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: RAFI (Surname) RAFIUZZAMAN (First Name) Sex: MALE Serial No:

Date of Birth: 20 / 05 / 1998 PP/CDC: C10/10626 (Middle Initial) Rank: JUNIOR OFFICER

Vessel: OPAL LEADER Type: VEHICLES CARRIER Route: WORLD WISE

Home Address: PROFESSOR PARA, UTTAR SUJALPUR, PHULBARI, DINAJPUR

Company Name : WALLEM SHIP MANAGEMENT

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		/		/	Addiction 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	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
172cm	80kg	38 cm 40	100/70mmHg	78/min	18/min	Good

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Field of Vision: Normal / Abnormal

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

Colour Vision			
Ishihara		Normal	Abnormal
Other		Normal	Abnormal

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 _____
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	Urine	
Hemoglobin	15.3 gm%	14-16 gm %	Colour	STRAW
Total WBC count	7900 cu.mm	4000-11000 / cu.mm	Specific Gravity	N/
Neu 62 % Lymp 31 % Eos 03 Ba 00 % Mo 04 %			pH	7.
Malarial parasite	NOT FOUND		Albumin	N
ESR	07 mm/ 1st hour	1- - 15 mm / hr	Sugar	N
SGPT	26 U/L	9--43 U / L	Bile pigment	N
S.Cholesterol	154 mg/dl	145--260 mg / dl	Bile salts	N
S.Triglycendes	136 mg/dl	upto 200 mg /dl	Occult blood	N
Blood Sugar	RBS PPBS	upto 125 mg %	RBC cells	N
HbsAg	Negative		Leucocytes	N
HIV I & II	Negative		Others	
VDRL	Non Reactive			
Others		GGTP U/L	Spirometry:	Normal
Blood Group	B+ve		Drugs of Abuse:	Negative
ECG :	Normal	TMT: N/E	USG:	Normal
X-Ray Chest:	Normal			

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: 22 APR 2026

Candidate's Signature: Rafiuzzaman Official Stamp Doctor's signature:

Date: 23.04.2024

23 APR 2024

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

04.2024.6384

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.

Annex II - Medical Examination Form

CONFIDENTIAL FORM

Pre-sea Exam ☑ Periodic Exam ☐

Name (last, first, middle): RAFI RAFIUZZAMAN

Date of birth (day/month/year): 20 / 05 / 1998 Sex: ☑ male ☐ female

Nationality BANGLADESHI .

Home address: DINAJPUR Identity document No.: C10/10626 .

Type of ship (e.g. container, tanker, passenger, fishing): VEHICLES CARRIER

Trade area (e.g., coastal, tropical, worldwide): WORLD WISE.

Examinee's personal declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions:

	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem	☐	☑	18.	Sleeping 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	☐	☑

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14.	Infectious/contagious diseases	☐	31.	Restricted mobility	☑
15.	Hernia	☐	32.	Back problems	☑
16.	Genital disorders	☐	33.	Amputation	☑
17.	Pregnancy	N/A	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 hospitalized?	☐	☑
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 certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: Rafiuzzaman Date (day/month/year): 23 / APR / 2024

Witnessed by: *(Signature)* Name: *(Typed or printed)* 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 from any health professionals, health institutions and public authorities to Dr. _ (the approved medical practitioner carrying out the medical examinations).

Signature of examinee: Rafiuzzaman Date (day/month/year): 23 / APR / 2024

Witnessed by: *(Signature)* Name: *(Typed or printed)* DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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General Physician
Radical Hospitals Limited.

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Medical examination

☑ Pre-sea ☐ Periodic ☐ Other

Sight

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	✓			
Near	N5	N5	✓			

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Color vision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	20	20	20			
Left ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right ear	✓	
Left ear	✓	

Height: 172 (cm) Weight: 80 (kg)

Pulse rate: 78 (/minute) Rhythm: Regular

Blood pressure: Systolic: 100 (mm Hg) Diastolic: 70 (mm Hg)

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Urinalysis: Glucose: Nil Protein: Nil

	Normal	Abnormal		Normal	Abnormal
Head	☑	☐	Skin	☑	☐
Sinuses, nose, throat	☑	☐	Varicose veins	☑	☐
Mouth/teeth	☑	☐	Vascular (inc. pedal pulses)	☑	☐
Ears (general)	☑	☐	Abdomen and viscera	☑	☐
Tympanic membrane	☑	☐	Hernia	☑	☐
Eyes	☑	☐	Anus (not rectal exam.)	☑	☐
Opthalmoscopy	☑	☐	G-U system	☑	☐
Pupils	☑	☐	Upper and lower extremities	☑	☐
Eye movement	☑	☐	Spine (C/S, T/S and L/S)	☑	☐
Lungs and chest	☑	☐	Neurologic (full brief)	☑	☐
Breast examination	N/A	☐	Psychiatric	☑	☐
Heart	☑	☐	General appearance	☑	☐

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 23 APR 2024

Results: Normal

Contact: stcw@bahamasmaritime.com mlc@bahamasmaritime.com +44 20 7562 1300

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

Test B100 Urine *Result* Normal.

Medical practitioner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☑ Yes ☐ No

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 look-out duty ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☑	☐	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☑ With restrictions ☐

Describe restrictions (e.g., specific positions, type of ship, trade area)

Contact: stcw@bahamasmaritime.com
mlc@bahamasmaritime.com +44 20 7562 1300

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Action taken by medical examiner (e.g., referral): _____

Place of examination: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh

Date of examination (day/month/year): 23 APR 2024

Medical certificate's date of expiration (day/month/year): 22 APR 2026

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

Signature of medical practitioner: _____

Name of medical practitioner: *(Typed or printed)* 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.

Authorized by: . DG SHIPPING BANGLADESH

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Annex III: Draft Format of a Seafarer Medical Certificate

SEAFARER MEDICAL CERTIFICATE

(issued under the authority of authorising country details.)

*This Medical Certificate has been issued in accordance with the provisions of the(International Convention on Standards of Training, Certification and Watch-keeping for Seafarers STCW 1978, as amended (STCW) Regulation I/9, Maritime Labour Convention 2006 (MLC 2006) Regulation 1.2 and regulation xxx of the authorising country)*as applicable*

SEAFARER INFORMATION

Surname: RAFI	Given Name (s): RAFIUZZAMAN.	
Date of Birth (*dd/mm/yyyy*): 20/05/1998	Nationality: BANGLADESHI ID Document no: C/0110626.	Gender: MALE Male/Female
Capacity that the seafarer will serve onboard serve in: Deck: Engineer GMDSS Rating Catering Other		

DECLARATION OF APPROVED** MEDICAL PRACTITIONER

I confirm that identification documents were checked: YES / NO	
Does the seafarers hearing meet medical standards*?	YES / NO
Is unaided hearing satisfactory*?	YES / NO
Vision acuity meets medical standards*?	YES / NO
Colour vision meets standard*?	YES / NO
Date of last colour vision test? (*dd/mm/yyyy*)	23 APR 2024
Is the seafarer fit for lookout duties: YES/NO/Not applicable	
Is the seafarer free from any medical condition likely to be aggravated by service at sea or render the seafarer unfit for such service or to endanger the health of other persons on board? YES/NO	
Is the seafarer fit for service? YES/ NO	
Are there any limitations or restrictions on fitness? If so specify the limitation. NO.	

Radar Hospitals Ltd. As Per MLC-2006 Seafarers Bangladesh Approved

I hereby confirm that the medical examination has been carried out in accordance with the ILO/IMO *Guidelines on the Medical Examinations of Seafarers* and the national guidelines of the authorising Administration.

Name of Approved** 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

Signature of Approved** Medical Practitioner: _____

Date of Examination (*dd/mm/yyyy*) : 23 APR 2024

Stamp/Seal

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

Expiry date of certificate (*dd/mm/yyyy*): 22 APR 2026

SEAFARER ACKNOWLEDGEMENT

I *Name of seafarer* confirm that I have been informed of the content of certificate and the right to get a review***.

Signature: Rafiuzzaman

Date: (*dd/mm/yyyy*) 20.05.1998 .
23 APR 2024

** For persons who are assigned shipboard safety, security or environmental protection duties, the medical standards referenced on the certificate are the standards as specified in STCW Regulation I/9 and any other standards as specified by the authorizing Administration. For any other persons serving onboard, the medical standards shall be as specified by ILO and the authorizing Administration.*

*** The Medical Practitioner shall be approved by the national Administration, after inspection of medical facilities/recordkeeping, to carry out STCW/ILO medical examination.*

**** The review shall be carried out by a body/Medical Practitioner authorized by national Administration and this information should be made available to the seafarer*

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WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Form: OHF 48
Version: 01
Date: 18 Aug 21
Page: 1 of 7

Pre-Sea Exam: ☑ Periodic Exam: ☐ Other: ☐

Examination for duty as:

Master:	Y/N: ___
Deck Officer:	Y/N: Y
Eng Officer:	Y/N: ___
Ratings:	Y/N: ___
Cook:	Y/N: ___
Other:	Y/N: ___

Please specify _____

DR. MIR MD. RAHMAN RADICAL HOSPITALS LTD REG. NO. A-55144

Fit to perform the duties he/she is to carry out.	Fit to perform the duties he/she is to carry out with the prescribed medicines which will not affect seafarer's health while onboard.	Temporarily unfit to perform the duties he/she is to carry out.	Permanently unfit to perform the duties he/she is to carry out.
☑	☐	☐	☐

To be filled by Manning Centres

Name, Address with Contact details of Manning Centre:	**WALLEM MUMBAI** **Valecha Chambers, Floor 1, Plot B-6,** **Andheri New Link Road,** **Andheri West** **+91 22 4099 4000**

Vessel to be assigned:		**Routine & Emergency Duties (if known):**		**Position Offered/ Applied for:**	
Type of vessel (Container, Tanker, Passenger etc):					
Trade area (e.g. Coastal, Tropical, Worldwide):	**Cosastal** ☐	**Tropical** ☐	**WorldWide** ☑		

Part I - Examinee's Personal Declaration with Medical History
(Examinee is to be answer the following to the best of examinee's knowledge)

(Assistance should be offered by medical staff)

In case of any wrongful Act or misrepresentation/ suppression of material fact(s) of information or infringement the concerned seafarer shall be fully responsible/ liable for the consequences/ damages / penalties as per the provisions or the applicable laws.

Examinee's Personal Details

Name of Examinee (Family/ last, first, middle):	RAFI		RAFIUZZAMAN		
Home/ Permanent Address:	PROFESSOR PARA, UTTAR SUJALPUR, PHULBARI, DINAJPUR				
Mailing Address:	mdrafiuzzaman1997@gmail.com				
Date of birth (day/month/year):	20 / 05 / 1998		**Sex:**	M	
Place of Birth:	**City:** DINAJPUR **Country:** BANGLADESH	**Nationality:**	BANGLADESHI	**Rank:**	JUNIOR OFFICER
Civil Status:					
Identity Docs/ Passport /Discharge Book No:	C10110626.				

Examinee's Medical History

Is there any past / present history of any of the following	Examinee Declaration		Examiner's Record		Is there any past / present history of any of the following	Examinee Declaration		Examiner's Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory		✓		✓	Malignant Disease (Cancer) including Lymphoma, Leukaemia and blood conditions		✓		✓

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04.2024.6384

		✓		✓	Recurrence – especially Acute Complications, e.g. Harm to Self from Bleeding and to others from Seizures / Tumor		✓		✓
Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis		✓		✓	Stomach / Bowel Disorders/ Digestive Disorder		✓		✓
Ear (Hearing, tinnitus) Problems / Impairment		✓		✓	Gall Stones/ Jaundice / Kidney Disorders		✓		✓
Mental Diseases, Breakdown / Sleep Disorder		✓		✓	Severe/ Frequent/ One Sided Headaches (Migraine)		✓		✓
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility		✓		✓	Back / Joint Problems/ Wrist Problems/ Slipped Disc		✓		✓
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Balance Problem		✓		✓	Piles / Varicose Veins		✓		✓
Sinuses/ Nose/ Throat Problems		✓		✓	Allergies / Rash/ Skin Disease		✓		✓
Thyroid Problem		✓		✓	Female Disorders		✓		✓
High / Low Blood Pressure/ Blood Disorder		✓		✓	Major / Minor Operation/ Surgery		✓		✓
Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses)		✓		✓	Contagious Diseases/ Gastrointestinal infection / Other Infections		✓		✓
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/		✓		✓	Sexually Transmitted Disease/ Infections		✓		✓
Shortness of Breath		✓		✓	Addiction to Alcohol/Drugs/Cigarettes /Tobacco.		✓		✓
Rheumatic Fever		✓		✓	Diabetes		✓		✓

for Male Examinee	Yes	No	If "Yes", give details	for Female Examinee	Yes	No
Prostate Problems/ Testicular Lumps		✓		Breast Lumps/ Menstrual Problems		✓
Penile Discharge		✓		Pregnancy		✓
Multiple Partners		✓		Multiple Partners		✓

If "Yes", to any of the above, please explain:

Additional questions :	Yes	No
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		✓
Have you ever been hospitalized?		✓
Have you ever been declared unfit for sea duty?		✓
Has your medical certificate ever been restricted or revoked?		✓
Are you aware that you have any medical problems, diseases or illnesses?		✓
Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
Are you currently under a doctor's care/ medication?		✓
Are you allergic to any medications?		✓
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc), Chicken Pox		✓
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess)		✓
Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout		✓
In the last one week have you consumed any of these Drugs/ Medication		✓
Cough Syrup, Sleeping Tablets, Cold, Action 500 etc.		✓
Pain Killers, If Yes, Please State name of Drug Crocin/ Aspirin/ Sortwin etc.		✓
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.		✓
Any Medicine/ Injections from your family Doctor		✓

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To What Extent Do You Use: Alcohol: NO, Cigarettes: NO
Tobacco: NO, Drugs: NO

Are you taking any non-prescription or prescription medications?		✓

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

Date and contact details for previous medical examination (if known):

Are you coming from or have travelled through high risk areas? If yes, please mention the names of countries that you have been to (including ports of call in your last vessel).

Family History :	**Yes**	**No**
Diabetes		✓
Blood Pressure/ Heart Disease		✓
Mental Illness/ Epilepsy/ Seizure		✓
Cancer		✓

If "Yes", to any of the above, please explain:

Any other major conditions?

Would you say that your health is: **Excellent** * **Good** * **Fair** *

I holding Passport/Seaman Book no. hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives. I hereby also certify that the personal declaration above is a true statement to the best of my knowledge and 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 (the approved medical practitioner carrying out the medical examinations).

Signature of Examinee:	Rafiuzzaman	Date(day/month/year):	23 APR 2024

Height in cms: 172		**Weight in Kg:** 80	
BMI: 27.0		**Temperatures:** 98F	
Chest:	**Insp:** 88	**Exp;** 90	

Blood Pressure	**Systolic** 100 (mmHg)	**Diastolic** 70 (mmHg)	
Pulse Rate: 78/1 min **Rhythm:** Regular		**Respiratory rate** 19	
Oral Health	Good	**General Condition** Good	

Part II – Medical Examination

The Company has set the following BMI limits:
A seafarer with a BMI: 18 or below; or 30 or above is considered temporarily unfit.
For seafarers from Northern Europe, the Indian subcontinent, Russia, Ukraine & Romania with a BMI of between 30 and 35 and where this, in the Government (DGS) approved medical examiner's opinion, is attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia etc), then the seafarer in question MUST undergo a stress/ treadmill test.

If the results of the stress/ treadmill test are average or above, seafarer can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways/means to improve their health.
BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular

Visual fields		
	Normal	Defective
Right eye		

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WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

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(Confidential Document)

Distant	6/6	6/6	✓			
Near	N5	N5	✓			

Left eye	✓	✓

Are glasses or contact lenses necessary to meet the required vision standard? Yes / No

If yes, specify which type and for what purpose:

Colour vision:

Date of last colour vision test:		Type: Book *		Lantern *		Ishihara *		CIE-43-2001 *
Check if colour test is Normal:	Yellow	*	Red	*	Green	*	Blue	*
Colour Vision:	Not tested	*	Normal	*	Doubtful	*	Defective	*

Hearing:

Pure tone and audio metry (threshold values in dB)						
Audiometry	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	20	20	20			
Left ear	20	20	20			

Speech and Whisper Test (Meters)		
	Normal	Whisper
Right ear	✓	✓
Left ear	✓	✓

Speech (Deck/Navigational Officer): Is speech unimpaired for normal voice communication?

	Normal	Abnormal		Normal	Abnormal
Head	✓		Varicose Veins	✓	
Eyes	✓		Vascular (Inc. Pedal Pulses)	✓	
Eye Movement/Pupils	✓		Abdomen and Viscera	✓	
Ophthalmoscopy	✓		Hernia	✓	
Ears, Tympanic Membrane	✓		Anus (Not Rectal Exam.)	✓	
Sinuses, Nose, Throat	✓		G-U System	✓	
Mouth/Teeth/Gums	✓		Upper & Lower Extremities	✓	
Nervous System	✓		Spine (C/S, T/S and L/S)	✓	
Heart	✓		Neurologic (Full Brief)	✓	
Lung and Chest	✓		Psychiatric	✓	
Breast Examination	N/A		Pupils	✓	
Skin			Musculoskeletal System		

Cardiovascular System:

	Normal	Abnormal		Normal	Abnormal
Ischaemic Heart Disease	✓		Hypertension	✓	
Dysrhythmia/ Pacemaker	✓		Congenital Heart Disease	✓	
Valvular Heart Disease	✓		Peripheral Circulation	✓	
Cardiomyopathy	✓		Pulmonary Circulation/ TB	✓	
Aneurysms	✓				

Chest X-ray (PA)	Not performed *		Normal	✓	Abnormal
	Performed * on (day/month/year):	23 APR 2024			
Result :	Normal				

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

Test:	Blood + Urine	Result:	Normal

Investigation:

Blood	Result	Normal	Urine	Result
Haemoglobin "Hb"	15.3 g/dl	13 – 18 gm/ dl	Colour	nil
Total WBC count	7700	4,000 - 11,000 / cu.mm	Specific Gravity	nil

Additional Tests	Result	Normal
(HbA1c)	5.0	4.0 % - 6.5 %
RBS/ FBS (Blood test	5.2	

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

WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Neu 62 %, Lymp 31 %, Eos 03 %, Bos 0 %, Mo 04 %

Blood Group & Rh factor (tested only once, need not be repeated)		
BI ESR	07	1 - 15 mm / hr
Platelets	313000	1.50-4.00 Lakh/ul
Fasting Lipid Profile		
S. Triglycerides	154	25-200 mg/dl
Cholesterol Serum	136	130-220 mg/dl
HDL Cholesterol Serum	44	35-65 mg/dl
LDL Cholesterol Serum	82	85-150 mg/dl
VLDL Cholesterol Serum	NAD	07-35 mg/ dl
Total / HDL Cholesterol	NAD	3.0-5.0
LDL/ HDL Cholesterol	NAD	2.5-3.5

Hepatitis B	Positive	Negative
Hepatitis C	Positive	Negative

pH	Nil
Albumin	Nil
Sugar	Nil
Bile Pigment	Nil
Bile Salt	Nil
Occult Blood	Nil
RBC Cells	Nil
Leucocytes	Nil
Stool Test	**Result**
Bacterological	Nil
Parasitical	4
Others	4

HIV I &II	Negative
VDRL	Non Reactive

Total Bilirubin	0.57	0.1 - 1.0 mg/dl
Direct Bilirubin	NAD	0.0 - 2.5 mg/dl
Indirect Bilirubin	NAD	0.0 - 0.75 mg/dl
SGPT	26	9 - 43 U / L
SGOT	19	0 - 40 IU/L
SGGT	38	0 - 49 IU/L
Blood Urea	NAD	10 - 50 mg/dl
S. Creatinine	0.89	0.8 - 1.4 mg/dl
BUN	18	5-23mg/dl
PSA	NAD	Less than 4.00 ng/ml
Malarial Parasite	Not Found	
Uric Acid	4.7	2.4 - 7.5 mg/dl

Drugs: Method:
Results:

Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids Urine *	Cocaine / Urine *	Opiates & Morphine *
Cut Off Limit	**(1000 ng/ ml)**	**(200 ng/ ml)**	**50 ng/ ml**	**(300 ng/ ml)**	
Not Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids / Urine *	Cocaine / Urine *	Opiates & Morphine *

Spirometry	Normal	TMT	N/E	Drugs of Abuse	Negative
ECG	Normal	ECHO	Normal	Ultrasound (USG) of the Abdomen & Pelvis	Normal

Part III - Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements? Yes / No

Vaccination status recorded: Yes / No Satisfactory * to be renewed *
Details:

Describe restrictions (e.g. specific positions, type of ship, trade area):

Action taken by medical examiner (e.g. referral):

Examination	Results of the examination		Examination	Results of the examination	
	Pass	Fail		Pass	Fail
Medical History	✓		Psychoanalysis (food service/ handlers on)	✓	

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

WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Physical Examination	✓		Hep B Antigen	✓	
Dental Examination	✓		Hep C Antibodies	✓	
Psychological Test	✓		Stress Test	✓	
Visual Test	✓		Diabetes	✓	
Colour Vision	✓		Ultrasound Examination (Presence of gall & Kidney Stones)	✓	
Audiometry	✓		Alcohol/ Drug Test	✓	
EKG	✓		2D echo Doppler study (for heart patient) Psychometric evaluation	✓	

If failed in any above mentioned examinations and examinations report attached to this form, please provide reasons with examination number:

This examinee is certified free of communicable disease (or viruses for cooks) : Yes / No

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12- Guidelines on the Medical Examinations of Seafarers and also Merchant Shipping (Medical Examination) Rules by the Government (DGS), as amended from time to time. On the basis of the examinee's history, personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is –

(a) that the hearing meets the required standards for his / her rank and detect any audible alarms/ Unaided hearing is satisfactory

(b) Visual acuity meets the required standards for his/her rank /Colour Vision meets the required standard (testing only required every 6 years unless considered necessary)/ that he / she if fit / unfit for look out duty

(c) that he / she needs / does not need visual aids / informed to carry spares

(d) that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure onboard vessel that he/she is/is not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties onboard?

(e) that the seafarer is not suffering from any disease, medical condition, disorder or impairment which renders him/her that will prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or likely to endanger the health of other persons onboard ships.

	Deck service	Engine service	Catering service	Other services (training/ examination)
Fit:	✓ *	*	*	*
Unfit:	*	*	*	*

this seafarer is **UNFIT FOR DUTY**/ FIT FOR DUTY with/ without restrictions* as mentioned below,**

* This Medical Certificate is issued with following restrictions (e.g., specific position, type of ship, trade area & other as applicable) :

** Reasons for being unfit FIT FOR DUTY ON BOARD SHIP

This is to certify RAFIUZZAMAN RAFI was physically examined and he/she is found to be FIT for sea service/ look-out duty for the period from _____ To _____ Place of medical examination RADICAL HOSPITAL LIMITED, UTTARA, DHAKA Date of medical examination: 23 APR 2024
Medical certificate validity date (day/month/year): 22 APR 2026 Name of Examiner DR. MIR MD. RAIHAN
(Validity should not be more than 2 years)
Degree: MBBS,(DU). DFM Address: 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230 Tel./Fax/Email: DRRAIHAN@GMAIL.COM Name of Medical Examiner/ Physician
Certificate /License Issuing Authority:DG SHIPPING BANGLADESH Date of issue of Medical Examiner/Physician
Certificate/ License: 06-MAY-2014 Registration No.: A-55144

Rafiuzzaman
Examinee's Signature

(This signature is affixed in the presence of the Medical Examiner (print name of medical examiner if not legible) and I acknowledge, I have been advised of the content of the medical certificate & of the

Radical Hospitals Limited As Per MLC 2006 DG Shipping Bangladesh Approved

Official Stamp & Signature with Govt. (DGS) Approval/ No. of Medical Examiner

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.

right to a review in accordance with paragraph (6) of section A-I/9 of STCW Code and my obligations.)

Date: 23 APR 2024

Original: Master & Crewing Dept
cc: Seafarer
Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.

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

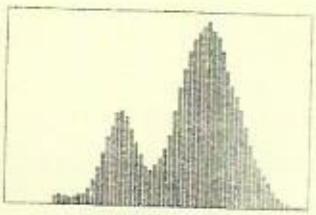
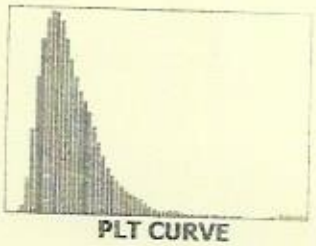
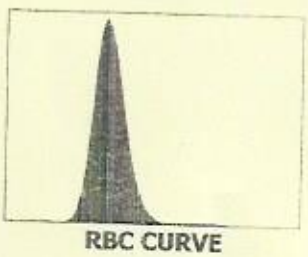
radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

ID NO	: 24040494		
Patient's Name	: RAFIUZZAMAN RAFI	**Date**	: 23/04/2024
Ref. By	: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/10626	**Age**	: 25Y 11M 3D
Specimen	: Blood	**Sex**	: Male

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

HAEMATOLOGY REPORT

Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**15.3**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**07**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**7,700**	**/cumm**	4,000 - 11,000 /cumm	 WBC CURVE
DIFFERENTIAL COUNT				
Neutrophils	62	%	(40 - 75)%	
Lymphocytes	31	%	(20-45)%	
Monocytes	04	%	(2-10)%	
Eosinophils	03	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**231**	**/cumm**	40 - 450 /cumm	 PLT CURVE
TOTAL PLATELET COUNT(PC)	**313,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	9.4	fL	7.0 -11.0 fL	
PDW-CV	16.8	%	10 - 18 %	
PCT	0.29	%	0.10 - 0.28	
P-LCR	25.2	%	9.00 - 45.00%	
P-LCC	79	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**5.86**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	 RBC CURVE
HCT/PCV	50.0	%	M: 40-54%, F: 37-47%	
MCV	85.4	fL	76-94 fL	
MCH	26.2	pg	27-32 pg	
MCHC	30.7	g/dL	29-34 g/dL	
RDW SD	48	fL	30.0-57.0 fL	
RDW CV	16.9	%	10-16%	

Checked By.....
Medical Technologist.
Redical Hospital Ltd.
Uttara,Dhaka.

Dr. S.M.Shariar Rizvi
MBBS,MD(BSMMU)
Consultant
Dept.Of Microbiology
Redical Hospital Ltd.

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

Bill No	DIA24040494	Received Date	23/04/2024
Patient's Name	RAFIUZZAMAN RAFI		
Patient's Age	25Y 11M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10626
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.2 mmol/L	4.2 – 6.4 mmol/L
Serum Creatinine	0.89 mg/dl	0.3 - 1.3 mg/dl
Serum (BUN)	18 mg/dl	7- 23 mg/dl
Uric Acid	4.7 mg/dl	3.8 - 8.0 mg/dl
GGT	38 U/L	Adult Male : <55
Total Protein	6.5 g/dl	6.3-7.9 g/dl
Serum Bilirubin (Total)	0.51 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	26.0 U/L	Up to 40 U/L
Serum AST (SGOT)	19.0 U/L	Up to 37 U/L
HbA1C	5.0 %	4.0- 6.0 %

REMARKS (IF ANY)

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

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	DIA24040494	Received Date	23/04/2024
Patient's Name	RAFIUZZAMAN RAFI		
Patient's Age	25Y 11M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10626
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Lipid profile		
Serum Cholesterol	154 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	44 mg/dl	>35 mg/dl
Serum Triglyceride	136 mg/dl	upto 220 mg/dl
Serum LDL- Cholesterol	82 mg/dl	<130 mg/dl

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	DIA24040494	Received Date	23/04/2024
Patient's Name	RAFIUZZAMAN RAFI		
Patient's Age	25Y 11M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10626
Sample	**BLOOD**		

SEROLOGICAL REPORT

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

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

Checked By

Medical Technologist,
Radical Hospital Ltd.

Dr. Sumaiya Khatun
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Associate Professor
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Bill No	DIA24040494	Received Date	23/04/2024
Patient's Name	RAFIUZZAMAN RAFI		
Patient's Age	25Y 11M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10626
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
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Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

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Bill No	DIA24040494	Received Date	23/04/2024
Patient's Name	RAFIUZZAMAN RAFI		
Patient's Age	25Y 11M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10626
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
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Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

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RADICAL HOSPITAL LIMITED

AUDIOLOGICAL REPORT

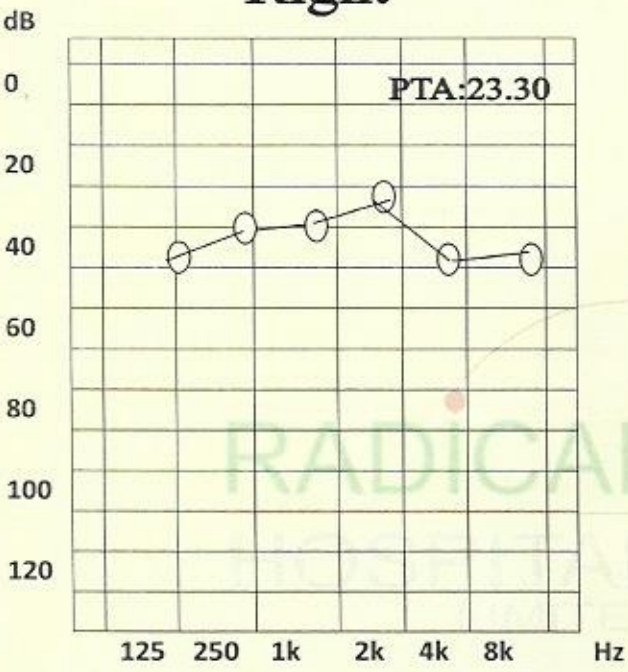
Patient Name : **RAFIUZZAMAN RAFI** 23/04/2024

Age : **26 Yrs**

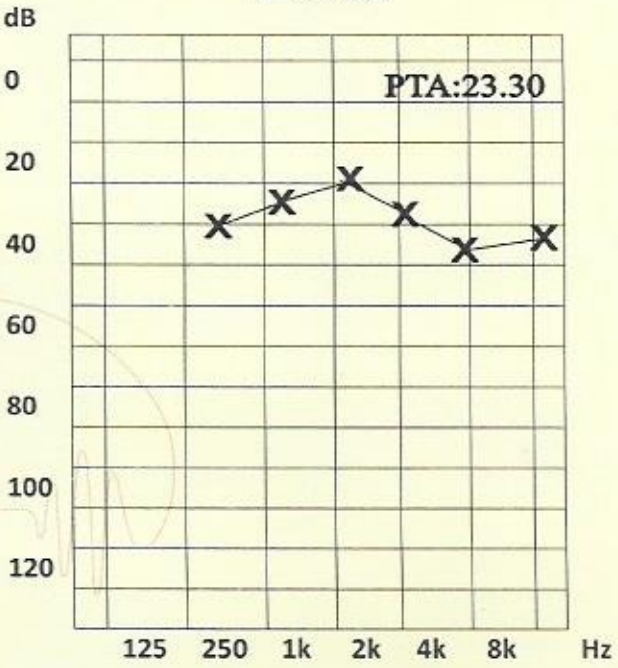
Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM

Right



Left



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking	O	X
Bone Unmasking		
	Right Ear	**Left Ear**
Air Masking	O	X
Bone Masking	Δ	Δ

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Patient's Name	:	**RAFIUZZAMAN RAFI**	ID NO	:	24040494
Age	:	**26 Yrs**	Date	:	23/04/2024
Sex	:	Male			
Referred by	:	**Dr. Mir Md. Raihan MBBS,(DU), DFM**			
Nature of Specimen	:				

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC	= 6
FEV	= 5
FEV/FVC	= 80%

Comments: Normal Lung Function

Dr. Mir Md. Raihan
MBBS (DU) CCD(Birdem),PGT (opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Date: 23/04/2024

EYE EXAMINATION REPORT

NAME:	**RAFIUZZAMAN RAFI**		
AGE:	**26 YRS**	**RANK: JR. OFF**	**CDC NO:C/O/10626**

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24040494	Receive: Print: 23/04/2024		
Patient's Name	:	**RAFIUZZAMAN RAFI**			
Age	:	26 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	74 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

Patient ID	24040494	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	23/04/2024
Patient Name	RAFIUZZAMAN RAFI		
Age	26 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is mildly enlarged in size 14.2 cm, regular in shape and normal position. The echogenicity of The parenchyma is increased . Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER : Normal in size & regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

PANCREASE :- Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN :- Is normal in size (10.3 x 3.5)cm and uniform in echo-texture.

BOTH KIDNEYS : Are normal in size RK-10.3cm, LK- 11.4cm regular in shape. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

URINARY BLADDER : Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Is normal in size volume is 19.2 cc ,regular in shape. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Fatty change in liver .Grade-1

23.4.24

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training on TVS
Consultant Sonologist

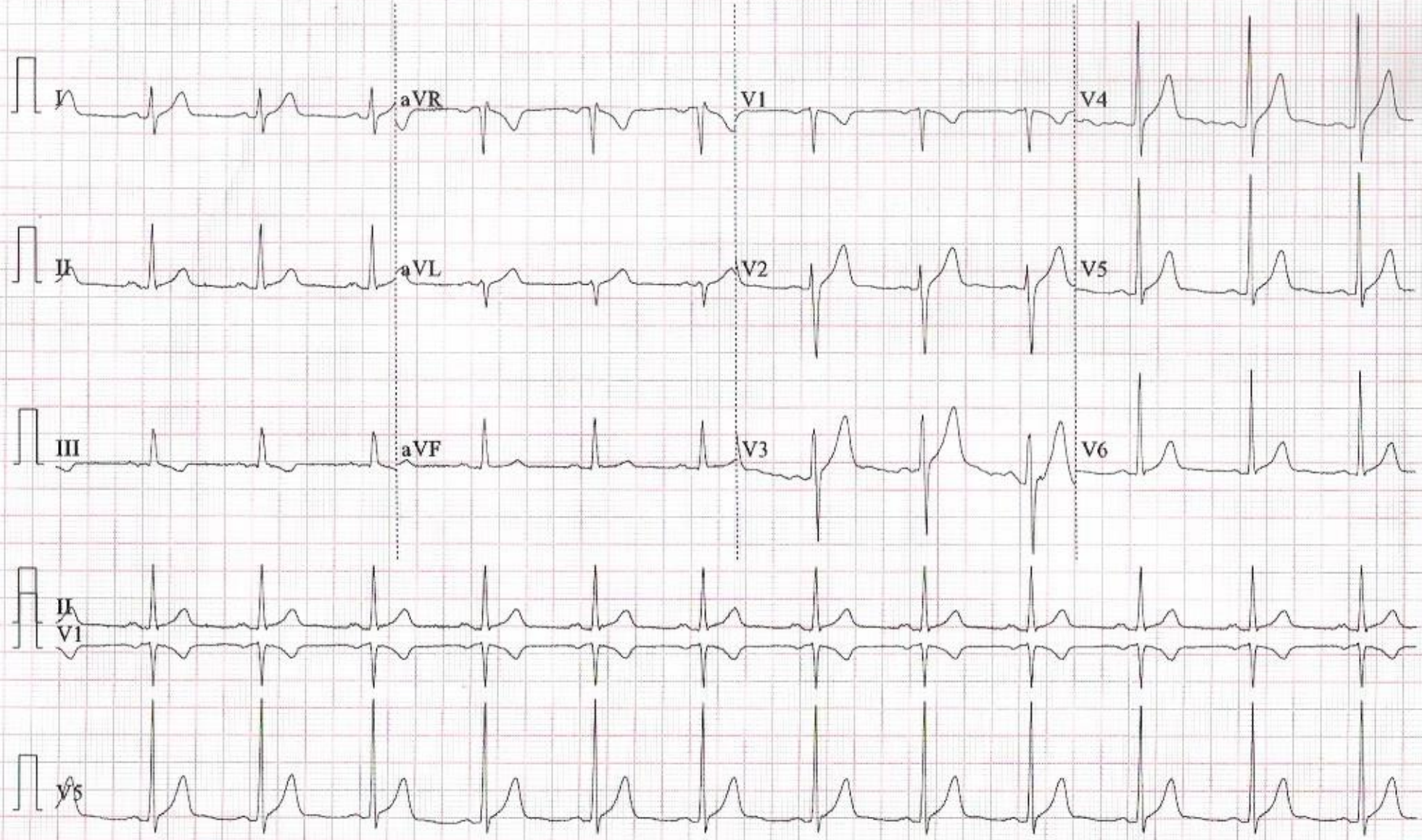
ID: 24020579
Rashiduzzaman Rafi
Male 26. Years

23-04-2024 12:15:56

HR	: 74	bpm	
P	: 112	ms	
PR	: 154	ms	
QRS	: 80	ms	
QT/QTc	: 356/395	ms	
P/QRS/T	: 29/69/15	°	
RV5/SV1	: 2.157/0.772	mV	

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥74 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

Patient's Name	:	**RAFIUZZAMAN RAFI**	ID NO	:	**24040494**
Age	:	**26 Yrs**	Date	:	**23/04/2024**
Sex	:	**Male**			
Referred by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM**			

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygine : Normal

Comments : Normal

Dr. Mir Md. Raihan
MBBS (DU), DFM, CCD (Birdem), PGT(opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24040494	Receive:23/04/2024	Print: 23/04/2024
Patient's Name	:	**RAFIUZZAMAN RAFI**		
Age	:	26 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

This report has been electronically signed.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that / JE Soussigne (e) certifie que | RAFIUZZAMAN RAFI | date of brith / no (e) le | 20.05.1998 | sex / sexe | M

Whose signature follows / dont la signature suit | Rafiuzzaman

has on the Date indicated been vaccinated or revaccinated against Cholera
a ete vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateure	Approved Stamp Cechet d'authentification	
1 30 NOV 2020	Sabrina DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.	CENTRE FOR VACCINATION AGRABAD C/A, CTG. BANGLADESH
19 JAN 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.	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH

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 event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this 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 from prescribed by the health adminstration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t cffecter sa validite.

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

This is to certify that / JE soussigne' (e) certifie que: RAFIUZZAMAN RAFI — date of brith / no' (e) le: 20.05.1998 — Sex / sexe: M

Whose signature follows / dont la signature suit: Rafiuzzaman

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nunne' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
23 NOV 2020	Sabrina DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	YELLOW FEVER VACCINATION 1313 DAKAR	CENTRE FOR VACCINATION AGRABAD C/A CTG. BANGLADESH
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated 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 the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that revaccinatio.

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

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

Ce certificate n' est valable que si le vaccin employe' a e' tc" a approve" par I' Organisation Mondiale de la Sante" et sile centre dc vaccination ae' tc' habilite parl' adminstration sanitaire du territoire dans lcqucl' ce centre est siture'

La validite' de ce certificat couvre une pe' riodc de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riodc dc dix ans, le jour de cette revaccination.

Ce certificate do it etre signc' par un me' decin dc sa propre main. son cachet official ne pouvant ctre conside' re' commc lcnant licu de signature.

Toute correction ou rature sur le certificate ou l ' omission d' une quelconque des mentions qu' il comporte peut affecter sa validite.