



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 : BMDC
Accreditation No : A-55144

PATIENT CONTROL NUMBER
HS5861FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME JAMIL	FIRST NAME AND MORSHED	MIDDLE NAME
PLACE AND DATE OF BIRTH NOAKHALI 6-Dec-1989	PASSPORT NUMBER B00753949	SEAMAN'S BOOK NUMBER C/O/5861
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL-CHARURIA, PO-KISHOREGANJ PS-SUDHARAM, DIST-NOAKHALI, BANGLADESH	CONTACT NUMBER : 01718853526 (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

	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) 170	BMI 24.9	Blood Pressure: Systolic 120mm Diastolic 80mm	PULSE: 78bpm
Ear	Hearing by Audiometry	Audiometry	Hearing by Whisper Test	
Right	☐ Adequate ☐ Inadequate	500 1000 2000 3000	☒ 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
 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/C	☒	SGPT	URINE R/E	☒
DC (differential count)	☒	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	15.0		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	0.6	Morphine	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	10000	Amphetamine	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	Blood Type	☒
RANDOM	5.5	Barbiturates	Psychological Exam	☒
HBA1C	5.4	Cocaine	Others (KUB Ultrasound)	☒

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

MORSHED JAMIL
 Signature of Seafarer

MORSHED JAMIL
 Name of Seafarer

27-Feb-2024
 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:

	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: **27 FEB 2024**

26 FEB 2026

DR. MIR. MD. RAIHAN

Name and Signature of Authorized Physician

DG Shipping Bangladesh Approved

In Accordance with Medical Examination (Seafarers) General Physician, 78) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **JAMIL**

GIVEN NAME (S): **MORSHED**

DATE OF BIRTH:

DAY **6** MONTH **12** YEAR **1989**

PLACE OF BIRTH

CITY **NOAKHALI** COUNTRY **BANGLADESH** SEX **MALE** ☒ FEMALE ☐

POSITION ON BOARD:

MASTER ☐
DECK OFFICER ☐
ENGINEERING OFFICER ☒
RADIO OPERATOR ☐
RATING ☐

MAILING ADDRESS OF APPLICANT:

**HOUSE-11, FLAT-E2
CENTRAL ROAD, DHAKA, BANGLADESH
BANGLADESH.**

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE		HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/6	—	☒ BOOK ☒ LANTERN YELLOW NO RED NO GREEN NO BLUE NO	RIGHT EAR NO
LEFT EYE	6/6	—		LEFT EAR NO

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)

27 FEB 2024

Date of the last colour vision test: (Day/Month/Year) **27 / 02 / 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.

MORSHED JAMIL

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 CERTIFICATING 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 (OPHIH)

BMDG A-55144, MHC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

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)

MEDICAL RECORDS (Write in block letters)

Name of Company: (所属会社) _____
 Name: (氏名) _____
 Given name (名) _____
 Family name (姓) _____
 Date of Birth: (生年月日) _____
 Sex: (性別) _____
 Nationality: (国籍) _____
 Height: (身長) _____ cm
 Weight: (体重) _____ kg
 Normal breathing rate: (正常呼吸数/分) _____ /min
 Normal temperature: (正常体温) _____ °C
 Blood pressure: (血圧) _____ /mmHg
 Blood type: (血液型) _____
 Blood sugar: (血糖値) _____ mg/dl × 0.05625 = _____ mmol/l
 Uric acid: (尿酸値) _____ mg/dl × 0.05914 = _____ mmol/l



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

Medical Information (医療情報) Please check the appropriate items.
該当する二項に○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: (重大な既往症) Age (年齢)

二 Surgeon: (手術) When? (時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(病名): (持病/有無)
Name of illness: (持病名)

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

27 FEB 2024

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 (毎夜)
二 Heavy drinker (過飲) 二 Moderate drinker (中程度) 二 Light drinker (軽飲)

(2) Smoking: (喫煙) 二 Never smoke (吸わない)
二 Not smoking in 19____年(19__年)に禁煙
二 smoke cigarettes a day (1日平均__本吸ふ)

(3) Bowel movements: (排便)
二 Regular (規則的) 二 Irregular (不規則) 二 Constipated (便秘)

(4) Dietary preferences: (食事の嗜好)
二 Salty (塩辛い) 二 Meat (肉類) 二 Fish (魚類)
二 Sweet (甘い) 二 Only (僅々)

(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 (よく寝る) 二 Have Sleeplessness (睡眠障害)
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 Putting on weight (太っている)
二 Losing weight (やせてきている)

DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Bdental), PGD (Dent)
BMDC A-55144, MMIC-BGD-016
DG Shipping Bangladesh Approved
General Physician

Radical Hospitals Limited





DECLARATION OF HEALTH BY CREW

 NAME OF CREW : MORSHED JAMIL

 RANK : CHIEF ENGINEER

 CDC NO : C/O/5861

 DOB : 06-Dec-1989

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. 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 (Bitem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited

Id No : 0664 **Date** : 27-Feb-2024 **D.Date** : 27-Feb-2024
Patient's Name : MORSHED JAMIL **Age** : 34Y 2M 21D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/5861

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.0 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.
ESR(Westergreen)	06 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	10000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	66 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	30 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	200 /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)	2,85,000 /cumm	150,000-450,000/cumm
MPV	8.0 fL	7.0 - 11.0 fL
PCT	0.1 %	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	DIA23010664	Received Date	27/02/2024
Patient's Name	MORSHED JAMIL		
Patient's Age	34Y 2M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5861
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)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	27U/L	Up to 40 U/L
Serum AST (SGOT)	22 U/L	Up to 37 U/L
HbA1C	5.4 %	4.2 - 6.7 %

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



Bill No	DIA23010664	Received Date	27/02/2024
Patient's Name	MORSHED JAMIL		
Patient's Age	34Y 2M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5861
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

BLOOD GROUPING Result

ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23010664	Received Date	27/02/2024
Patient's Name	MORSHED JAMIL		
Patient's Age	34Y 2M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5861
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	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 Technologist
Radical Hospitals Ltd.


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

Bill No	DIA23010664	Received Date	27/02/2024
Patient's Name	MORSHED JAMIL		
Patient's Age	34Y 2M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5861
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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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 Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology

East West Medical College and Hospital

REF:	MV. ONE HUMBER	DATE: 27/02/2024
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M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	MORSHED JAMIL	RANK: CH.ENG	CDC NO: C/O/5861
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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: 24020574

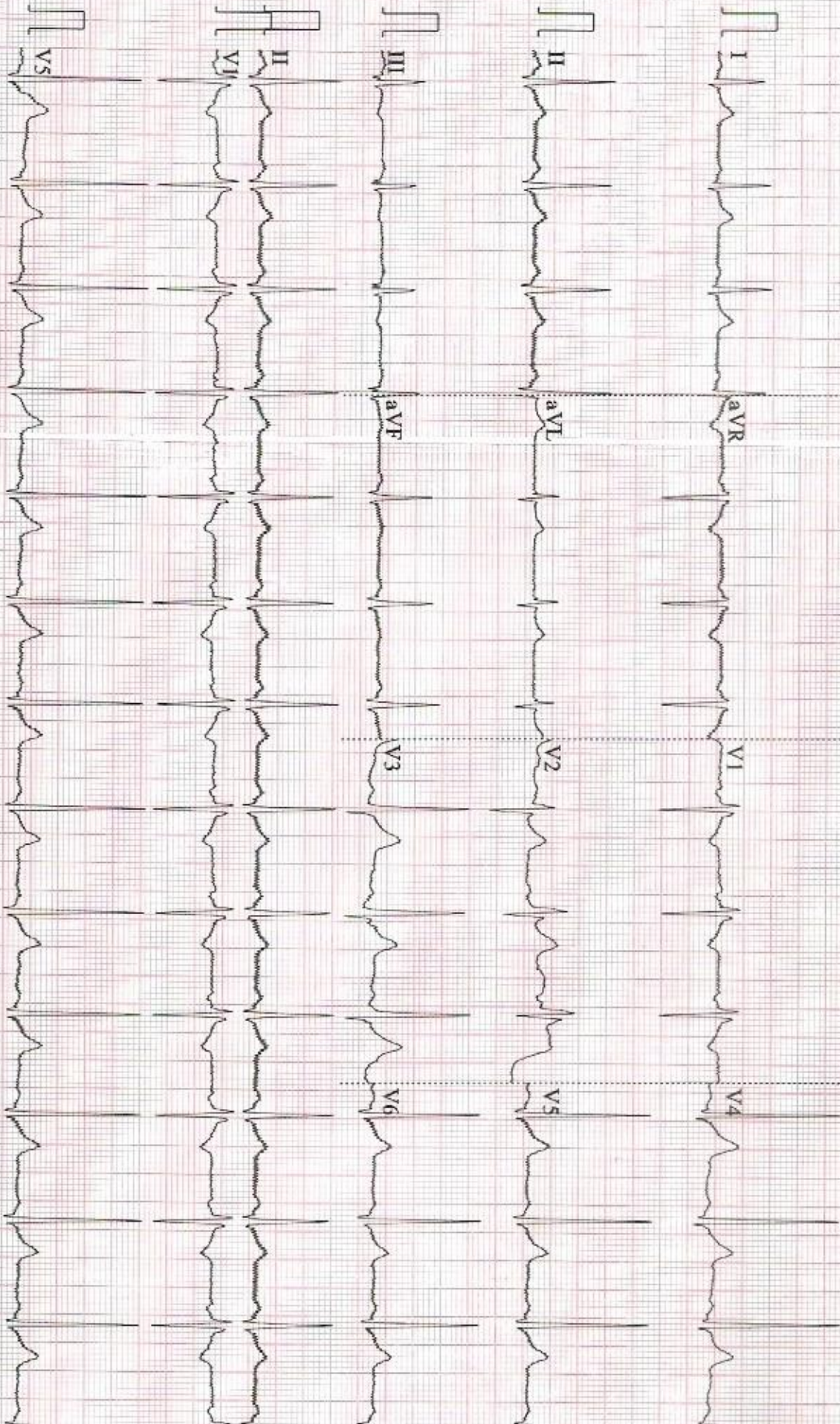
27-02-2024 12:41:00

McAlister James
Male 79 Years

HR	: 79	bpm
P	: 116	ms
PR	: 138	ms
QRS	: 106	ms
QT/QTc	: 368/422	ms
P/QRS/T	: 54/49/17	°
RV5/SVI	: 2.256/1.062	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



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

79

SE-1200Express V2.21

Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24020664 Receive: 27/02/2024 Print: 27/02/2024
Patient's Name : **MORSHED JAMIL**
Age : 34 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
06 MAY 2021	MV MEISHAN BRIDGE	Recd 78/120 mm	Normal	Normal	Normal	Normal	Normal
13 JAN 2023	MV ONE HUNDRED	Pulse 78/120 mm	Normal	Normal	Normal	Normal	Normal
27 FEB 2024	MV ONE HUNDRED	BP 120/80 mm	Normal	Normal	Normal	Normal	Normal

Completed by Company's M.O.

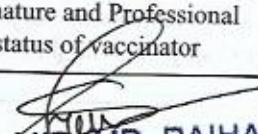
		Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
Creatine	USG				
				DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Bircem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 06-12-1989 Sex MALE
MORSHED JAMIR 01/01/8861

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 13 JAN 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	
2 27 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	

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Continued overleaf Suite our erso

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



Form No: SMC

SL NO.

04.2024.6000

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 JAMIL First MORSHED Middle
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 27 FEB 2024
Occupation: Deck/Engine/Catering/Other (specify) ENGINE Rank: CHIEF ENGINEER
Father's/ Husband's name: MD ABU ZAHER C.D.C No. 40/5861
Mother's Name: JOHRA AKHTER Seaman ID No. 050001565
Address: House No: 11 Street/ Road No: CENTRAL ROAD Passport No. BD0753949
Locality/Village: DHANMONDI NID No. 7518780271876
P.O: NEW MARKET Date of Birth: 06/DEC/1989
P.S: NEW MARKET (DD/MM/YYYY)
District: DHAKA

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 : 27 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
Dhaka, Dhaka, Bangladesh

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

10. Date of examination/Issue (DD/MM/YYYY) 27 FEB 2024

11. Date of expiry (DD/MM/YYYY) 26 FEB 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), DPM, CCD (Bitem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited
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:

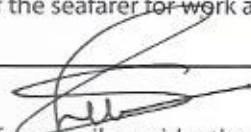
(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

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

27 FEB 2024


DR. MIR. MD. RAIHAN
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