# REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination ) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS,(DU), DFM

## RADICAL HOSPITAL LIMITED,
## 35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: Barri (Surname) Md Shafiul (First Name) Sex: M Serial No:

Date of Birth: 30 / 12 / 1994 PP/CDC: C/0/8225 Rank: 2/E

Vessel: MV Propel Fortune Type: Dry Bulk Carrier Route: Worldwide

Home Address: H-68, R-12, S-13, Uttara, Dhaka

Company Name : VShips Ship Management Ltd.

## Medical History

**Please answer the following to the best of your knowledge.**

| Is there any past / present history of any of the following | Candidate Declaration Yes | Candidate Declaration No | Examiner Record Yes | Examiner Record No | | Candidate Declaration Yes | Candidate Declaration No | Examiner Record Yes | Examiner Record No |
|---|---|---|---|---|---|---|---|---|---|
| Severe one-sided headaches (Migraine) | | ✓ | | ✓ | Hernia / Hydrocoele / Appendicitis | | ✓ | | ✓ |
| Head Injury / Concussion / Loss of Memmory | | ✓ | | ✓ | High / Low blood pressure / Heart disease | | ✓ | | ✓ |
| Fits / Epilepsy / Dizziness / Fainting | | ✓ | | ✓ | Asthama / Bronchitis / Tuberculosis | | ✓ | | ✓ |
| Eye / Vision Problems (Glasses, etc ) | | ✓ | | ✓ | Allergy / Skin disease | | ✓ | | ✓ |
| Hearing Impairment | | ✓ | | ✓ | Infection / Contagious Disease | | ✓ | | ✓ |
| Ear / Nose / Throat problems | | ✓ | | ✓ | Addicition to alcohol / drugs / tobacco | | ✓ | | ✓ |
| Stomach / Bowel disorders | | ✓ | | ✓ | Fracture / Dislocation / Injury / Amputation | | ✓ | | ✓ |
| Gall stones / Kidney disorders | | ✓ | | ✓ | Major / Minor Operation | | ✓ | | ✓ |
| Jaundice / Liver Disease | | ✓ | | ✓ | Diabetes | | ✓ | | ✓ |
| Piles / Varicose veins | | ✓ | | ✓ | Nervous / Mental disease / Sleep disorder | | ✓ | | ✓ |
| Blood Disorder | | ✓ | | ✓ | Malligniant disease ( Cancer) | | ✓ | | ✓ |
| Female Disorder | | ✓ | | ✓ | Signed off on medical grounds / Declared Unfit | | ✓ | | ✓ |

Notes

## Medical Examination

| Height | Weight in Kgs | Chest Insp-Exp | Blood Pressure in mm of Hg | Pulse--Beats / min | Resp.Rate / min | General Condition |
|---|---|---|---|---|---|---|
| 168cm | 73kg. | 43-41 cms | 110/80 mmHg | 78 b/m | 19 b/m | Cw |

| Distant Vision | Uncorrected | Corrected | Field of Vision |
|---|---|---|---|
| Right Eye | 6/6 | | Normal |
| Left Eye | 6/6 | ✓ | Abnormal |

| Audiometry | Hz | 500 | 1000 | 2000 | 3000 | 4000 | 5000 | 6000 | 8000 |
|---|---|---|---|---|---|---|---|---|---|
| Right Ear | dB | ✓ | ✓ | ✓ | | | | | |
| Left Ear | dB | ✓ | ✓ | ✓ | | | | | |

| Colour Vision | | | |
|---|---|---|---|
| Ishihara | | Normal | Abnormal |
| Other | | Normal | Abnormal |

| Hearing | Right Ear | Left ear |
|---|---|---|
| | 4 | 4 |

## Systemic Examination

| | Normal | Abnormal |
|---|---|---|
| Head & Neck | ✓ | |
| Eyes | ✓ | |
| Ears / Nose / Throat | ✓ | |
| Teeth / Oral Cavity | ✓ | |
| Musculo-Skeletal system | ✓ | |
| Nervous system | ✓ | |
| Reflexes | ✓ | |
| Skin | ✓ | |

**Notes**

FIT FOR SEA SERVICE
AS 2ND ENGR
AS PER MLC 2006
Enhanced GARD Medicals done

| | Normal | Abnormal |
|---|---|---|
| Respiratory system | ✓ | |
| Cardiovascular system | ✓ | |
| Per Abdomen | ✓ | |
| Genito-urinary system | ✓ | |
| Others | ✓ | |
| Hernia / Hydrocoele | ✓ | |
| Varicose Veins | ✓ | |
| Fissure/Fistula/Piles | ✓ | |

## Investigations

| Blood | Result | Normal |
|---|---|---|
| Hemoglobin | 15.5 gm% | 14-16 gm % |
| Total WBC count | 8300 cu.mm | 4000-11000 / cu.mm |
| Neu 65 % Lymp 30 % Eos 02 Ba 00 % Mo 03 % | | |
| Malarial parasite | Not Found | |
| ESR | 25 mm / 1st hour | 1- - 15 mm / hr |
| SGPT | 25 U/L | 9--43 U / L |
| S.Cholesterol | Nil mg/dl | 145--260 mg / dl |
| S.Triglycerides | Nil mg/dl | upto 200 mg /dl |
| Blood Sugar | RBS PPBS | upto 125 mg % |
| HbsAg | Negative | |
| HIV I & II | Negative | |
| VDRL | Non Reactive | |
| Others | GGTP U/L | |
| Blood Group | | |

| Urine | |
|---|---|
| Colour | SW |
| Specific Gravity | |
| pH | |
| Albumin | Nil |
| Sugar | |
| Bile pigment | |
| Bile salts | |
| Occult blood | |
| RBC cells | N-1 |
| Leucocytes | |
| Others | |

**Spirometry:** N/D

**Drugs of Abuse:** Negative

**ECG :** Normal **TMT:** N/D

**X-Ray Chest:**

**USG:** Normal

DR. MIR MD. RAIHAN RADICAL HOSPITALS LTD REG. NO. A-66144

## Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically

Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR.MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

**This certificate is valid till:** 20 FEB 2026

Candidate's Signature Shaf

Official Stamp

Doctor's signature:

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-66144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

**Date:** 21.02.24

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

21 FEB 2024

04.2024.5925

V.SHIPS V. SHIPS INDIA Pvt. Ltd.

**Certificate No:** 04.2024.5925

# MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 MLC 2006 – Reg 1.2 And
ILO/ IMO Guidelines on the medical examinations of seafarers **ILO/IMO/JMS/2011/12**

| | | | |
|---|---|---|---|
| Family Name | Barri | | |
| Given Names | Md Shafiul | | |
| Date of birth (day/month/year) | 30/12/1994 | Sex: ☑ Male | ☐ Female |
| Nationality : Bangladeshi | | | |

MIR MD RAIHAN ★ RADICAL HOSPITALS LTD ★ REG. NO. A-55144

| | Yes | No | NA |
|---|---|---|---|
| Confirmation that identification documents were checked at the point of examination | ✓ | | |
| Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a): | ✓ | | |
| Unaided hearing satisfactory? | ✓ | | |
| Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)? | ✓ | | |
| Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)? | ✓ | | |

I have evaluated the above named examinee according to _____
(National law, regulation or other requirement)

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board and hence declare the examinee medically:

☑ Fit for look-out duty ☐ Not fit for look-out duty

| | Deck service | Engine service | Catering service | Other services |
|---|---|---|---|---|
| Fit | ☐ | ☑ | ☐ | ☐ |
| Unfit | ☐ | ☐ | ☐ | ☐ |

☐ Without restrictions ☐ With restrictions

Visual aid required ☐ Yes ☑ No

Chest X-ray ☑ normal ☐ not performed

Bacteriological stool test ☐ negative ☐ not performed

Parasitical stool test ☑ negative ☐ not performed

Vaccination records ☑ satisfactory ☐ to be renewed

Describe any restrictions (e.g., specific position, type of ship, trade area):

RADICAL HOSPITAL LIMITED

Place of examination: Uttara, Dhaka, Bangladesh Date (day/month/year) 21 FEB 2024

Medical certificate's date of expiration (day/month/year) 20 FEB 2026

Official stamp (also print name of medical examiner if not legible) 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

Signature of medical examiner: _____

Authorised by: DG SHIPPING BANGLADESH (competent authority)

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature: Shafi
(To be signed in the presence of the medical examiner)

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

V.SHIPS V. SHIPS INDIA Pvt. Ltd

Certificate No: 04.2024-5925

**GUIDELINES AND MINIMUM REQUIREMENTS FOR:**

## PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS OF SEAFARERS

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 and MLC 2006 – Reg 1.2 And
ILO/ IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12

DR. MIR MH RAIHAN REG. NO. A-58144 RADICAL HOSPITALS LTD.

| | | |
|---|---|---|
| Family Name | Barri | |
| Given Names | Md Shafiul | |
| Rank and department | 2/E, Engine | |
| Date of birth (day/month/year) | 30/12/1994 | Sex: ☑ Male ☐ Female |
| Nationality | Bangladesh | |
| Home address | H-68, R-12, S-13, Uttara, Dhaka. | |
| Residence & Mobile No: | 01680027157 | |
| Passport No./Discharge Book No. | C10/8225 | |
| Type of ship (container, tanker, passenger, fishing) | Bulk Carrier | |
| Trade area (e.g., coastal, tropical, worldwide) | Worldwide | |

### A. EXAMINEE'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 problems | ☐ | ☑ |
| 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 | ☐ | ☑ | 22. | Dizziness/fainting | ☐ | ☑ |
| 6. | Asthma/bronchitis | ☐ | ☑ | 23. | Loss of consciousness | ☐ | ☑ |
| 7. | Blood disorder | ☐ | ☑ | 24. | Psychiatric problems | ☐ | ☑ |
| 8. | Diabetes | ☐ | ☑ | 25. | Depression | ☐ | ☑ |
| 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/nose/throat problems | ☐ | ☑ |
| 14. | Infectious/contagious diseases | ☐ | ☑ | 31. | Restricted mobility | ☐ | ☑ |
| 15. | Hernia | ☐ | ☑ | 32. | Back or joint problems | ☐ | ☑ |
| 16. | Genital disorders | ☐ | ☑ | 33. | Amputation | ☐ | ☑ |
| 17. | Pregnancy | ☐ | ☑ | 34. | Fractures/dislocations | ☐ | ☑ |

If any of the above questions were answered "yes", please give details.

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**Additional questions**

| | | Yes | No |
|---|---|---|---|
| 35. | Have you ever been signed off as sick or repatriated from a ship? | ☐ | ☑ |
| 36. | Have you ever been hospitalised? | ☐ | ☑ |
| 37. | Have you ever been declared unfit for sea duty? | ☐ | ☑ |
| 38. | Has your medical certificate ever been restricted or revoked? | ☐ | ☑ |
| 39. | Are you aware that you have any medical problems, diseases or illnesses? | ☐ | ☑ |
| 40. | Do you feel healthy and fit to perform the duties of your designated position/occupation? | ☑ | ☐ |
| 41. | Are you allergic to any medications? | ☐ | ☑ |
| Comments: FIT FOR DUTY ON BOARD SHIP | | | |
| 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 Md Shafiul Bari holding Passport/Seaman Book No C1018225 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: Shafi Date (day/month/year) 30 / 12 / 1994

Witnessed by: (Signature) Name: (typed or printed) 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.

I hereby authorise 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 examiner).



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## B. MEDICAL EXAMINATION

**Sight:**

Use of glasses or contact lenses: Yes ☐ / No ☒. (if yes, specify which type and for what purpose)

| | Visual acuity | | | | | |
|---|---|---|---|---|---|---|
| | Unaided | | | Aided | | |
| | Right eye | Left eye | Bino-cular | Right eye | Left eye | Bino-cular |
| Distant | 6/6 | 6/6 | | | | |
| Near | N5 | N5 | | | | |

| | Visual fields | |
|---|---|---|
| | Normal | Defective |
| Right eye | | |
| Left eye | | |

**Method of Testing Colour vision:** ☒ Ishirara Plates ☒ Lantern Test ☒ Others

**Colour vision:** ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

**Hearing:**

Pure tone and audiometry (threshold values in dB)

| | 500 Hz | 1000 Hz | 2000 Hz | 3000 Hz |
|---|---|---|---|---|
| Right ear | 20 | 20 | 20 | |
| Left ear | 20 | 20 | 20 | |

Speech and whisper test (metres)

| | Normal | Whisper |
|---|---|---|
| Right ear | 4 | 4 |
| Left ear | 4 | 4 |

**Clinical Findings:**

| | | | |
|---|---|---|---|
| Height in cm | 168 | Weight in kg | 73 |
| Pulse rate | 78 (/ minute) | Rhythm | Regular |
| Blood pressure Systolic | 110 mm Hg | Diastolic | 80 mm Hg |

**Urinalysis**

| Glucose: | Nil | Protein: | Nil | Blood: | Nil |
|---|---|---|---|---|---|

| | Normal | Abnormal | | Normal | Abnormal |
|---|---|---|---|---|---|
| Head | ☒ | ☐ | Varicose veins | ☒ | ☐ |
| Sinuses, nose, throat | ☒ | ☐ | Vascular (inc. pedal pulses) | ☒ | ☐ |
| Mouth/teeth | ☒ | ☐ | Abdomen and viscera | ☒ | ☐ |
| Ears (general) | ☒ | ☐ | Hernia | ☒ | ☐ |
| Tympanic membrane | ☒ | ☐ | Anus (not rectal exam) | ☒ | ☐ |
| Eyes | ☒ | ☐ | G-U system | ☒ | ☐ |
| Opthalmoscopy | ☒ | ☐ | Upper and lower extremities | ☒ | ☐ |
| Pupils | ☒ | ☐ | Spine (C/S, T/S and L/S) | ☒ | ☐ |
| Eye movement | ☒ | ☐ | Neurologic (full brief) | ☒ | ☐ |
| Lungs and chest | ☒ | ☐ | Psychiatric | ☒ | ☐ |
| Breast examination | ☒ | ☐ | Piles | ☒ | ☐ |
| Heart | ☒ | ☐ | Skin | ☒ | ☐ |
| Hydrocele | ☒ | ☐ | General appearance | ☒ | ☐ |

| **Chest X-ray** | ☐ Not performed | |
|---|---|---|
| | Performed on (day/month/year): | 21 FEB 2024 |
| Results: | Normal chest xray | |



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

| Test | Result | | |
|---|---|---|---|
| Blood Tests – tick in box if done- readings seperately issued*1 | CBC ☑, Blood VDRL test ☐, Blood ESR ☑, Blood Sugar – Random ☑ | | |
| Haemoglobin "Hb" *1 | | g/dl | |
| Hepatitis B *3 | HB (ab) ☐ +ve ☑ -ve | HB (ag) ☐ +ve ☑ -ve | |
| Bacteriological stool test*4 | ☑ not performed | ☐ negative | ☐ positive |
| Parasitical stool test*5 | ☑ not performed | ☐ negative | ☐ positive |
| ECG (only for crew above 40 years) | | | |
| HIV *2 (+ve or -ve) | negative | | |
| Medical examiner's comments: | FIT FOR DUTY ON BOARD SHIP | | |

*1 compulsory
*2 not compulsory
*3 required by the Company for all crew from endemic areas
*4 required by the Company for all food handlers
*5 required by the Company for all food handlers from tropical climates

**Assessment of fitness for service at sea including physical capabilities:**

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board and hence declare the examinee medically:

☑ Fit for look-out duty ☐ Not fit for look-out duty

| | Deck service | Engine service | Catering service | Other services |
|---|---|---|---|---|
| Fit | ☐ | ☑ | ☐ | ☐ |
| Unfit | ☐ | ☐ | ☐ | ☐ |

☑ Without restrictions ☐ With restrictions

Describe restrictions (e.g., specific position, type of ship, trade area):

Place of examination: UTTARA, DHAKA, Date (day/month/year) 21 FEB 2024

Medical certificate's date of expiration (day/month/year) 20 FEB 2026

Date medical certificate issued (day/month/year): 21 FEB 2024

Official stamp (also print name of medical examiner if not legible):

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

Signature of medical examiner: _____

Medical practitioner information (name, license number, address): _____

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

ANNEX C

MPA
SINGAPORE

# MARITIME AND PORT AUTHORITY OF SINGAPORE

## SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

| Seafarer's Name :(*Last, first, middle*) Barri Md Shafiul | | | Gender: Male/Female* |
|---|---|---|---|
| Date of Birth: (*Day/month/year*) 30/12/1994 | Nationality: Bangladeshi | Place of Birth: Tangail | |

Declaration of the recognized medical practitioner:

| | | Yes | No |
|---|---|---|---|
| 1 | Identification documents were checked at the point of examination? | ✓ | |
| 2 | Hearing meets the standards in STCW Code Section A-I/9? | ✓ | |
| 3 | Unaided hearing satisfactory? | ✓ | |
| 4 | Visual acuity meets the standards in STCW Code Section A-I/9? | ✓ | |
| 5 | Colour vision meets the standards in STCW Code Section A-I/9? | ✓ | |
| | Date of last colour vision test: 21 FEB 2024 | | |
| 6 | Fit for look-out duty? | ✓ | |
| 7 | Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard? | ✓ | |
| 8 | No limitations or restrictions on fitness? | ✓ | |
| | If "**no**" specify limitations or restrictions | | |
| 9 | Date of examination: (*day/month/year*) 21 FEB 2024 | | |
| 10 | Expiry of certificate: (*day/month/year*) 20 FEB 2026<br>*** Maximum two years from date of examination unless the seafarer is under the age of 18* | | |

21 FEB 2024

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

| Date | Signature of Authorised Medical Practitioner | Medical Practitioner's Official stamp (*name, licence number, address etc*) |
|---|---|---|

I have been informed of the content of the certificate and of the right to a review.

Shafi

Signature of Seafarer

* delete as appropriate

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

ANNEX B

**MARITIME AND PORT AUTHORITY OF SINGAPORE**
**SHIPPING DIVISION**

MPA SINGAPORE

# RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

| | | | |
|---|---|---|---|
| Seafarer's Name :(*Last, first, middle*) (BLOCK CAPITALS) Batti Md Shafiul | | | Gender: Male/Female* |
| Date of Birth: day/month/year 30/12/1994 | Place of Birth: Tangail | Nationality: Bangladeshi | |
| *Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: A08352182 | Dept: Deck / Engine / Catering / others Rank: 2/E | | Type of ship: Bulk Carrier |
| Home Address: H-68, R-12, S-13, Uttara, Dhaka | Routine and emergency duties: | | Trading area: e.g. coastal / worldwide |

*For identity verification purpose

Seafarer's Declarations *(please tick)*

Have you ever had any of the following conditions?

| | Yes | No | | 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. Epilesy/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 | | ✓ |
| 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 | N/A | | 34. Fracture/dislocations | | ✓ |

If you answer "yes" to any of the above questions, please provide details:

Radical Hospital Ltd. As Per MLC-2006 Approved by Bangladesh

| Additional questions | Yes | No |
|---|---|---|
| 35. Have you ever been signed off as sick or repatriated from a ship? | | ✓ |
| 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? | | ✓ |
| 39. Are you aware that you have any medical problems, diseases or illnesses? | | ✓ |
| 40. Do you feel healthy and fit to perform the duties of your designated position/occupation? | ✓ | |
| 41. Are you allergic to any medication? | | ✓ |
| 42. Are you using any non-prescription or prescription medication? | | ✓ |

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

21.02.24
Date

Signature of Seafarer

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

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. DR. MIR. MD. RAIHAN.

21.02.24
Date

Signature of Seafarer

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

Name and Signature of Witness

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Approved

Part B – Result of medical examinations

**Eyesight**

Use of glasses or contact lenses

☒ No

☐ Yes Type ..... Purpose .....

**Visual Acuity**

| Unaided | | | Aided | | |
|---|---|---|---|---|---|
| Right eye | Left eye | Binocular | Right eye | Left eye | Binocular |
| Distant | 6/6 | 6/6 | Distant | | |
| Near | N5 | N5 | Near | | |

**Visual fields**

| | Normal | Defective |
|---|---|---|
| Right eye | ✓ | |
| Left eye | ✓ | |

**Colour Vision** *(please tick)*

☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

**Hearing**

| Pure tone and audiometry (threshold values in dB) | | | | |
|---|---|---|---|---|
| | 500 Hz | 1,000 Hz | 2,000 Hz | 3,000 Hz |
| Right ear | 20 | 20 | 20 | |
| Left ear | 20 | 20 | 20 | |

**Speech and whisper test** (metres)

| | Normal | Whisper |
|---|---|---|
| Right ear | 4 | 4 |
| Left ear | 4 | 4 |

**Clinical Findings**

| | | | | | |
|---|---|---|---|---|---|
| Height | 168 (cm) | | Weight | 73 (kg) | |
| Pulse rate | (per minute) | 78 | Rhythm | | Regular |
| Blood Pressure Systolic | (mm Hg) | 110 | Diastolic | (mm Hg) | 80 |
| Urinalysis: | Glucose : Nil | Protein: Nil | | Blood: | Nil |

| | Normal | Abnormal |
|---|---|---|
| Head | ✓ | |
| Sinus, nose, throat | ✓ | |
| Mouth/teeth | ✓ | |

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| | | |
|---|---|---|
| Ears (general) | ✓ | |
| Tympanic membrane | ✓ | |
| Eyes | ✓ | |
| Ophthalmoscopy | ✓ | |
| Pupils | ✓ | |
| Eye movement | ✓ | |
| Lungs and chest | ✓ | |
| Breast examination | N/A | |
| Heart | ✓ | |
| Skin | ✓ | |
| Varicose Vein | ✓ | |
| Vascular (inc. pedal pulse) | ✓ | |
| Abdomen and viscera | ✓ | |
| Hernia | ✓ | |
| Anus (not rectal exam) | ✓ | |
| G-U system | ✓ | |
| Upper and lower extremities | ✓ | |
| Spine (C/s, T/S, L/S) | ✓ | |
| Neurologic (full/brief) | ✓ | |
| Psychiatric | ✓ | |
| General appearance | ✓ | |

**Chest X-ray**

☐ Not performed ☑ Performed on (day/month/year): 21 FEB 2024

Results: Normal chest x-ray

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

Test Blood+Urine Results: Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

**Assessment of fitness for service at sea** *(please tick)*

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

☑ Fit for look out duty ☐ Unfit for lookout duty

☐ Visual aid required ☑ Visual aid not required

| | Deck Service | Engine Service | Catering Service | Other Service |
|---|---|---|---|---|
| Fit | | ✓ | | |
| Unfit | | | | |

Radical Hospital Ltd. As Per-MLC-2006 Seafarers Bangladesh Approved

☒ Without restrictions ☐ With restrictions

| Description of restrictions (e.g. specific position, type of ship, trading area etc.) |
|---|
| |

21 FEB 2024

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

| Date | Signature of Medical Practitioner | Medical Practitioner's name, licence number, address |
|---|---|---|

**********

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

| | | | |
|---|---|---|---|
| **Id No** : 0541 | **Date :** 21-Feb-2024 | **D.Date :** 21-Feb-2024 |
| **Patient's Name :** MD SHAFIUL BARI | **Age :** 29Y 1M 22D | **Gender:** Male |
| **Specimen** : Blood | | |
| **Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/ 8225 | | |

## Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

| Parameter Name | Results | Reference Range |
|---|---|---|
| **Hemoglobin (Hb)** | **15.5** gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.<br>Infant: (One year):8-10 gm/dl. |
| **ESR(Westergreen)** | **04** mm/1st hr | Male:0-10, F:0-20 mm/1st hr. |
| **Total WBC Count(TC)** | **8,300** /cumm | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| **Differential WBC Count (DC)** | | |
| Neutrophils | **65** % | Child: 25-66 %, Adult: 40-75 % |
| Lymphocytes | **30** % | Child: 52-62 %, Adult: 20-50 % |
| Monocytes | **03** % | Child: 03-07 %, Adult: 02-10 % |
| Eosinophils | **02** % | Child: 01-03 %, Adult: 01-06 % |
| Basophils | **00** % | Adult: 00-01 % |
| Total Cir. Eosinophils | **166** /cumm | 50-450/cumm |
| **Total RBC Count** | **5.01** m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HCT/PCV | **41** % | M: 40-54%, F:37-47% |
| MCV | **78** fL | 76 - 94 fL |
| MCH | **30** pg | 27 - 32 pg |
| MCHC | **31** g/dL | 29 - 34 g/dL |
| RDW | **13** % | 11 - 16 % |
| PDW | **41** fL | 35 - 56 fl |
| **Total Platelete Count (PC)** | **2,75,000** /cumm | 150,000-450,000/cumm |
| MPV | **9.2** fL | 7.0 - 11.0 fL |
| PCT | **0.1** % | 0.1 - 0.% |
| Bledding Time(BT) | % | 10 - 18 % |
| Cloting Time(CT) | % | 0.1- 0.2 % |

**Checked By**
Medical Technologist

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

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

| | | | |
|---|---|---|---|
| Bill No | DIA24020541 | Received Date | 21/02/2024 |
| Patient's Name | MD SHAFIUL BARI | | |
| Patient's Age | 29Y 1M 22D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/8225 |
| Sample | BLOOD | | |

## BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|---|---|---|
| **Liver Function Test** | | |
| Serum Bilirubin (Total) | 0.52 mg/dl | 0.2 - 1.1 mg/dl |
| Serum ALT (SGPT) | 25 U/L | Up to 40 U/L |
| Serum AST (SGOT) | 19 U/L | Up to 37 U/L |
| Serum Alkaline Phosphate | 171 U/L | 98 - 279 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 | DIA24020541 | Received Date | 21/02/2024 |
| Patient's Name | MD SHAFIUL BARI | | |
| Patient's Age | 29Y 1M 22D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/8225 |
| Sample | BLOOD | | |

# SEROLOGICAL REPORT

| Test Name | Result |
|---|---|
| HIV 1 & 2 (Method : (ICT) | Negative |
| VDRL | Non-reactive |

**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 | DIA24020541 | Received Date | 21/02/2024 |
|---|---|---|---|
| Patient's Name | MD SHAFIUL BARI | | |
| Patient's Age | 29Y 1M 22D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/8225 |
| Sample | URINE | | |

## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

### CHEMICAL EXAMINATION CASTS / LPF

| | | | |
|---|---|---|---|
| Reaction | Acidic | RBC | Nil |
| Albumin | Nil | WBC | Nil |
| Sugar | Nil | Epithelial | Nil |
| Ex.Phosphate | Nil | Granular | Nil |
| | | 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 | DIA24020541 | Received Date | 21/02/2024 |
| Patient's Name | MD SHAFIUL BARI | | |
| Patient's Age | 29Y 1M 22D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/8225 |
| 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.

Date: 21/02/2024

# EYE EXAMINATION REPORT

| NAME: | MD SHAFIUL BARI | | |
|---|---|---|---|
| AGE: | 29 YRS | RANK: 2ND ENG | CDC NO:C/O/8225 |

| VISUAL ACUITY: | RIGHT | LEFT |
|---|---|---|
| UNAIDED | 6/6 | 6/6 |
| AIDED | | |

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

# DEPARTMENT OF RADIOLOGY & IMAGING

| | | | | |
|---|---|---|---|---|
| *ID. No.* | : | 24020541 | Receive:21/02/2024 | Print: 21/02/2024 |
| *Patient's Name* | : | **MD SHAFIUL BARI** | | |
| *Age* | : | 29 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

This report has been electronically signed.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

# AUDIOLOGICAL REPORT

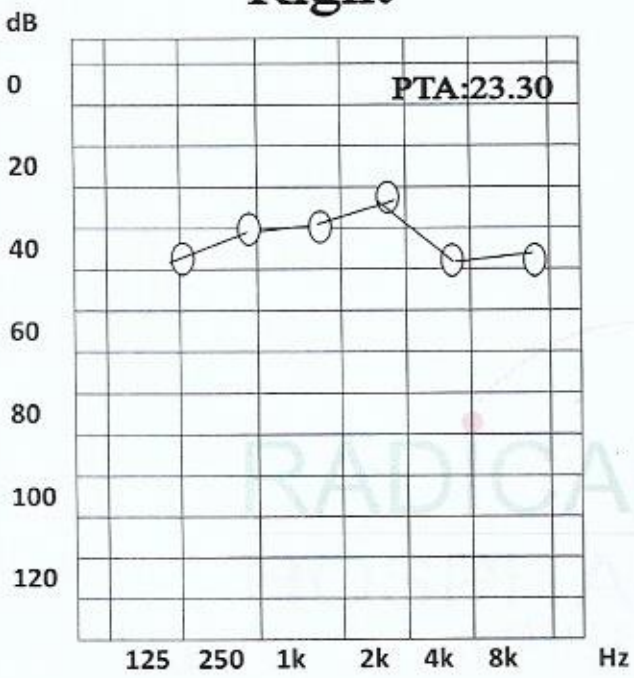
Patient Name : **MD SHAFIUL BARI** **21/02/2024**

Age : **29 Yrs**

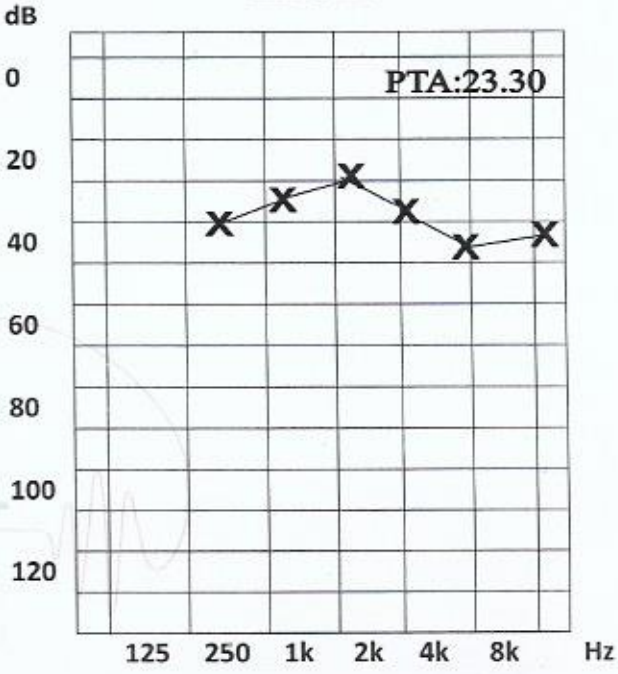
Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM

## Right




## Left




| |
|---|
| 0-25= Normal Hearing. |
| 26-40= Mild Hearing Loss. |
| 41-55= Moderate Hearing Loss. |
| 56-70= Moderately Severe Hearing Loss. |
| 71-90= Severe Hearing Loss. |
| 91-120= Profound Hearing Loss. |

| | Right Ear | Left Ear |
|---|---|---|
| Air Unmasking OX | | |
| Bone Unmasking | | |
| | **Right Ear** | **Left Ear** |
| Air MaskingOX | | |
| Bone Masking ΔΔ | | |

**Remark's:-**

**Right Ear: Normal Hearing.**

**Left Ear: Normal Hearing.**