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

| AHA | AMMED | RON | ۱Y | | | | | | - |
|---------------------------------------|--|-------------|--------------|-------------|---|-----------------|-------------|--|-----|
| Date | of birth: | 21 | 11 | 2003 | Gender: | MALE | T | - 4 | |
| (day/ | month/year) | 1 | 2572000 | 90000000000 | (male/female) | | | IN MOLO | - 1 |
| Passport / Discharge A00054248 Natio | | | Nationality: | BANGL | ADESHI | RADICAL HOSPITH | 1 | | |
| Rank: DECK HAND Place of Examination: | | | | | | L'Oignature | 0.0 | | |
| | mentioned above. | On the l | basis of | the seafar | er's/ new entrant p | ersonal d | eclaration | identity as per the document, my clinical examination of the position applied for the Yes No | on, |
| a. | Hearing meets the | standards | in STC | W Code, | 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 | t: | | | H | | | |
| e | Fit for lookout duty | у | | | | | | | |
| f | | | | | on likely to be aggi e or to endanger th | | | | |
| | This seafarer is below. *This Medical Cer | | | R DUTY * | F | | | BOARD SHIP | ent |
| | ** Reasons for be | ing unfit | | | | | | | |
| | | | | | 4 | | | | |
| | of examination: (I | | | | | | | 2 9 FEB 2024 | |
| | ry date of certificat | | Month/Y | ear) | | | // | 2 8 FEB 2026 | |
| | ne of Medical Exam | 5.14(1) 145 | | | DR. N | IR MD. B | ALHAN M | MBBS,(DU), DFM | |
| - | ature of Medical Ex | kaminer | | | | 4 | | | |
| Offic | cial Stamp | | | | | DR. | MIR. M | D. RAIHAN | |
| | | | | | Sel Hospica HS | DG Sh | ipp.ng Bang | (Birdem), PGT (Ophth) MMC-BGD-016 gladesh Approved Physician pitals Limited | |

04.2024.6030

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

Name: (last, first, middle)

Retention: 3 Years / Frequency: As Required

Page 1 of 1

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

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

Medical Examination of Seafarers Examinee's Declaration

| Name (last, first, middle): | AHAMMED RONY |
|---|----------------------------------|
| Date of birth (day/month/year): | 21-NOV-2003 |
| Sex: Male / Female | MALE |
| Home address: | VATIGOJARIA, TEBIRCHAR, JAMALPUR |
| Frome address: | JAMALPUR, BANGLADESH |
| Passport No./Discharge book No.: | A00054248 |
| Department (Deck/Engine/Radio/Food handling/other): | DECK |
| Rank: | DECK HAND |
| Routine and emergency duties (if known): | |
| Type of ship | |
| (Cargo, Tanker, Passenger): | |
| Frade 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 | T ** | - |
|----|--------------------------------|-----------|----|----|--|------|----|
| 1 | Eye/vision problem | | | 18 | Sleep problem | Yes | No |
| 2 | High blood pressure | | - | 19 | Do you smoke, use alcohol or | | - |
| 3 | Heart/vascular disease | | 1 | 20 | drugs? | | 1 |
| 4 | Heart surgery | | - | 20 | Operation/surgery | | |
| 5 | Varicose veins/piles | - | - | 21 | Epilepsy/seizures | | |
| 6 | Asthma/bronchitis | | - | 22 | Dizziness/fainting | | |
| 7 | Blood disorder | | - | 23 | Loss of consciousness | | - |
| 8 | Diabetes | | | 24 | Psychiatric problems | | - |
| 9 | | | | 25 | Depression/Hepatitis | 100 | - |
| 10 | Thyroid problem | er de ger | | 26 | Attempted suicide | | - |
| 11 | Digestive disorder | | | 27 | Loss of memory | | - |
| | 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 | | - | 22 | | | - |
| 6 | Genital disorder | | 1 | 32 | Back or joint problem | | |
| 7 | Pregnancy | | - | 33 | Amputation | | / |
| | 1 9 | | | 34 | Fractures/dislocations | | |

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

Retention: 3 Years / Prefilency: As Required

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

| - | | | | | | |
|---------------|-----------------------------|--|--|---|--------------------------|--------|
| - | | | | | | |
| | | | | | | |
| 1 | Additional questions | | | | | |
| | | | | | Yes | No |
| 5 | Have you ever been | signed off as s | ick or repatriated from a ship? | | 103 | 1.0 |
| , | Have you ever been | | ick of repair ated from a simp. | | | |
| 7 | Have you ever been | | for sea duty? | | | - |
| 3 | | The state of the s | een restricted or revoked? | | | |
|) | | | nedical problems, diseases or illne | eces? | | 1 |
| 100 | | | orm the duties of your designated | 33031 | | - |
| 0 | position/occupation? | | in ne cane or your worganies | | / | |
| 1 | Are you allergic to a | ny medication | ? | | | - |
| | | EIT E | OR DUTY ON BOARD SHIP | | | |
| | Comments: | | | | | |
| 2 | Are you taking any r | non-prescriptio | on or prescription medications? | | | |
| | If was places list the mos | liantiana talean | and the numero(s) and decorate | \. | | |
| | ir yes, piease list the met | neations taken | , and the purpose(s) and dosage(s |): | | _ |
| | | | | | | |
| | | | | | | |
| | I banaku aantifu that tha n | | | th - b - t - 6 l l | ladas | |
| | | ersonar decim | ation above is a true statement to | the best of my known | euge | |
| Signa Exam | ture of | 1 | Day | 2 9 FEB 20 | 24 | |
| 2.XdiII | ince. | A | (day/month/year) | | | |
| | essed by: | | Name (Typed or | DR. MIR. MD MBBS (DU), DFM, CCD (Bir | | |
| signa | iture | | Printed) | BMDC A 55144, MI DG Shipping Banglad | MC-BGD- | 016 |
| | | | | General Phy Radical Hospital | sician | |
| | | | medical records from any health prof proved medical practitioner) | A DESTRUCTION OF THE PROPERTY | | i |
| Signa | ture of Examinee | 1 | Day (day/month/year) | 29 | FEB 20 | 124 |
| Nite. | essed by: (signature | 1 | Name (Typed or Printed) | DR. MIR. | | |
| ** 1411 | and by. (signature | Jun | Hospitalined) | MBBS (DU), DFM, CI BMDC A-5514 | | |
| | | | E | DG Shipping Ba | ingladesh il Physicia | Approv |
| | | | (As Per-MI C-2006) ±) | Radical Ho | a criysicia | 11 |

Retention: 3 Year Frequency

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

: As Required

Page 2 of 4

Medical Declaration

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

Issue Date: 15th July 2c Rev. Date: 01th November 202. Revision No.: 01 Form#: C-44

Medical Examination by Doctor

| Sight | ☐ Pre – | sea | | عات | Periodic | | | Other | |
|--|--|-----------|---|--------------|-------------|--|------------------|--------------|----------------------------|
| Unaided | | | | al Acuity | | | | V! | 100.11 |
| | | Unaic | aided Binocular Not tested 2000 Hz Systolic:(mm | | Aide | ed | | | l Fields |
| | | | Binocular | Right Eye | Left Eye | Binocular | Right Eye | Normal | Defective |
| The second secon | 6/6 | GU | 6 | Lyc | Lyc | | 1 1 25 250 | | |
| Near | N5 | NS | - | | | | Left Eye | | |
| Color vi | | | Not tested | [| Normal | , | Doubtful | | Defective |
| Hea | ring 500 | 1000 | 2000 | 3000 | 4000 | 6000 | Speec | h and whispe | er test (metres Whisper |
| Diales | Hz | Hz | Hz | Hz | Hz | Hz | | - Torman | Winsper |
| Right Ear Left | 2 | 20 | w | | | | Right Ear | 'u | 4 |
| Ear | 2 | 2 | 20 | | | | Left Ear | V | 4 |
| | | | | | | | | | |
| Height (cm | | | | 1/2 | | Weight: (| ka) | | 75 |
| | : (/minut | e) | 7 | 88/ | ~ . | Rhythm: | K5) | 1 | Leym |
| Blood pre | | | Systolic:(m | m/Hg | 120 | The second secon | (mm/Hg) | 8 | |
| Urinalysi: | s: Gl | icose: | N | 1 | Protein: | The product of the same of | | Blood: | |
| | | | | | | | NII | Diood. | I WI |
| | | | Normal | Abnor | mal | T | | Norma | l Abnorma |
| Head | | | | | | Skin | | Horma | Adilorna |
| Sinuses, r | | at | | | | Varicose vei | ns | - | |
| Mouth/tee | | | | 1 | | | c. pedal pulses) | _ | The literature |
| Ears (gene | | | | | | Abdomen an | id viscera | | |
| Гутрапіс | membrai | ne | | | | Hernia | | _ | |
| Eyes | | | | | | Anus (not re | ctal exam) | | |
| Ophthalm | oscopy | | | | | G-U system | | | - |
| Pupils | | | | | | | wer extremities | | |
| Eye move | and the same of th | | | | | Spine (C/S, | Γ/S and L/S) | | - |
| ungs and | The same of the sa | | _ | | | Neurologic (| full/brief) | - | _ |
| 3reast exa | mination | ¥ . | | | | Psychiatric | | | |
| Heart | | | | | | General appe | earance | - | |
| | | | | | | | | | |
| | | | | 1 | | - | | 29 F | EB 2024 |
| hest X-ra | iv N | Not perfo | rmed | NORM | AL | Performed | on (day/month/ | vear). | NV |



Medical Declaration

Issue Date: 15th July 2013 Rev. Date: 01* 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 | | Results | |
|-------------------------|------------------------------|------------------------|---------------------------------|--|
| | BLOOD TEST | | NORMA | AL |
| | URINE TEST | | NORMA | 325 |
| | ECG | | NORMA | AL |
| Medical pr | actitioner's comments an | d assessment of fitnes | s, with reasons for any lim | nitations: |
| | | No Restricti | ons | |
| Vaccination stat | tus recorded: | TVes | □No | |
| Assessmer | nt of fitness for service a | t sea | | |
| | bove, I declare the exami | | inical examination and the | |
| | Deck service | Engine service | Catering service | Other services |
| Pit Unfit | | 2.00 | | |
| 50 25 AV | tions (e.g., specific positi | 20 202 | With Restrictions area) | |
| Action take | en by Medical Examiner | (e.g. referral): | | CONTRACTOR OF THE CONTRACTOR O |
| standers de la constant | | | 2.4 | |
| Date of examina | ation: (Day/Month/Year |) | 1 | 2 9 FEB 2024 |
| Expiry date of o | certificate: (Day/Month/Y | 'ear) | _ | 2 8 FEB 2026 |
| Name of Medic | cal Examiner | | DR. MIR MD. RAHAMA | иввs,(DU), DFM |
| Signature of Mo | edical Examiner | | DR. MIR. | |
| Official Stamp | | | MBBS (DU), DFM (BMDC A-551) | CCD (Birdem), PGT (Ophth) 44, MMC-BGD-016 |
| | | | DG Shipping B | angladesh Approved |





25.9

32.9

17.1

44

pq

fL

%

g/dL

ID NO : 734

Date

29/02/2024

Patient's Name: RONY AHAMMED

Age

20Y 3M 8D

Ref. By

: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DMF - T/34367

Sex

Male

Specimen

: Blood

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

| | HAE | MATOLOGY | REPORT | |
|------------------------------------|------------|-------------------|---|------------|
| Parameter | R | esults | Reference Values | Histogram |
| Haemoglobin(Hb) ESR(Westergren) | 13.7 08 | g/dl mm/1st hr | M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr | .m. |
| | ••• | , 250 | 71.0 10, 1.0 20 mm, 150 m | |
| TOTAL WBC COUNT | 6,800 | /cumm | 4,000 - 11,000 /cumm | A JULIA |
| DIFFERENTIAL COUNT | | | | |
| Neutrophils | 51 | % | (40 - 75)% | |
| Lymphocytes | 41 | % | (20-45)% | WBC CURVE |
| Monocytes | 05 | % | (2-10)% | |
| Eosinophils | 03 | % | (1-6)% | d. |
| Basophil | 00 | % | 0-1 % | |
| TOTAL CIR. EOSIONOPHIL COUNT | 204 | /cumm | 40 - 450 /cumm | |
| TOTAL PLATELET COUNT(PC) | 344,000 | /cumm | 1,50,000-4,50,000 /cumm | |
| MPV | 10.1 | fL | 7.0 -11.0 fL | |
| PDW-CV | 16.4 | % | 10 - 18 % | PLT CURVE |
| PCT | 0.35 | % | 0.10 - 0.28 | . LI CONTE |
| P-LCR | 28.3 | % | 9.00 - 45.00% | A |
| P-LCC | 97 | x10^3/uL | 13 - 129 x10^3/uL | A |
| RBC COUNT | 5.29 | m/ui | M: 4.5-6.5, F: 3.8-5.8 m/ul | A |
| HCT/PCV | 41.7 | % | M: 40-54%, F: 37-47% | |
| MCV | 78.7 | fL | 76-94 fL | |

27-32 pg

10-16%

29-34 g/dL

30.0-57.0 fL

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

MCH

MCHC

RDW SD

RDW CV

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

RBC CURVE



| Bill No | DIA24020734 | Received Da | ate 29/02/2 | 2024 | |
|----------------|---|-------------|-------------|---------|--|
| Patient's Name | RONY AHAMMED | | | | |
| Patient's Age | 20Y 3M 8D | Pati | ent's Sex | Male | |
| Ref. by | Dr. Mir Md. Poilbox MRDC (DII) COD/DIDESTIN DOTTE | | | | |
| Sample | BLOOD | | 000110 | T/34367 | |

BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.0 mmol/L | 4.2 – 6.4 mmol/L |
| Serum Bilirubin (Total) | 0.47 mg/dl | 0.2 - 1.1 mg/dl |
| Serum ALT (SGPT) | 18.0 U/L | Up to 40 U/L |

RADICAL

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.



| Biil No | DIA24020734 | Received I | Date | 29/02/2 | 2024 | |
|----------------|--|--|------------|---------|---------|--|
| Patient's Name | RONY AHAMMED | 1 toocived i | Jaic , | 2310212 | 2024 | |
| Patient's Age | 20Y 3M 8D | Pa | atient's S | Sex | Male | |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),F | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO | | | | |
| Sample | BLOOD | , , ,,,,, | 00. | 0110 | T/34367 | |

SEROLOGICAL REPORT

Test Name

Result

| HBs Ag (Method : (ICT) | Positive | |
|--------------------------|----------|--|
| 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 | DIA24020734 | Received Da | ate 29/02/2 | 2024 | | |
|----------------|---------------------------------------|--|-------------|---------|--|--|
| Patient's Name | RONY AHAMMED | | 20/02/ | -021 | | |
| Patient's Age | 20Y 3M 8D | Pati | ent's Sex | Male | | |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO | | | | |
| Sample | URINE | | | T/34367 | | |

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 | |
| | DAL | Hyaline | Nil | |

ON REQUESTCRYSTALS & OTHERS

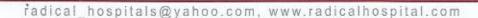
| Bile Salt | Not Done | Urates | Nil |
|--------------|----------|-------------------|-----|
| Bile Pigment | Not Done | Uric Acid | Nil |
| Ketones | Not Done | Calcium oxalate | Nil |
| Urobilinogen | Not Done | Amor. Phos | Nil |
| B.J. Protein | Not Done | Hippurate crystal | Nil |

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 | DIA24020734 | Received Da | te 29/02/2 | 2024 |
|----------------|--|-------------|------------|------|
| Patient's Name | RONY AHAMMED | | 1.0 | |
| Patient's Age | 20Y 3M 8D | Pati | ent's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO | | T/34367 | |
| Sample | URINE | V2 30 V2 | | |

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. : 24020734 Receive: Print: 29/02/2024

Patient's Name : RONY AHAMMED

Age : 20 YRS Sex : M

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 83 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

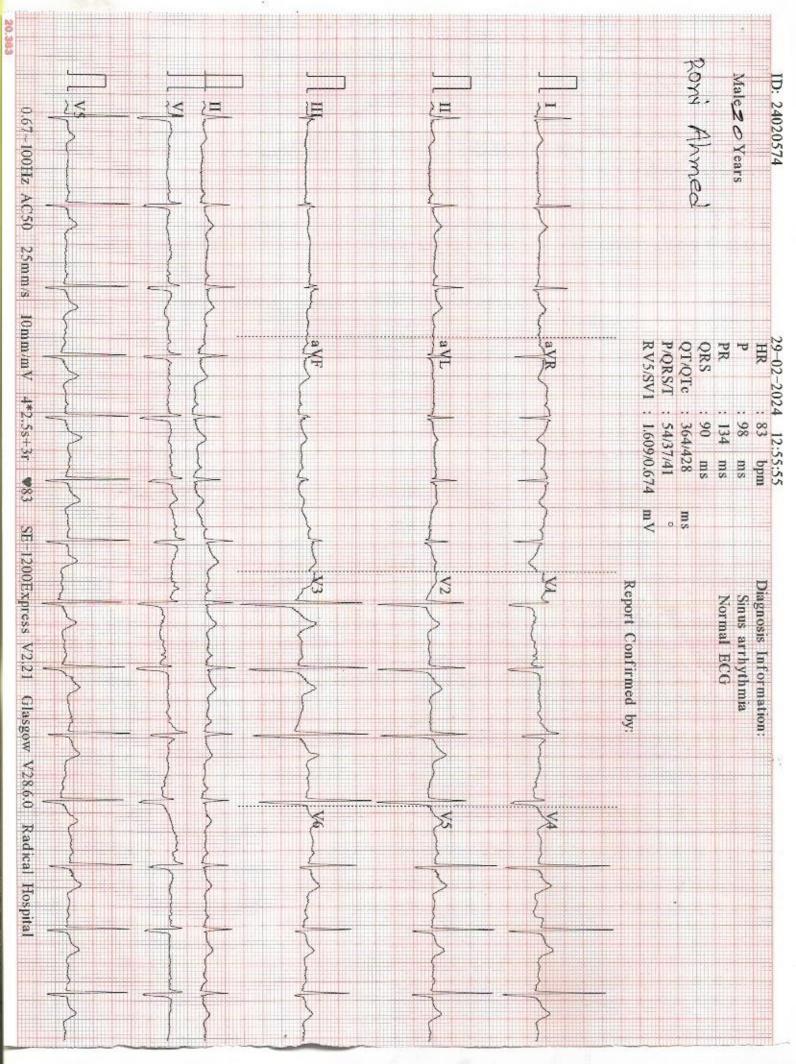
Impression : Findings are within normal limit.

Dr. Debashish Paul

MBBS, MD (Cardiology) Associate Professor Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24020734 Receive:29/02/2024 Print: 29/02/2024

Patient's Name : RONY AHAMMED

Age : 20 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 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