



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.

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



Accredited By : BMDC
Accreditation No. A-11820

PATIENT CONTROL NUMBER
HS4719FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME SAHA	FIRST NAME AND SUBRATO	MIDDLE NAME KUMAR
PLACE AND DATE OF BIRTH BOGURA 1-Jul-1986	PASSPORT NUMBER B00065226	SEAMAN'S BOOK NUMBER C/O/4719
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER
PERMANENT HOME ADDRESS : VILL : SARIAKANDI, PO: SARIAKANDI, PS: SARIAKANDI, DIST. BOGURA		TRADING AREA : WORLD WIDE
CONTACT NUMBER : 01798595636 (SELF)		
RANK : MASTER		

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	☐	☒	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?	☒	☐
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If yes, please list the medications taken and the purpose(s) and dosage(s)

Tab. Thyronorm 75mg 1+0+0

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Md. Ayubur Rahman (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

[Signature]

Signature of Seafarer

MEDICAL EXAMINATION

Weight 65kg	Height (cm) 165	Blood Pressure: Systolic 120mm Diastolic 80mm	PULSE: 72b/min
Ear	Hearing by Audiometry	Audiometry	Hearing by Whisper Test
Right	☐ Adequate ☐ Inadequate	500 1000 2000 3000	☐ Adequate ☐ Inadequate
Left	☐ Adequate ☐ Inadequate		☐ Adequate ☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Right eye	Left eye	Right eye	Left eye		
Distant	6/6	6/6			☒	☐
Near					☒	☐

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

☒ Normal☐ Doubtful☐ Defective

Date of last colour vision test: Date (day/month/year)

14 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	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	MD	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	MD	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	URINE R/E		MD
DC(differential count)	MD	SGOT	OTHERS		
HAEMOGLOBIN (HGB)	14.2	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive
ESR (WESTERGREN)	65	Morphine	☐ Positive	☒ Negative	HIV / AIDS Test
WBC	8500	Amphetamine	☐ Positive	☒ Negative	VDRL
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☒ Negative	Blood Type
RANDOM	5.3	Barbiturates	☐ Positive	☒ Negative	Psychological Exam
HBA1C	5.17	Cocaine	☐ Positive	☒ Negative	Others(KUB Ultrasound)

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

Signature of Seafarer: _____ Name of Seafarer: SUBRATO KUMAR SAHA Date: 14 APR 2024

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	☐	☐
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: 14 APR 2024 Valid Until: 13 APR 2026

DR. MIR. MD. RAIHAN
MBBS (D), BSc, DCC (Medicine), FRC (Gen Med)

BMD A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

In Accordance with Medical Examination (DCC) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: SAHA		GIVEN NAME (S): SUBRATO KUMAR	
DATE OF BIRTH: DAY 1 MONTH 7 YEAR 1986		PLACE OF BIRTH CITY BOGURA COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: VILL : SARIAKANDI, PO: SARIAKANDI, PS: SARIAKANDI, DIST. BOGURA BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR
LEFT EYE	6/6	—	LEFT EAR

☒ BOOK
☒ LANTERN
 YELLOW ☒ RED ☒
 GREEN ☒ BLUE ☒

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 14 APR 2024

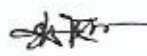
Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☒

I hereby declare that I am in knowledge of the contents of the Physical Examination.

 SUBRATO KUMAR SAHA 14 APR 2024
 Signature of Applicant Name of Applicant Date
 CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MD. AYUBUR RAHMAN. M.B.B.S; P.G.T. (MEDICINE)		
ADDRESS: SABA DIAGNOSTIC CENTER, TAHER CHAMBER(G/F), 10- AGRABAD C/A, CHATTOGRAM, BANGLADESH.		
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)		
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 23.02.1984		
SIGNATURE OF PHYSICIAN: 	STAMP OF PHYSICIAN: 	DATE: 14 APR 2024
EXPIRY DATE OF CERTIFICATE: 13 APR 2026		

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

DR. MIR. MD. RAIHAN
 MBBS (DU), DPM, CCD (Bldem), PGT (Ophth)
 BMDC A-85144, MMC-BGD-016
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 General Physician
 Radical Hospitals Limited.



HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME OF CREW : SUBRATO KUMAR SAHA RANK : MASTER

CDC NO : C/O/4719 DOB : 1/7/1986

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

- 1 Have you ever had coronary thrombosis or certain types of heart surgery?
- 2 Are you suffering from any heart related complications?
- 3 Are you a diabetic ?
- 4 If you are diabetic, do you need injections 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 *

YES	NO
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am 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 I may have concealed before joining vessel, I and will bear all the expenses as may incur as a direct result of such concealment.

Date : 14 APR 2024

Signed :

The Crew Member

* If yes, mention details below:-

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Medical Information: (医療情報) * Please check the appropriate items.

該当する二欄にノ記を記入して下さい。

1. ALLERGIES: (アレルギー)
☐ Urticaria (hives) (じんましん)
☐ Asthma (ぜんそく)
☐ Other (その他)

2. Drug allergies (name): (薬品名)
☐ Food allergies (name): (食品名)

3. PAST HISTORY: (病歴)

(1) Past serious illness: 三大既往症) Age (年齢)

Surgery: (手術)

When?

(時期) Age (年齢)

4. 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投薬品名)

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 (毎日) ☐ Moderate drinker (中程度) ☐ Light drinker (時々)

(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) _____ (本吸ふ)

(3) Bowel movements: (排便)
☐ Regular (規則的) ☐ Irregular (不規則的) ☐ Constipated (便秘)

(4) Dietary preferences: (食生活の好み)
☐ Salty (塩辛い) ☐ Meat (肉類) ☐ Fish (魚類)

☐ Often (よくする) ☐ Sometimes (時々) ☐ Never (しない)

(5) Sleep: (睡眠)
☐ Sleep well (よく眠る) ☐ Have Sleeplessness (寝れない)

☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(6) Weight: (体重)
☐ Constant (変わらない) ☐ Putting on weight (太ってきた)

☐ Losing weight (かまってきた)

14 APR 2024



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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 | D | 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.
(受診医師へ特記したいこと、英語で簡潔に)

Date: 14 APR 2024

Signature: (署名)

(Card holder) (本人)

MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Nationality: BANGLADESH
(所属会社) (国籍)
Tel: _____ Fax: _____
Name: SUBBATO KEMAL SUMRA (性別): MF
(氏名) (性名) (姓) family name (姓)
Name of Position: MANAGER Date of Birth: 09/06/1986
(職位) (生年月日) (D-M-Y)
Height: 165 cm Weight: 65 kg
(身長) (体重) (kg)
Pulse: 75 /min Normal breathing rate: 14 /min Normal temperature: C
(脈拍) (正常呼吸数/分) (正常体温) (華氏)
Blood pressure: 120/80 mmHg Blood type: O+ Single Married
(血圧) (血液型) (独身/結婚)
Blood sugar: (血糖値) _____ mg/dl $\times 0.05625 =$ _____ mmol/L
Uric acid: (尿酸値) _____ mg/dl $\times 0.05914 =$ _____ mmol/L


DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Bangal), PGT (Opthi)
BMDC A-55144, MMC-BGD-016
DG Shippng Bangladesh Approved
General Physician
Radical Hospitals Limited



ID NO : 24040269

Date : 14/04/2024

Patient's Name : SUBRATO KUMAR SAHA

Age : 37Y9M13D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/4719

Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	14.9	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	8,500	/cumm	4,000 - 11,000 /cumm	
<u>DIFFERENTIAL COUNT</u>				
Neutrophils	58	%	(40 - 75)%	
Lymphocytes	32	%	(20-45)%	
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	340	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	261,000	/cumm	1,50,000-4,50,000 /cumm	
MPV	11.3	fL	7.0 -11.0 fL	
PDW-CV	17.2	%	10 - 18 %	
PCT	0.3	%	0.10 - 0.28	
P-LCR	36.2	%	9.00 - 45.00%	
P-LCC	95	x10 ³ /uL	13 - 129 x10 ³ /uL	
RBC COUNT	5.28	m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	46.3	%	M: 40-54%, F: 37-47%	
MCV	87.6	fL	76-94 fL	
MCH	28.2	pg	27-32 pg	
MCHC	32.2	g/dL	29-34 g/dL	
RDW SD	48	fL	30.0-57.0 fL	
RDW CV	16.5	%	10-16%	

Checked By: 
Medical Technologist
Radical Hospital Ltd.
Uttara, Dhaka.


Dr. Sumaiya Khatun
MBBS,MD (Gold Medilist) (BSMMU)
Associate Professor
Dept. Of Microbiology
East West Medical College & Hospital.

Bill No	DIA24040269	Received Date	14/04/2024
Patient's Name	SUBRATO KUMAR SAHA		
Patient's Age	37Y 9M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4719
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)	0.57 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	26.0 U/L	Up to 40 U/L
Serum AST (SGOT)	24.0 U/L	Up to 37 U/L
HbA1C	5.1 %	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	DIA24040269	Received Date	14/04/2024
Patient's Name	SUBRATO KUMAR SAHA		
Patient's Age	37Y 9M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4719
Sample	BLOOD		

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	"O" (+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.

Bill No	DIA24040269	Received Date	14/04/2024
Patient's Name	SUBRATO KUMAR SAHA		
Patient's Age	37Y 9M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4719
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	1-2/HPF

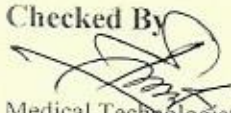
CHEMICAL EXAMINATION CASTS / LPF

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

ON REQUEST CRYSTALS & 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.



Bill No	DIA24040269	Received Date	14/04/2024
Patient's Name	SUBRATO KUMAR SAHA		
Patient's Age	37Y 9M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4719
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
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Drug Level of Urine

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



REF:		DATE: 14/04/2024
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M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	SUBRATO KUMAR SAHA	RANK: MASTER	CDC NO: C/O/4719
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VISUAL ACUITY: RIGHT LEFT

UNAIDED

6/6 6/6

AIDED

COLOUR VISION: NORMAL / ~~BLIND~~

OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID: 24020579

14-04-2024 11:15:05

Male 37 Years

Gibb 37 Years

HR : 72 bpm

P : 100 ms

PR : 132 ms

QRS : 84 ms

QT/QTc : 372/408 ms

P/QRS/T : 44/23/39 °

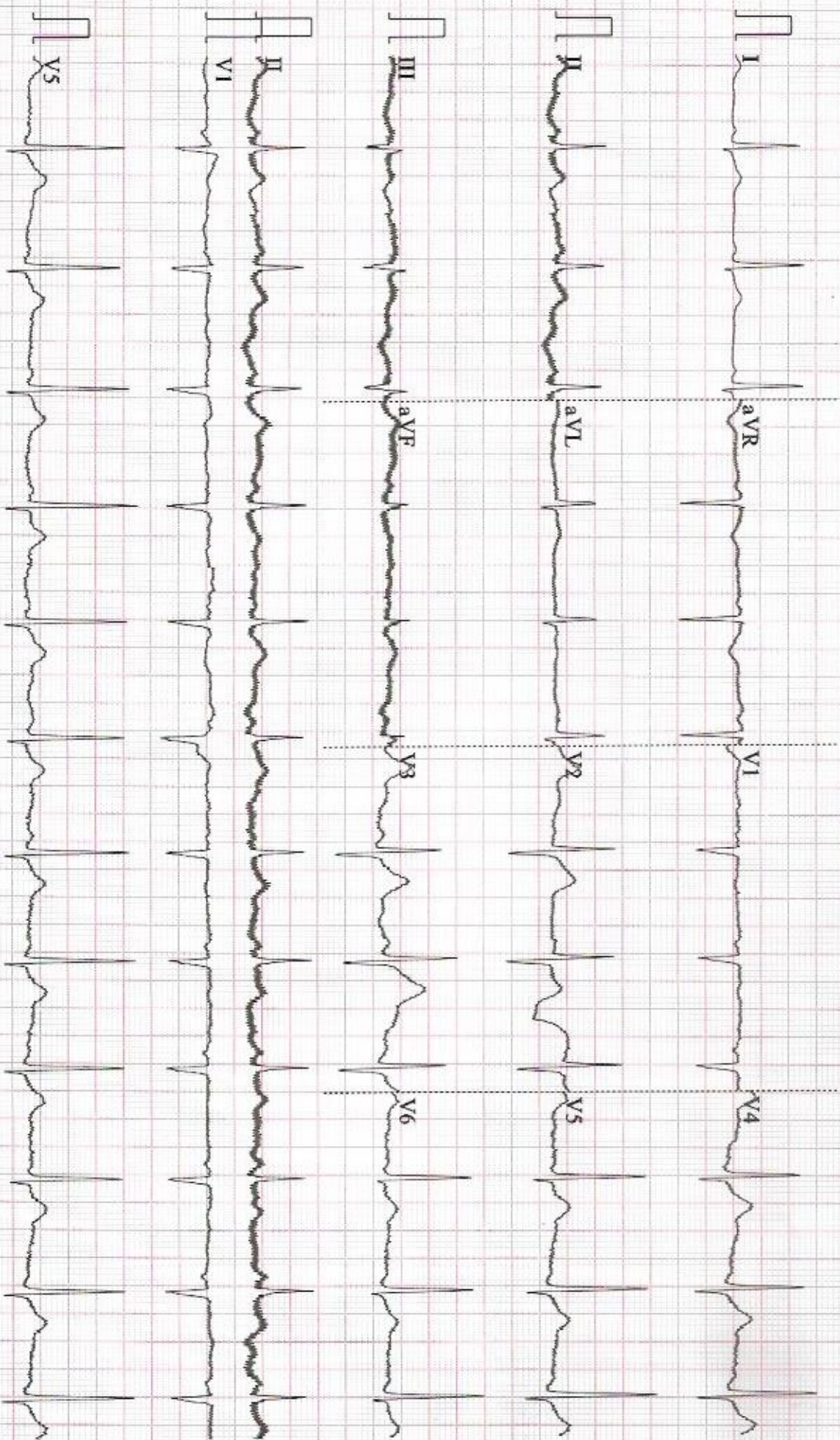
RV5/SV1 : 1.789/0.718 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040269 Receive: 14/04/2024 Print: 14/04/2024
Patient's Name : **SUBRATO KUMAR SAHA**
Age : 37 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological Investigations				
			X-ray	ECG	Urine	Blood	LFT
30 OCT 2023	Mr. ON E. KALSI	120/80 72 bpm	Normal	Normal	Normal	Normal	Normal
14 APR 2024	Mr. PEARL RIVER BRADLEY	120/80 72 bpm	Normal	Normal	Normal	Normal	Normal

4

Completed by Company's M.O.

Creatine	USG	Add. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
				DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Biren), PGT (Ceph) BMDC A-55144, MMIC-BGD-016 DG Shipping Bangladesh Approver General Physician Radical Hospitals Limited	
				DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Biren), PGT (Ceph) BMDC A-55144, MMIC-BGD-016 DG Shipping Bangladesh Approver General Physician Radical Hospitals Limited	

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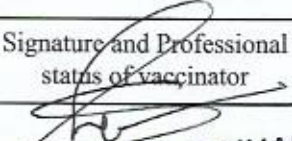
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

SUBRATO KUMAR SAHA

This is to certify that
whose signature follows

Date of birth 01 JULY 1986 Sex M

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
30 OCT 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	
14 APR 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	

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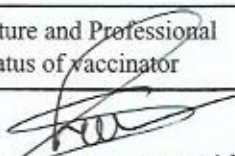
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

SUBRATO KUMAR SAHA

This is to certify that
whose signature follows

Date of birth 01 July 1986 Sex M

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
30 OCT 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
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.

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



Form No: SMC

SL NO 04.2024.6318

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 SAHA First SUBRATO KUMAR Middle
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 14 APR 2024
Occupation: Deck/Engine/Catering/Other (specify) DECK Rank: MASTER
Father's/ Husband's name: DINESWAR SAHA C.D.C No. C/014719
Mother's Name: MIRA SAHA Seaman ID No. 050002849
Address: House No: Street/ Road No: Passport No. B00065226
Locality/Village: SARIAKANDI NID No. 9570866526
P.O: SARIAKANDI Date of Birth: 01/07/1986
P.S: SARIAKANDI (DD/MM/YYYY)
District: BOGURA

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination YES/NO
- Hearing meets the standards in section A-I/9 YES/NO
- Unaided hearing satisfactory? YES/NO
- Visual acuity meets standards in section A-I/9? YES/NO
- Colour vision meets standards in section A-I/9? YES/NO
Date of last colour vision test : 14 APR 2024
- Fit for lookout duties? YES/NO
- 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 persons on board? YES/NO
- Any limitations or restrictions on fitness? YES/NO

If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category :

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY) 14 APR 2024

11. Date of expiry (DD/MM/YYYY) 13 APR 2026 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bldem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.
Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months 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 whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 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/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible 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/navigation 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 engineer 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 right 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 Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

14 APR 2024

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
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