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

Name: (last, first, mid	dle)								- CON 16
HOSSEN	MD				RAKIB				1
Date of birth: (day/month/year)	04	03	2002	(n	Gender: nale/female)	MALE		WR MD	E
Passport / Discharge book No:	A023	A02362389		Nationality: BANGLADES		ADESHI	RADICAL * HOSPITAL		
Rank:	DECK	HAND		Е	Place of Examination:	DHAKA	`	L Bigr	nature innee.
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a. Hearing meets t			W Code, se	ection	A-I/9:				
b. Unaided hearing Color Vision me (testing only rec	eets the requ	ired ST		tanda	rds section A	-I/9		-	
d. Date of last cold		-				-0.75			
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This seafarer in below. *This Medical ** Reasons for	Certificate i		R DUTY **	8 	FIT I			OARD SHIP	tion *as mer
Date of examination:			12					29 FEE	
Expiry date of certifi Name of Medical Ex		vionth/ Y	ear)		DR. M	IR MD/R	ALHAN N	28 FE ABBS,(DU), DF	8 2026 M
Signature of Medica	2012010000				2.0.00	4			
Official Stamp			0.				R. MIF	R. MD. RAT	(Opnin)
				H	Sal Hospital		BMDC A-5	M. CCD (Birdem), PG 55144, MMC-BGI g Bangladesh Ap eneral Physician ai Hospitals Limile	D-016 proved

04.2024.6034 File No.: L #3 (2nd/O) 024.60Retention: 3 Years / Frequency: As Required

Page 1 of 1

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):	HOSSEN MD RAKIB
Date of birth (day/month/year):	04-MAR-2002
Sex: Male / Female	MALE
	KHARKHARIA, NANDINA-2001, JAMALPUR SADAR
Home address:	JAMALPUR, BANGLADESH
Passport No./Discharge book No.:	A02362389
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		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			24	Psychiatric problems		-
8	Diabetes			25	Depression/Hepatitis		1
9	Thyroid problem			26	Attempted suicide		-
10	Digestive disorder			27	Loss of memory		-
11	Kidney problem		1	28	Balance problem		-
12	Skin problem		1	29	Severe headaches		
13	Allergies		-	30	Ear (hearing, tinnitus)/nose/throat problem		-
14	Infectious/contagious diseases		~	31	Restricted mobility		11/
15	Hernia		_	32	Back or joint problem		10
16	Genital disorder		_	33	Amputation	1	
17	Pregnancy		/	34	Fractures/dislocations		0

File No.: L #4 (2nd/O) Retention: 3 Years (2nd/O): As Required

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

			Charles and the same		-
Α	Additional questions			Yes	No
5	Have you ever been signed of	f as sick or repatriated from a ship?			_
6	Have you ever been hospitaliz				/
7	Have you ever been declared				-
8	Has your medical certificate of	even been restricted or revoked?			1
9	Are you aware that you have	any medical problems, diseases or illnes	sses?		
0	Do you feel healthy and fit to position/occupation?	perform the duties of your designated		1	
1	Are you allergic to any medic	ation?			
2	Are you taking any non-preso	cription or prescription medications?			
2		eription or prescription medications? taken, and the purpose(s) and dosage(s)):		
Signa	If yes, please list the medications				
Signa Exan Witn	If yes, please list the medications I hereby certify that the personal of	taken, and the purpose(s) and dosage(s) declaration above is a true statement to	DR. MIR. N MBBS (DU), DFM. CCI BMDC A-55144 DG Shipping Ban	ID. RAH D. BAH D. (Birdem), PGT , MMC-BGD gladesh App	(Ophth) -016
Signa Exan Witn (sign	If yes, please list the medications I hereby certify that the personal enture of ninee: essed by: ature	declaration above is a true statement to a Day (day/month/year) Name (Typed or Printed) evious medical records from any health professions approved medical practitioner)	DR. MIR. N. MBBS (DU), DFM. CCI BMDC A-5514D G Shipp.ng Ban General	D. RAH O (Birdem), PGT , MMC-BGD gladesh App Physician	(Ophth) 0-016 proved
Signa Exan Witn (sign I her publi	If yes, please list the medications I hereby certify that the personal enture of ninee: essed by: ature eby authorize the release of all my pro-	declaration above is a true statement to Day (day/month/year) Name (Typed or Printed) evious medical records from any health prof	DR. MIR. N. MBBS (DU), DFM. CCI. BMDC A-55144 DG Shipp.ng Ban General Tessionals, Fleath ins	D. RAH D. (Birdem), PGT , MMC-BGD gladesh App Physician	(Ophth) 0-016 proved id 2024

Retention :

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

Mency: As Required

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Issue Date: 15th July 20. Rev. Date: 01st November 2022 Revision No.; 01 Form#: C-44

Medical Declaration

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

Medical Examination by Doctor

Sight	Pre -sea				Periodic	11		Other	
o.g.,,			Visual	Acuity			1	Visna	l Fields
	-	Unaide			Aideo			Normal	Defective
	Right Eye	Left Eye	Binocular	Right Eye	Left Eye	Binocular	Right Eye		-
Distance		- Wil	, ,				Left Eye		
Near	MS	1/13		1		1-1	J		
Color vi	sion:		Not tested	Æ	Normal		Doubtful		Defective
Hea	aring	1000	1 2000	****	1 1000		Speec	h and whispe	er test (metres) Whisper
	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz		ivormai	whisper
Right Ear	25	w	20		112	112	Right Ear	4	4
Left Ear	20	20	20				Left Ear	u	4
			3,000						
Height (cn	1)	Care - To hid		16	7.	Weight: (kg)		75
Pulse rat	e: (/minut	e)		7-8	5/~	Rhythm:	0/	(Leyn
Blood pr	essure:		Systolic:(mi	m/Hg)	1120	Diastolic:	(mm/Hg)	80	
Urinalys	is: Glu	icose:	N	, 1	Protein:		NI	Blood:	N11
				,/					7
			Normal	Abno	rmal			Norma	d Abnormal
Head	ordina de la companya della companya della companya de la companya de la companya della companya					Skin			
	nose, throa	at		8		Varicose vei	ins		
Mouth/te	eeth		_			Vascular (in	c. pedal pulses)	1 -	
Ears (ger	THE RESIDENCE OF THE PARTY OF T			Musse		Abdomen ar	nd viscera	-	_
	ic membra	ne	~			Hernia			
Eyes			_			Anus (not re	ectal exam)		

2 9 FEB 2024

Chest X-ray Not performed NORMAL Performed on (day/month/year):



G-U system

Psychiatric

Upper and lower extremities

Spine (C/S, T/S and L/S)

Neurologic (full/brief)

General appearance

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

Ophthalmoscopy

Eye movement

Lungs and chest

Breast examination

Pupils

Heart

Retention: 3 Years / Frequency: As Required

Medical Declaration

Issue Date: 15th July 2013 Rev. Date: 01st 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):

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

	Test		Result	3
	BLOOD TEST		NORM	AL
	URINE TEST		NORM	AL
	ECG		NORM	AL
Medical pr	ractitioner's comments an	nd assessment of fitne	ess, with reasons for any lir	nitations:
		No Re	strictions	
Vaccination sta	tus recorded:	Yes	□ No	
Assessmer	nt of fitness for service a	nt sea		
On the bas	sis of the examinee's perso bove, I declare the exami	onal declaration, my nee medically:	clinical examination and th	e diagnostic test results
Fit for lool	k out duty		☐ Not fit for look out d	uty
	Deck service	Engine service	Catering service	Other services
Fit Unfit				
Onne				
	estriction		☐ With Restrictions	
	tions (e.g., specific positi	ion, type of ship, trac		
	2000 A	ion, type of ship, trac		
Describe restric	tions (e.g., specific positi			
Describe restric	2000 A			
Describe restric	tions (e.g., specific positi			
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Describe restric	tions (e.g., specific positi	(e.g. referral):		2 9 FEB 2024
Action take	tions (e.g., specific positi	(e.g. referral):	le area)	2 8 FEB 2026
Action take Date of examina	en by Medical Examiner (ation: (Day/Month/Year)	(e.g. referral):		2 8 FEB 2026
Action take Date of examina Expiry date of common descriptions are selected as a sel	en by Medical Examiner (ation: (Day/Month/Year)	(e.g. referral):	le area)	2 8 FEB 2026
Action take Date of examina Expiry date of common descriptions are selected as the control of	etions (e.g., specific positions) en by Medical Examiner (ation: (Day/Month/Year) certificate: (Day/Month/Y	(e.g. referral):	DR. MIR MD. RAHAN P	2 8 FEB 2026 ABBS,(DU), DFM D. RAIHAN (Birdem), PGT (Ophth)



ID NO : 730

Date : 29/02/2024

Patient's Name: MD. RAKIB HOSSEN

Age : 21Y 11M 26D

Ref. By

: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DMF - T/35066

Sex : Male

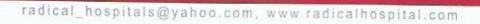
Specimen : Blood

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

Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	16.0 04	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	7,800	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	66	%	(40 - 75)%	
Lymphocytes	26	%	(20-45)%	WBC CURVE
Monocytes	05	%	(2-10)%	
Eosinophils	03	%	(1-6)%	th
Basophil	00	%	0-1 %	I AL
TOTAL CIR. EOSIONOPHIL COUNT	234	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	360,000	/cumm	1,50,000-4,50,000 /cumm	IIIII.
MPV	9.9	fL	7.0 -11.0 fL	
PDW-CV	16.7	%	10 - 18 %	PLT CURVE
PCT	0.36	%	0.10 - 0.28	
P-LCR P-LCC	27.7 100	% ×10^3/ul	9.00 - 45.00%	
P-LCC .	100	x10^3/uL	13 - 129 x10^3/uL	
KBC COUNT	6.39	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	54.1	%	M: 40-54%, F: 37-47%	
MCV	84.7	fL	76-94 fL	
MCH	27.1	pg	27-32 pg	RBC CURVE
MCHC	32	g/dL	29-34 g/dL	
RDW SD	46	fL	30.0-57.0 fL	
RDW CV	16.4	%	10-16%	

Checked By....... Medical Technologist. Redical Hospital Ltd. Uttara, Dhaka. De

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





Bill No	DIA24020730 Receive		ate 29/02	/2024	
Patient's Name	MD RAKIB HOSSEN				
Patient's Age	21Y 11M 26 Patient's Sex				
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO				
Sample	BLOOD			T/35066	

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	4.9 mmol/L	4.2 - 6.4 mmol/L
Serum Bilirubin (Total)	0.50 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	17.0 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	DIA24020730	Received Da	te 29/02/2	2024	
Patient's Name	MD RAKIB HOSSEN				
Patient's Age	21Y 11M 26		ent's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO				
Sample	BLOOD				

SEROLOGICAL REPORT

Test Name

Result

HBs Ag (Method : (ICT)	Negative	
Syphilis (Method : (ICT)	Negative	
Tuberculosis(TB) : (ICT)	Negative	

RADICAL

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	DIA24020730 Received		ed Date 29/02		2/2024	
Patient's Name	MD RAKIB HOSSEN					
Patient's Age	21Y 11M 26		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	URINE		- 4			

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	
•	MAU	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	DIA24020730	Receive	d Date	29/02/2	2024
Patient's Name	MD RAKIB HOSSEN			1170	
Patient's Age	21Y 11M 26		Patient's Sex		Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO		T/35066		
Sample	URINE		70.00		

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

Sex

: M

ID. No. : 24020730 Receive:29/02/2024 Print: 29/02/2024

Patient's Name : MD RAKIB HOSSEN

Age : 22 YRS

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 fields are clear.

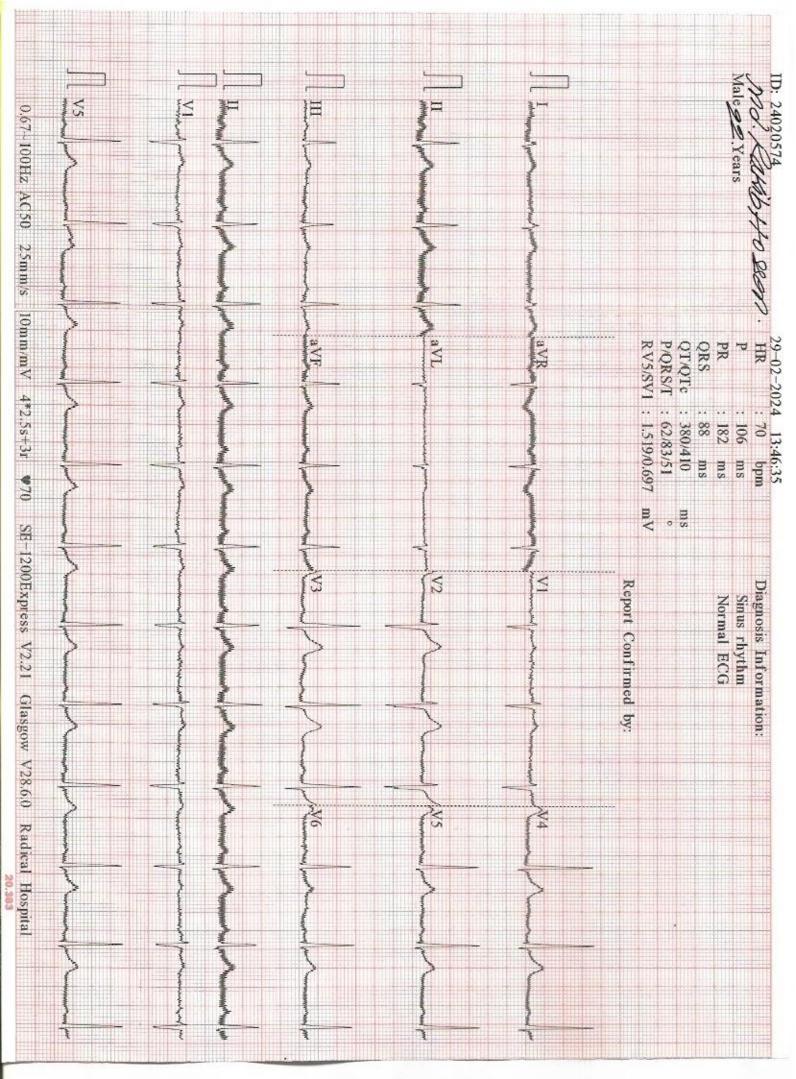
Bony thorax : Reveals no abnormality.

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

This report has been electronically signed.





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. 24020730 Receive: Print: 29/02/2024

Patient's Name MD RAKIB HOSSEN

Age 22 YRS Sex : M

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate 70 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

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