Medical Certificate for Service at Sea

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

Issue Date: 15th July 2013 Rev. Date: 01 November 2022 Revision No.: 01 Form #: C-43

	e: (last, first, middle)								17	3
HE	MEL	MD	MEHEI	OI		HASAN				A	1
	of birth: /month/year)	28	10	2002	(n	Gender: nale/female)	MALE		MIR		
Passport / Discharge book No:		A110	92242			Nationality:	BANGLA	ADESHI	* (HOSI	D CAL PITALS	
Ranl	k:	DECK	HAND		Е	Place of xamination:	DHAKA		No. Ag	Signatur Examine	E330
	I have evaluated mentioned above. diagnostic test res opinion is –	On the sults obta	oasis of ined, and	the seafarer d in conside	r's/ ne eration	ew entrant pe n of the essen	ersonal de	eclaration	n, my clin	nical exa	minatio
a.	Hearing meets the			W Code, se	ection	A-I/9:					-
b.	Unaided hearing is	100000000000000000000000000000000000000	100	CW C-1-	tan de	uda nastinu A	L/O				-
c.	Color Vision meets (testing only requir				tandai	rds section A	-1/9			-	
d.	Date of last color v	vision tes	t:								
e	Fit for lookout dut	У							/		
f	Is the seafarer free or to render the se on board :										
	This seafarer is below. *This Medical Ce ** Reasons for be	ertificate i		R DUTY **	33 ST	FIT FOR	R DUTY C	-		striction	*as me
											6
Dat	e of examination: (Day/Mon	th/Year))					29	FEB 202	14
Ex	oiry date of certificat		Month/Y	ear)				//	28	FEB 202	6
	me of Medical Exan	CHIP COLLEGE				DR. M	IR MD. R	AIHAN N	/IBBS,(DU), DFM	
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	nature of Medical E	xammer					/	100	. RAIH	R 8.1	

04.2024.6036

File No.: L #3 (2nd/O)

Retention: 3 Years / Frequency: As Required

Page 1 of 1

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

Medical Examination of Seafarers Examinee's Declaration

Name (last, first, middle):	HEMEL MD MEHEDI HASAN
Date of birth (day/month/year):	28-OCT-2002
Sex: Male / Female	MALE
	POSUA PIRGACHHA, BARA DORGAHAT-5403
Home address:	RANGPUR, BANGLADESH
Passport No./Discharge book No.:	A11092242
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?

File No.: L #4 (2nd/O)

	Condition	Yes	No		Condition	Yes	No
1	Eye/vision problem			18	Sleep problem		
2	High blood pressure		-	19	Do you smoke, use alcohol or drugs?		~
3	Heart/vascular disease			20	Operation/surgery		-
4	Heart surgery		-	21	Epilepsy/seizures		
5	Varicose veins/piles			22	Dizziness/fainting		
6	Asthma/bronchitis			23	Loss of consciousness		-
7	Blood disorder		1	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		

Retention: 3 Years Prequence As Required

Form #: C-44 As per medical standards of ILO- MLC 2006, as amended STCW 2010 If you answered "yes" to any of the above questions, please give details: Additional questions Yes No Have you ever been signed off as sick or repatriated from a ship? 35 36 Have you ever been hospitalized? 37 Have you ever been declared unfit for sea duty? 38 Has your medical certificate even been restricted or revoked? Are you aware that you have any medical problems, diseases or illnesses? 39 Do you feel healthy and fit to perform the duties of your designated 40 position/occupation? 41 Are you allergic to any medication? FIT FOR DUTY ON BOARD SHIP Comments: 42 Are you taking any non-prescription or prescription medications? If yes, please list the medications taken, and the purpose(s) and dosage(s): I hereby certify that the personal declaration above is a true statement to the best of my knowledge 29 FEB 2024 Signature of Day Examinee: (day/month/year) DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) Name (Typed or Witnessed by: Printed) (signature BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited 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 (the approved medical practitioner)

Signature of Examinee

Day (day/month/year)

2 9 FEB 2024

Witnessed by: (signature

Name (Typed or Printed)

Required

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

File No.: L #4 (2nd/O)

Retention: 3 Year

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

Issue Date: 15th July 201 Rev. Date: 01st November 2022 Revision No. : 01

Form #: C-44

Medical Examination by Doctor

light										
	V MV-	200000000000000000000000000000000000000	Visua	l Acuity			7	Visi	al Field	ds
		Unaided			Aided	Care		Normal	The second second second	fective
	Right Eye	Left Eye	Binocular	Right Eye	Left Eye	Binocular	Right Eye	_		
Distance	605	66					Left Eye			
Vear	WZ	INS	1					VIV.		
Color vi	sion:		Not tested	Į	Normal	[Doubtful		Defect	ive
Hea	aring						Speec	h and whis Normal	per tes	t (metre
	500 Hz	1000	2000	3000	4000	6000	2	Normal	Whi	isper
Right		Hz	Hz	Hz	Hz	Hz	Right Ear		_	
Ear	W	w	w					4		4
Left Ear	20	20	2				Left Ear	Y	A LO SALESANDE	4
1.01								1		
leight (cn	n)			.16	7	Weight: (kg)		69	2
Pulse rat	e: (/minute	e)		78	5/m.	Rhythm:			1200	w
Blood pr	essure:		Systolic:(m	ım/Hg)	6120	- F	(mm/Hg)	J.		
Urinalys	is: Glu	icose:		JF	Protein:		NII	Blood:		NI
			Normal	Abnor	mal			Norn	nal	Abnorm
Head						Skin		-		
		4		NAME OF THE OWNER O		Mania	ina			
Sinuses,	The state of the s	at				Varicose ve	IIIS			
Sinuses, Mouth/te	eeth	at				Vascular (in	ic. pedal pulses)		_	
Sinuses, Mouth/te Ears (ger	eeth neral)					Vascular (in Abdomen ar	ic. pedal pulses)	-		
Sinuses, Mouth/te Ears (ger Tympani	eeth					Vascular (in Abdomen ar Hernia	nc. pedal pulses) nd viscera	-		
Sinuses, Mouth/te Ears (ger Tympani Eyes	eeth neral) ic membra					Vascular (in Abdomen an Hernia Anus (not re	nc. pedal pulses) nd viscera ectal exam)	-	$\overline{}$	
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Sinuses, Mouth/te Ears (ger Tympani Eyes Ophthalr Pupils Eye mov Lungs ar Breast es	eeth neral) ic membran moscopy vement nd chest	ne				Vascular (in Abdomen an Hernia Anus (not re G-U system Upper and le Spine (C/S, Neurologic	ectal exam) ower extremitie T/S and L/S) (full/brief)	S	1 1 1 1 1	
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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	سلا		
Medical p	practitioner's comments an	d assessment of fitness,	with reasons for any lim	itations:		
		No Restrict	ons			
√accination st	tatus recorded:	l Yes	□ No			
Assessme	ent of fitness for service a	it sea				
recorded	asis of the examinee's perso above, I declare the exami ok out duty		☐ Not fit for look out du			
	Deck service	Engine service	Catering service	Other services		
Fit Unfit						
Describe restr	Restriction rictions (e.g., specific posit		With Restrictions			
D f	: (D M			2 0 FFR 202L		
	ination: (Day/Month/Year			2 9 FEB 2024		
	ination: (Day/Month/Year of certificate: (Day/Month/Y			2 8 FEB 2026		
Expiry date o			DR. MIR MD. RAIHAN N	2 8 FEB 2026		
Expiry date o	of certificate: (Day/Month/		DR. MIR MD. RAIHAN N	2 8 FEB 2026		
Expiry date o	of certificate: (Day/Month/ dical Examiner Medical Examiner		DR. MIR. N	2 8 FEB 2026		





ID NO : 727

Patient's Name: MD. MEHEDI HASAN HEMEL

Age 21Y 4M 1D

29/02/2024

Ref. By

: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DMF - P/ 0029142A

Sex Male

Date :

Specimen ; Blood

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

Parameter	P	esults	Reference Values	Histogram
- didirecter	1	Courto	Reference values	nistogram
Haemoglobin(Hb) ESR(Westergren)	14.5 07	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A
TOTAL WBC COUNT	7,900	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	57	%	(40 - 75)%	
Lymphocytes	36	%	(20-45)%	WBC CURVE
Monocytes	04	%	(2-10)%	
Eosinophils	03	%	(1-6)%	- die
Basophil *	00	%	0-1 %	A
TOTAL CIR. EOSIONOPHIL COUNT	237	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	276,000	/cumm	1,50,000-4,50,000 /cumm	I IIIIII.
MPV	11.8	fL	7.0 -11.0 fL	
PDW-CV	17.2	%	10 - 18 %	PLT CURVE
PCT P-LCR	0.32	% %	0.10 - 0.28	
P-LCC P-LCC	40.6	60.7	9.00 - 45.00%	A
F-LCC	112	x10^3/uL	13 - 129 x10^3/uL	A
RBC COUNT	5.54	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	46.1	%	M: 40-54%, F: 37-47%	
MCV	83.1	fL	76-94 fL	
MCH ·	26.2	pg	27-32 pg	RBC CURVE
MCHC	31.5	g/dL	29-34 g/dL	KDC CORVE
RDW SD	44	fL	30.0-57.0 fL	
RDW CV	15.7	%	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	DIA24020727 Received		Date 29/02	2/2024
Patient's Name	MD MEHEDI HASAN HEMEL			
Patient's Age	21Y 4M 1D	Pa	atient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIF	RDEM),PGT(Eye),DFM	CDC NC	P/0029142A
Sample	BLOOD			

BIOCHEMISTRY REPORT

Result	Reference Range
5.2 mmol/L	4.2 – 6.4 mmol/L
0.50 mg/dl	0.2 - 1.1 mg/dl
19.0 U/L	Up to 40 U/L
	5.2 mmol/L 0.50 mg/dl



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	DIA24020727 Received		d Date	29/02/2	2024	
Patient's Name	MD MEHEDI HASAN HEMEI					
Patient's Age	21Y 4M 1D		Patient's Sex		Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO				
Sample	BLOOD					

SEROLOGICAL REPORT

<u>Test Name</u> 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	DIA24020727 Received Da		ed Date 29/02/2024		2024	
Patient's Name	MD MEHEDI HASAN HEMEL					
Patient's Age	21Y 4M 1D	4M 1D		Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCI	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CD				
Sample	URINE			1.0		

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	
	MAD	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	DIA24020727	Received	Date	29/02/2	2024
Patient's Name	MD MEHEDI HASAN HEMEL			Marine and a	
Patient's Age	21Y 4M 1D Pat		Patient's Sex Ma		Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO			P/0029142A	
Sample	URINE	, OH			

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.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24020727 Receive:29/02/2024 Print: 29/02/2024

Patient's Name : MD MEHEDI HASAN HEMEL

Age : 21 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.

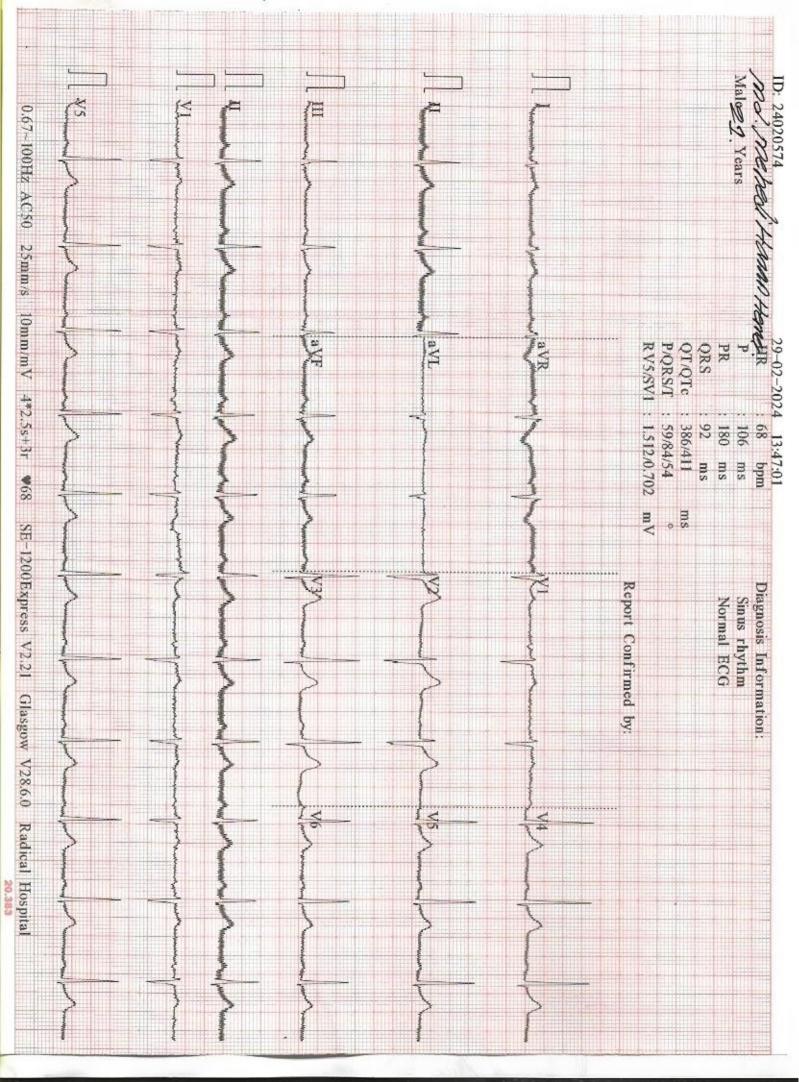
Lung ields are clear.

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



RADICAL HOSPITAL

: M

Sex

radical hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24020727 Receive: Print: 29/02/2024

Patient's Name : MD MEHEDI HASAN HEMEL

Age : 21 YRS

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 68 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