### 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

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00.000	ONDOL	SHC	HAN					100	1 6
07	e of birth: //month/year)	20	10	2001	Gender: (male/female)	MALE		OF DADROM	1
	sport / Discharge k No:	A023	336013		Nationality:	BANGLAD	ESHI	* HOSPITALS	
Ran	k: .	DECK	HAND		Place of Examination:	DHAKA		of Examin	fe ee.
1.	mentioned above. diagnostic test resi opinion is –	On the bults obtain	pasis of ined, and	the seafare	new entrant after er's/ new entrant pe leration of the esser	rsonal decl	aration, my	y clinical exa	mina
b.		Hearing meets the standards in STCW Code, section A-I/9: Unaided hearing is satisfactory;							
c.		the requ	ired ST		standards section A	-I/9		/	
d.	Date of last color v						os-solier-la		
e	Fit for lookout duty	y							7
f					on likely to be aggr e or to endanger the				
	This seafarer is [below.  *This Medical Cer			R DUTY *	FIT	FOR DUTY		nt restriction	n *as
	** Reasons for bei	ing unfit		- 10 200					
		-	755				-		
Da	te of examination: (I	Day/Mon	th/Year)	·				29 FEB	2024
	piry date of certificate						1	28 FEB	
_	me of Medical Exam				DR. M	IR MD. RA	HAN MBBS	,(DU), DFM	2020
Sig	nature of Medical Ex	kaminer		Market and the Committee		4	U		
0.0	ficial Stamp					DO MI	D MD B	MAHAN	
Of					No.	MBBS (DU), DI BMDC A	X - 17 -		

04.2024.6037

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

Retention: 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):	MONDOL SHOHAN
Date of birth (day/month/year):	20-OCT-2001
Sex: Male / Female	MALE
	SUJANAGAR, BABURPARA, PANGSHA
Home address:	RAJBARI, BANGLADESH
Passport No./Discharge book No.:	A02336013
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		1
4	Heart surgery			21	Epilepsy/seizures		-
5	Varicose veins/piles			22	Dizziness/fainting		-
6	Asthma/bronchitis		1./	23	Loss of consciousness		-
7	Blood disorder		-	24	Psychiatric problems		-
8	Diabetes		-	25	Depression/Hepatitis	1 1100	
9	Thyroid problem		_	26	Attempted suicide		-
10	Digestive disorder			27	Loss of memory		-
11	Kidney problem			28	Balance problem		1
12	Skin problem		1	29	Severe headaches		U
13	Allergies		1	30	Ear (hearing, tinnitus)/nose/throat problem		-
14	Infectious/contagious diseases			31	Restricted mobility		1
15	Hernia		1	32	Back or joint problem		1.
16	Genital disorder		/	33	Amputation		1
17	Pregnancy			34	Fractures/dislocations		-

Retention: 3

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

hcy: As Required

# Issue Date: 15th July 2013 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

Have you ever been signed off as sick or repatriated from a ship? Have you ever been hospitalized? Have you ever been declared unfit for sea duty? Has your medical certificate even been restricted or revoked? Are you aware that you have any medical problems, diseases or illnesses? Do you feel healthy and fit to perform the duties of your designated position/occupation? Are you allergic to any medication?  Comments:  FIT FOR DUTY ON BOARD SHIP  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.	Yes	No
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	301	
The state of the s		
The state of the s	wledge	
Signature of Day 7 9 FFB 2024		
Signature of Day 2 9 FEB 2024  Examinee: (day/month/year)	7L	
DR. MIR. MD.	24	
Witnessed by:  Name (Typed-or Printed)  Name (Typed-or BMDC A-55144, MM	D. RAIHA	
General Phys	D. RAIHA Birdem), PGT (Op MMC-BGD-0	phth)
Radical Hospitals	D. RAIHA Birdem), PGT (Op MMC-BGD-0 ladesh Approx hysician	phth)
I hereby authorize the release of all my previous medical records from any health professionals, health institu public authorities to Dr. Mir Md. Raihan (the approved medical practitioner)	D. RAIHA Birdem), PGT (Op MMC-BGD-0 adesh Appro- hysician tals Limited.	phth) 16 ved
public authorities to Dr. Will Wid. Kalilan (the approved medical practicisms)	D. RAIHA Birdem), PGT (Op MMC-BGD-0 adesh Appro- hysician tals Limited.	phth) 16 ved
20 0	D. RAIHA Birdem), PGT (Op MMC-BGD-0- ladesh Approvingsician tals Limited. itutions and	phth) )16 sved
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Signature of Examinee Day (day/month/year)	D. RAIHA Birdem), PGT (Op MMC-BGD-0 adesh Approv hysician tals Limited. itutions and	phth) 016 oved
Signature of Examinee  Day (day/month/year)  Name (Typical State S	D. RAIHA Birdemi, PGT (Op MMC-BGD-0 adesh Approvingsician tals Limited. itutions and FEB 2024 MD. RA CCD (Birdem), P	phth) )16  ived

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

Page 2 of 4

# **Medical Declaration**

Issue Date: 15th July 25 Rev. Date: 01st November 2022 Revision No. : 01 Form #: C-44

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

	☐ Pre –s	ea		_	Periodic			Other	
Sight			Visual	Acuity			1	Visual	Fields
-		Unaid		Acuity	Aided			Normal	Defective
	Right	Left		Right	Left	Discontinu	Dista Par		
	Eye	Eye ,	Binocular	Eye	Eye	Binocular	Right Eye		
istance	66	6/	0.				Left Eye		
ear	NS	NS					J		
Color vi	sion:		Not tested	يل	Normal		Doubtful		efective
Hea	aring				Q		Speec	h and whispe	r test (metres)
	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz		Toman	, meper
Right Ear	25	25	w	112	112	1.2	Right Ear	y	4
Left	2	20	20				Left Ear	N	4
leight (en	11)			166		Weight: (	ka)		60
-		4-2		186	100	Rhythm:	vg)	1	eun
	te: (/minu	te)	Systolic:(mr		120		(mm/Hg)	P	υ
Blood pr Urinalys	and the second second second second	ucose:	Systone:(mi	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Protein:	Diastone.	NITTED I	Blood:	I NI
Officiallys	515.	ucose.	l N'	-	Trotem				,
	O-1000HJ		Normal	Abno	rmal	1		Norma	al Abnorma
Head			-			Skin			
Sinuses,	nose, thro	oat		- 1. WHILE		Varicose ve	ins		
Mouth/t							nc. pedal pulses	) -	
Ears (ge	eneral)		-			Abdomen a	nd viscera		
	ic membra	ane		19		Hernia			7
Eyes						Anus (not r	ectal exam)		
Ophthal	moscopy					G-U system		_	2
Pupils				1 -0-	Detroit Title		lower extremiti	es	
Eye mo	vement					The second secon	T/S and L/S)		_
Lungs a	ind chest		9			Neurologic			
Breast e	examinatio	n				Psychiatric			
Heart						General ap	pearance		
								29	FEB 2024
	ζ-ray	Not per	formad	NORI	MAL	Performe	ed on (day/mon	th/year):	



### **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				
MANUEL MILES OF THE STATE OF TH	BLOOD TEST		NORMAL				
	URINE TEST		NORMAL				
	ECG		NORMAL				
Medical practit			, with reasons for any lim	itations:			
		No Restrictions		-			
	L						
accination status r	ecorded:	Yes	□ No				
Assessment of	f fitness for service a	t sea					
	f the examinee's person e, I declare the examin		inical examination and the	e diagnostic test results			
Fit for look ou	t duty		Not fit for look out d	uty			
	Deck service	Engine service	Catering service	Other services			
শ	0						
J <b>nfit</b>							
			□ n				
Without Restr	iction		☐ With Restrictions				
		ion, type of ship, trade					
		ion, type of ship, trade					
		ion, type of ship, trade					
Describe restriction							
Describe restriction	ns (e.g., specific positi						
Describe restriction	ns (e.g., specific positi						
Describe restriction	ns (e.g., specific positi						
Describe restriction  Action taken b	ns (e.g., specific positi	(e.g. referral):	area)	2 9 FEB 2024			
Action taken b	ns (e.g., specific positi	(e.g. referral):	area)	2 8 FEB 2026			
Action taken b	ns (e.g., specific position)  by Medical Examiner (  on: (Day/Month/Year ifficate: (Day/Month/Year)	(e.g. referral):	area)	2 8 FEB 2026			
Action taken b  Date of examination	ns (e.g., specific positions)  by Medical Examiner (  on: (Day/Month/Year  ificate: (Day/Month/Year  Examiner	(e.g. referral):	area)	2 8 FEB 2026			



BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.





ID NO : 725

Date : 29/02/2024

22Y 4M 9D

Patient's Name: SHOHAN MONDOL

: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DMF - T/35053

Sex : Male

Specimen

Ref. By

: 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)	15.7 05	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	7,200	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	55	%	(40 - 75)%	
Lymphocytes	37	%	(20-45)%	WBC CURVE
Monocytes	05	%	(2-10)%	
Eosinophils	03	%	(1-6)%	a.
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	216	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	239,000	/cumm	1,50,000-4,50,000 /cumm	
MPV.	12.3	fL	7.0 -11.0 fL	
PDW-CV	16.8	%	10 - 18 %	PLT CURVE
PCT	0.29	%	0.10 - 0.28	TEI CORVE
P-LCR	42.6	%	9.00 - 45.00%	<b>A</b>
P-LCC	102	x10^3/uL	13 - 129 x10^3/uL	<b>A</b>
RBC COUNT	6.46	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	52.0	%	M: 40-54%, F: 37-47%	
MCV .	80.4	fL	76-94 fL	
MCH	24.3	pg	27-32 pg	RBC CURVE
MCHC	30.3	g/dL	29-34 g/dL	KDC CURVE
RDW SD	42	fL	30.0-57.0 fL	
RDW CV	15.8	%	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.

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24020725	Received I	Date 29/02	2/2024
Patient's Name	SHOHAN MONDOL			
Patient's Age	22Y 4M 9D	Y 4M 9D Patie		Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO	T/35053
Sample	BLOOD		1	175555

# BIOCHEMISTRY REPORT

Result	Reference Range
5.3 mmol/L	4.2 – 6.4 mmol/L
0.56 mg/dl	0.2 - 1.1 mg/dl
26.0 U/L	Up to 40 U/L
	5.3 mmol/L 0.56 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	DIA24020725 Received Date		d Date	e 29/02/2024	
Patient's Name	SHOHAN MONDOL				
Patient's Age	22Y 4M 9D Patien		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO				
Sample	BLOOD	- W. S.	1,000		

#### 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	DIA24020725	Received Da		29/02/2024	
Patient's Name	SHOHAN MONDOL	-			
Patient's Age	22Y 4M 9D		Patient's Sex		Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC I				T/35053
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	
	MAL	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	DIA24020725	Received Date 29		29/02/2024	
Patient's Name	SHOHAN MONDOL				
Patient's Age	22Y 4M 9D		Patient's Sex		Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO			T/35053	
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.

24020725

Receive:29/02/2024

Print: 29/02/2024

Patient's Name

: SHOHAN MONDOL

Age

22 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

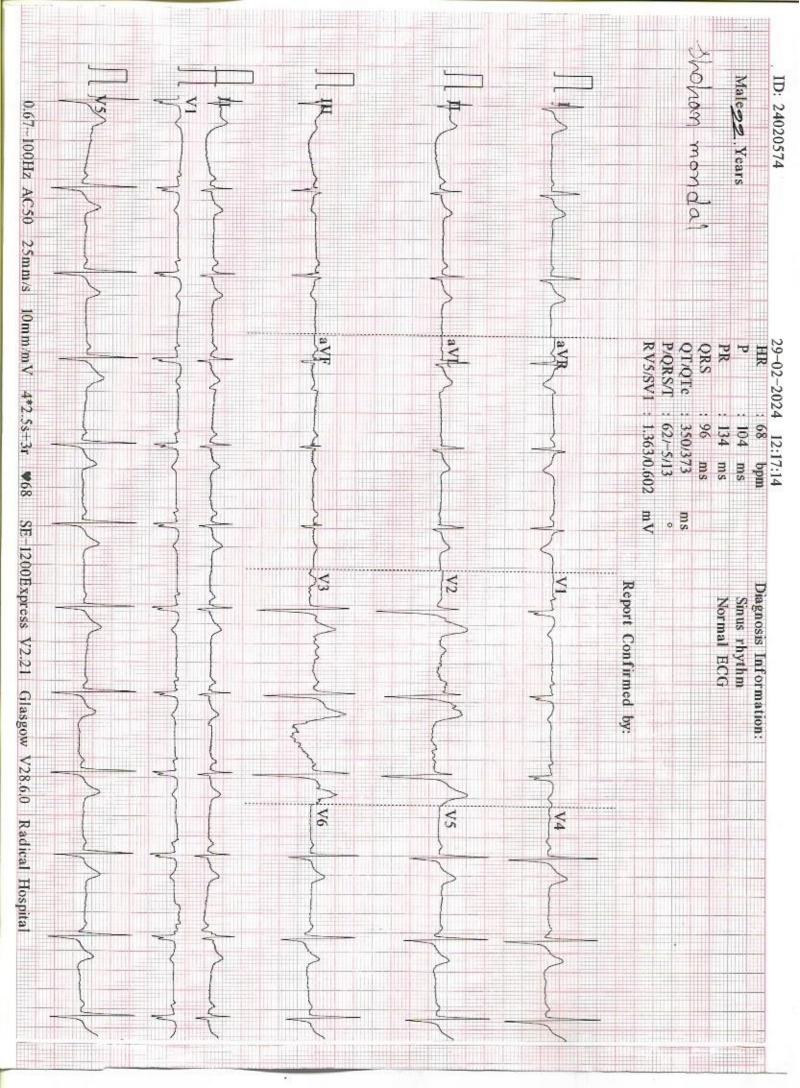
: Reveals no abnormality.

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





# **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24020725 Receive: Print: 29/02/2024

Patient's Name : SHOHAN MONDOL

Age : 22 YRS Sex : M

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

resociate Fioressor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1