

# REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS,(DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical\_hospitals@yahoo.com

Name: **RAHMAN HABIBUR**

Sex: **MALE** Serial No:

Date of Birth: **18 / 01 / 1986** PP/CDC: **4010150**

Rank: **4/E**  
Route: **WORLDWIDE**

Vessel: **M.V. B.K ALICE** Type: **BULK**

Home Address: **LAXMIPUR, BHABERCHAR, GAGARIA**

**MUNSHEGANJ**

Company Name: **NEW NAVIGATOR SHIPMANAGEMENT**

## Medical History

Please answer the following to the best of your knowledge.

| Is there any past / present history of any of the following | Candidate Declaration |    | Examiner Record |    |                                                | Candidate Declaration |    | Examiner Record |    |
|-------------------------------------------------------------|-----------------------|----|-----------------|----|------------------------------------------------|-----------------------|----|-----------------|----|
|                                                             | Yes                   | No | Yes             | No |                                                | Yes                   | No | Yes             | No |
| Severe one-sided headaches (Migraine)                       |                       |    |                 |    | Hernia / Hydrocoele / Appendicitis             |                       |    |                 |    |
| Head Injury / Concussion / Loss of Memory                   |                       |    |                 |    | High / Low blood pressure / Heart disease      |                       |    |                 |    |
| Fits / Epilepsy / Dizziness / Fainting                      |                       |    |                 |    | Asthma / Bronchitis / Tuberculosis             |                       |    |                 |    |
| Eye / Vision Problems (Glasses, etc.)                       |                       |    |                 |    | Allergy / Skin disease                         |                       |    |                 |    |
| Hearing Impairment                                          |                       |    |                 |    | Infection / Contagious Disease                 |                       |    |                 |    |
| Ear / Nose / Throat problems                                |                       |    |                 |    | Addiction to alcohol / drugs / tobacco         |                       |    |                 |    |
| Stomach / Bowel disorders                                   |                       |    |                 |    | Fracture / Dislocation / Injury / Amputation   |                       |    |                 |    |
| Gall stones / Kidney disorders                              |                       |    |                 |    | Major / Minor Operation                        |                       |    |                 |    |
| Jaundice / Liver Disease                                    |                       |    |                 |    | Diabetes                                       |                       |    |                 |    |
| Piles / Varicose veins                                      |                       |    |                 |    | Nervous / Mental disease / Sleep disorder      |                       |    |                 |    |
| Blood Disorder                                              |                       |    |                 |    | Malignant disease (Cancer)                     |                       |    |                 |    |
| Female Disorder                                             |                       |    |                 |    | Signed off on medical grounds / Declared Unfit |                       |    |                 |    |
| Notes                                                       |                       |    |                 |    |                                                |                       |    |                 |    |

## Medical Examination

| Height         | Weight in Kgs | Chest Insp-Exp | Blood Pressure in mm of Hg | Pulse-Beats / min | Resp. Rate / min | General Condition |      |      |          |      |      |      |      |
|----------------|---------------|----------------|----------------------------|-------------------|------------------|-------------------|------|------|----------|------|------|------|------|
| 178 cm         | 85 kg         | 43-41 cm       | 120/80 mmHg                | 78 bpm            | 19 bpm           | Good              |      |      |          |      |      |      |      |
| Distant Vision | Uncorrected   | Corrected      | Field of Vision            | Audiometry        | Hz               | 500               | 1000 | 2000 | 3000     | 4000 | 5000 | 6000 | 8000 |
| Right Eye      | 6/6           |                | Normal                     | Right Ear         | dB               | 20                | 20   | 20   |          |      |      |      |      |
| Left Eye       | 6/6           |                | Abnormal                   | Left Ear          | dB               | 20                | 20   | 20   |          |      |      |      |      |
| Colour Vision  | Ishihara      | Normal         | Abnormal                   | Hearing           | Right Ear        |                   |      |      | Left ear |      |      |      |      |
| Other          |               | Normal         | Abnormal                   |                   | 4                |                   |      |      | 4        |      |      |      |      |

## Systemic Examination

| Systemic Examination    | Normal | Abnormal | Notes                                                                                                       |  | Normal                | Abnormal |
|-------------------------|--------|----------|-------------------------------------------------------------------------------------------------------------|--|-----------------------|----------|
| Head & Neck             |        |          | <b>FIT FOR SEA SERVICE</b><br><b>AS 4/E</b><br><b>AS PER MLC 2006</b><br><b>Enhanced GARD Medicals done</b> |  | Respiratory system    |          |
| Eyes                    |        |          |                                                                                                             |  | Cardiovascular system |          |
| Ears / Nose / Throat    |        |          |                                                                                                             |  | Per Abdomen           |          |
| Teeth / Oral Cavity     |        |          |                                                                                                             |  | Genito-urinary system |          |
| Musculo-Skeletal system |        |          |                                                                                                             |  | Others                |          |
| Nervous system          |        |          |                                                                                                             |  | Hernia / Hydrocoele   |          |
| Reflexes                |        |          |                                                                                                             |  | Varicose Veins        |          |
| Skin                    |        |          |                                                                                                             |  | Fissure/Fistula/Piles |          |

## Investigations

| Blood             | Result                        | Normal             | Urine            |
|-------------------|-------------------------------|--------------------|------------------|
| Hemoglobin        | 14.3 gm%                      | 14-16 gm %         | Colour           |
| Total WBC count   | 8600 cu.mm                    | 4000-11000 / cu.mm | Specific Gravity |
| Neu 56 % Lymph    | 38 % Eos 03 % Ba 00 % Mo 02 % |                    | pH               |
| Malarial parasite | Not Found                     |                    | Albumin          |
| ESR               | 28 mm / 1st hour              | 1-15 mm / hr       | Sugar            |
| SGPT              | 24 U/L                        | 9-43 U / L         | Bile pigment     |
| S.Cholesterol     | mg/dl                         | 145-260 mg / dl    | Bile salts       |
| S.Triglycerides   | mg/dl                         | upto 200 mg / dl   | Occult blood     |
| Blood Sugar       | RBS 5.3 PPBS                  | upto 125 mg %      | RBC cells        |
| HbsAg             | Negative                      |                    | Leucocytes       |
| HIV I & II        | Negative                      |                    | Others           |
| VDRL              | Negative                      |                    |                  |
| Others            |                               | GGTP U/L           |                  |
| Blood Group       |                               |                    |                  |

ECG: **Normal** TMT: **N/D**

X-Ray Chest: **Normal**

Spirometry: **N/D**

Drugs of Abuse: **Negative**

USG: **Normal**



## Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR. MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: **04 FEB 2026**

Candidate's Signature: **[Signature]**

Official Stamp

Date: **05-02-2024**

Doctor'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  
Radical Hospitals Limited.

05 FEB 2024

04.2024.5832





**MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD  
REPUBLIC OF PANAMA**

|                                                                                                                                                                                                                                         |  |                                                                                       |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| SURNAME: <b>RAHMAN</b>                                                                                                                                                                                                                  |  | GIVEN NAME (S): <b>HABIBUR</b>                                                        |                                                                                 |
| DATE OF BIRTH:<br>DAY <b>18</b> MONTH <b>01</b> YEAR <b>1996</b>                                                                                                                                                                        |  | PLACE OF BIRTH<br>CITY <b>DHAKA</b> COUNTRY <b>BANGLA DESH</b>                        | SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |
| POSITION ON BOARD:<br>MASTER <input type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input checked="" type="checkbox"/><br>RADIO OPERATOR <input type="checkbox"/><br>RATING <input type="checkbox"/> |  | MAILING ADDRESS OF APPLICANT:<br><b>LAXMIPUR, BHABERCHAR, GAZARIA,<br/>MUNSHIGANJ</b> |                                                                                 |

**DECLARATION OF THE AUTHORIZED PHYSICIAN**

|           | VISION          |              | COLOR TEST TYPE                                                                                                                       | HEARING             |
|-----------|-----------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------|
|           | WITHOUT GLASSES | WITH GLASSES |                                                                                                                                       |                     |
| RIGHT EYE | <b>6/6</b>      | —            | <input type="checkbox"/> BOOK<br><input type="checkbox"/> LANTERN<br>YELLOW <b>mm</b> RED <b>mm</b><br>GREEN <b>mm</b> BLUE <b>mm</b> | RIGHT EAR <b>mm</b> |
| LEFT EYE  | <b>6/6</b>      | —            |                                                                                                                                       | LEFT EAR <b>mm</b>  |

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) **05 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.

**HABIBUR RAHMAN**

**05-02-2024**

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 REG: A-55144**

ADDRESS: **RADICAL HOSPITAL LIMITED, SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **DG SHIPPING BANGLADESH**

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

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

EXPIRY DATE OF CERTIFICATE: **04 FEB 2026**

DATE: **05 FEB 2024**

*This certificate is issued by the Panama Maritime Authority 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 (Birmen), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited

**Id No** : 0126 **Date** : 05-Feb-2024 **D.Date** : 05-Feb-2024  
**Patient's Name** : HABIBUR RAHMAN **Age** : 28Y 0M 15D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/9150

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                                           |
|------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>14.3</b> gm/dl     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.<br>Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr. |
| <b>ESR(Westergreen)</b>            | <b>08</b> mm/1st hr   | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm                        |
| <b>Total WBC Count(TC)</b>         | <b>8,600</b> /cumm    |                                                                                                                           |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                                           |
| Neutrophils                        | <b>56</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                                            |
| Lymphocytes                        | <b>38</b> %           | Child: 52-62 %, Adult: 20-50 %                                                                                            |
| Monocytes                          | <b>03</b> %           | Child: 03-07 %, Adult: 02-10 %                                                                                            |
| Eosinophils                        | <b>03</b> %           | Child: 01-03 %, Adult: 01-06 %                                                                                            |
| Basophils                          | <b>00</b> %           | Adult: 00-01 %                                                                                                            |
| Total Cir. Eosinophils             | <b>258</b> /cumm      | 50-450/cumm                                                                                                               |
| <b>Total RBC Count</b>             | <b>5.01</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                                                |
| HCT/PCV                            | <b>39</b> %           | M: 40-54%, F:37-47%                                                                                                       |
| MCV                                | <b>77</b> fL          | 76 - 94 fL                                                                                                                |
| MCH                                | <b>28</b> pg          | 27 - 32 pg                                                                                                                |
| MCHC                               | <b>33</b> g/dL        | 29 - 34 g/dL                                                                                                              |
| RDW                                | <b>11</b> %           | 11 - 16 %                                                                                                                 |
| PDW                                | <b>38</b> fL          | 35 - 56 fL                                                                                                                |
| <b>Total Platelete Count (PC)</b>  | <b>2,23,000</b> /cumm | 150,000-450,000/cumm                                                                                                      |
| MPV                                | <b>8.0</b> fL         | 7.0 - 11.0 fL                                                                                                             |
| PCT                                | <b>0.01</b> %         | 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        | DIA2420126                                            | Received Date | 05/02/2024 |
| Patient's Name | HABIBUR RAHMAN                                        |               |            |
| Patient's Age  | 28Y 0M 15D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/9150   |
| Sample         | BLOOD                                                 |               |            |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.3 mmol/l | 4.2 – 6.4 mmol/l |
| Serum ALT (SGPT)         | 24.0 U/L   | Up to 40 U/L     |

Checked By

Medical Technologist.  
Radical Hospital Ltd.

**Dr. Sunfaiya Khatun**

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA2420126                                            | Received Date | 05/02/2024 |
| Patient's Name | HABIBUR RAHMAN                                        |               |            |
| Patient's Age  | 28Y 0M 15D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/9150   |
| Sample         | BLOOD                                                 |               |            |

**SEROLOGICAL REPORT**Test NameResult

|                        |          |
|------------------------|----------|
| HBS Ag (Method : (ICT) | 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.

|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA2420126                                            | Received Date | 05/02/2024 |
| Patient's Name | HABIBUR RAHMAN                                        |               |            |
| Patient's Age  | 28Y 0M 15D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/9150   |
| Sample         | URINE                                                 |               |            |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | RBC         | Nil     |
| Appearance | Clear      | Pus Cells   | 0-1/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        | DIA2420126                                            | Received Date | 05/02/2024 |
| Patient's Name | HABIBUR RAHMAN                                        |               |            |
| Patient's Age  | 28Y 0M 15D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/9150   |
| 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.

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24020126 Receive: 05/02/2024 Print: 05/02/2024  
Patient's Name : **HABIBUR RAHMAN**  
Age : 28 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

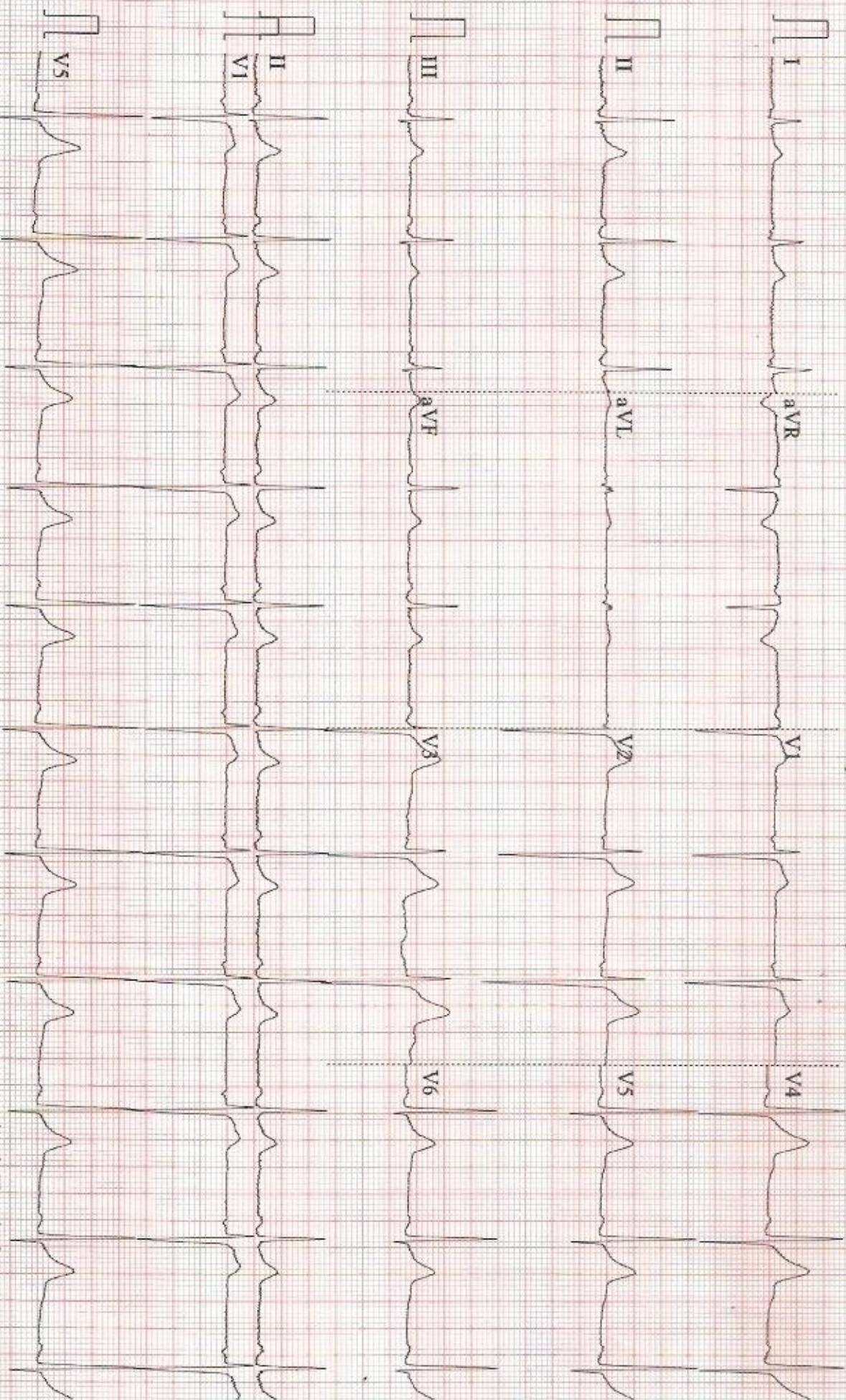
ID: 124  
*Labibur Rahman*  
Male 28 Years

05-02-2024 19:38:53

HR : 64 bpm  
P : 118 ms  
PR : 144 ms  
QRS : 98 ms  
QT/QTc : 388/401 ms  
P/QRS/T : 59/57/50 °  
RV5/SV1 : 1.867/1.548 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24020126 Receive: Print: 05/02/2024  
Patient's Name : **HABIBUR RAHMAN**  
Age : 28 YRS Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

**ELECTROCARDIOGRAM (E.C.G) REPORT**

Rate : 64 b/min  
Rhythm : Regular  
P-Wave : Normal  
P-R Interval : Normal  
QRS Complex : Normal  
ST. Segment : Is electric  
T. Wave : Normal

Impression : Findings are within normal limit.



**Dr. Debashish Paul**  
MBBS, MD (Cardiology)  
Associate Professor  
Department of Cardiology  
Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1

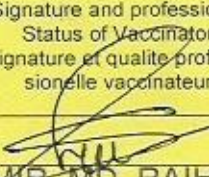
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST CHOLERA  
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION  
CON TRE LE CHOLERA**

**HABIBUR**

This is to certify that **RAHMAN** date of birth **18-01-1996** Sex **MALE**  
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows  
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera  
a e'te' vaccine' (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

|             |                                                                                                                                                                                            |                                                                                   |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Date        | Signature and professional<br>Status of Vaccinator<br>Signature et qualite profess-<br>sionelle vaccineur                                                                                  | Approved Stamp<br>Cachet<br>d'authentification                                    |
| 05 FEB 2024 |                                                                                                           |  |
| 1           | <b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. | <b>ORAL CHOLERA</b><br>"DUKORAL"<br>Valid Upto 2 yrs                              |
| 2           |                                                                                                                                                                                            |                                                                                   |
| 3           |                                                                                                                                                                                            |                                                                                   |
| 4           |                                                                                                                                                                                            |                                                                                   |

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

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

La validite de ce certificate couvre une periode de six mois commençant six jours apres la premiere injection du vaccin ou, dans le cas d'une revaccination, au cours de cette periode de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partielles a sept jours d'intervalle et sa validite commence le jour de la seconde injection.

Le cachet d'authentification doit etre conforme au modele present par l'administration sanitaire du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui il comporte peut en affecter la validite.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST YELLOW FEVER  
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION  
CONTRE LA FIEVRE JAUNE**

**HABIBUR**

This is to certify that **RAHMAN** date of birth **18-01-1996** Sex **MALE**  
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows  
don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera  
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la date indiquee.

| Date             | Signature and professional<br>Stahtus of Vaccinator<br>Signature et titre<br>du vaccinateur                                                                                                 | Manufacturer<br>and batch<br>no of vaccine<br>Fabricant du<br>vaccin et numbre<br>ro du lot | Official stamp of vaccinating centre<br>Cachet officiel du centre de vaccination |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 05 FEB 2024<br>1 | <br><b>DR. MIR MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>2DG Shipping Bangladesh Approved<br>General Physician<br>Medical Hospital, Dhaka |                                                                                             |                                                                                  |
| 3                |                                                                                                                                                                                             |                                                                                             |                                                                                  |
| 4                |                                                                                                                                                                                             |                                                                                             |                                                                                  |

This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by 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 in days after the date of vaccination or in the event of a revaccination within such period often years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre de vaccination a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une ré vaccination, au cours de la période de dix ans, le jour de cette ré vaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant le lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il

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



Form No: SMC

SL NO. 04.2024.5819

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 RAHMAN First HABIBUR Middle  
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 03 FEB 2024  
Occupation: Deck/Engine/Catering/Other (specify) Rank: 4/E  
Father's/ Husband's name: TARIQUL ISLAM C.D.C No. C/013150  
Mother's Name: FATEMA ISLAM Seaman ID No. 050008253  
Address: House No. Street/ Road No. Passport No. A08333758  
Locality/Village: LAXMIPUR NID No. 417 177 1332  
P.O. VABERCHAR Date of Birth: 18-01-1996  
P.S. GAZARIA (DD/MM/YYYY)  
District: MUNSHIGANJ

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 : 03 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) 03 FEB 2024

11. Date of expiry (DD/MM/YYYY) 02 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), DFM, CCD (Birm), 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/Navigational 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/navigational 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

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03 FEB 2024