

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: SHAHIDUR RAHMAN

Sex: Male

Serial No: _____

Date of Birth: 12/08/1991

PP/CDC: C1017782

Rank: C/E

Vessel: MV. TJ ORHAN

Type: Container

Route: WORLDWIDE

Home Address: Moshfahar Chow, Sashpur, Shipur

Company Name: V. Ship Co. 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		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)					Hernia / Hydrocoele / Appendicitis				
Head Injury / Concussion / Loss of Memory					High / Low blood pressure / Heart disease				
Fits / Epilepsy / Dizziness / Fainting					Asthma / Bronchitis / Tuberculosis				
Eye / Vision Problems (Glasses, etc.)					Allergy / Skin disease				
Hearing Impairment					Infection / Contagious Disease				
Ear / Nose / Throat problems					Addiction 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					Malignant disease (Cancer)				
Female Disorder					Signed off on medical grounds / Declared Unfit				

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
170cm	72kg	43-41	120/80 mmHg	76/min	19/min	C							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal	Right Ear	dB	20	20	20					
Left Eye	6/6		Abnormal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear					Left ear			
	Other	Normal	Abnormal										

Systemic Examination

Head & Neck	Normal	Abnormal	Notes FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	Normal	Abnormal
Eyes				Cardiovascular system		
Ears / Nose / Throat				Per Abdomen		
Teeth / Oral Cavity				Genito-urinary system		
Musculo-Skeletal system				Others		
Nervous system				Hernia / Hydrocoele		
Reflexes				Varicose Veins		
Skin				Fissure/Fistula/Piles		

Investigations

Blood	Result	Normal	Urine
Hemoglobin	14.8 gm%	14-16 gm %	Colour
Total WBC count	9500 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 60 % Lymph	35 % Eos 02 % Bas 00 % Mono 02 %		pH
Malarial parasite	Not Found		Albumin
ESR	07 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	22 U/L	9-43 U/L	Bile pigment
S.Cholesterol	N/A mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	N/A mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS 101 PPBS	upto 125 mg %	RBC cells
HbsAg	Negative		Leucocytes
HIV 1 & II	Negative		Others
VDRL	Negative		
Others	Iron 100		
Blood Group		GGTP U/L	

ECG :

Normal TMT: N/A

X-Ray

Chest: Normal

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: 21 FEB 2026

Candidate's Signature

Official Stamp

Date: 22/02/24

Doctor's signature:

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.

22 FEB 2024



04.2024.5975

Certificate No: _____

04.2024-5975

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	Shahidur Rahman		
Given Names	Shohidur		
Date of birth (day/month/year)	12/02/1991	Sex:	☒ Male ☐ Female
Nationality	Bangladeshi		



	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 LIMITEDPlace of examination: Uttara, Dhaka, BangladeshDate (day/month/year) 22 FEB 2024Medical certificate's date of expiration (day/month/year) 21 FEB 2026Official stamp (also print name of medical examiner if not legible) **DR. MIR, MD. RAIHAN**

Signature of medical examiner: _____

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

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: _____

(To be signed in the presence of the medical examiner)



Certificate No: **04.2024.5975**

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



Family Name	Shahidun Rahman	
Given Names	Shahidun	
Rank and department	Fourth Engineer	
Date of birth (day/month/year)	12/08/1991	Sex: ☒ Male ☐ Female
Nationality	Bangladeshi	
Home address	Monshajehon, Sashpur, Shibpur, Narasingdi	
Residence & Mobile No:	+8801694757482	
Passport No./Discharge Book No.	C1017782	
Type of ship (container, tanker, passenger, fishing)	Container	
Trade area (e.g., coastal, tropical, worldwide)	World wide	



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.



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 Shahidun Rahman holding Passport/Seaman Book No C1017782 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: _____

Date (day/month/year) 22 FEB 2024

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).



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	15	15	✓		

Visual fields	
Normal	Defective
Right eye	✓
Left eye	✓

Method of Testing Colour vision:

☒ Ishihara Plates ☒ Lantern Test ☐ Others

Colour vision: ☐ Not tested ☒ Normal

☐ Doubtful ☐ Defective

Hearing:

Pure tone and audiometry (threshold values in dB)

Speech and whisper test (metres)

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

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings:

Height in cm	170	Weight in kg	72
Pulse rate	78 (1 minute)	Rhythm	Regular
Blood pressure			
Systolic	120	Diastolic	80

Urinalysis

Glucose:	Nil	Protein:	Nil	Blood:	Nil
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	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	☒	☐
Ophthalmoscopy	☒	☐	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
Results:	Performed on (day/month/year): 22 FEB 2024
danny chest x-ray	

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

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

^{*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) 22 FEB 2024Medical certificate's date of expiration (day/month/year) 21 FEB 2026Date medical certificate issued (day/month/year): 22 FEB 2024Official stamp (also print name of medical examiner if not legible) **DR. MIR. MD RAIHAN**Signature of medical examiner: *[Signature]*

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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Medical practitioner information (name, license number, address):



CRW15 – CHEMICAL BLOOD TEST REPORT

LAST NAME RAHMAN		FIRST NAME SHAHIDUR		POSITION ON BOARD 4/E	
DATE OF BIRTH 12/03/1991		PLACE OF BIRTH NARSINGDI		SEX Male	ID DOCUMENT NO C1017782
(PLEASE INDICATE BELOW IF THE LISTED TESTS ARE WITHIN THE REFERENCE LEVEL)					
TEST	YES	NO	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	☒	☐	LYMPHOCYTE COUNT	☒	☐
RED BLOOD CELL COUNT (RBC)	☒	☐	MONOCYTE COUNT	☒	☐
PLATELET COUNT (PLT)	☒	☐	EOSINOPHIL COUNT	☒	☐
HAEMOGLOBIN (HGB)	☒	☐	BASOPHIL COUNT	☒	☐
HAEMOTOCRIT (HCT)	☒	☐	GRANULOCYTE COUNT	☒	☐
MEAN CORPUSCULAR VOLUME (MCV)	☒	☐	THROMBOCYTE COUNT	☐	☐
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	☒	☐	BIOCHEMISTRY	YES	NO
MEAN CORPUSCULAR HB. CONC (MCHC)	☒	☐	ASPARTATE AMINOTRANSFERASE (AST, SGOT)	☒	☐
MEAN PLATELET VOLUME (MPV)	☒	☐	ALANINE AMINOTRANSFERASE (ALT, SGPT)	☒	☐
RED BLOOD CELL DISTRIBUTION WIDTH (RDW)	☒	☐	TOTAL BILIRUBIN	☐	☐
NEUTROPHIL COUNT	☒	☐		☐	☐
IF ANY OF THE ABOVE CHEMICAL-SPECIFIC BLOOD TEST INDICATES NEGATIVE RESPONSE TO CLINICAL TEST PARAMETERS, PLEASE GIVE DETAILS BELOW: COMMENTS (for abnormal result):					
Doctors Comments:					
<i>No Abnormality Found.</i>					
		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.			
		22 FEB 2024			
MEDICAL EXAMINER (SIGNATURE & PRINTED NAME)			DATE OF EXAMINATION		

PHYSICAL EXAMINATION REPORT/CERTIFICATE

DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT RAHMAN		FIRST NAME SHAHIDUR	MIDDLE INITIAL
DATE OF BIRTH MONTH 08 DAY 12 YEAR 1991		PLACE OF BIRTH NARSINGDI	SEX MALE ☒ FEMALE ☐
CITY NARSINGDI COUNTRY BANGLADESH			
EXAMINATION FOR DUTY AS: MASTER ☐ RATING ☐ MATE ☐ MOU DECK ☐ ENGINEER ☒ MOU ENGINE ☐ RADIO OFF ☐ SUPERNUMERARY ☐		MAILING ADDRESS OF APPLICANT: Vill: Monshafarzon, P.O:- Sashpur, P.S: Shibpur, Dist: Narsingdi	

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT 170cm	WEIGHT 82kg	BLOOD PRESSURE 120/80 mmHg	PULSE 78/min	RESPIRATION 19/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES 6/6 WITH GLASSES 6/6		DATE OF LAST COLOR VISION TEST (Month/Day/Year) 22 FEB 2024 Testing Required every 6 years			
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9?		YES ☒ NO ☐			
COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST IS NORMAL		YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒			
HEARING: RT. EAR Normal		LEFT EAR Normal			
HEAD AND NECK Normal		HEART (CARDIOVASCULAR) Normal			
LUNGS Normal		SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes			
EXTREMITIES: UPPER Normal		LOWER Normal			
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2.					

 SIGNATURE OF APPLICANT	22 FEB 2024 22/02/24 DATE OF EXAM	21 FEB 2026 EXPIRY DATE
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THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **SHAHIDUR RAHMAN** (NAME OF APPLICANT)

FIT FOR DUTY ON BOARD SHIP

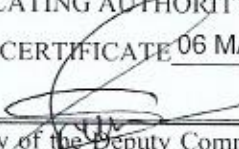
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD. RAIHAN MBBS(DU), DFM REG:A-55144**

ADDRESS **RADICAL HOSPITAL LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY **DG SHIPPING BANGLADESH**

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **06 MAY 2014**

SIGNATURE OF PHYSICIAN  DATE OF EXAMINATION: **22 FEB 2024**

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCD (Biom), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approver

General Physician
 Radical Hospitals Limited



MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seafarer deck, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count

B) Blood Sugar Estimation

C) Serological Test(VDR) D) Hepatitis B Surface Antigen Test (HbsAg)

E) Urinlysis F) Drug Test G) Alcohol Test

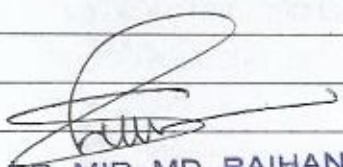
3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

22 FEB 2024




DR. MIR. MD. RAIHAN
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Id No : 0567 **Date** : 22-Feb-2024 **D.Date** : 22-Feb-2024
Patient's Name : SHAHIDUR RAHMAN **Age** : 32Y 6M 10D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/7782

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.8 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	60 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	35 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	285 /cumm	50-450/cumm
Total RBC Count	5.02 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42 %	M: 40-54%, F:37-47%
MCV	79 fL	76 - 94 fL
MCH	29 pg	27 - 32 pg
MCHC	30 g/dL	29 - 34 g/dL
RDW	11 %	11 - 16 %
PDW	26 fL	35 - 56 fL
Total Platelete Count (PC)	275000 /cumm	150,000-450,000/cumm
MPV	8.2 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0.5 %
Bleeding 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.

Bill No	DIA24020567	Received Date	22/02/2024
Patient's Name	SHAHIDUR RAHMAN		
Patient's Age	32Y 6M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/7782
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.54 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	28 U/L	Up to 40 U/L
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum Alkaline Phosphate	153 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	DIA24020567	Received Date	22/02/2024
Patient's Name	SHAHIDUR RAHMAN		
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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	DIA24020567	Received Date	22/02/2024
Patient's Name	SHAHIDUR RAHMAN		
Patient's Age	32Y 6M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/7782
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/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
		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
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Bill No	DIA24020567	Received Date	22/02/2024
Patient's Name	SHAHIDUR RAHMAN		
Patient's Age	32Y 6M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/7782
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: 22/02/2024

EYE EXAMINATION REPORT

NAME:	SHAHIDUR RAHMAN		
AGE:	32 YRS	RANK: 4 TH ENG	CDC NO:C/O/7782

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

AUDIOLOGICAL REPORT

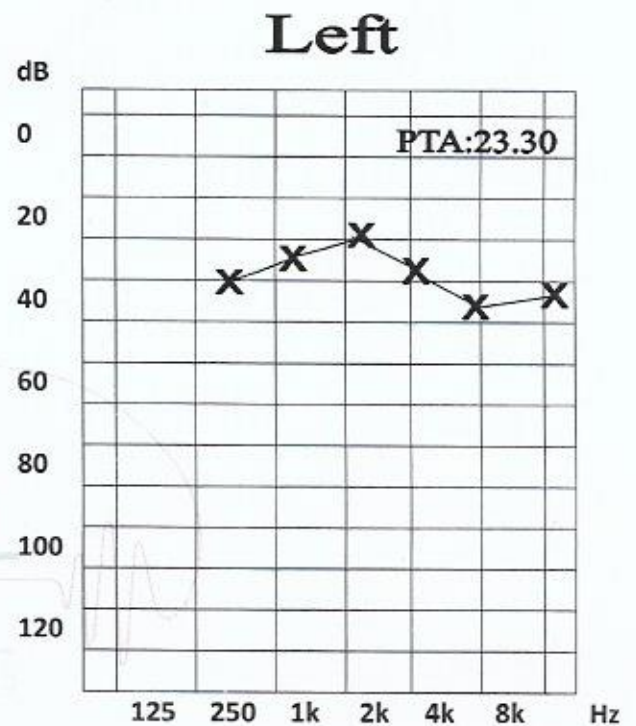
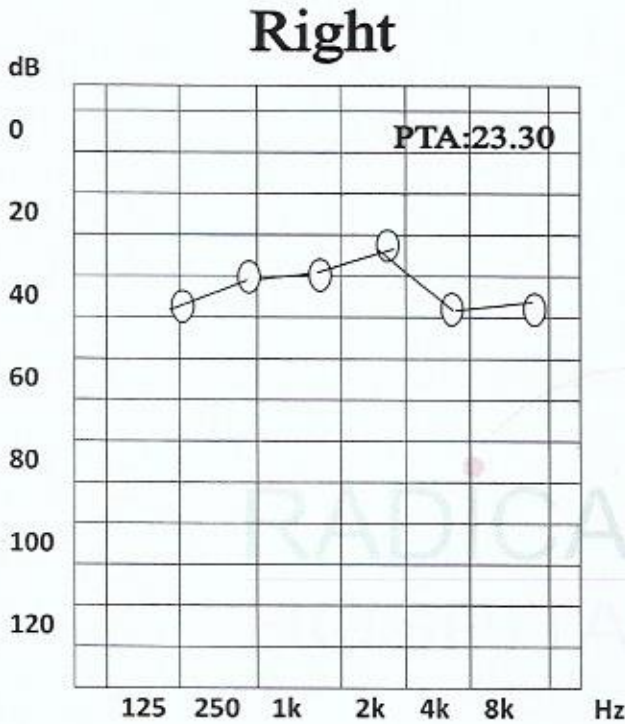
Patient Name : SHAHIDUR RAHMAN

22/02/2024

Age : 32 Yrs

Address : RHL, UTTARA

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



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		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24020567 Receive: 22/02/2024 Print: 22/02/2024
Patient's Name : **SHAHIDUR RAHMAN**
Age : 32 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

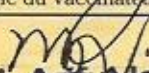
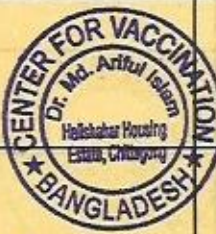
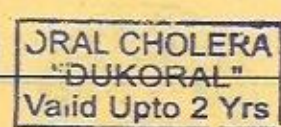
SHAHIDUR RAHMAN

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA

This is to Certify that }
je soussigne (e) certifie que } Date of Birth 12.08.1991 sex M
whose signature follows } ne (e) le } Sexe }
dont la signature suit. }

has on the date indicated been vaccinated or revaccinated against Cholera
a etc. vaccination (e) contre la fièvre jaune la date indiquée.

Date	Signature and Professional Status of vaccinator Signature et qualité Prof. essoumle du vaccinateur	Approved Stamp Cachet d'authentification
1	 Dr. Md. Arifur Islam MBBS (CMC) BCS (Health) FCPS (MEDICINE)-II, CCO BMDC Reg. No. 62563 DG Shipping Approved (BD) Seafarer's Medical Officer, Chittagong, Bangladesh	 
2		

15 MAR 2023

3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso

SHAHIDUR RAHMAN

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW-FEVER
CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVER JANUE

This is to Certifie that }
je soussigne (e) certifie que } Date of Blrth 12.08.1001 sex M
whose signature follows } ne (e) le Sexe
dont la signature suit. }

has on the date indicated been vaccinated or revaccinated against Yellow-Fever
a etc. vaccination (e) on contre la fievre jaune la date indique.

Date	Signature and Professional Status of vaccinator Signature et qualite Prof. essionndlle du vaccinateur	Origin and batch no. of vaccine origine du vaccin Employe et u merco du lot	Official stamp of vaccination centre. cachet Official du Center de vaccination
1	 Dr. Md. Arifur Islam MBBS (CNC) DCS (Health) FCPS (MEDICINE) HCCO BMDG Reg. No. 62563 DG Shipping Approved (BD) Saidur's Medical Office, Chittagong, Bangladesh		
2			
3			
4			

This certificate is valid on only if the vaccine used hs been approved by the World Health Organization and if the vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

Any amendment of this certificate or erasure or failure to complete any part of it, may render it invalid.

Ce certificate n est valadble que si le vaccine employe a etc. approuve par l'organisation mondiale de la sant.

Et si le centre de vaccination a etc habilité par l'administration du territoire de s lequel ce centre est situe.

Le validity of ce certificate coure une periode de six ans ommencent dix Jours apres la date de la vaccination ou da s le casd une revaccination on cours de cettée periode de dix aus. e Jour de cettée revaccination.

Toute correction ou rature sur le certificate au omission d'un quelonque desmentions nd il comporte peut affecter su validite.