



HAQUE & SONS LTD.

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

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



Accredited By : BMDC
Accreditation No. A-55144

PATIENT CONTROL NUMBER
HSL-003990

MEDICAL EXAMINATION CERTIFICATE

SURNAME AKHTER	FIRST NAME AND BADRUL	MIDDLE NAME ALAM
PLACE AND DATE OF BIRTH FENI 10-Feb-1972	PASSPORT NUMBER A11727296	SEAMAN'S BOOK NUMBER C/O/2335
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER
PERMANENT HOME ADDRESS : VILL. SYEDPUR, PO. BAKTER MUNSHI, PS. SONAGAZI, DIST. FENI, BANGLADESH.		TRADING AREA : WORLD WIDE
CONTACT NUMBER : +88 01711-883816 (SELF)		
RANK : CHIEF ENGINEER		

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.

Additional questions

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

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
---	--------------------------	-------------------------------------

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

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 (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 82.5	Height (cm) 170	BM 28.3	Blood Pressure: Systolic 130	Diastolic 80	PULSE: 80/60/min																																
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th>Hearing by Audiometry</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> </tbody> </table>						Ear		Audiometry				Hearing by Whisper Test			Hearing by Audiometry	500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate		Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate	
Ear		Audiometry				Hearing by Whisper Test																															
	Hearing by Audiometry	500	1000	2000	3000																																
Right	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate																															
Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate																															
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																																					

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

Visual acuity meets the standard laid down in STCW Code Section A-1/9 ☒ YES / NO ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☐ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) **27 FEB 2024**

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	☒	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	☒	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	URINE R/E	☒
DC(differential count)	☒	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	15.5	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGREN)	0.5	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test
WBC	0.300	Amphetamine	☐ Positive ☒ Negative	VDRL
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type
RANDOM	5.8	Barbiturates	☐ Positive ☒ Negative	Psychological Exam
HBA1C	5.3%	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)

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

Signature of Seafarer	BADRUL ALAM AKHTER	27-Feb-2024
	Name of Seafarer	Date

Assessment of fitness for service at sea:

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

☒ Fit for lookout duties	☐ Not fit for lookout duties		
Deck service	Engine service	Catering service	Other services
☒	☒	☐	☐
Unfit			
☐	☐	☐	☐
Without restrictions	With restrictions		
☒	☐		

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes ☒	No ☐
---	-----------------------------

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

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

Fitness Date: 27 FEB 2024	26 FEB 2026
----------------------------------	--------------------

DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Biderm), PGT (Ophth)

Name and Signature of Authorized Physician

DG Shipping Bangladesh Approved

In Accordance with Medical Examination (Seafarers) Convention 1945 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

**PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS**

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT AKHTER			FIRST NAME BADRUL			MIDDLE INITIAL ALAM		
DATE OF BIRTH 2 10 1972 MONTH DAY YEAR			PLACE OF BIRTH FENI BANGLADESH CITY COUNTRY			SEX MALE ☒ FEMALE ☐		
EXAMINATION FOR DUTY AS:						MAILING ADDRESS OF APPLICANT:		
MASTER ☐ RATING ☐ MATE ☐ MOU DECK ☐ ENGINEER ☒ MOU ENGINE ☐ RADIO OFF ☐ SUPERNUMERARY ☐						HOUSE: 49 (APT: AB-6), ROAD: 13, SECTOR: 10, UTTARA, DHAKA-1230, BANGLADESH BANGLADESH.		
MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2								
HEIGHT <u>170cm</u>		WEIGHT <u>80kg</u>		BLOOD PRESSURE <u>90/80mm</u>		PULSE <u>80bpm</u>		RESPIRATION <u>14bpm</u>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <u>6/6</u>		LEFT EYE <u>6/6</u>		GENERAL APPEARANCE <u>Good</u>		
DATE OF LAST COLOR VISION TEST (Month/Day/Year) <u>27 FEB 2024</u>						Testing Required every 6 years		
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9?						YES ☐ NO ☐		
COLOR TEST TYPE: BOOK + LANTERN + CHECK IF COLOR TEST IS NORMAL						YELLOW ☐ RED ☐ GREEN ☐ BLUE ☒		
HEARING		RT. EAR <u>Normal</u>		LEFT EAR <u>Normal</u>				
HEAD AND NECK <u>Normal</u>				HEART (CARDIOVASCULAR) <u>Normal</u>				
LUNGS <u>Normal</u>				SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>Yes</u>				
EXTREMITIES:								
UPPER <u>Normal</u>				LOWER <u>Normal</u>				
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2								
SIGNATURE OF APPLICANT <u>BADRUL</u>			DATE OF EXAM <u>27-Feb-2024</u>			EXPIRY DATE <u>26 FEB 2026</u>		
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.								
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:						BADRUL ALAM AKHTER		
FIT FOR DUTY ON BOARD SHIP						(NAME OF APPLICANT)		
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY).								
NAME AND DEGREE OF PHYSICIAN			DR. MIR. MD. RAIHAN, MBBS (DU) DFM. CCD (BIRDEM) P.G.T. (OPHTH)					
ADDRESS			RADICAL HOSPITALS LTD, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230.					
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY			DG SHIPPING BANGLADESH, REG. NO.A-55144 (B.M.D.C)					
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE			6-May-14					
SIGNATURE OF PHYSICIAN <u>[Signature]</u>			DATE OF EXAMINATION:			27 FEB 2024		

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-105M ANNEX 2

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



Rev0 - 09/01/2023

MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Surface Antigen Test (HbsAg),

E) Urinylis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

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



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdam), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited
09/01/2023

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: AKHTER

GIVEN NAME (S): BADRUL ALAM

DATE OF BIRTH:

DAY 10 MONTH 2 YEAR 1972

PLACE OF BIRTH

CITY FENI

COUNTRY

BANGLADESH

SEX

MALE ☒ FEMALE ☐

POSITION ON BOARD:

MASTER ☐

DECK OFFICER ☐

ENGINEERING OFFICER ☒

RADIO OPERATOR ☐

RATING ☐

MAILING ADDRESS OF APPLICANT:

HOUSE: 49 (APT: AB-6), ROAD: 13, SECTOR: 10,

UTTARA, DHAKA-1230, BANGLADESH

BANGLADESH.

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION

WITHOUT GLASSES

WITH GLASSES

COLOR TEST TYPE

HEARING

RIGHT EYE

—

6/6

☐ BOOK

☐ LANTERN

YELLOW

RED

GREEN

BLUE

RIGHT EAR

LEFT EAR

LEFT EYE

—

6/6

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

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

Unaided hearing satisfactory? YES ☐ NO ☐

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

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

(the visual test it is required every six years)

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

27 FEB 2024

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

Able for watchkeeping? YES ☐ NO ☐

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

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

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

BADRUL ALAM AKHTER

27-Feb-2024

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR. MD. RAIHAN, MBBS (DU) DFM. CCD (BIRDEM) P.G.T. (OPHIH)

ADDRESS: RADICAL HOSPITALS LTD, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230.

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: DG SHIPPING BANGLADESH, REG. NO.A-55144 (B.M.D.C)

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY-2014

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

DATE:

27 FEB 2024

EXPIRY DATE OF CERTIFICATE:

26 FEB 2026

This certificate is issued in compliance with the requirements

of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

DR. MIR. MD. RAIHAN

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

BMDC A-55144, MMG-SCD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

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

該当する二項にノ印を記入して下さい。

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

- Drug allergies (name): (薬品名)
- Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)

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

(2) Surgery: (手術)

When?

(3 Period) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/病歴)

Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一投薬品名)

4. DAILY LIFE HABITS: (日常生活)

(1) Alcohol intake: (飲酒) Do not drink (飲まない)

Drink 2-3 times a week: 週に2~3回) Drink every evening (毎日)

Heavy drinker (強い) Moderate drinker (中程度) Light drinker (弱い)

(2) Smoking: (喫煙)

Never smoke (吸わない)

Just smoking in 19 (19年) 年に喫煙

Smoke cigarettes a day (1日平均) 支

(3) Bowel movements: (排便)

Regular (規則的)

Irregular (不規則)

Constipated (便秘)

(4) Dietary preferences: (食事の好み)

Meat (肉類)

Fish (魚類)

Salty (塩辛)

Sweet (甘い)

Only (獨り)

(5) Exercise: (運動) Often (よくする) Sometimes (時々) Never (しない)

(6) Sleep: (睡眠) Sleep well (良く眠る) Have Sleeplessness (眠れない)

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

(7) Weight: (体重)

Constant (変わらない)

Putting on weight (太ってきこ)

Losing weight (やせてきこ)

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Biom), FGT (Optn)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

27 FEB 2024



5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister

(父) (母) (兄弟) (姉妹)

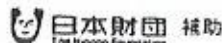
☐ Heart disease (心臓病)	F	M	B	S
☐ Cancer / part (癌/部位)	F	M	B	S
☐ Diabetes (糖尿病)	F	M	B	S
☐ Hypertension (高血圧症)	F	M	B	S
☐ Cerebral Apoplexy (脳卒中)	F	M	B	S
☐ Liver disease (肝臓疾患)	F	M	B	S
☐ Other: Name of disease (病名)	F	M	B	S

Briefly enter any special comments to the Attending Physician in English.
(受診医師へ特に伝えたいこと、英語で簡潔に)

Date: 27 FEB 2024

Signature: (署名)

(Card holder) (本人)



<PRIVATE>

秘

MEDICAL RECORDS (Write in block Letters)

Name of Company: _____ Nationality: BANGLADESH
(所属会社) Tel: _____ Fax: _____ (国籍)

Name: BADROL ALAM AKTER Sex: (性別) M
(氏名) given name (名) family name (姓) (男/女)

Name of Position: CH. ENGINEER Date of Birth: 10-02-72
(職種) (生年月日) (D-M-Y)

Height: (身長) 170 cm Weight: (体重) 80 kg/age 20: (20才時) _____ kg
Pulse: 80 /min Normal breathing rate: 19 /min Normal temperature: _____ C
(脈拍/分) (正常呼吸数/分) (平熱)

Blood pressure: 130/80 Blood type: O+ /Rh: _____ Single/Married
(血圧) (血液型) (独身/既婚)

Blood sugar: (血糖値) _____ mg/dl $\times 0.05625 =$ (_____ mmol/l)
Uric acid: (尿酸値) _____ mg/dl $\times 0.05914 =$ (_____ mmol/l)

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



Medical Information: (医療情報) • Please check the appropriate items.
該当する二欄に「印」を記入して下さい。

1. ALLERGIES: (アレルギー)
二 Urticaria (hives) (じんましん)
二 Asthma (ぜんそく)
二 Other (その他)
二 Drug allergies (name): (薬品名)
二 Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)

- (1) Past serious illness: (重大既往症) / Age (年齢)

Surgery: (手術)

When?

(時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/有無)

Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一般薬品名)

4. DAILY LIFE HABITS: (日常生活)

- (1) Alcohol intake: (飲酒)
二 Do not drink (飲まない)

- 二 Drink 2-3 times a week (週に2〜3回)
二 Drink every evening (毎日)
二 Heavy drinker (強い)
二 Moderate drinker (中程度)
二 Light drinker (弱い)

- (2) Smoking: (喫煙)
二 Never smoke (吸わない)

- 二 Quit smoking in 19____年 to 19____年 to 禁煙

- 二 Smoke cigarettes a day (1日平均____支吸う)

- (3) Bowel movements: (排便)

- 二 Regular (規則的)
二 Irregular (不規則)
二 Constipated (便秘)

- (4) Dietary preferences: (食事の好み)

- 二 Salty (塩辛い)
二 Meat (肉類)
二 Sweet (甘い)
二 Fish (魚類)
二 Only (偏った)
二 Never (しない)

- (5) Exercise: (運動)

- 二 Often (よくする)
二 Sometimes (時々)
二 Never (しない)

- (6) Sleep: (睡眠)

- 二 Sleep well (よく眠る)
二 Have Sleeplessness (眠れない)
二 Have insomnia (不眠症)
二 Sometimes take sleeping pills, etc. (時々睡眠薬使用)

- (7) Weight: (体重)

- 二 Constant (変わらない)
二 Losing weight (やせてきた)
二 Putting on weight (太ってきた)

27 FEB 2024

DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Bident), PGT (Ophth)
BMDG A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited





HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME OF CREW : BADRUL ALAM AKHTER

RANK : CHIEF ENGINEER

CDC NO : C/O/2335

DOB : 10-Feb-1972

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

- 1 Have you ever had coronary thrombosis or certain types of heart surgery?
- 2 Are you suffering from any heart-related complications?
- 3 Are you a diabetic ?
- 4 If you are diabetic, do you need injections of insulin for diabetes?
- 5 Have you ever had a stroke, or unexplained loss of consciousness?
- 6 Have you ever been treated for a mental or nervous problem?
- 7 Are you an alcoholic, or have you had alcohol or drug addiction problems?
- 8 Do you have any hearing difficulties or are you using any hearing aid?
- 9 Have you ever suffered from any STD (Sexually Transmitted Disease)?
- 10 Are you aware of any other health condition that could affect your fitness for seafaring employment *

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

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel. I will bear all the expenses as may incur as a direct result of such concealment.

Date : 27 FEB 2024

Signed :


The Crew Member

* If yes, mention details below:-


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

Id No : 0673 **Date** : 27-Feb-2024 **D.Date** : 27-Feb-2024
Patient's Name : BADRUL ALAM AKHTER **Age** : 52Y 0M 17D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/2335

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.5 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
ESR(Westergreen)	05 mm/1st hr	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Total WBC Count(TC)	9300 /cumm	
Differential WBC Count (DC)		
Neutrophils	64 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	186 /cumm	50-450/cumm
Total RBC Count	4.9 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42 %	M: 40-54%, F:37-47%
MCV	78 fL	76 - 94 fL
MCH	30 pg	27 - 32 pg
MCHC	31 g/dL	29 - 34 g/dL
RDW	12 %	11 - 16 %
PDW	36 fL	35 - 56 fL
Total Platelete Count (PC)	275000 /cumm	150,000-450,000/cumm
MPV	8.0 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0.0%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By
Medical Technologist

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

Bill No	DIA24020673	Received Date	27/02/2024
Patient's Name	BADRUL ALAM AKHTER		
Patient's Age	52Y 0M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 2335
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.57 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	27.0 U/L	Up to 40 U/L
Serum AST (SGOT)	20.0 U/L	Up to 37 U/L
HbA1C	5.3 %	4.0- 6.0 %

REMARKS (IF ANY)

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Bill No	DIA24020673	Received Date	27/02/2024
Patient's Name	BADRUL ALAM AKHTER		
Patient's Age	52Y 0M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 2335
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
<u>BLOOD GROUPING RESULT</u>	
ABO Blood Group	"O" (+ve)
Rh (D)Factor	Positive

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24020673	Received Date	27/02/2024
Patient's Name	BADRUL ALAM AKHTER		
Patient's Age	52Y 0M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 2335
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

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



Bill No	DIA24020673	Received Date	27/02/2024
Patient's Name	BADRUL ALAM AKHTER		
Patient's Age	52Y 0M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 2335
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.



REF: MV. ONE HELSINKI

DATE: 27/02/2024

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

EYE EXAMINATION REPORT

NAME: BADRUL ALAM AKHTER

RANK: CH.ENG

CDC NO: C/O/2335

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

6/6

6/6

COLOUR VISION: NORMAL / ~~BLIND~~OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

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

ID: 24020574

Male 29 Years

Radical Heart
MR

27-02-2024 18:58:46

97 bpm

114 ms

178 ms

100 ms

QRS

QT/QTc

50/15/31

P/QRS/T

RV5/SV1 : 1.540/0.995

mV

ms

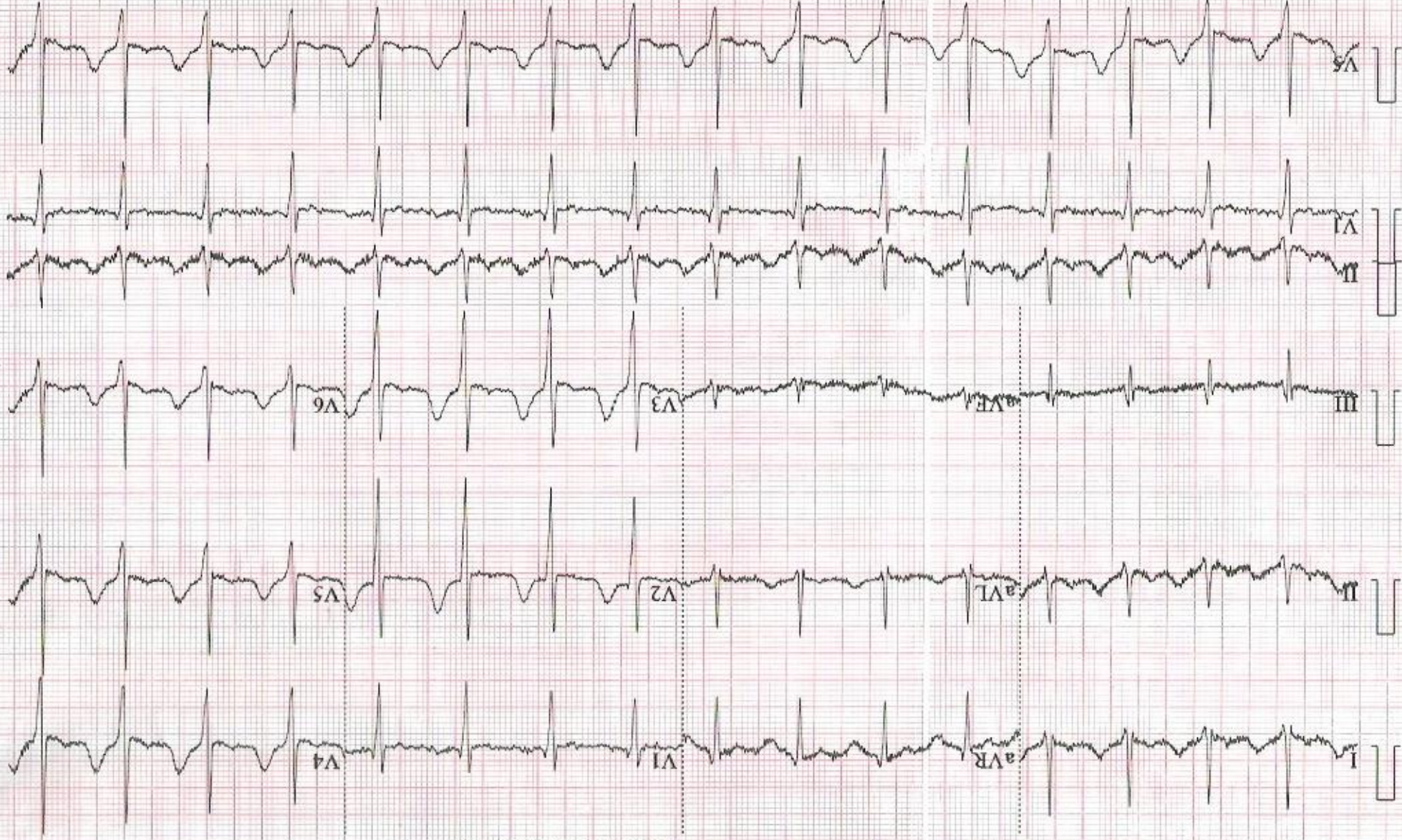
ms

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24020673 Receive: 27/02/2024 Print: 27/02/2024
Patient's Name : **BADRUL ALAM AKHTER**
Age : 52 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

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

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.



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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological investigations				
			X-ray	ECG	Urine	Blood	LFT
27 FEB 2024	MR. DOVE HELSINKI	B.P. 120/80 Pulse 80	Normal	Normal	Normal	Normal	Normal

Completed by Company's M.O.

		Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
Creatine	USG				

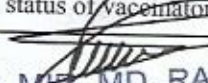
DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCD (Birth), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 10-02-1972 Sex MALE
BADRUL ALAM AKHTER.

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
27 FEB 2024	 DR. MR. MD. RAIHAN MBBS (DU), DFM, CCD (BirDEM), PGD (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radica Hospital Limited.	
2		

3		3	4
4			
5		5	6
6			
7		7	8
8			

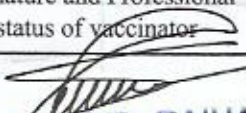
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

Date of birth 10-02-1972 Sex MALE

BADROL ALAM AKHTER

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

Date	Signature and Professional status of vaccinator	Origin and batch no. of vaccine	Official stamp of vaccination centre
27 FEB 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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