Medical Certificate for Service at Sea

Issue Date: 15th July 2013 Rev. Date: 01 November 2022 Revision No.: 01

Form #: C-43

As per medical standards of ILO-MLC 2006, as amended STCW 2010

Van	ne: (last, first, middle)						136
RA	NA	IDRI	S					
	e of birth:	10	10	1995	Gender:	MALE	I	WIR MO P
	y/month/year)	F110	.=0=04		(male/female)	DANIGI		S RADICAL E
	sport / Discharge	EH04	152701	9	Nationality:	BANGLA	ADESHI	* (HOSPITALS) Z
Ran		DECK	HAND		Place of Examination:	DHAKA	V	of Examinee.
	mentioned above. diagnostic test res opinion is –	On the lults obtain	oasis of ined, ar	the seafare	er's/ new entrant poleration of the essen	ersonal de	eclaration	identity as per the documen, my clinical examination, of the position applied for, Yes No
a.	Hearing meets the	standards	in STC	CW Code, s	section A-I/9:			
b.	Unaided hearing is	satisfact	ory;					
c.	Color Vision meets (testing only requir				standards section A	I/9		
d.	Date of last color v	ision test	:					
e	Fit for lookout duty	v						
f	Is the seafarer free or to render the sea on board:				on likely to be aggr e or to endanger th			
	This seafarer is [below. *This Medical Cer			R DUTY *	FI			ithout restriction *as ment
	** Reasons for be	ing unfit		722				
								75/8/10/25
Da	te of examination: (I	Day/Mon	th/Year)				2 9 FEB 2024
Ex	piry date of certificat	e: (Day/N	Month/	Year)			/	2 8 FEB 2026
Na	me of Medical Exam	iner			DR. M	IR MD. R	AIHAN I	ABBS,(DU), DFM
Sig	gnature of Medical Ex	caminer				-	To	
	ficial Stamp							

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.

04.2024.6038

File No.: L #3 (2nd/O) Retention: 3 Years / Frequency: As Required Page 1 of 1

Form#: C-44

Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

Medical Examination of Seafarers Examinee's Declaration

Name (last, first, middle):	RANA IDRIS
Date of birth (day/month/year):	10-OCT-1995
Sex: Male / Female	MALE
	KULLA, DHAMRAI, DHAMRAI
Home address:	DHAKA, BANGLADESH
Passport No./Discharge book No.:	EH0452701
Department (Deck/Engine/Radio/Food handling/other):	DECK
Rank:	DECK HAND
Routine and emergency duties (if known):	
Type of ship (Cargo, Tanker, Passenger):	
Trade area (coastal, tropical, worldwide):	

Seafarer's Personal Declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

	Condition	Yes	No	-1-25	Condition	Yes	No
	Eye/vision problem			18	Sleep problem		
2	High blood pressure			19	Do you smoke, use alcohol or drugs?		1
3	Heart/vascular disease			20	Operation/surgery		/
1	Heart surgery		-	21	Epilepsy/seizures		/
5	Varicose veins/piles			22	Dizziness/fainting		
6	Asthma/bronchitis			23	Loss of consciousness		-
7	Blood disorder			24	Psychiatric problems		_
8	Diabetes			25	Depression/Hepatitis		
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 (hearing, tinnitus)/nose/throat problem		
14	Infectious/contagious diseases			31	Restricted mobility		
15	Hernia			32	Back or joint problem		
16	Genital disorder			33	Amputation		
17	Pregnancy			34	Fractures/dislocations		

CO HOSOIGO

Retention: 3 Years and Transferred: As Required

Issue Date: 15th July 2013 Rev. Date: 01st November 2022 Revision No. : 01 Form #: C-44

Page 2 of 4

Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

					Very Very
1					
A	Additional questions				
				Yes	No
,	11	ls as sanatriated from a chin?		100	1
5	Have you ever been signed off as sick	k or repairlated from a sinp:			-
5	Have you ever been hospitalized?	and July 9		-	1
7	Have you ever been declared unfit for		Canal Control of the Control		-
8	Has your medical certificate even bee		20002	-	1
9	Are you aware that you have any med Do you feel healthy and fit to perform		sses?		-
0	position/occupation?	if the duties of your designated			
1	Are you allergic to any medication?				1
	Are you taking any non-prescription If yes, please list the medications taken, a	Control of the second of the s):		
	If yes, please list the medications taken, a	and the purpose(s) and dosage(s		owledge	
Signa		and the purpose(s) and dosage(s			
Signa Exam Witne	If yes, please list the medications taken, a	ion above is a true statement to Day (day/month/year) Name (Typed or	2 9 FEB 202 DR. MIR. MD. BBS (DU), DFM, CCD (Birder BMDC A-55144, MMC G-Shipp.ng Banglader General Physic	RAIHAN m). PGT (Ophth) C-BGD-016 shapproved	
Signa Exam Witno	If yes, please list the medications taken, a I hereby certify that the personal declarate ature of ninee: essed by:	ion above is a true statement to Day (day/month/year) Name (Typed or Printed) Redical records from any health prof	2 9 FEB 2020 OR. MIR. MD. BBS: IDU). DFM, CCD (Birder BMDC A-55144, MMC G Shipping Banglades General Physic Radical Hospitals I	RAIHAN m). PGT (Ophth) C-BGD-016 sh Approved clan Limited	
Signa Exam Witner (signal)	If yes, please list the medications taken, a I hereby certify that the personal declarate ature of ninee: essed by: ature eby authorize the release of all my previous m	ion above is a true statement to Day (day/month/year) Name (Typed or Printed) Redical records from any health prof	2 9 FEB 2020 OR. MIR. MD. BBS: IDU). DFM, CCD (Birder BMDC A-55144, MMC G-Shipping Banglader General Physic Radical Hospitals I	RAIHAN m). PGT (Ophth) C-BGD-016 sh Approved clan Limited	

Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

Issue Date: 15th July 201 Rev. Date: 01th November 2022 Revision No.: 01 Form #: C-44

Medical Examination by Doctor

	☐ Pre –s	ea			Periodic			Ot	her	
ight		Visual Acuity					Visual Fields		elds	
		Unaide		Acuity	Aided			Nor	mal D	efective
	Right	Left	Binocular	Right	Left	Binocular	Right Eye			
	Eye 6	Eye		Eye	Eye		Left Eye			
Distance Near	6/7	6/7	-	-	-		Lett Lije			
Color v	ision:		Not tested	E	Normal		Doubtful	ah and	_	ective
He	aring			2000	4000	6000	Spee	Nor	mal	est (metres) Whisper
	500 Hz	1000 Hz	2000 Hz	3000 Hz	Hz	Hz	Right Ear			
Right Ear	20	w	2~				Left Ear		_	
Left Ear	حد	20	20				Delt Ear			
Height (c	m) nte: (/minu	ıte)	78		Ş	Weight: (8	Legm
Blood p	ressure:		Systolic:(n		120	Diastolic	(mm/Hg)	1 7	-	1 1
Urinaly	sis: G	lucose:	N	1	Protein:		NI	1	Blood:	1 10
									Normal	Abnorma
		Section.	Normal	Abno	ormal	Skin	14		Norman	Autoriti
Head				_		Varicose vo	nine		-	-
	s, nose, the	oat	-		10 10 10 10		nc, pedal puls	es)	-	271
Mouth			-			Abdomen a		/		
	general)					Hernia	ing thousand	0.50	1	
	mic memb	rane		-			rectal exam)		1	
Eyes	almossons			-		G-U system		200-1-10	-	
Pupils	almoscopy					Upper and	lower extrem	ities	_	
	ovement			-		Spine (C/S	, T/S and L/S)	-	
	and chest			7			(full/brief)		_	
The second second second	examinat	ion	-			Psychiatric	3			
Lloont						General ap	pearance		-	



NORMAL

Retention: 3 Years / Frequency: As Required

Page 3 of 4

29 FEB 2024

Performed on (day/month/year):

Chest X-ray

Not performed

Medical Declaration

Issue Date: 15th July 2013 Rev. Date: 01th November 2022 Revision No.: 01 Form #: C-44

As per medical standards of ILO- MLC 2006, as amended STCW 2010

Other diagnostic test(s) and result(s):

	Test		Results			
	BLOOD TEST	NORMAL				
	URINE TEST		NORMAL			
	ECG		NORMA	1		
Medical p	ractitioner's comments an	d assessment of fitness	, with reasons for any lim	itations:		
		No Restrictions	3			
Vaccination sta	atus recorded:	Yes	□ No			
Assessme	ent of fitness for service a	t sea				
	sis of the examinee's perso above, I declare the exami		inical examination and the	e diagnostic test results		
Fit for loo	k out duty		Not fit for look out de	uty		
	Deck service	Engine service	Catering service	Other services		
Fit						
Unfit						
	Restriction ctions (e.g., specific posit	ion, type of ship, trade	With Restrictions area)			
Action tal	ken by Medical Examiner	(e.g. referral):				
	And the second second second					
				TH RESE		
Date of exami	nation: (Day/Month/Year)		2 9 FEB 2024		
Expiry date of	f certificate: (Day/Month/	Year)		2 8 FEB 2026		
Name of Med	ical Examiner		DR. MIR MD. BATHAN	MBBS,(DU), DFM		
Signature of N	Medical Examiner		43	-		
Official Stamp	р	2 As Pa-MIC 2008	DR. MIR. MD MBBS (DU), DFM, CCD (BI BMDC A-55144, M DG Shipp.ng Bangla General Phy	MC-BGD-016 desh Approved		





ID NO : 726

Date: 29/02/2024

Patient's Name: IDRIS RANA

Age : 28Y 4M 19D

Ref. By

: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DMF - T/34856

Sex : Male

Specimen

: Blood

(Relevent estimations were carried out by KT-44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

Parameter	Re	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	13.5 08	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	7,900	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	71	%	(40 - 75)%	WBC CURVE
Lymphocytes	23	%	(20-45)%	WDC CORVE
Monocytes	04	%	(2-10)%	
Eosinophils	02	%	(1-6)%	dis
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	158	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	266,000	/cumm	1,50,000-4,50,000 /cumm	
MPV	11.6	fL	7.0 -11.0 fL	
PDW-CV	16.8	%	10 - 18 %	PLT CURVE
PCT	0.31	%	0.10 - 0.28	
P-LCR	37.2	%	9.00 - 45.00%	A
P-LCC.	99	x10^3/uL	13 - 129 x10^3/uL	A
RBC COUNT	4.85	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	43.5	%	M: 40-54%, F: 37-47%	
MCV	89.6	fL	76-94 fL	ALL ALL
MCH	27.9	pg	27-32 pg	RBC CURVE
MCHC	31.1	g/dL	29-34 g/dL	
RDW SD	48	fL	30.0-57.0 fL	
RDW CV	16.1	%	10-16%	

Checked By Medical Technologist. Redical Hospital Ltd. Uttara, Dhaka. \$

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



Bill No	DIA24020726 Received Da		ate 29/02/2	2024
Patient's Name	IDRIS RANA			0.79% 4
Patient's Age	28Y 4M 19D Patient's Set			Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR	DEM),PGT(Eye),DFM	CDC NO	T/34856
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)	0.51 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	22.0 U/L	Up to 40 U/L

REMARKS (IF ANY)

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

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24020726 Received		d Date	29/02/2	2024
Patient's Name	IDRIS RANA				
Patient's Age	28Y 4M 19D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	1 C	DC NO	T/34856
Sample	BLOOD				

SEROLOGICAL REPORT

Test Name Result

HBs Ag (Method : (ICT)	Negative	
Syphilis (Method : (ICT)	Negative	
Tuberculosis(TB) : (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	DIA24020726	Received	d Date	29/02/2	2024
Patient's Name	IDRIS RANA				AV
Patient's Age	28Y 4M 19D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM)	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NC			
Sample	URINE			1 =	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATION CASTS / LPF

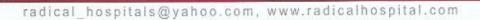
Reaction	Acidic	RBC	Nil	
Albumin	Nil	WBC	Nil	
Sugar	Nil	Epithelial	Nil	
Ex.Phosphate	Nil	Granular	Nil	
	TX AT	Hyaline	Nil	

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.



Test Name



Bill No	DIA24020726	Received	Date	29/02/2	2024
Patient's Name	IDRIS RANA	- W			
Patient's Age	28Y 4M 19D	F	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO T/348		T/34856		
Sample	URINE				

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Result

	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. : 24020726 Receive: Print: 29/02/2024

Patient's Name : IDRIS RANA

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 62 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

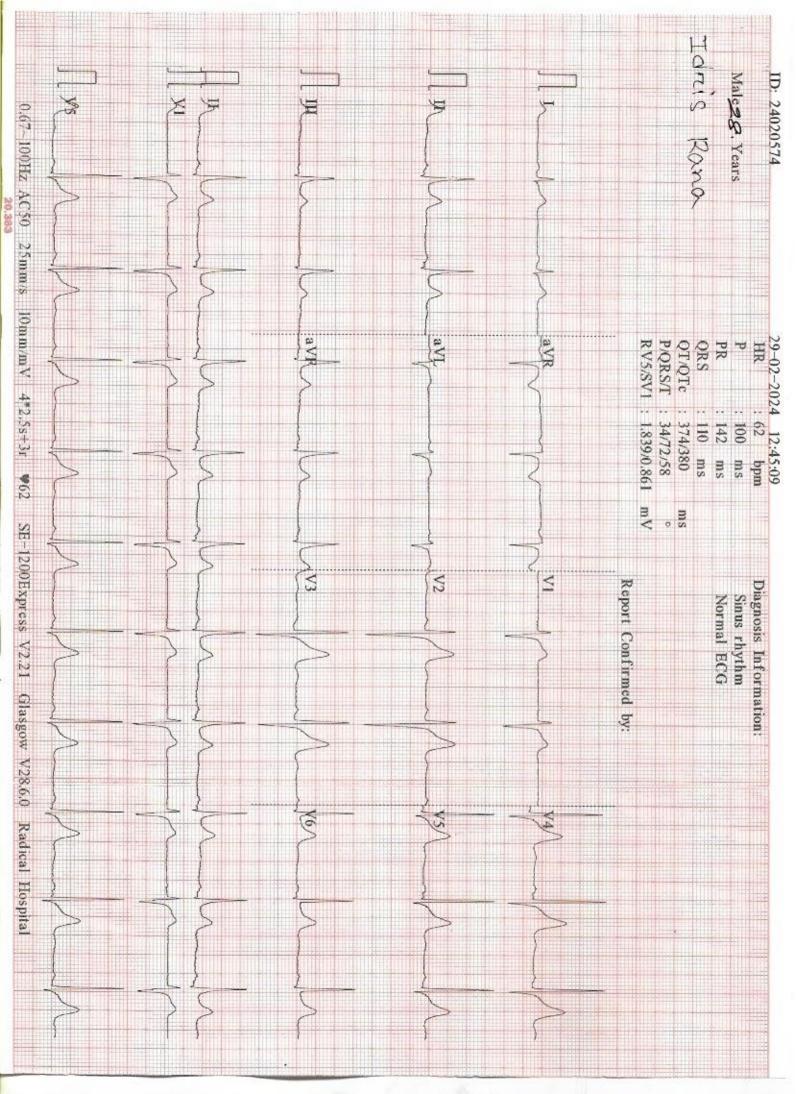
Impression : Findings are within normal limit.

Dr. Debashish Paul

MBBS, MD (Cardiology) Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

Age

24020726

Receive: 29/02/2024

Print: 29/02/2024

Patient's Name

IDRIS RANA

: 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