



HAQUE & SONS LTD.

Rummuna Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh
Tel: +880-2-333316214-6, Fax: +880-2-333310530

ADDRESS: HS 2502FF
REGISTRATION NO: A 55144

PATIENT CONTROL NUMBER
HS2502FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME HOSSAIN	FIRST NAME AND MD	MIDDLE NAME MONIR
PLACE AND DATE OF BIRTH MAGURA 29-Sep-1970	PASSPORT NUMBER A13708620	SEAMAN'S BOOK NUMBER CO2502
NATIONALITY: BANGLADESHI SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	VESSEL TYPE:	TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS: FLAT#1/302, HOUSE# 52, ROAD#7, BLOCK#B, BANASREE, RAMPURA, KHILGAON, 1219, DHAKA, BANGLADESH	CONTACT NUMBER: 8801711065508	RANK: MASTER

Have you ever had any of the following conditions?

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

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Have you ever been hospitalised?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Have you ever been declared unfit for sea duty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Has your medical certificate ever been restricted or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39 Are you aware that you have any medical problems, diseases or illnesses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41 Are you allergic to any medications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications? YES NO

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
Signature of Seafarer

MEDICAL EXAMINATION

Weight: **68kg** Height (cm): **165** BMI: **24.9** Blood Pressure: Systolic: **120mm** Diastolic: **80mm** PULSE: **78b/min**

Ear	Hearing by Audiometry		Audiometry				Hearing by Whisper Test	
	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate	500	1000	2000	3000	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Right	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate					<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Left	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate					<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Near					<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Visual acuity meets the standard laid down in STCW Code Section A-1/9
 Colour vision as per STCW CODE Section A 1/9 Normal Doubtful Defective

13 FEB 2024

Date of last colour vision test: Date (day/month/year) / /

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<input checked="" type="checkbox"/>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marjuana	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
ECG	<input checked="" type="checkbox"/>	BILIRUBIN	Alcohol Test	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
BLOOD R/E	<input checked="" type="checkbox"/>	SGPT	URINE R/E	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DC(differential count)	<input checked="" type="checkbox"/>	SGOT	OTHERS		
HAEMOGLOBIN (HGB)	14.0	DRUG AND ALCOHOL TEST		HBsAg	<input type="checkbox"/> Reactive
ESR (WESTERGREIN)	08	Morphine	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	HIV / AIDS Test
WBC	9.890	Amphetamine	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	VDRL
BLOOD GLUCOSE LEVEL		Phencyclidine	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Blood Type
RANDOM	5.9	Barbiturates	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Psychological Exam
HBA1C	5.4	Cocaine	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Others(KUB Ultrasound)

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

Signature of Seafarer: [Signature] Name of Seafarer: MD MONIR HOSSAIN Date: 13 FEB 2024

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
Fit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: 13 FEB 2024 Valid Until: 12 FEB 2026

DR. MIR. MD. RAIHAN

Name and Signature of Authorized Physician

PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT HOSSAIN			FIRST NAME MD			MIDDLE INITIAL MONIR												
DATE OF BIRTH 9 29 1970 MONTH DAY YEAR			PLACE OF BIRTH MAGURA BANGLADESH CITY COUNTRY			SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>												
EXAMINATION FOR DUTY AS:						MAILING ADDRESS OF APPLICANT:												
MASTER <input checked="" type="checkbox"/>		RATING <input type="checkbox"/>		MATE <input type="checkbox"/>		MOU DECK <input type="checkbox"/>		ENGINEER <input type="checkbox"/>		MOU ENGINE <input type="checkbox"/>		RADIO OFF <input type="checkbox"/>		SUPERNUMERARY <input type="checkbox"/>		FLAT#1/302, HOUSE# 52, ROAD#7, BLOCK#B, BANASREE, RAMPURA, KHLGAON-1219, DHAKA, BANGLADESH		
MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2																		
HEIGHT <u>1.65m</u>		WEIGHT <u>68kg</u>		BLOOD PRESSURE <u>120/80/00</u>		PULSE <u>78/min</u>		RESPIRATION <u>14/min</u>		GENERAL APPEARANCE <u>Good</u>								
VISION: WITHOUT GLASSES RIGHT EYE <u>6/6</u> LEFT EYE <u>6/6</u>																		
WITH GLASSES																		
DATE OF LAST COLOR VISION TEST (Month/Day/Year) <u>13 FEB 2024</u> Testing Required every 6 years																		
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9? YES <input type="checkbox"/> NO <input type="checkbox"/>																		
COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST IS NORMAL YELLOW <input type="checkbox"/> RED <input checked="" type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input type="checkbox"/>																		
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. <u>No.</u>																		
SIGNATURE OF APPLICANT <u>Joan</u>				DATE OF EXAM <u>13-Feb-2024</u>				EXPIRY DATE <u>12 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: <u>MD. MONIR HOSSAIN</u>																		
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 <u>DR. MIR MD. RAIHAN; M.B.B.S.(D.U.),</u>																		
ADDRESS <u>REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.</u>																		
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY REGISTRATION NO.: <u>A-55144, B.M.D.C, DHAKA, BANGLADESH.</u>																		
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <u>8-Jun-14</u>																		
SIGNATURE OF PHYSICIAN <u>[Signature]</u>						DATE OF EXAMINATION: <u>13 FEB 2024</u>												

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.

DR. MIR MD. RAIHAN
MBBS (DU), DFM, CCD (Birm), PGT (Ophth) I
BMDC A-55144, MMC-BGD-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.
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.
- (b) 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.
- (c) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (d) 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.
- (e) Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
- (g) 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) Urinylsis 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

13 FEB 2024

RLM-105M ANNEX 2



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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General Physician
Radical Hospitals Limited
Rev'd - 09/01/2023

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

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT HOSSAIN			FIRST NAME MD			MIDDLE INITIAL MONIR		
DATE OF BIRTH 9 29 1970 MONTH DAY YEAR			PLACE OF BIRTH MAGURA BANGLADESH CITY COUNTRY			SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		
EXAMINATION FOR DUTY AS					MAILING ADDRESS OF APPLICANT:			
MASTER <input checked="" type="checkbox"/>		RATING <input type="checkbox"/>		FLAT#1/302, HOUSE# 52, ROAD#7, BLOCK#B, BANASREE, RAMPURA, KHLGAON-1219, DHAKA, BANGLADESH				
MATE <input type="checkbox"/>		MOU DECK <input type="checkbox"/>						
ENGINEER <input type="checkbox"/>		MOU ENGINE <input type="checkbox"/>						
RADIO OFF <input type="checkbox"/>		SUPERNUMERARY <input type="checkbox"/>						
MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2								
HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE			
165 cm	68 kg	120/80 mmHg	78/min	12/min	GOOD			
VISION: RIGHT EYE LEFT EYE								
WITHOUT GLASSES								
WITH GLASSES 6/6 6/6								
DATE OF LAST COLOR VISION TEST (Month/Day/Year) 13 FEB 2024 Testing Required every 6 years								
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9? YES <input type="checkbox"/> NO <input type="checkbox"/>								
COLOR TEST TYPE: BOOK LANTERN CHECK IF COLOR TEST IS NORMAL YELLOW <input type="checkbox"/> RED <input type="checkbox"/> GREEN <input checked="" type="checkbox"/> BLUE <input checked="" type="checkbox"/>								
HEARING								
RT. EAR <i>normal</i>			LEFT EAR <i>normal</i>					
HEAD AND NECK <i>Normal</i>				HEART (CARDIOVASCULAR) <i>Normal</i>				
LUNGS <i>Normal</i>				SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <i>Yes</i>				
EXTREMITIES								
UPPER <i>Normal</i>			LOWER <i>Normal</i>					
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. <i>No</i>								
SIGNATURE OF APPLICANT <i>MD Monir Hossain</i>			DATE OF EXAM 13-Feb-2024			EXPIRY DATE 12 FEB 2026		
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.								
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO MD. MONIR HOSSAIN								
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; M.B.B.S.(D.U.),								
ADDRESS MEDICAL HOSPITALS LIMITED, 35, SHAH MAKHUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.								
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY REGISTRATION NO.: A-55144, B.M.D.C, DHAKA, BANGLADESH.								
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 8-Jun-14								
SIGNATURE OF PHYSICIAN <i>Dr. Mir Md. Raihan</i>					DATE OF EXAMINATION: 13 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-I05M ANNEX 2 **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



Rev0 - 09/01/2023

Id No : 0340	Date : 13-Feb-2024	D.Date : 13-Feb-2024
Patient's Name : MD MONIR HOSSAIN	Age : 53Y 4M 15D	Gender : Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/ 2502		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.0 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,800 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	30 %	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	196 /cumm	50-450/cumm
Total RBC Count	5.02 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	41 %	M: 40-54%, F:37-47%
MCV	78 fL	76 - 94 fL
MCH	90 pg	27 - 32 pg
MCHC	31 g/dL	29 - 34 g/dL
RDW	12 %	11 - 16 %
PDW	48 fL	35 - 56 fL
Total Platelete Count (PC)	1,90,000 /cumm	150,000-450,000/cumm
MPV	8.0 fL	7.0 - 11.0 fL
PCT	0.01 %	0.1 - 0.2 %
Bleeding 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	DIA24020340	Received Date	13/02/2024
Patient's Name	MD MONIR HOSSAIN		
Patient's Age	53Y 4M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 2502
Sample	BLOOD		

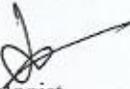
BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.9 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.58 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	27.0 U/L	Up to 37 U/L
HbA1C	5.4 %	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	DIA24020340	Received Date	13/02/2024
Patient's Name	MD MONIR HOSSAIN		
Patient's Age	53Y 4M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 2502
Sample	BLOOD		

SEROLOGICAL REPORTTest NameResult

HBsAg (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
<u>BLOOD GROUPING RESULT</u>	
ABO Blood Group	"A" (+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	DIA24020340	Received Date	13/02/2024
Patient's Name	MD MONIR HOSSAIN		
Patient's Age	53Y 4M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 2502
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	1-3/HPF

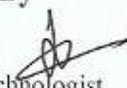
CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By


 Medical Technologist.
 Radical Hospital Ltd.


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

REF: MV. WAKAYAMA MARU

DATE: 13/02/2024

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

EYE EXAMINATION REPORT

NAME: MD MONIR HOSSAIN

RANK: MASTER

CDC NO: C/O/2502

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

Dr. Neeraj Kumar

HR : 109 bpm

P : 76 ms

PR : 124 ms

QRS : 82 ms

QT/QTc : 296/399 ms

P/QRS/T : 63/64/60 °

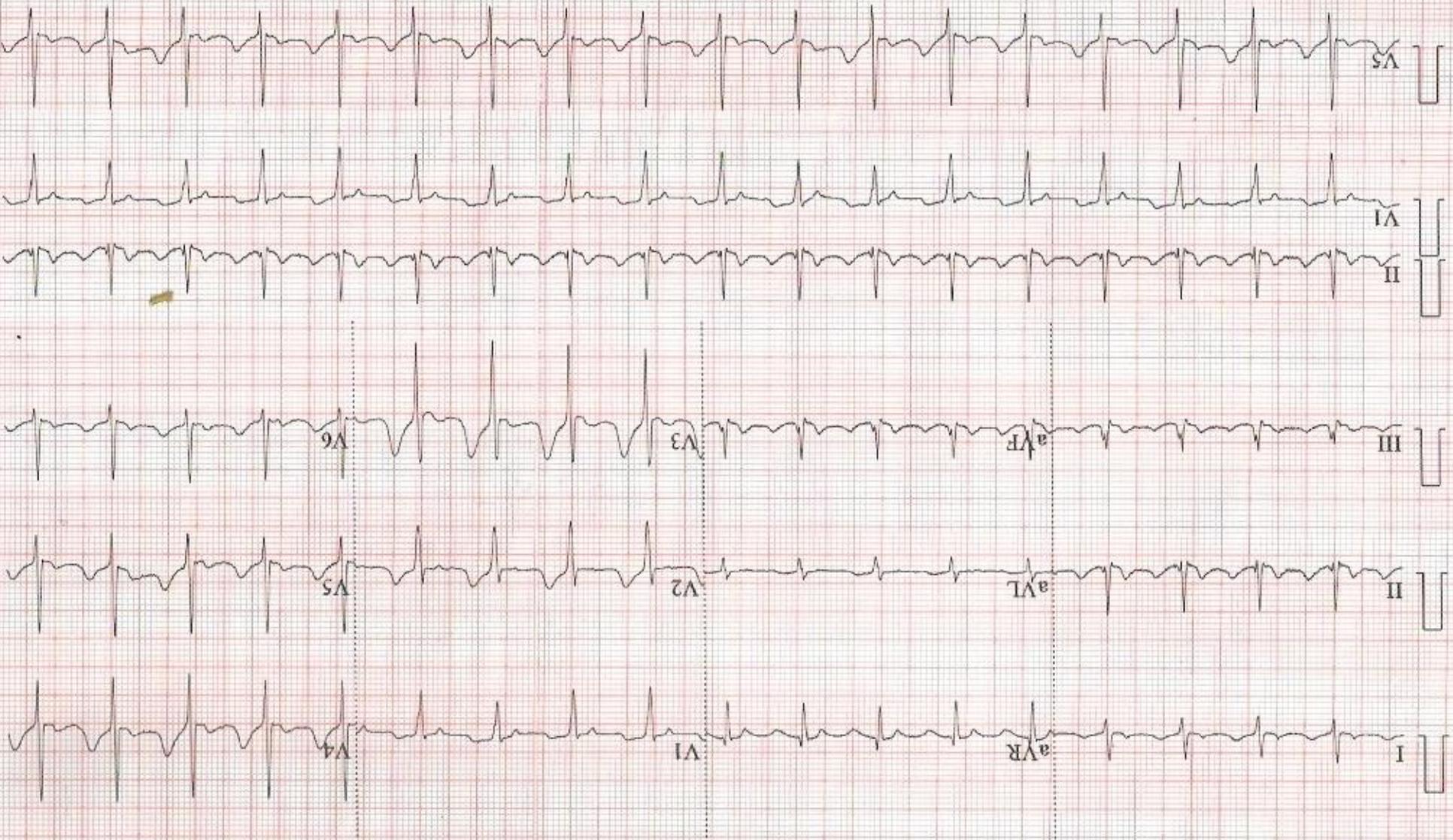
R/S in V1 : 1.236/0.778 mV

Diagnosis Information:

Sinus tachycardia

Normal ECG except for rate

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24020340 Receive:13/02/2024 Print: 13/02/2024
Patient's Name : **MD MONIR HOSSAIN**
Age : 53 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.

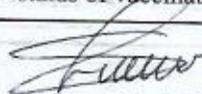
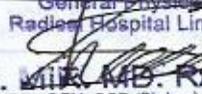
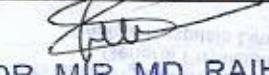
Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

MD. MONIR HOSSAIN AGAINST CHOLERA

This is to certify that } Date of birth 29/09/1970 Sex MALE
 whose signature follows }

[Signature]
 has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 24 APR 2018	 DR. MIR MD. RAIHAN MBBS (DU), CCD (Birdem), PGT (Eye), DFM (Course) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radcliff Hospital Limited	
2 26 FEB 2019	 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.	
3 17 DEC 2019	 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.	
5 13 JUL 2021	 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.	
7 01 FEB 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	