



HAQUE & SONS LTD.

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

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



Accredited By: BMD
Accreditation No: A-55144

PATIENT CONTROL NUMBER
HS5514FF



MEDICAL EXAMINATION CERTIFICATE

SURNAME HOWLADER	FIRST NAME AND MD SHAMIM	MIDDLE NAME HOSSAIN
PLACE AND DATE OF BIRTH JHALAKATI 15-Oct-1988	PASSPORT NUMBER A08064218	SEAMAN'S BOOK NUMBER C/O/5514
NATIONALITY: BANGLADESHI SEX: ☒ Male ☐ Female	VI SSEL TYPE: CONTAINER	TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS: VILL-BANAI, PO-BANAI BAZAR, PS-KATHALIA, DIST-JHALOKATI, BANGLADESH.	CONTACT NUMBER: +8801758120532 (SELF)	RANK: CHIEF OFFICER

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

	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?	☐	☒
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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 80kg	Height (cm) 176	BM 25.8	Blood Pressure: Systolic 110/99	Diastolic 78mm	PULSE: 78b/min																								
<table border="1"> <tr> <th colspan="2">Ear</th> <th colspan="2">Hearing by Audiometry</th> <th colspan="2">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>☒ Adequate ☐ Inadequate</td> <td>☐ Adequate ☐ Inadequate</td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td colspan="4"></td> <td>☐ Adequate ☐ Inadequate</td> <td>☐ Adequate ☐ Inadequate</td> </tr> </table>						Ear		Hearing by Audiometry		Audiometry		Hearing by Whisper Test		Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000	☒ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate	Left	☐ Adequate ☐ Inadequate					☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate
Ear		Hearing by Audiometry		Audiometry		Hearing by Whisper Test																							
Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000	☒ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate																						
Left	☐ Adequate ☐ Inadequate					☐ 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		
	Right eye	Left eye	Right eye	Left eye	Normal
Distant	6/6	6/6			☒
Near					☒

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

Date of last colour vision test: Date (day/month/year) 01 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	N/A	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☒ Negative
ECG	N/A	BILIRUBIN		Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E	N/A	SGPT		URINE R/E	N/A
DC (differential count)	N/A	SGOT		OTHERS	
HAEMOGLOBIN (HGB)	12.2	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGRÉN)	05	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	6.300	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL	5.5	Phencyclidine	☐ Positive ☒ Negative	Blood Type	N/A
RANDOM	5.6%	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	N/A
HBA1C	5.6%	Cocaine	☐ Positive ☒ Negative	Others (KUB Ultrasound)	N/A

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

MD SHAMIM HOSSAIN HOWLADER
Name of Seafarer

01 FEB 2024
Date

Signature of Seafarer _____

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	☒	☐	☐	☐
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: 01 FEB 2024 Valid Until: 31 JAN 2026

Name and Signature of Authorized Physician

DR. MIR. MD. RAHAN

In Accordance with Medical Examination (MSB) Code of Practice (MSB) and STCW 1978/1996 as Amended, MLC 2006

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician
Radical Hospitals Limited.

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: HOWLADER

GIVEN NAME (S): MD SHAMIM HOSSAIN

DATE OF BIRTH:

DAY 15 MONTH 10 YEAR 1988

PLACE OF BIRTH

CITY JHALAKATI COUNTRY BANGLADESH

SEX

MALE ☒ FEMALE ☐

POSITION ON BOARD:

MASTER ☐

DECK OFFICER ☒

ENGINEERING OFFICER ☐

RADIO OPERATOR ☐

RATING ☐

MAILING ADDRESS OF APPLICANT:
457/1, COLLEGE ROAD, BHANDARIA
PIROJPUR.

BANGLADESH.

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION

WITHOUT GLASSES

WITH GLASSES

RIGHT EYE

6/6

LEFT EYE

6/6

COLOR TEST TYPE

BOOK

LANTERN

YELLOW

RED

GREEN

BLUE

HEARING

RIGHT EAR

LEFT EAR

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) 01 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.

MD SHAMIM HOSSAIN HOWLADER

01 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:

01 FEB 2024

EXPIRY DATE OF CERTIFICATE:

31 JAN 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 (OPHIH)

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.
該当する二つ以上を記入して下さい。

1. ALLERGIES:
(アレルギー)

- ☐ Urucaria thives) ☐ Asthama
(じんましん) (ぜんそく)
☐ Drug allergies (name): ☐ Food allergies (name):
(薬品名) (食品名)

2. PAST HISTORY: (病歴)

- (1) Past serious illness: 三大既往症) Age (年齢):
When: _____
(時期) Age (年齢)

Surgeon: 手術

When: _____

(時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE): (現在病) (有病/無病)
Name of illness: (持病名)

Name (st of medicine (st used for the above disease (st). (上記持病に使用し薬薬品名)

01 FEB 2024

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



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)
☐ Heavy drinker 強い)
☐ Moderate drinker (中程度)
☐ Light drinker 弱い)
- (2) Smoking: (喫煙)
☐ Never smoke 吸わない)
☐ Quit smoking in 19____ 禁煙年)
☐ Smoke _____ cigarettes a day (1日____本吸う)
- (3) Bowel movements: (運動)
☐ Regular 規則的)
☐ Irregular 不規則的)
☐ Constipated (便秘)
- (4) Dietary preferences: (食事の好み)
☐ Meat (肉類)
☐ Fish (魚類)
☐ Only (類のみ)
☐ Sweet (甘い)
☐ Salty (塩辛い)
- (5) Exercise: (運動)
☐ Often (よくする)
☐ Sometimes (時々)
☐ Never (しない)
- (6) Sleep: (睡眠)
☐ Sleep well (よく眠る)
☐ 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 (増えてきた)
☐ Losing weight (やせてきた)

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/新腫)	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、病歴や高血圧など)

Date: 01 FEB 2024

Signature (署名)

(Card holder) (本人)

MEDICAL RECORDS
(Write in black letters)

Name of Company: Tel: Fax: Nationality: BANGLADESHI

Name: MD SHAMMUDHAR CHANDRAN (Name) MF

Name of Position: CHIEF Date of Birth: 25-10-1988 (Date)

Height: 178 cm Weight: 80 kg Age: 20 (20 years) Pulse: 78/min Normal breathing rate: 20/min Normal temperature: 36.5°C (Normal)

Blood pressure: 100/75 mmHg Blood type: A+ Rh: + Single/Married (Status)

Blood sugar (Fasting): mg/dl x 0.05625 = mmol/l
Uric acid (Fasting): mg/dl x 0.05914 = mmol/l

DR. MIR. MD. RAIHAN

MBS IDU, DHA, CCD (General), PGT (Opth)

BMDG A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician





DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD SHAMIM HOSSAIN HOWLADER

RANK : CHIEF OFFICER

CDC NO : C/O/5514

DOB : 15-Oct-1988

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

	YES	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 *	☐	☒

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 and will bear all the expenses as may incur as a direct result of such concealment.

Date : 01 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 : 0012 **Date** : 01-Feb-2024 **D.Date** : 01-Feb-2024
Patient's Name : MD SHAMIM HOSSAIN HOWLADER **Age** : 35Y 3M 16D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5514

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.2 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	6,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/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	126 /cumm	50-450/cumm
Total RBC Count	5.01 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42 %	M: 40-54%, F:37-47%
MCV	77 fL	76 - 94 fL
MCH	33 pg	27 - 32 pg
MCHC	33.4 g/dL	29 - 34 g/dL
RDW	12.0 %	11 - 16 %
PDW	36 fL	35 - 56 fL
Total Platelete Count (PC)	1,97,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.10 %	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	DIA24020012	Received Date	01/02/2024
Patient's Name	MD SHAMIM HOSSAIN HOWLADER		
Patient's Age	35Y 3M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5514
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.57 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	23.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	28.0 U/L	Up to 40 U/L
HbA1C	5.6%	4.2 - 6.7 %

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.

Bill No	DIA24020012	Received Date	01/02/2024
Patient's Name	MD SHAMIM HOSSAIN HOWLADER		
Patient's Age	35Y 3M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5514
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HBsAg (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING RESULT

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	DIA24020012	Received Date	01/02/2024
Patient's Name	MD SHAMIM HOSSAIN HOWLADER		
Patient's Age	35Y 3M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5514
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	1-2/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	DIA24020012	Received Date	01/02/2024
Patient's Name	MD SHAMIM HOSSAIN HOWLADER		
Patient's Age	35Y 3M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5514
Sample	URINE		

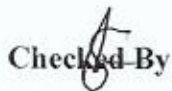
DRUG ABUSE TEST

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 HOUSTON

DATE: 01/02/2024

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

EYE EXAMINATION REPORT

NAME: MD SHAMIM HOSSEIN HOWLADER

RANK: CH.OFF

CDC NO: C/O/5514

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

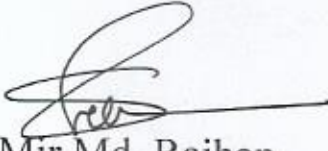
6/6

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

ID: 124

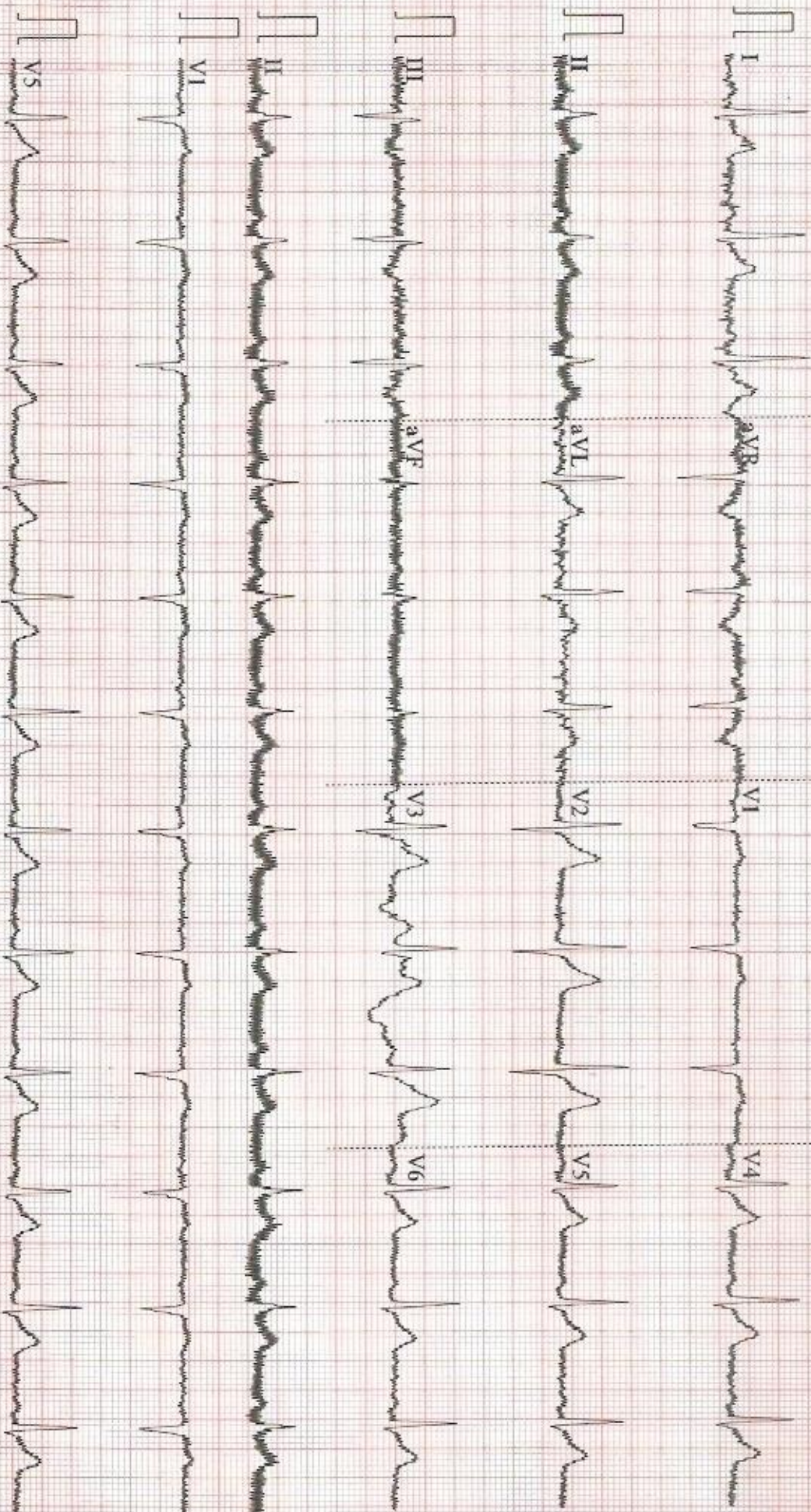
01-02-2024 13:08:55

Mr. Stephen A. Stein
Male 55 Years Attended

HR : 73 bpm
P : 122 ms
PR : 182 ms
QRS : 98 ms
QT/QTc : 358/395 ms
PQRST : 33/9/10 °
RV5/SV1 : 0.995/0.746 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r 73

SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24020012 Receive: 01/02/2024 Print: 01/02/2024
Patient's Name : MD SHAMIM HOSSEIN HOWLADER
Age : 35 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
05 NOV 2020	MV ONE MACKINAC	BP: 78/54 Pulse: 120/min	Normal	Normal	Normal	Normal	Normal
03 AUG 2021	MV. PEARL RIVER	BP: 120/80 Pulse: 78/min	Normal	Normal	Normal	Normal	Normal
06 JUN 2022	MV. BROOKLYN BRIDGE	BP: 120/80 Pulse: 78/min	Normal	Normal	Normal	Normal	Normal
17 JUL 2023	MV. ONE HELSINKI	BP: 120/80 Pulse: 78/min	Normal	Normal	Normal	Normal	Normal
01 FEB 2024	MV. ONE HOUSTON	BP: 120/80 Pulse: 78/min	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 (Bitem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

MD Shamim Hossain Howledar

This is to certify that
whose signature follows

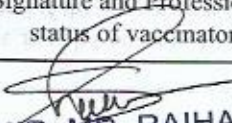
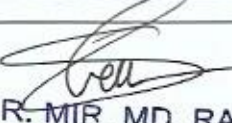
Date of birth

15-10-1988

Sex

M

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
06 JUN 2022	 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	
17 JUL 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.	
01 FEB 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	
5		5
6		
7		7
8		

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Form No: SMC

SL NO.

04.2024.5813

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last HOWLADER First MD SHAMIM Middle HOSSAIN
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 01 FEB 2024
Occupation: Deck/Engine/Catering/Other (specify) DECK Rank: CHIEF OFFICER
Father's/ Husband's name: MD SAHED ALI HOWLADER C.D.C No. C/OI 5514
Mother's Name: PIARA BEGUM Seaman ID No. 050000741
Address: House No: 457/1 Street/ Road No: COLLEGE ROAD Passport No. AD8064218
Locality/Village: BHANDARIA NID No. 2357093570
P.O.: BHANDARIA Date of Birth: 15-OCT-1988
P.S.: BHANDARIA (DD/MM/YYYY)
District: PIROJPUR

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination ☒ YES/NO
- Hearing meets the standards in section A-I/9 ☒ YES/NO
- Unaided hearing satisfactory? ☒ YES/NO
- Visual acuity meets standards in section A-I/9? ☒ YES/NO
- Colour vision meets standards in section A-I/9? ☒ YES/NO
Date of last colour vision test 01 FEB 2024
- Fit for lookout duties? ☒ YES/NO
- Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? ☒ YES/NO
- Any limitations or restrictions on fitness? ☒ YES/NO

If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

9. Medical fitness category : ☒ Fit-No restriction ☐ Fit-Subject to restrictions ☐ Unfit

10. Date of examination/Issue (DD/MM/YYYY) 01 FEB 2024

11. Date of expiry (DD/MM/YYYY) 31 JAN 2026 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



DR. MIR. MD. RAIHAN

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

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

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 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug -related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental:

- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure:

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

- Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

- 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. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- 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.
- 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.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION:

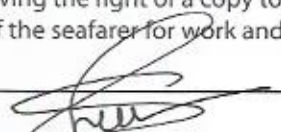
(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

01 FEB 2024


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