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: HOSSAIN (Surname) Md Imran (First Name) Sex: Male Serial No:

Date of Birth: 03/03/1994 PP/CDC: E10186G9 Rank: E/E

Vessel: GLORY TOM Type: BULK Route:

Home Address: 47 South Jatrabari

Company Name :

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		✓		✓	Malignant 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
164cm	70 kg	43-41 cms	120/80 mmHg	72 /min	19 /mi	Gw

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	2W	1W	2W					
Left Ear	dB	2W	1W	2W					

Colour Vision		Normal	Abnormal
	Ishihara		
	Other	Normal	Abnormal

Hearing	Right Ear	Left ear
	✓	✓

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 E/E
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	15.4 gm%	14-16 gm %
Total WBC count	10200 cu.mm	4000-11000 / cu.mm
Neu 66 % Lymp 25 % Eos 04 Ba 00 % Mo 05 %		
Malarial parasite	not found.	
ESR	04 mm / 1st hour	1- - 15 mm / hr
SGPT	28 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 5.0 PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Negative.	
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: N/A

Drugs of Abuse: Negative

ECG : Normal **TMT:** N/A

X-Ray Chest: Normal

USG: Normal

DR. MIR MD. RAIHAN RADICAL HOSPITALS LTD REGISTERED

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: 28 APR 2026

Candidate's Signature Md Imran Official Stamp Doctor's signature:

Date: 29/04/2024 29 APR 2024

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

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

04.2024.6444

República de Panamá

Republic of Panama

Autoridad Marítima de Panamá

Panama Maritime Authority

CERTIFICADO MÉDICO DE LA GENTE DE MAR

Medical Fitness Standards Certificate for Seafarers

04.2024.6444

No. Certificado:
Certificate No.

Este certificado se emite en conformidad con las disposiciones de la regla I/9 del Convenio STCW, 1978, enmendado, y la norma A I/2 del CTM, 2006, enmendado, y certifica que la gente de mar es apta para el servicio en el mar.

This certificate is issued in accordance with the provisions of the regulation I/9 of the 1978 STCW Convention, as amended and the standard A- I/2 of the MLC, 2006, as amended, and certifies that seafarers are fit for sea service.

Apellido: *Surname*	Nombre: *Given Name (s)*	Cédula / Pasaporte No. *Id. Number/ Passport No.*
HOSSAIN	MD IMRAN	EA0186669
Fecha de Nacimiento: *Date of Birth* — Día *Day* / Mes *Month* / Año *Year*	**Nacionalidad:** *Nationality*	**Sexo:** *Gender*
03 / 03 / 1994	Bangladeshi	☑ Masculino *Male* ☐ Femenino *Female*

	Yes	No
¿Confirmación de que se examinaron los documentos de identidad en el lugar del examen? *Confirmation that identification documents were checked at the point of examination?*	☑	☐
¿La audición cumple con el estándar? *Hearing meets the standards?*	☑	☐
¿La audición es satisfactoria sin ayuda? *Unaided hearing satisfactory?*	☑	☐
¿La agudeza visual cumple con el estándar? *Visual acuity meets standards?*	☑	☐
¿La visión cromática cumple con el estándar? *Colour vision meets standards?*	☑	☐
Fecha de la última prueba de visión cromática (Día/Mes/Año) *Date of the last colour vision test (Day/Month/Year)*: 29 APR 2024		
¿Apto para cometidos de vigía? *Fit for look out duties?*	☑	☐
¿Existen limitaciones o restricciones respecto de la aptitud física? Si la respuesta es "sí", dar detalles de las limitaciones o restricciones: *Limitations or restrictions on fitness ? If "Yes", specify limitations or restrictions.*	☐	☑
¿Está el marino libre de cualquier condición médica que pueda verse agravada por el servicio en el mar o discapacitarle para el desempeño de tal servicio o poner en peligro la salud de otras personas a bordo? *Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other person on board?*	☑	☐

Confirmo que he sido informado sobre el contenido del presente certificado y sobre el derecho a solicitar una revisión del dictamen, con arreglo a lo dispuesto en el párrafo 6 de la Sección A-I/9.
I hereby, confirm that I have been informed about the content of this certificate and of the right to a review in accordance with the paragraph 6 of Section A-I/9.

Md Imran
Firma de la Gente de Mar
Seafarer's Signature

Fecha de emisión: *Date of issue*	29 APR 2024
Fecha de expiración: *Date of expiry*	28 APR 2026
Nombre del médico reconocido: *Name of the recognized medical practitioner*	DR. MIR MD RAIHAN MBBS(DU)

Firma y sello del médico reconocido/*Signature and stamp of the recognized 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

1 El original de este certificado deberá estar disponible durante el servicio a bordo.
The original of this certificate must be kept available while serving on board ship.

2 En caso de pérdida de este certificado, el titular deberá notificar a los puertos y a la Autoridad Marítima de Panamá.
In case of loss of this certificate, the holder should notify ports and the Panama Maritime Authority.

3 La autenticidad de este certificado puede ser verificada contactando a la Autoridad Marítima de Panamá.
The authenticity of this certificate could be verified contacting the Panama Maritime Authority.

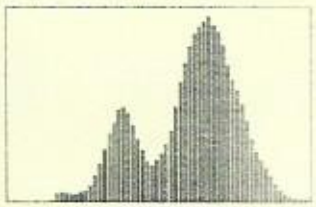
Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

ID NO	: 24040641	Date	: 29/04/2024
Patient's Name	: MD.IMRAN HOSSAIN	Age	: 30Y1M26D
Ref. By	: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/8669	Sex	: Male
Specimen	: Blood		

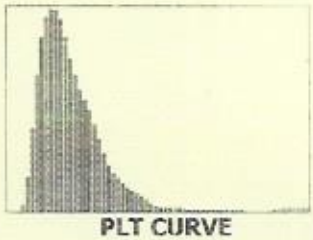
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

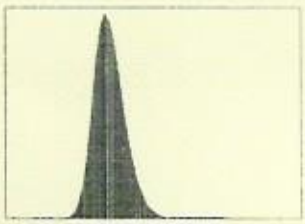
Parameter	Results		Reference Values
Haemoglobin(Hb)	**15.4**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**04**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**10,200**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	66	%	(40 - 75)%
Lymphocytes	25	%	(20-45)%
Monocytes	05	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**408**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**368,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	9	fL	7.0 -11.0 fL
PDW-CV	16.3	%	10 - 18 %
PCT	0.33	%	0.10 - 0.28
P-LCR	20.9	%	9.00 - 45.00%
P-LCC	77	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**5.38**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	49.7	%	M: 40-54%, F: 37-47%
MCV	92.5	fL	76-94 fL
MCH	28.7	pg	27-32 pg
MCHC	31	g/dL	29-34 g/dL
RDW SD	54	fL	30.0-57.0 fL
RDW CV	17.7	%	10-16%



WBC CURVE



PLT CURVE



RBC CURVE

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

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

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

Bill No	DIA24040641	Received Date	29/04/2024
Patient's Name	MD IMRAN HOSSAIN		
Patient's Age	30Y 1M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8669
Sample	BLLOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.0 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	26.0 U/L	Up to 40 U/L

REMARKS (IF ANY)

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

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8669
Sample	BLLOD		

SEROLOGYCAL REPORT

Test Name	Result
HBsAg (Method : (ICT)	Negative

Checked By

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Patient's Age	30Y 1M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8669
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	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 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	DIA24040641	Received Date	29/04/2024
Patient's Name	MD IMRAN HOSSAIN		
Patient's Age	30Y 1M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8669
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic 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

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RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24040641	Receive:29/04/2024	Print: 29/04/2024
Patient's Name	:	**MD IMRAN HOSSAIN**		
Age	:	30 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.

ID: 24020579 29-04-2024 13:33:19

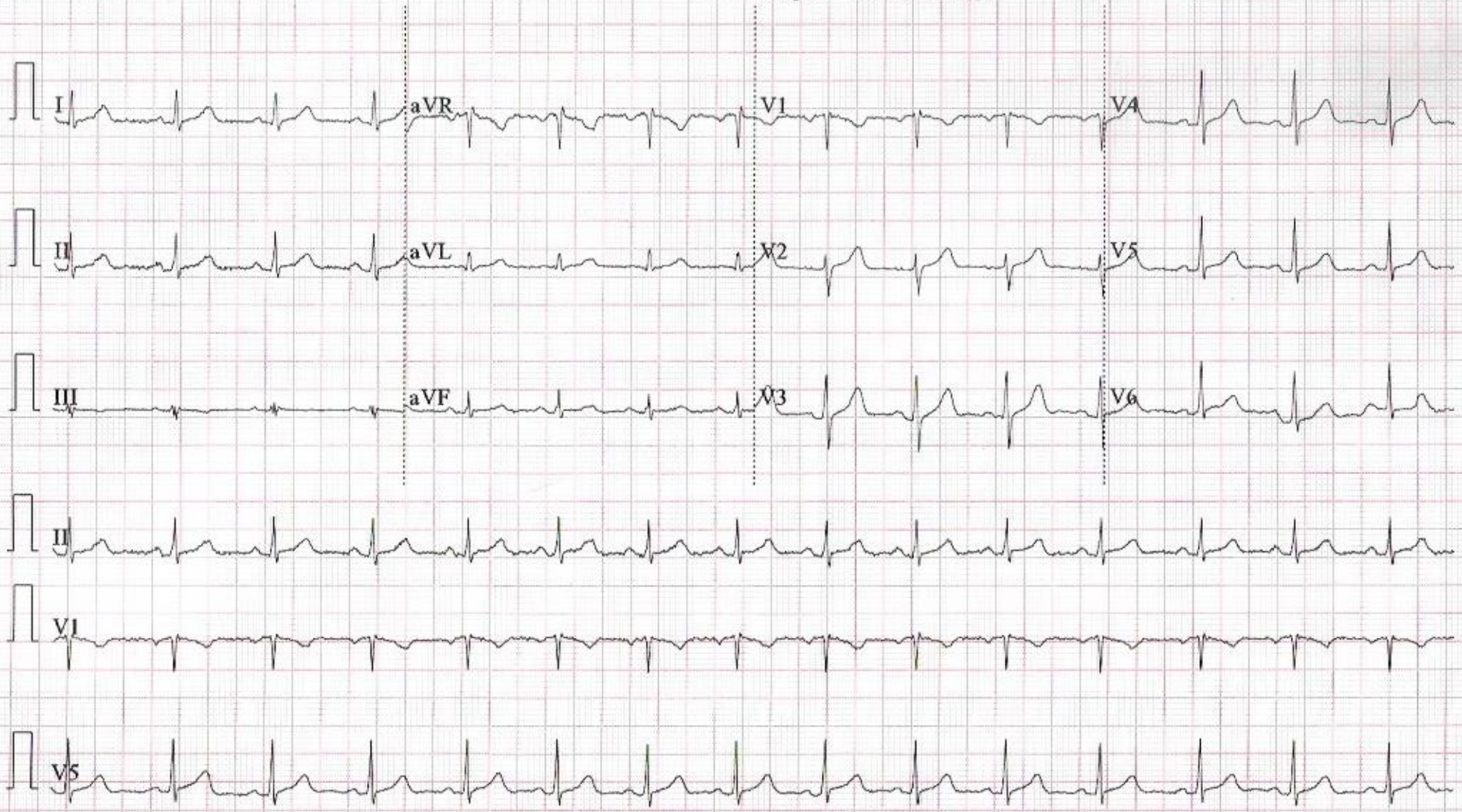
Md. Imtiaz Hossen.

Male 30 Years

HR	: 89	bpm
P	: 94	ms
PR	: 144	ms
QRS	: 72	ms
QT/QTc	: 346/421	ms
P/QRS/T	: 54/31/28	°
RV5/SV1	: 0.934/0.576	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥89 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24040641	Receive: Print: 29/04/2024		
Patient's Name	:	**MD IMRAN HOSSAIN**			
Age	:	30 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	89 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

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 } MD IMRAN HOSSAIN date of brith / no' (e) le } 03.03.94 Sex / sexe } MALE

Whose signature follows / dont la signature suit } .....

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
13 OCT 2023	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 L. NO DAKAR 1313	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 de 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.

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 | MD. IMRAN HOSSAIN | date of brith no (e) le | 03.03.94 | Sex sexe | MALE

Whose signature follows / dont la signature suit | .....

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 20 OCT 2023	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
2			

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.