗌		
South that we we the	required every six years)		30 AP	R 2024		
100 17/81 100	our vision test: (Day/Month/Ye		'		_	
Control of the Contro	act lenses necessary to meet	the required to	ision sta	ndards? YES NO NO		
Able for watchkeepi	ng? YES NO					
Is applicant taking a	ny non-prescription or prescr	iption medicat	ions? YE	s No Z		
is the seafarer free i endanger the health	from any medical condition lif of other persons on board?	kely to be aggi YES NO		y service at sea or to render th	e seafarers unfit fo	r such service or to
Hereby I declare tha	at I am in knowledge of the co	ontents of the	Physical	Examination.	-45	
My one	8	MONIR	AHAM	MAD	30-Apr-	2024
Signature o	of Applicant	Name	of Applica	int /	Date	
CIRCLE APPROF	PIATE CHOICE: (HE / SHI	E) IS FOUND	то ве	E (FIT / NOT FIT) FOR DUT	Y AS A (MASTE	R / DECK OFFCIER /
			THE RESERVE AND ADDRESS.	ON BOARD SHIP		
NAME AND DEGRE	EE OF PHYSICIAN: DR. MIF	R MD. RAIHA	AN; M.B	.B.S.(D.U.), REG. NO. A-55	5144	
				UE, SECTOR-12, UTTARA, DHA	1000000	DESH.
	IAN'S CERTIFICATING AUTI	150000000000000000000000000000000000000		Co. De como con como con a conserva		
DATE OF ISSUE PI	HYSICIAN'S CERTIFICATE:	-06-05-2014				
				(all	losov	
SIGNATURE OF PH	HYSICIAN:	,	STAMP	OF PHYSICIAN:	HMC-2008	DATE: 3 0 APR 2024
EXPIRY DATE OF (CERTIFICATE:		2 9 AP	110,1		
	This o			compliance with the requirem	erits	
	Parker of Colors and States and	Service Control of the Control of th	as amena	led and the Maritime Labour (Convention, 2006.	
	DR. MIR. MD. F	NAHIAS	# 20			

MBBS (DU), DFM, CCD (Birdem), PST (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician

	MEDICA	L CERT	TFICATE	FOR P	ERSONNEL	SERVICE	ON BOAR	D	
SURNAME: AHAMN	MAD			GIVEN NAME (S): MONIR					
DATE OF BIRTH:				PLACE (OF BIRTH			SEX	
DAY 21	MONTH 1	YEAR	1997	CITY	NOAKHALI C	OUNTRY	BANGLADES	H MALE 🗸	FEMALE [
POSITION ON BOAR	200-023-100	3,545,315		MAILIN	G ADDRESS OF	APPLICAN	NT:		
MASTER	П				YESTANAGAR,F			NBAGH	
DECK OFFICER	Ø			DIST-N	OAKHALI, BANG	GLADESH			
ENGINEERING OFF	ICER			-					
RADIO OPERATOR				BANGL	ADESH.				
RATING									
DECLARATION OF	THE AUTHORIZE	D PHYSIC	IAN						
	VISION				COLOR TES	ST TYPE		HEARING	
	WITHOUT GL	ASSES	WITH GLA	ASSES	ВООК			-01	7
RIGHT EYE	11	6	_	_	LANTE	RN	RIGHT EAR	MX	
	60				YELLOW NO	RED A		11	an
LEFT EYE	61	16			GREEN A DE	BLUE Y	LEFT EAR	MH	9
	64				1-4-	NO			
Confirmation that ide									
Hearing meets the s	tandards in STCW	Code, Se	ection A-1/9?	YES	NO L	NOT APLICA	BLE[]		
Unaided hearing sat	isfactory? YE8] NO[1				
Visual acuity meets	standards in STCV	V Code, S	ection A-1/9?	YES	NO [
Colour vision meets	standards in STC	W Code, S	Section A-1/93	YES	NO 🗌				
(the visual test it is re	equired every six y	years)		3 O API	2021				
Date of the last colo				JUALI	/ 2024		0		
Are glasses or conta	THE PERSON NAMED OF THE PE	_	OCCUPANT AND ADDRESS OF THE PARTY OF THE PAR	vision et:	andards2 VES	NO NO			
			t the required	VISION SE	maras rese				
Able for watchkeepi	· · · · · · · · · · · · · · · · · · ·	10 🗌							
Is applicant taking a									
Is the seafarer free endanger the health	from any medical of other persons of	condition li on board?	kely to be eg	gravated	by service at sea o	or to render th	ne seatarers unti	I for such sen	vice or to
Hereby I declare tha	at I am in knowled	ge of the c	ontents of the	Physica	Examination.				
								2	
 ~	30/		MONIR	AHAN	MAD		30-A	pr-2024	
	ne								
	WESTER OWNERS INC.			** - *				Date	
	of Applicant			of Applic		r con nu			OFFCIER /
CIRCLE APPROI	PIATE CHOICE: DEFICER / RAD	(ME / SH IO OPER	ATOR / RA	TING) (V	VITHOUT ANY /	WITH THE	FOLLOWING)	RESTRICT	TIONS:
			FIT FO	R DUT	Y ON BOARD	SHIP			
NAME AND DEGR	EE OF PHYSICIA	N: DR. MI	IR MD. RAII	HAN; M.	B.B.S.(D.U.), RE	G. NO. A-5	5144		
ADDRESS: REDICA	AL HOSPITALS LIN	MITED, 35,	SHAH MAKH	DUM AVE	NUE, SECTOR-12,	UTTARA, DH	IAKA-1230, BANG	SLADESH.	
NAME OF PHYSIC	IAN'S CERTIFICA	TING AU	THORITY: DO	SHIPP	ING BANGLADE	ESH			
DATE OF ISSUE P			CONTRACTOR DESCRIPTION	200					
		-				(a)	Hosor		0.0 400 400
SIGNATURE OF P	PHYSICIAN:	Think		STAM	P OF PHYSICIAN	- AND	8-MC-2005	DATE:	3 0 APR 20
EXPIRY DATE OF		The state of the s		29	APR 2026	Sal Sal	Bourseld St.		
		Thi	s certificate is	s issued	in compliance with	the require	nents	532	
				8, as ame	nded and the Mari	time Labour	Convention, 200)6.	
	DR. MIR.	MD. R	RAIHAN				100		

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



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +88 02333316214-6

Name	MONIR AHAMMAD	Date	30-Apr-2024
Age	27	Sex	MALE
Passport No	EG0740488	CDC No	CO9800
Sample	BLOOD	Rank	2ND OFFICER

BIOCHEMISTRY REPORT COMPARE

	After Sign-Off	Before Sign-On	Reference Range
Date of Report	32-01-2024	30-04-2024	86
Serum Bilirubin	0.34	0.50	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	23	29	Up to 37 U/L
Serum S.G.P.T.	25	22	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



The same

Doctor Seal & 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

Revision Date: 24th July 2022





radical_hospitals@yahoo.com, www.radicalhospital.com

ID NO : 24040661

Patient's Name: MONIR AHAMMAD

Ref. By

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/ 9800

Specimen ; BI

Date : 30/04/2024

Age : 27Y 3M 9D

Sex : Male

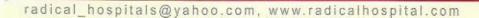
(Relevent estimations were carried out by KT-44 Haematology Analyzer with checked manually) HAEMATOLOGY REPORT

MARKATANA AND AND AND AND AND AND AND AND AND	nac	MATULUGYI	REPORT	
Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	13.9 09	g/di 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	7,700	/cumm	4,000 - 11,000 /cumm	AAL
Neutrophils Lymphocytes Monocytes Eosinophils Basophil	56 31 08 05 00	% % % %	(40 - 75)% (20-45)% (2-10)% (1-6)% 0-1 %	WBC CURVE
TOTAL CIR. EOSIONOPHIL COUNT TOTAL PLATELET COUNT(PC) MPV PDW-CV PCT P-LCR P-LCC	385 346,000 9.9 16.1 0.34 26.9 93	/cumm /cumm fL % % % x10^3/uL	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL 10 - 18 % 0.10 - 0.28 9.00 - 45.00% 13 - 129 ×10^3/uL	PLT CURVE
RBC COUNT HCT/PCV MCV MCH MCHC RDW SD RDW CV	5.38 45.1 83.7 25.9 30.9 50 17.9	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. Surnalya Khatun MBBS,MD (Gold Medilist) (BSMMU) Associate Professor Dept Of Microbiology East West Medical College & Hospital.





Bill No	DIA24040661 Receive		d Date	30/04/2	2024
Patient's Name	MONIR AHAMMAD	,			
Patient's Age	27Y 3M 9D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN	//),PGT(Eye),DFN	л С	DC NO	C/O/9800
Sample	BLOOD				-

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.50 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	22.0 U/L	Up to 40 U/L
Serum AST (SGOT)	19.0 U/L	Up to 37 U/L
HbA1C	5.0 %	4.0-6.0 %
	DICAL	

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. Se

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



Bill No	DIA24040661	Received Da	ate 30/04/2	2024
Patient's Name	MONIR AHAMMAD			The s
Patient's Age	27Y 3M 9D Pa		ent's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO			
Sample	BLOOD	100 100 100 100		7 7000000000000000000000000000000000000

SEROLOGICAL REPORT

Test Name	Result

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

BLOOD GROUPING RESULT		
ABO Blood Group	"B" (+ve)	*******
Rh(D)Factor	Positive	

Checked By

Medical Technologist. Radical Hospital Ltd. De

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

Test Name



Bill No	DIA24040661	Received Date	e 30/04/2	2024
Patient's Name	MONIR AHAMMAD			
Patient's Age	27Y 3M 9D	Patie	nt's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO		C/O/9800	
Sample	urine			

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

restrante	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

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

radical_hospitals@yahoo.com, www.radicalhospital.com

Patient ID	240404661	Voucher No	
Test Name	USG OF KUB	THE PARTY OF THE P	001211
Patient Name	MONIR AHAMMAD	Delivery Date	30/04/2024
Age	27 Yrs	Sex	
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(E		Male Male

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length - 9.9 cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length - 10.0 cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated

URETER: There is no dilatation in both ureter .

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Normal in size, volume is- 17.3 cc regular in shape. Echogenicity is homogenous. No area of calcification is seen.

COMMENT: Suggestive of Normal study.

Dr. Asma Ahmed 30.04.24

MBBS,CMU,DMU
PGT(Gype-

PGT(Gynae &Obs)

Advanced Training on TVS Consultant Sonologist



radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. GINGA BOBCAT

DATE: 30/04/2024

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

EYE EXAMINATION REPORT

NAME: MONIR AHAMMAD RANK: 2ND OFF CDC NO: C/O/9800

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

666

016

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

VS VI				P/QRS/T RV5/SV1	QRS QRS
	V3	V2	William A.	\$6 mV	82 ms N 424/455 ms
			September of portion of both	Report Confirmed by:	Normal ECG
	W ₆	Ws			

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040661 Receive:30/04/2024 Print: 30/04/2024

Patient's Name : MONIR AHAMMAD

Age : 27 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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

Memors & hammest. This is to certify that

whose signature follows

21-01-1997. Sex

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
05 SEP 2017	DR. M. AYUBUR RAHMAN M.B.S. P.G.T (Medicine) Teher Chember 10, Agrabed C/A, Chittegong, Regn. No. A-11826	(12):3	1 2
2	DR. NED. AVDIBUR REAMMAN M.R.B. S. P.G. F (Medicum) Tahen Chances W. Agenbar Car. Conveyong Reg.		
3	Regar, No. A-11820		3 4
4	CHE AS AYUBUIS FUNHUME ACRES S. PAS. F (Manhorm) Same Chamber	(A(ST_)S)	N. Visania

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

nabis A Rannas .
This is to certify that Date of

This is to certify that whose signature follows

Date of birth 21-01-199 Fex male.

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
5 SEP 1	DR. M. AYUBUR RAHMAN M.B.B.S. P.G. I (Madacina) Tahar Chamber 10, Agrubad C/A, Chittagong. Regn. No. A-11820	EN MAIR ROAD SE
2 130	DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong, Regn. No. A-11820	ST NUMBER OF STATE OF
305	EP 2001 of Rfijl Il	4 H830873118
4	M.B.B.S. A.MC (Part 1) M.B.B.S. A.MC (Part 1) Seaterers Medical Practical of the Approved By D.G. Shipping Disaks	COMMA
5 28	SEP 2022 RAMOUNT	fam S
6	Dr. Md. Rangun M.B.B.S; A.MC. Ball M.B.B.S; A.MC. Ball M.B.B.S; A.MC. Ball Seafarer's Medical Proi Seafarer's Medical Proi Approved By D.G. Shiple Approved By D.G. Shiple	ohioner Ohakaz Chill Ko
7 10	DR. MIR. MD. RAIHA	S Sheh Makhdum
8	BMDC A-55144, MMC-BGD-014 DG Shipp.ng Bangladesh Approve General Physician Radical Hospitals Limited.	& ANGLADES!

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

Form No: SMC

and have been informed of the right to

review

Seafarer's Signature



SL NO._

04.2024.6447

DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited Name & Signature of the practitioner:

SEAFARER MEDICAL CERTIFICATE

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

SEAFARER INFORMATION: Name: Last _AHAMMAD First _MONIR Gender: (Male/Female) _MALE Nationality: BANGLADESHI Occupation: Deck/Engine/Catering/Other (specify) _DECK Father's/ Husbad'sname: MOFIZUR _RAHMAN Mother's Name: _JESMIN _AKTAIR Address: House No: Street/ Road No: Locality/Village: _SAYES TANAGAIR PO: _JOMIDARHAT PS: _SENBAGH District: NOAK HALI DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the P the followings:	_
Gender: (Male/Female). MALE Nationality: BANGLADESHI Occupation: Deck/Engine/Catering/Other (specify). DECK Father's/ Husbad'sname: MOFIZUR RAHMAN Mother's Name: JESMIN AKTAIR Address: House No: Street/ Road No: Locality/Village: SAYES TANAGAR P.O: JOMIDARHAT P.S: SENBAGH District: NOAKHALI DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the P	-
Gender: (Male/Female). MALE Nationality: BANGLADESHI Occupation: Deck/Engine/Catering/Other (specify). DECK Father's/ Husbad'sname: MOFIZUR RAHMAN Mother's Name: JESMIN AKTAIR Address: House No: Street/ Road No: Locality/Village: SAYES TANAGAR P.O: JOMIDARHAT P.S: SENBAGH District: NOAKHALI DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the P	Middle
Occupation: Deck/Engine/Catering/Other (specify). DECK Father's/ Husbad'sname: MOFIZUR RAMMAN Mother's Name: JESMIN AKTAIR Address: House No: Street/ Road No: Locality/Village: SAYES TANAGAR PO: JOMIDARHAT PS: SENBAGH District: NOAKHALI DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the P	Date: 3.0 APR 2074
Father's/ Husbad'sname: MOFIZUR RAHMAN Mother's Name: JESMIN AKTAIR Address: House No: Street/ Road No: St	Rank 2/OFF
Mother's Name: JESMIN AKTAIZ Address: House No: Street/ Road No: Locality/Village: SAYES TANAGAIZ P.O: JOMIDARHAT P.S: SENBAGH District: NOAKHALI DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the P	CDCNO C1019800
Address: House No: Street/ Road No: Locality/Village: _SAYES TANAGAZ P.O: _JOMIDARHAT P.S: SENBAGH District: NOAKHALI DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the P	Seaman ID No. 050009635
P.O. JOMIDARHAT P.S. SENBAGH District: NOAKHALI DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the P	Passport No. EG 0740488
P.O. JOMIDARHAT P.S. SENBAGH District: NOAKHALI DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the P	NID No. 645 859 6720
P.S. SENTO AGH District: NOAK HALT DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the P	Date of Birth: 21/01/1997
District: NOAK HALT DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the P	(DD/MM/YYYY)
I am duly authorized by the Department of Shipping, Government of the P	and the second s
I am duly authorized by the Department of Shipping, Government of the P	
[[[[[[[]]] [[[[]] [[[]] [[[]] [[[]] [[]] [[] [[]] [[] [[] [[]] [[] [[]] [[] [[]] [[] [[]] [[] [[]] [[]] [[] [[] [[]] [[]] [[]] [[] [[]] [[] [[]] [[] [[]] [[]] [[] [[]] [[] [[]] [[]] [[] [[]] [[]] [[] [[]] [[]] [[] [[]] [[]] [[]] [[]] [[] [[]] [[]] [[]] [[]] [[]] [[] [[]	eople's Republic of Bangladesh and confirm
1. Confirmation that identification documents were checked at the point of e	
2. Hearing meets the standards in section A-I/9	:XES/NO
3. Unaided hearing satisfactory?	:yés/no
4. Visual acuity meets standards in section A-I/9?	:YES/NO
5. Colour vision meets standards in section A-I/9?	:XES/NO
Date of last colour vision test	3.0 APR 2024
6. Fit for lookout duties?	*ES/NO
7. Is the seafarer free from any medical condition likely to be aggravated by	service at sea or to
render the seafarer unfit for service or to render the health of any other personal	sons on board? :XES/NO
8. Any limitations or restrictions on fitness?	:YES/NO
If YES, specify limitations or restrictions:	,
Duties: Location/Vessel: Medical/Other: RADICAL HOSPITAL LIMITED Ultara, Dhaka, Bangladesh	
9. Medical fitness category : Fit-No restriction Fit-Subject	to restrictions Unfit
10. Date of examination/Issue (DD/MM/YYYY) 3.0. APR 2024	
11. Date of expiry (DD/MM/YYYY)	upper from the data of
11. Date of expiry (DD/Min/1111)	years from the date/of examination.
I have read the contents of the certificate	1/2)

MEDICAL REQUIREMENTS

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

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

(a) Hearing:

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

(b) Eyesight:

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

(c) Dental:

- Seafarers must be free from 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 useofnarcotics.
 Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

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

IMPORTANT NOTE:

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

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

DETAILS OF MEDICAL EXAMINATION:

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

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E 3 n APR 2024

DR. MIR. MD. RAIHAN
MBB8 (DU), DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited