REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS,(DU), DFM

RADICAL HOSPITAL LIMITED,
35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: ULLAH (Surname) MOHAMMED (First Name) TAYUB (Middle Initial) Sex: MALE Serial No:

Date of Birth: 04/12/1968 PP/CDC: C10/1770 Rank: MASTER

Vessel: GFS PRIDE Type: CONTAINER Route: WORLD WIDE

Home Address: FLAT-C1, HOUSE-11, ROAD-14, SECTOR-06 UTTARA, DHAKA, BANGLADESH

Company Name: GFS SHIP MANAGEMENT FZE, FZJA-B-1015, JAFZA ONE, DUBAI

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓	Allergy / Skin disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat problems		✓		✓	Addicition to alcohol / drugs / tobacco		✓		✓
Stomach / Bowel disorders		✓		✓	Fracture / Dislocation / Injury / Amputation		✓		✓
Gall stones / Kidney disorders		✓		✓	Major / Minor Operation		✓		✓
Jaundice / Liver Disease		✓		✓	Diabetes		✓		✓
Piles / Varicose veins		✓		✓	Nervous / Mental disease / Sleep disorder		✓		✓
Blood Disorder		✓		✓	Mallignant disease (Cancer)		✓		✓
Female Disorder		✓		✓	Signed off on medical grounds / Declared Unfit		✓		✓
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp cms	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
167cm	73kg	94-41	120/80 mmHg	78/min	19/min	Good

Distant Vision	Uncorrected	Corrected	Field of Vision
Right Eye		6/6	Normal
Left Eye		6/6	Abnormal

Colour Vision		Normal	Abnormal
	Ishihara		
	Other	Normal	Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Hearing	Right Ear	Left ear
	4	4

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS MASTER
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	15 gm%	14-16 gm %
Total WBC count	2900 cu.mm	4000-11000 / cu.mm
Neu 56 % Lymp 34 % Eos 04 Ba 00 % Mo 06 %		
Malarial parasite	Not Found	
ESR	06 mm / 1st hour	1- - 15 mm / hr
SGPT	WNL U/L	9--43 U / L
S.Cholesterol	mg/dl	145--260 mg / dl
S.Triglycerides	mg/dl	upto 200 mg /dl
Blood Sugar	RBS PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL		
Others		GGTP U/L
Blood Group		

Urine	
Colour	Sw
Specific Gravity	
pH	
Albumin	Nil
Sugar	Nil
Bile pigment	
Bile salts	
Occult blood	
RBC cells	Nil
Leucocytes	
Others	

Spirometry: WD

Drugs of Abuse: Negative

USG: Normal

ECG : Normal **TMT:** WD

X-Ray Chest:

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically Fit / Unfit / Temporarily unfit / Permanently unfit. Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR.MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 26 APR 2026

Candidate's Signature

Date: 27 APR 2024

Official Stamp

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

Doctor's signature:

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

04.2024.6432

ANNEX C

MPA
SINGAPORE

MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(*Last, first, middle*) ULLAH MOHAMMED TAYUB		Gender: Male/Female*
Date of Birth: (*Day/month/year*) 04-12-1968	Nationality: BANGLADESHI	Place of Birth: CHATTOGRAM

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	✓	
2	Hearing meets the standards in STCW Code Section A-I/9?	✓	
3	Unaided hearing satisfactory?	✓	
4	Visual acuity meets the standards in STCW Code Section A-I/9?	✓	
5	Colour vision meets the standards in STCW Code Section A-I/9?		
	Date of last colour vision test: 27 APR 2024	✓	
6	Fit for look-out duty?	✓	
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	✓	
8	No limitations or restrictions on fitness?		✓
	If "**no**" specify limitations or restrictions		
9	Date of examination: (*day/month/year*) 27 APR 2024		
10	Expiry of certificate: (*day/month/year*) 26 APR 2026 ** *Maximum two years from date of examination unless the seafarer is under the age of 18*		

27 APR 2024
Date

Signature of Authorised Medical Practitioner

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.

Medical Practitioner's Official stamp
(*name, licence number, address etc*)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

*delete as appropriate

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

SEAFARER MEDICAL CERTIFICATE – March 2020

04.2024.6432

ANNEX B

MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

MPA SINGAPORE

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(*Last, first, middle*) (BLOCK CAPITALS) ULLAH MOHAMMED TAYUB		Gender: Male/Female*
Date of Birth: day/month/year 04-12-1968	Place of Birth: CHATTOGRAM	Nationality: BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: A13718300	Dept: Deck / Engine / Catering / others Rank: MASTER	Type of ship: CONTAINER
Home Address: FLAT-C1, HOUSE-11, RD-14 SEC-06, UTTARA, DHAKA	Routine and emergency duties: WORLD WIDE	Trading area: e.g. coastal / worldwide

*For identity verification purpose

Seafarer's Declarations *(please tick)*

Have you ever had any of the following conditions?

	Yes	No		Yes	No
1. Eye/vision problem		✓	18. Sleep problem		✓
2. High blood pressure		✓	19. Do you smoke, use alcohol or drugs?		✓
3. Heart/vascular disease		✓	20. Operation/surgery		✓
4. Heart Surgery		✓	21. Epilesy/seizures		✓
5. Varicose veins/piles		✓	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(hearing, tinnitus/nose/throat problem		✓
14. Infectious / contagious diseases		✓	31. Restricted mobility		✓
15. Hernia		✓	32. Back or joint problem		✓
16. Genital disorder		✓	33. Amputation		✓
17. Pregnancy	N/A		34. Fracture/dislocations		✓

If you answer "yes" to any of the above questions, please provide details:

Radical Hospital Ltd. As Per MLC-2006 Seafarers Bangladesh Approved

Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		✓
36. Have you ever been hospitalized?		✓
37. Have you ever been declared unfit for sea duty?		✓
38. Has your medical certificate even 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 medication?		✓
42. Are you using any non-prescription or prescription medication?		✓

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

27 APR 2024

Date | Signature of Seafarer | Name and Signature of Witness

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.

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. DR. MD. RAIHAN.

27 APR 2024

Date | Signature of Seafarer | Name and Signature of Witness

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-2006 DG Shipping Bangladesh Approved

Part B – Result of medical examinations

Eyesight
Use of glasses or contact lenses

☐ No

☑ Yes Type ..... Purpose .....

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant			Distant	6/6	6/6
Near			Near	N5	N5

Visual fields

	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision *(please tick)*

☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	167 (cm)		Weight	73 (kg)	
Pulse rate	(per minute)	78	Rhythm		Regular
Blood Pressure Systolic	(mm Hg)	120	Diastolic	(mm Hg)	80
Urinalysis:	Glucose : Nil	Protein: Nil		Blood: Nil	

	Normal	Abnormal
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	

Medical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	N/A	
Heart	✓	
Skin	✓	
Varicose Vein	✓	
Vascular (inc. pedal pulse)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam)	✓	
G-U system	✓	
Upper and lower extremities	✓	
Spine (C/s, T/S, L/S)	✓	
Neurologic (full/brief)	✓	
Psychiatric	✓	
General appearance	✓	

Chest X-ray

☐ Not performed ☑ Performed on (day/month/year): 27 APR 2024

Results: Normal chest X-ray

Other diagnostic test(s) and result(s):

Test Blood tonine Results: normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea *(please tick)*

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

☑ Fit for look out duty ☐ Unfit for lookout duty

☑ Visual aid required ☐ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit	✓			
Unfit				

Radical Hospital Ltd. Dhaka Shipping Bangladesh Approved

☑ Without restrictions ☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

27 APR 2024

Date

Signature of Medical Practitioner

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.

Medical Practitioner's name, licence number, address

****

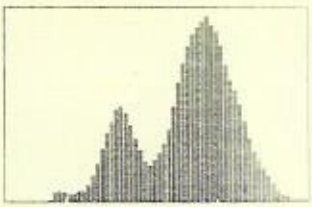
Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

ID NO	**: 24040587**	**Date**	**: 27/04/2024**
Patient's Name	**: MOHAMMED TAYUB ULLAH**	**Age**	**: 55Y 4M 23D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/1770**	**Sex**	**: Male**
Specimen	**: Blood**		

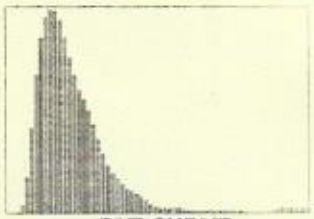
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

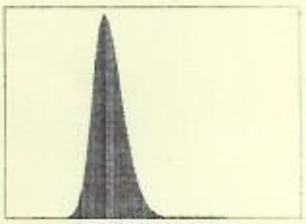
Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**15**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**06**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**8,900**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	56	%	(40 - 75)%	
Lymphocytes	34	%	(20-45)%	
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**356**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**315,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	9.9	fL	7.0 -11.0 fL	
PDW-CV	16.7	%	10 - 18 %	
PCT	0.31	%	0.10 - 0.28	
P-LCR	27.4	%	9.00 - 45.00%	
P-LCC	86	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**5.64**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	48.3	%	M: 40-54%, F: 37-47%	
MCV	85.7	fL	76-94 fL	
MCH	26.6	pg	27-32 pg	
MCHC	31.1	g/dL	29-34 g/dL	
RDW SD	50	fL	30.0-57.0 fL	
RDW CV	17.1	%	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.

Bill No	DIA24040587	Received Date	27/04/2024
Patient's Name	MOHAMMED TAYUB ULLAH		
Patient's Age	55Y 4M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/1770
Sample	BLOOD		

SEROLOGICAL REPORT

HBsAg (Method : (ICT)	Negative

Checked By

Medical Technologis
Radical Hospitals 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	DIA24040587	Received Date	27/04/2024
Patient's Name	MOHAMMED TAYUB ULLAH		
Patient's Age	55Y 4M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/1770
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	2-3/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.

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

Bill No	DIA24040587	Received Date	27/04/2024
Patient's Name	MOHAMMED TAYUB ULLAH		
Patient's Age	55Y 4M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/1770
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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA

MOHAMMED TAYUB ULLAH

This is to certify that
JE Soussigne' (e) certifie que

date of birth
no' (e) le 04.12.68

Sex
sexe MALE

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
1	27 APR 2024	ORAL CHOLERA "ORORAL" Valid Upto 2 yrs
2	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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the ev6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, tins certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;;gtte period do six mois jour de cette revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per l, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou l o. mission d' unc quclconquc des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE

MOHAMMED TAYUB ULLAH

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le: 04.12.68 | Sex / sexe: MALE

Whose signature follows / don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1 27 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	YELLOW FEVER VACCINE L. NO DAKAR 2205	CENTER FOR VACCINATION 93, Sheh Mukhdum Avenue Uttara, Dhaka BANGLADESH
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre Is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccinalion.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for die signature.

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

Ce certificate n' est avalable que si Ic vaccina employe" a c-' tc,' a approve" par l' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminslralion sanitaire du (erriloire dans Icqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte nent allectcr sa validite.

SSM

STEAMSHIP MUTUAL

ATTACH PHOTOGRAPH HERE

Pre-employment Medical Examination (PEME)

MEDICAL EXAMINATION RECORD

For aged 46 years and above

FAMILY NAME	GIVEN NAMES	GENDER	AGE	DATE OF BIRTH
ULLAH	MOHAMMED TAYUB	MALE		04-12-1968

PASSPORT NO.	POSITION APPLIED FOR	MANNING AGENT
A13718300	MASTER	RELIANCE SHIPPING

PRESENT MAILING ADDRESS	TEL. NO
FLAT-C1, HOUSE-11, ROAD-14, SECTOR-06 UTTARA, DHAKA, BANGLADESH.	

HEIGHT	WEIGHT	PULSE	BODY BUILD	CHEST:INSP	ins
167 m	73 lbs	78/min	SS / MS	CHEST:EXP	ins
ins	kgs	reg / irr	4341	ABD GIRTH	ins

VISUAL ACUITY	FAR VISION		NEAR VISION		COLOUR VISION	CLARITY OF SPEECH
UNCORRECTED	L	R	L	R		
CORRECTED	L 6/6	R 6/6	L	R		
DENTAL			CHEST X-RAY		PA / AP	X RAY NO.
UPPER	87654321-L12345678		NEGATIVE		BLOOD PRESSURE N.B. SHOULD NOT BE ABOVE 140/90	120/80 mm
LOWER	87654421-L12345678		POSITIVE			

FAMILY HISTORY	Present Age	Present state of health	Age at death	Cause of death
Father				
Mother				
Brother/s 1				
2				
3				
Sister/s 1				
2				
3				

MEDICAL HISTORY - Has applicant suffered from, or been told they have (or had) any of the following conditions:					
1. Asthma or wheezing	YES / NO	14. Rheumatic fever	YES / NO	27. Epilepsy	YES / NO
2. Bronchitis	YES / NO	15. High blood pressure	YES / NO	28. Depression	YES / NO
3. Pleurisy	YES / NO	16. Heart attack	YES / NO	29. Psychiatric problems	YES / NO
4. Tuberculosis	YES / NO	17. Chest pain	YES / NO	30. Muscular weakness	YES / NO
5. Pneumonia	YES / NO	18. Palpitations	YES / NO	31. Paralysis	YES / NO
6. Blood Disorder	YES / NO	19. Poor circulation	YES / NO	32. Stroke	YES / NO
7. Coughed up blood	YES / NO	20. Other infections of the	YES / NO	33. T.I.A.	YES / NO
8. Shortness of breath	YES / NO	the heart or circulatory		24. Tingling	YES / NO
10. Diabetes	YES / NO	system			
11. Sinus Trouble	YES / NO	21. Varicose veins	YES / NO		
12. Frequent colds	YES / NO	22. Swelling of feet	YES / NO		
13. Ear Infections	YES / NO	23. Thyroid problems	YES / NO		
14. Balance problems	YES / NO	24. Fainting attacks	YES / NO		
12. Nose bleeding	YES / NO	25. Migraine	YES / NO		
13. Hearing problems	YES / NO	26. Blackouts	YES / NO		

Radical Hospital Ltd. As Per-MLC-2003 DG Shipping Bangladesh Approved

STEAMSHIP MUTUAL

Pre-employment Medical Examination (PEME)

MEDICAL EXAMINATION RECORD (*continued*)

For aged 46 years and above

Additional questions	
35. Have you ever been signed off as sick or repatriated from a ship.	YES / NO
37. Have you ever been hospitalised.	YES / NO
38.Have you ever been declared unfit for sea duty.	YES / NO
39. Has your medical certificate ever been restricted or revoked?	YES / NO
40. Are you aware that you have any medical problems, diseases or illnesses?	YES / NO
41. Do you feel healthy and fit to perform the duties of your designated position/ occupation?	YES / NO
42. Are you allergic to any medications.	YES / NO

Comments:

FIT FOR DUTY ON BOARD SHIP

43. Are you taking any non-prescription medications or prescription medications?	YES / NO

If yes, please list the medications taken and the purpose(s) and dosage(s).

I hereby certify that the personal declaration above is a true statement to the best of my knowledge and any false statements will disqualify me from any employment benefits and claims.

Signature of examinee: .....

Date (day/month/year) 27 APR 2024

Witnessed by: .....

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

I hereby permit the undersigned physician to furnish such information the company may need pertaining to my health status and the personal medical findings and do hereby release them from any and all legal responsibility by doing so.

Signature of examinee: .....

Name of Employer: RELIANCE SHIPPING SERVICE

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

STEAMSHIP MUTUAL

Pre-employment Medical Examination (PEME)

MEDICAL EXAMINATION RECORD (*continued*)

For aged 46 years and above

SYSTEMIC EXAMINATION					
	NORMAL	FINDINGS		NORMAL	FINDINGS
1. Skin	YES / NO		11. Heart	YES / NO	
2. Head, neck, scalp	YES / NO		12. Abdomen	YES / NO	
3. Eyes - external	YES / NO		13. Back	YES / NO	
4. Pupils opthalmascopic	YES / NO		14. Anus - rectum	YES / NO	
5. Ears	YES / NO		15. G - U system	YES / NO	
6. Nose - sinuses	YES / NO		16. Inguinals, genitals	YES / NO	
7. Mouth - throat	YES / NO		17. Reflexes	YES / NO	
8. Neck, L N thyroid	YES / NO		18. Extremities	YES / NO	
9. Chest - breast - axilla	YES / NO		19. Dental (teeth)	YES / NO	
10. Lungs	YES / NO		20. Surgical Operations	YES / NO	

AUDIOGRAM		500	1000	2000	4000	6000	8000		
Right Ear	Khz	20	20	20					
	JB								
Left Ear	Khz	20	20	20					
	JB								

LUNG FUNCTION TESTS	
PEV 1	
PVC 1	
PEFR	

Standard Examination	
1. Chest X-Ray (14x17)	
2. Complete Blood count	
3. Routine Urinalysis	
4. Routine Faecanalysis	
5. Blood Typing	
6. Dental Examination	
7. Optical Examination	
8. Complete Medical History and Physical Examination	
9. Psychological Examination	

Additional Examination						
10. Lipid Analysis			13. Others			
Triglycerides			Fasting Blood Sugar			
Cholesterol			HIV 1 & HIV 2			
HDL			Audiometry			
LDL			Ishihara			
			Pulmonary Function Test			
11. Liver Analysis			VDRL Screening			
Total Bilirubin			ECG			
SGOT						
SGPT			14. Hepatitis A			
GGTP			Hepatitis B Antigen Test			
			Hepatitis C			
12. Kidney Function Test						
BUN			15. Stress ECG			
Creatinine			Cardiac Profile			
Total Protein						

It is recommended that the seafarer is given anti-malarial injections and instructions for the taking of appropriate medication throughout the term of the contract.