



HAQUE & SONS LTD.



Accredited By : BMOC Accreditation No A55144

PATIENT CONTROL NUMBER.

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MEDICAL EXAMINATION CERTIFICATE

c: +880-2-333310530	PATIENT CONTROL NUMBER.
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2	High blood pressure		1		o you sm			D	18
3	Heart/vascular disease		P/		peration/s				3
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5	Varicose veins		3)		izziness/fa				1
6	Asthma/bronchitis	П	0/			nsciousness			
7	Blood disorder		11			problems			8,
8	Diabetes		d,	10.00	epression				Ø.
9	Thyroid problem		П,	3255-0 -05	ttempted				8
10	Digestive disorder		1	100000000000000000000000000000000000000	oss of me				d,
11	Kidney problem		n n	100000 550	alance pr				1
12	Skin problem				evere hea				1
13	Allergies		G/			hroat proble	ms		8
14	Infectious/contagious diseases	[]	P	0.00	estricted				
15	Hernia		8	32 B	ack proble	ems			N/
16	Genital disorders		4	V0.95V50 P5-3	mputation				ď,
17	Pregnancy		NBA	1 100000 DOG		dislocations			D/
- 13 	of the above questions were answer	ed 'yes', ple	ase ģi∛e det	ails.				YES	NO
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A COLOR				Date
	on, my clinical examination	on and the diagnos	stic test results reco	orded above, I declare the
for lookout dutie	kout duties	D	Not fit for look	cout duties
k service		service	Catering service	Other service
	ce Engine se	1		0
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claration for looke		i, my clinical examinatio	e Engine service	out duties

In Accordance with Medical Examination (Baptarots) Appropriate 1960 (Britain), PGT (Ophth)

1 DG Shipping Bangladesh Approved Revision Date: 24
General Physician
Radical Hospitals Limited.

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

			_	UBLIC OF	LIDERIA	Labor E Burra
AST NAME OF A	APPLICANT		FIRST NAME			MIDDLE INITIAL
IYDER			ZUBAIR			
DATE OF BIRTH			PLACE OF BIR			SEX
5	8	1965	RANGPUR		LADESH	
MONTH	DAY	YEAR	CITY	COUN		MALE FEMALE
EXAMINATION F	OR DUTY AS				ADDRESS OF APPLICA	
MASTER	Ш	RATING		FLAT B-4,	14/I NEW ESKATON	GAUS NAGAR, DHAKA
MATE		MOU DECK				
ENGINEER		MOU ENGINE	ā 🔲			
RADIO OFF		SUPERNUME	RARY	BANGLAD	ESH.	
MEDICAL EXA	MINATION	(SEE PAGE ?	2) STATE DETA	AILS ON PAGE 2		
HEIGHT	WEIGHT	BLOOD PE		PULSE /	RESPIRATION	GENERAL APPEARANCE
260m -	56 13.	130/80	mmy	70 min	19 9min	Con
VISION:	RIC	SHT EYE	LEFT I	EYE /		
WITHOUT GLAS:	SES		1			
WITH GLASSES	6	16	66	6		
DATE OF LAST O	COLOR VISIO	N TEST (Mont	h/Day/Year) _2	8 APR 2024	Testing Required	l every 6 years
COLOR VISION N	MEETS STAN	DARDS IN ST	CW CODE, TABI	.E A-1/9?	YES	NO 🗌
COLOR TEST TYPI	:: BOOK " LAN	TERN" CHECK	IF COLOR TEST I	S NORMAL	YELLOW R	GREEN BLUE
HEARING	RT. EAR	(W	LEFT	YEAR	WY)
HEAD AND NEC	K	ala	20001	HEART (CARDI	OVASCULAR)	Janana 1
LUNGS		7 401	VIVO	SPEECH (DECK	/NAVIGATIONAL OF	FICER AND RADIO OFFICER)
LONGS		No	nmel			MAL VOICE COMMUNICATION TO
EXTREMITIES:						- 1
		Nor	my		LOWER	Nonmy
UPPER		ROM ANY DIS	EASE LIKELY TO OF OTHER PERSO	O BE AGGRAVAT	TED BY, OR TO RENU	DER HIM UNFIT FOR SERVICE AT SE
IS APPLICANT S OR LIKELY TO F	ENDANGER T	HE HEALTH (NO , I	DETAILS OF MEDICAL
IS APPLICANT S	ENDANGER T	HE HEALTH (28 AP	140 , 11	
IS APPLICANT S OR LIKELY TO F EXAMINATION	ENDANGER T ON PAGE 2.				R 2024	2 7 APR 2025 EXPIRY DATE
IS APPLICANT S OR LIKELY TO F EXAMINATION SIGN.	ENDANGER TO ON PAGE 2. ATURE OF AR	PPLICANT		28 AP	R 2024	2 7 APR 2025 EXPIRY DATE
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S APPLICANT S OR LIKELY TO F EXAMINATION SIGN. THIS IS TO CERT (HE) (SHE) IS FO MOU ENGINE OF	ENDANGER TOON PAGE 2. ATURE OF AF THIS SIGNAT HEY THAT A DUND TO BE (PPLICANT URE SHOULE PHYSICAL E FIT F FIT) (NOT FIT ERARY)	D BE AFFIXED IN XAMINATION W FOR SULTY O D FOR DUTY AS	28 AP DATE OF E IN THE PRESENCE VAS GIVEN TO: UN BOARD SE	R 2024 XAM OF THE EXAMINING ZI TE, ENGINEER, RAD	2 7 APR 2025 EXPIRY DATE S PHYSICIAN. UBAIR HYDER PPLICANT)
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S APPLICANT S OR LIKELY TO F EXAMINATION SIGN. THIS IS TO CERT (HE) (SHE) IS FO MOU ENGINE OF NAME AND DI ADDRESS F	ENDANGER TOON PAGE 2. ATURE OF AFTHIS SIGNAT HEY THAT A DUND TO BE (SUPERNUMB EGREE OF P	PPLICANT URE SHOULT PHYSICAL E: FIT F FIT) (NOT FIT ERARY) PHYSICIAN SPITALS LIMIT	D BE AFFIXED IN XAMINATION W FOR BUTY O DFOR DUTY AS DR. MIR M ITED, 35, SHAH I	28 AP DATE OF E THE PRESENCE AS GIVEN TO: NO BOARD SE A: (MASTER, MA D. RAIHAN; M. MAKHDUM AVEN	R 2024 XAM OF THE EXAMINING ZI HIP (NAME OF AP TE, ENGINEER, RAD B.B.S.(D.U.), KUE, SECTOR-12, UTT	2 7 APR 2025 EXPIRY DATE B PHYSICIAN. UBAIR HYDER PLICANT) HO OFFICER, RATING, MOU DECK, TARA, DHAKA-1230, BANGLADESH.
SAPPLICANT S OR LIKELY TO F EXAMINATION SIGN. THIS IS TO CERT (HE) (SHE) IS FO MOU ENGINE OF NAME AND DI ADDRESS F	ENDANGER TOON PAGE 2. ATURE OF AF THIS SIGNAT TIFY THAT A DUND TO BE (SUPERNUMB EGREE OF P REDICAL HOS	PPLICANT URE SHOULE PHYSICAL E FIT) (NOT FIT ERARY) HYSICIAN SPITALS LIMI	D BE AFFIXED IN XAMINATION W OR SULTY OF THE TOTAL OF THE	28 AP DATE OF E THE PRESENCE AS GIVEN TO: NO BOARD SE A: (MASTER, MA D. RAIHAN; M. MAKHDUM AVEN	R 2024 XAM OF THE EXAMINING ZI HIP (NAME OF AP TE, ENGINEER, RAD B.B.S.(D.U.), KUE, SECTOR-12, UTT	2 7 APR 2025 EXPIRY DATE S PHYSICIAN. UBAIR HYDER PLICANT) NO OFFICER, RATING, MOU DECK,
SAPPLICANT S OR LIKELY TO F EXAMINATION SIGN. THIS IS TO CERT (HE) (SHE) IS FO MOU ENGINE OF NAME AND DI ADDRESS F NAME OF PHY	ENDANGER TOON PAGE 2. ATURE OF AF THIS SIGNAT TIFY THAT A DUND TO BE (SUPERNUMB EGREE OF P REDICAL HOS YSICIAN'S CL	PPLICANT URE SHOULE PHYSICAL E FIT) (NOT FIT ERARY) HYSICIAN SPITALS LIMI ERTIFICATIN	D BE AFFIXED IN XAMINATION W OR SULTY OF THE TOTAL OF THE	DATE OF E THE PRESENCE AS GIVEN TO: IN BOARD SE A: (MASTER, MA D. RAIHAN; M. MAKHDUM AVEN TY REGISTRATE 6-May-14	R 2024 XAM OF THE EXAMINING ZI HIP (NAME OF AP TE, ENGINEER, RAD B.B.S.(D.U.), KUE, SECTOR-12, UTT	2 7 APR 2025 EXPIRY DATE PHYSICIAN. UBAIR HYDER PLICANT) 10 OFFICER, RATING, MOU DECK, TARA, DHAKA-1230, BANGLADESH. B.M.D.C, DHAKA, BANGLADES

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 a

RLM-105M ANNEX 2DR. MIR. MD. RAIHAN 1

MB8S (DU), DFM, CCD (Birdem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipp.ng Bangladesh Approved

General Physician

Radical Hospitals Limited

Rev0 - 09/01/2023

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.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and (c) 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

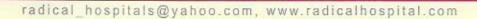
5. EYE EXAMINATION FOR V/A & C/V

HOSPILO

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PG1 (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp,ng Bangladesh Approved
General Physician
Radical Hospitals Limited

Rev0 - 09/01/2023

RLM-105M ANNEX 2 8 APR 2024





ID NO : 24040609

Patient's Name: ZUBAIR HYDER

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/1830

Specimen ; Blood

Ref. By

Date: 28/04/2024

Age : 58Y 11M 19

Sex : Male

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

HAEMATOLOGY REPORT

ZADROVICO:	ACCEPTANCE AND ADDRESS.		NAME AND POST OF THE PARTY OF T	
Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	13.0 05	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	6,400	/cumm	4,000 - 11,000 /cumm	
Neutrophils Lymphocytes Monocytes Eosinophils Basophil	56 29 09 06 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	384 195,000 12 16.8 0.24	/cumm /cumm fL %	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL 10 - 18 % 0.10 - 0.28	PLT CURVE
P-LCR P-LCC	39.6 77	% ×10^3/uL	9.00 - 45.00% 13 - 129 x10^3/uL	A
RBC COUNT HCT/PCV MCV MCH	4.33 41.6 96.1	m/ul % .fL pg	M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 fL 27-32 pg	RBC CURVE
MCHC RDW SD RDW CV	31.4 56 17.2	g/dL fL %	29-34 g/dL 30.0-57.0 fL 10-16%	

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24040609	Received [Date 28	8/04/2	024
Patient's Name	ZUBAIR HYDER			TIRE	
Patient's Age	58Y 11M 19	Pa	atient's Se	ex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR	DEM),PGT(Eye),DFM	CDC	NO	C/O/1830
Sample	BLOOD				

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	6.3 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.59 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	23.0 U/L	Up to 37 U/L
HbA1C	5.8 %	4.0-6.0 %

REMARKS (IF ANY)

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

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

DIA24040609	Received	Date	28/04/2	2024
ZUBAIR HYDER				
58Y 11M 19	P	atient's	Sex	Male
Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG7	(Eye),DFM	С	DC NO	C/O/1830
BLOOD				
	ZUBAIR HYDER 58Y 11M 19 Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	ZUBAIR HYDER 58Y 11M 19 P Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	ZUBAIR HYDER 58Y 11M 19 Patient's Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C	ZUBAIR HYDER 58Y 11M 19 Patient's Sex Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO

SEROLOGICAL REPORT

Test Name	Result
16St Name	result

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

Checked B.

Medical Technologist.

Radical Hospital td.

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24040609	Receive	d Date	28/04/2	2024
Patient's Name	ZUBAIR HYDER				
Patient's Age	58Y 11M 19		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	RDEM),PGT(Eye),DFN	1 0	DC NO	C/O/1830
Sample	URINE		100		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/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 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.





Bill No	DIA24040609	Received Date		28/04/2024	
Patient's Name	ZUBAIR HYDER	- 11			
Patient's Age	58Y 11M 19	Patient's Se		Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO		C/O/1830		
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. Sumalya 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. FERRUM AUSTRALIS

DATE: 28/04/2024

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

EYE EXAMINATION REPORT

NAME: ZUBAIR HYDER RANK: CH.ENG CDC NO: C/O/1830

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

NORMAL / BLIND

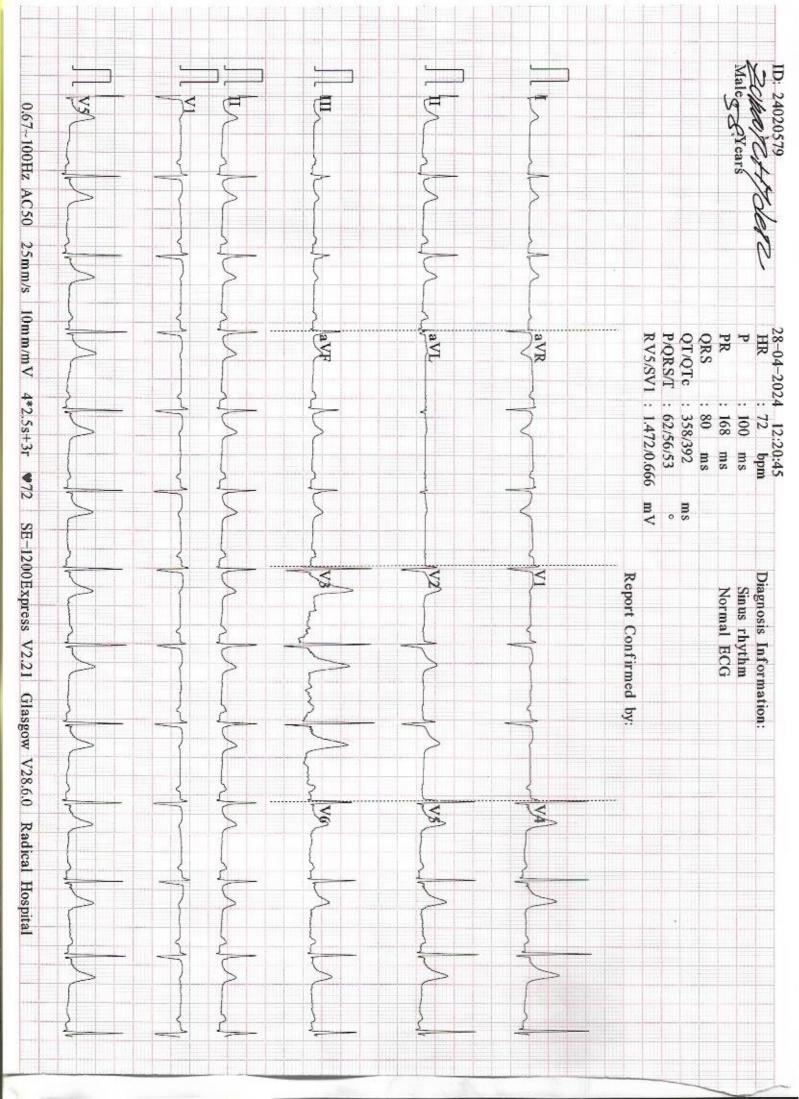
OPINION

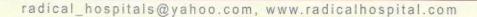
UNFIT / FIT FOR EMPLOYMENT ON BOARD

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

Assistant Registrar (EX)

East west Medical College & Hospital







DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040609 Receive:28/04/2024 Print: 28/04/2024

Patient's Name : ZUBAIR HYDER

Age : 58 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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows

Date of birth <u>08-05-1965</u> Sex <u>MALE</u>

parature follows J ZUBAIR HYDER (C/0/1830) has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1866	BMDC A-55144, MMC BCD-016 DG Shipping Bangladesh Approved	35, Sheh Makhdum Arevus Utlara, Dhaka	
FEB	DR. MHR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	SS, Shalt Makhdrum & Avenue Uttons, Disker.	
3	MD. RAIH,	AN SEFOR VACCINA	4
10 10	MDC A-55144, MMC-BGD- G Shipping Bangladesh Appro General Physician Godical Hospitals Limited.	16 (5 houses	To an area
SAR	DR, MIR. MD. RAIHAN MBBs (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved	35, Shah Makhdum	6
6	General Physician Radical Hospitals Limited	Wittera, Dheka	
7		7	8
8			

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows

Date of birth 08-05-1965 Sex MALE

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

Date	Signature and Professional status of vaecinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
BEE ST	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.	FEVER L NO PROPERTIES AND PROPERTIES	SANGLADES*
2	DE NEW MODERNIA		
3	A STATE OF THE STA	25.2	3 4
4	The same of the sa		

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.