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:
HSL-002709

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
CHANDA	PARTHO	
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
NETROKONA 12-Mar-1991	A00031756	CO6665

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

PERMANENT HOME ADDRESS :
VILL-HOGLA, PO-HOGLA, PS-PURBADHALA, DIST-NETROKONA, BANGLADESH.

CONTACT NUMBER : +8801741202022 (SELF)

RANK : 2ND 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	☐	NM	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 82kg Height (cm) 168 BMI 29.2 Blood Pressure: Systolic 110mm Diastolic 70mm PULSE: 78b/m

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

Audiometry			
500	1000	2000	3000
		NM	

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) 23 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	N/A	☐	General appearance	☑	☐
Heart	☑	☐	Skin	☑	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)				Marijuana	☐	Positive	☑ Negative
ECG	NAD	BILIRUBIN	0.50			Alcohol Test	☐	Positive	☑ Negative
BLOOD R/E		SGPT	24			URINE R/E	NAD		
DC(differential count)	NAD	SGOT	19			OTHERS			
HAEMOGLOBIN (HGB)	15.2	DRUG AND ALCOHOL TEST				HBsAg	☐	Reactive	☑ Nonreactive
ESR (WESTERGREN)	05	Morphine	☐	Positive	☑ Negative	HIV / AIDS Test	☐	Reactive	☑ Nonreactive
WBC	6300	Amphetamine	☐	Positive	☑ Negative	VDRL	☐	Reactive	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐	Positive	☑ Negative	Blood Type	B(+VE)		
RANDOM	5.5	Barbiturates	☐	Positive	☑ Negative	Psychological Exam	NAD		
HBA1C	5.2%	Cocaine	☐	Positive	☑ Negative	Others(KUB Ultrasound)	N/E		

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

Signature of Seafarer

PARTHO CHANDA
Name of Seafarer

23-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: 23 APR 2024 Valid Until: 22 APR 2026

DR. MIR MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC Reg. No. A-55141 / MMC-BGD-016
Name of Authorized Medical Physician
DG Shipping Bangladesh Approved
General Hospital
Radical Hospitals Limited.

PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT	FIRST NAME	MIDDLE INITIAL
CHANDA	PARTHO	

DATE OF BIRTH	PLACE OF BIRTH	SEX
3 (MONTH) 12 (DAY) 1991 (YEAR)	NETROKONA (CITY) BANGLADESH (COUNTRY)	MALE ☑ FEMALE ☐

EXAMINATION FOR DUTY AS:				MAILING ADDRESS OF APPLICANT:
MASTER	☐	RATING	☐	VILL-HOGLA, PO-HOGLA
MATE	☑	MOU DECK	☐	PS-PURBADHALA, DIST-NETROKONA
ENGINEER	☐	MOU ENGINE	☐	
RADIO OFF	☐	SUPERNUMERARY	☐	BANGLADESH.

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
185cm	82kg	110/70mm	78/min	14/min	Good

VISION:

	RIGHT EYE	LEFT EYE
WITHOUT GLASSES	6/6	6/6
WITH GLASSES		

DATE OF LAST COLOR VISION TEST (Month/Day/Year) 23 APR 2024 — Testing Required every 6 years

COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? YES ☐ NO ☐

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

HEARING RT. EAR N/D LEFT YEAR N/D

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 SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2. NO.

SIGNATURE OF APPLICANT	DATE OF EXAM	EXPIRY DATE
	23-Apr-2024	22 APR 2026

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: PARTHO CHANDA (NAME OF APPLICANT)

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY).

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR. MD. RAIHAN, MBBS (DU) DFM. CCD (BIRDEM) P.G.T. (OPHTH)

ADDRESS: RADICAL HOSPITALS LTD, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230.

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH, REG. NO.A-55144 (B.M.D.C)

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: 6-May-14

SIGNATURE OF PHYSICIAN: _____ DATE OF EXAMINATION: 23 APR 2024

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

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

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.

Radical Hospitals Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

(a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.

(b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.

(c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(d) An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.

(f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.

(h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count., B) Blood Sugar Estimation,

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

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

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

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

RLM-I05M ANNEX 2 23 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
09/01/2023

PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT	FIRST NAME	MIDDLE INITIAL
CHANDA	PARTHO	

DATE OF BIRTH	PLACE OF BIRTH		SEX
3 / 12 / 1991	NETROKONA	BANGLADESH	
MONTH / DAY / YEAR	CITY	COUNTRY	MALE ☑ FEMALE ☐

EXAMINATION FOR DUTY AS:

MASTER	☐	RATING	☐
MATE	☑	MOU DECK	☐
ENGINEER	☐	MOU ENGINE	☐
RADIO OFF	☐	SUPERNUMERARY	☐

MAILING ADDRESS OF APPLICANT:
VILL-HOGLA, PO-HOGLA
PS-PURBADHALA, DIST-NETROKONA
BANGLADESH.

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
168cm	52kg	110/70mm	78/min	14/min	Good

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

DATE OF LAST COLOR VISION TEST (Month/Day/Year) 23 APR 2024 Testing Required every 6 years

COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? YES ☑ NO ☐

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

HEARING
RT. EAR Normal LEFT YEAR Normal

HEAD AND NECK	HEART (CARDIOVASCULAR)
Normal	Normal
LUNGS	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?
Normal	Yes

EXTREMITIES:
UPPER Normal LOWER Normal

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2. No.

SIGNATURE OF APPLICANT	DATE OF EXAM	EXPIRY DATE
	23-Apr-2024	22 APR 2026

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(d) An applicant's blood pressure must fall within an average range, taking age into consideration.

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(g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.

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(To be completed by examining physician)

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

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

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

RI.M-I05M ANNEX-2

23 APR 2024

Radical Hospital Ltd. As Per-MLC-2008 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
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Radical Hospitals Limited

Medical information: (医療情報) * Please check the appropriate items.
該当する二欄にイ印を記入して下さい

1. ALLERGIES: (アレルギー) ☐ Urticaria (hives) (じんましん) ☐ Asthma (ぜんそく) ☐ Other (その他)
☐ Drug allergies (name): _____ (薬品名) ☐ Food allergies (name): _____ (食品名)

2. PAST HISTORY: (病歴)
(1) Past serious illness: (主な既往症) Age (年齢)

_____

(2) Surgery: (手術) When? _____

_____ (時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/有無)
Name of illness: (持病名)

_____

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一般薬品名)

_____

4. DAILY LIFE HABITS: (日常生活)
(1) Alcohol intake: (飲酒) ☐ Do not drink (飲まない) ☐ Drink 2-3 times a week (週に2～3回) ☐ Drink every evening (毎日)
☐ Heavy drinker (強い) ☐ Moderate drinker (中程度) ☐ Light drinker (弱い)

(2) Smoking: (喫煙) ☐ Never smoke (吸わない)
☐ Quit smoking in 19_____, (19_____年に禁煙)
☐ Smoke _____ cigarettes a day (1日平均 _____ 本吸う)

(3) Bowel movements. (便通) ☐ Regular (規則的) ☐ Irregular (不規則) ☐ Constipated (便秘)

(4) Dietary preferences: (食事の好み) ☐ Meat (肉類) ☐ Fish (魚類)
☐ Salty (塩辛い) ☐ Sweet (甘い) ☐ Oily (脂っこい)

(5) Exercise: (運動) ☐ Often (よくする) ☐ Sometimes (時々) ☐ Never (しない)

(6) Sleep: (睡眠) ☐ Sleep well (良く眠る) ☐ Have Sleeplessness (眠れない)
☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重) ☐ Constant (変わらず) ☐ Putting on weight (太ってきた)
☐ Losing weight (やせてきた)

23 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

Radical Hospital Ltd. As Per MLC 2008 DG Shipping Bangladesh Approved

5. FAMILY HISTORY : (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

☐ Heart disease (心臓病)	F	M	B	S
☐ Cancer / part (癌／部位) _____	F	M	B	S
☐ Diabetes (糖尿病)	F	M	B	S
☐ Hypertension (高血圧症)	F	M	B	S
☐ Cerebral Apoplexy (脳卒中)	F	M	B	S
☐ Liver disease (肝臓疾患)	F	M	B	S
☐ Other: Name of disease (病名) _____	F	M	B	S

Briefly enter any special comments to the Attending Physician in English.
(受診医師へ特に伝えたいこと、英語で簡潔に)

Date: 23 APR 2024 Signature: (署名) _____
(Card holder) (本人)

日本財団 The Nippon Foundation 補助

<PRIVATE>

秘

MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Nationality: BANGLADESH.
(所属会社) Tel: _____ Fax: _____ (国籍)

Name: PARTHOSHARADA Sex: (性別) M/F
(氏名) given name (名) family name (姓) (男／女)

Name of Position: 2ND OFF Date of Birth: 12-05-91
(職種) (生年月日) (D - M - Y)

Height: (身長) 188 cm Weight: (体重) 89 kg/at age 20: (20才時) _____ kg
Pulse: 78 /min Normal breathing rate: 24 /min Normal temperature: _____ C
(脈拍) (正常呼吸数／分) (平熱)

Blood pressure: 110/70 mmHg Blood type: B+ /Rh ( ) Single/Married
(血圧) (血液型) (独身／既婚)

Blood sugar: (血糖値) _____ mg/dl × 0.05625 = (_____ mmol/l)
Uric acid: (尿酸値) _____ mg/dl × 0.05914 = (_____ mmol/l)

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General Physician
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Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

HAQUE & SONS LTD

DECLARATION OF HEALTH BY CREW

NAME OF CREW : PARTHO CHANDA RANK : 2ND OFFICER

CDC NO : C/O/6665 DOB : 12-Mar-1991

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

		YES	NO
1	Have you ever had coronary thrombosis or certain types of heart surgery?		✓
2	Are you suffering from any heart-related cotnplications?		✓
3	Are you a diabetic ?		✓
4	If you are diabetic, do you need injectio.ns of insulin for diabetes?		✓
5	Have you ever had a stroke, or unexplained loss of consciousness?		✓
6	Have you ever been treated for a mental.or nervous problem?		✓
7	Are you an alcoholic, or have you had alcohol or drug addiction problems?		✓
8	Do you have any hearing difficulties or are you using any hearing aid?		✓
9	Have you ever suffered from any STD (Sexually Transmitted Disease)?		✓
10	Are you aware of any other health condition that could affect your fitness for seafaring employment *		✓

Ideclare that Iread above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowlede. true and complete. Ialso declare that Iam a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which Imay have concealed before joining vesse,l ?nd will bear all the expenses as may incur as a direct result of such concealment.

Date : 23 APR 2024

Signed :

The Crew Member

* If yes, mention details below:-

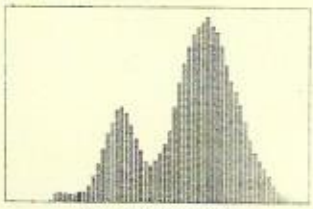
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

ID NO	**: 24040499**	**Date**	**: 23/04/2024**
Patient's Name	**: PARTHO CHANDA**	**Age**	**: 33Y 1M 11D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/6665**	**Sex**	**: Male**
Specimen	**: Blood**		

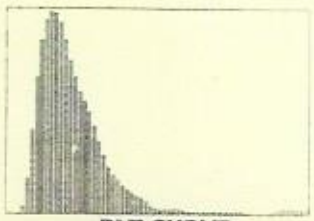
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

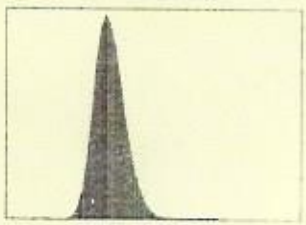
Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**15.2**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**05**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**6,300**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	60	%	(40 - 75)%	
Lymphocytes	30	%	(20-45)%	
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**252**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**339,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	9.9	fL	7.0 -11.0 fL	
PDW-CV	17	%	10 - 18 %	
PCT	0.34	%	0.10 - 0.28	
P-LCR	27.8	%	9.00 - 45.00%	
P-LCC	94	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**6.73**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	60.3	%	M: 40-54%, F: 37-47%	
MCV	89.6	fL	76-94 fL	
MCH	22.6	pg	27-32 pg	
MCHC	25.2	g/dL	29-34 g/dL	
RDW SD	48	fL	30.0-57.0 fL	
RDW CV	16.5	%	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	DIA24040499	Received Date	23/04/2024
Patient's Name	PARTHO CHANDA		
Patient's Age	33Y 1M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6665
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)	24.0 U/L	Up to 40 U/L
Serum AST (SGOT)	17.0 U/L	Up to 37 U/L
HbA1C	5.2 %	4.0- 6.0 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24040499	Received Date	23/04/2024
Patient's Name	PARTHO CHANDA		
Patient's Age	33Y 1M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6665
Sample	**BLOOD**		

SEROLOGICAL REPORT

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

BLOOD GROUPINGResult	
ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

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RADICAL HOSPITAL LIMITED

Bill No	DIA24040499	Received Date	23/04/2024
Patient's Name	PARTHO CHANDA		
Patient's Age	33Y 1M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6665
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.

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Bill No	DIA24040499	Received Date	23/04/2024
Patient's Name	PARTHO CHANDA		
Patient's Age	33Y 1M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6665
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.

ID: 24020579

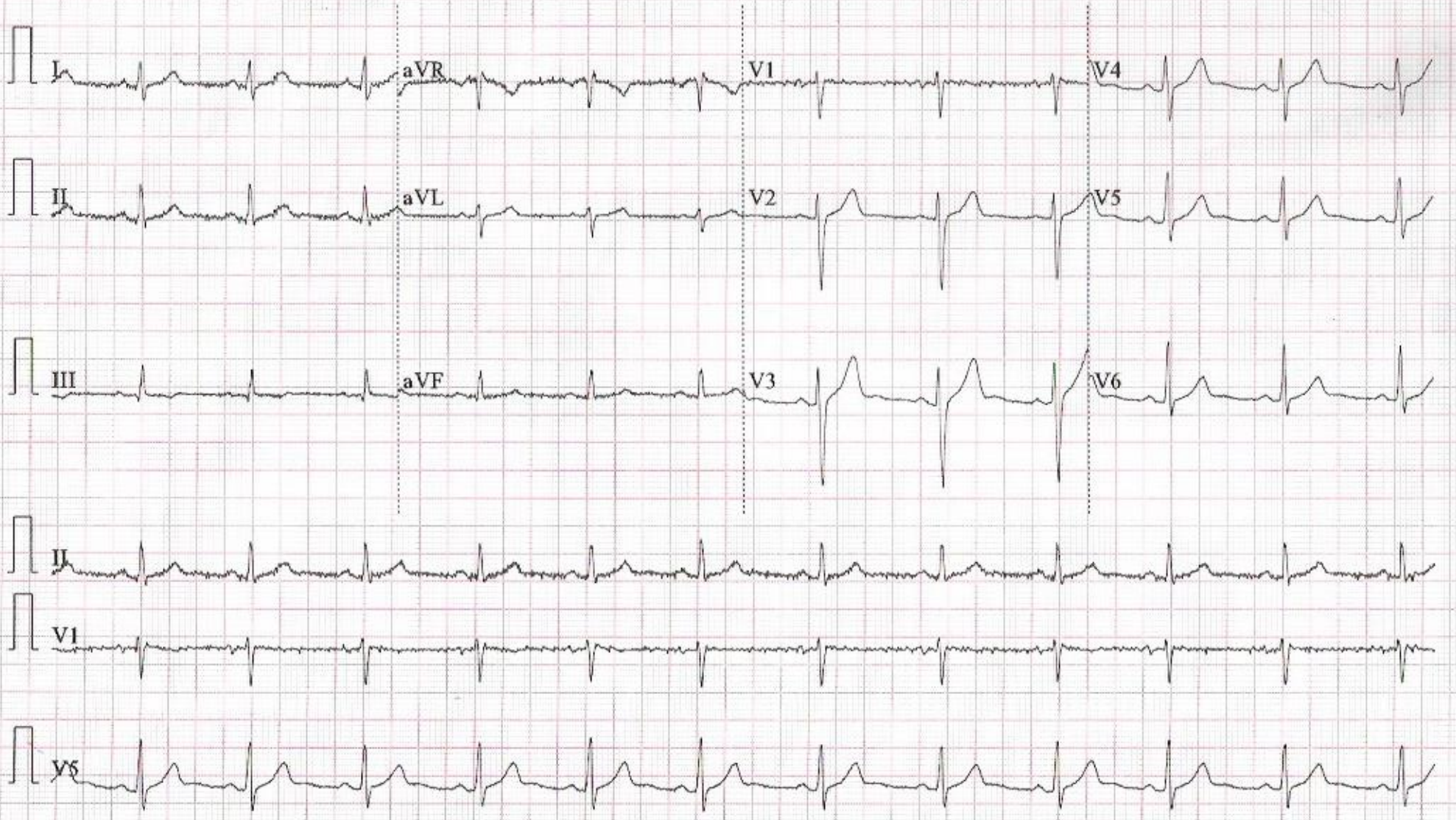
Male 33 Years

22-04-2024 19:21:08

HR	: 72	bpm	
P	: 106	ms	
PR	: 150	ms	
QRS	: 84	ms	
QT/QTc	: 368/403	ms	
P/QRS/T	: 39/67/30	°	
RV5/SV1	: 0.861/0.598	mV	

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥72 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

REF:	MV ONE INTELLIGENCE	DATE: 23/04/2024

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

EYE EXAMINATION REPORT

NAME:	PARTHO CHANDA	RANK: 2nd OFFICER	CDC NO: CO6665

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 24040499	Receive:23/04/2024	Print: 23/04/2024	
Patient's Name	: **PARTHO CHANDA**			
Age	: 33 YRS			
Refd. by	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		Sex	: M

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.

Pre-Joining Medical Report to be Completed by Company's M.O.

Date of Exam	Ship Assigned	B.P./ Pulse	Pathological investigations							Addl. Test	Special Conditions	Fit / ~~Unfit~~ & Remarks	Doctor's Sign.
			X-ray	ECG	Urine	Blood	LFT	Creatine	USG				
08 APR 2021	MV ONE HANOI	BP 120/80 mm Pulse 78/m	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL					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	
03 AUG 2022	MV. ONE HOUSTON	BP 120/80 mm Pulse 78/m	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL					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	
23 APR 2024	MV. ONE INTELLI DENCE	BP 110/70 mm Pulse 78/m	Normal	Normal	Normal	Normal	Normal					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	

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows } Date of birth 12.03.1991 Sex M

Partho Chanda - PARTHO CHANDA

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 10 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
2 08 APR 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
3 03 AUG 2022	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
4		4
5 23 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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
6		6
7		7
8		8

Continued overleaf Suite our erso

D.O.B.: 12 MARCH 1991

PPT No.:

Blood Group

Rh Factor

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows } Date of birth 12·03·1991 Sex M

PARTHO CHANDA

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
1 10 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.	YELLOW FEVER VACCINE L. NO DAKAR 226	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			3 4
4			

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.

D.O.B. : 12 MARCH 1991

PPT No. :

Blood Group

Rh Factor