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: Hosen MD Shahadat hosen (Surname / First Name / Middle Initial) Sex: M Serial No:
Date of Birth: 3 / 3 / 1997 PP/CDC: PA 0388982 Rank: oiler
Vessel: Dolphin star Type: General cargo Route: WORLD WIDE
Home Address: MORSHED SARAK, TA. FARAK SECONDARY School PIROJPUR. BANGLADESH
Company Name :

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		/		/	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		/		/	Mallignant 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
165cm	80 kg.	42-40 inch	120/80 mm	78b/min	18b/min	Well

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Colour Vision	
Ishihara	Normal / Abnormal
Other	Normal / Abnormal

Field of Vision: Normal / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Hearing: Right Ear: 4 / Left ear: 4

Systemic Examination

	Normal	Abnormal		Normal	Abnormal
Head & Neck	/		Respiratory system	/	
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	/	

Notes

FIT FOR SEA SERVICE
AS OILER
AS PER MLC 2006
Enhanced GARD Medicals done

Investigations

Blood	Result	Normal
Hemoglobin	15.0 gm%	14-16 gm %
Total WBC count	9500 cu.mm	4000-11000 / cu.mm
Neu 65 % Lymp 32 % Eos 02 Ba 00 % Mo 02 %		
Malarial parasite	not found	
ESR	05 mm / 1st hour	1- - 15 mm / hr
SGPT	39 U/L	9--43 U / L
S.Cholesterol	N/E mg/dl	145--260 mg / dl
S.Triglycerides	N/E mg/dl	upto 200 mg /dl
Blood Sugar	RBS 5.3 PPBS	upto 125 mg %
HbsAg	negative	
HIV I & II	negative	
VDRL	non reactive	
Others		GGTP U/L
Blood Group		

Urine	
Colour	straw
Specific Gravity	01
pH	4
Albumin	nil
Sugar	nil
Bile pigment	nil
Bile salts	nil
Occult blood	nil
RBC cells	nil
Leucocytes	
Others	

Spirometry: Normal
Drugs of Abuse: negative
USG: N/E

ECG : Normal TMT: N/E
X-Ray Chest: Normal

DR. MIR MD. RAIHAN ★ RADICAL HOSPITALS LTD ★ REG. NO. A-5514A

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: 26 FEB 2026

Official Stamp

Doctor's signature:

Candidate's Signature: Shahadat
Date: 27.2.25

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

27 FEB 2024

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

04.2024.6006

República de Panamá

Republic of Panama

Autoridad Marítima de Panamá

Panama Maritime Authority

CERTIFICADO MÉDICO DE LA GENTE DE MAR

Medical Fitness Standards Certificate for Seafarers

04.2024.6006

No. Certificado: *Certificate No.*

Este certificado se emite en conformidad con las disposiciones de la regla I/9 del Convenio STCW, 1978, enmendado, y la norma A-I/2 del CTM, 2006, enmendado, y certifica que la gente de mar es apta para el servicio en el mar.

This certificate is issued in accordance with the provisions of the regulation I/9 of the 1978 STCW Convention, as amended and the standard A- I/2 of the MLC, 2006, as amended, and certifies that seafarers are fit for sea service.

Apellido: *Surname*	Nombre: *Given Name (s)*	Cédula / Pasaporte No. *Id. Number/ Passport No.*
Hosen	MD. Shahadat	A12083417
Fecha de Nacimiento: *Date of Birth* — Día *Day*: 3 / Mes *Month*: 3 / Año *Year*: 1997	Nacionalidad: *Nationality*	Sexo: *Gender* — ☑ Masculino *Male* ☐ Femenino *Female*

	Yes	No
¿Confirmación de que se examinaron los documentos de identidad en el lugar del examen? *Confirmation that identification documents were checked at the point of examination?*	☑	☐
¿La audición cumple con el estándar? *Hearing meets the standards?*	☑	☐
¿La audición es satisfactoria sin ayuda? *Unaided hearing satisfactory?*	☑	☐
¿La agudeza visual cumple con el estándar? *Visual acuity meets standards?*	☑	☐
¿La visión cromática cumple con el estándar? *Colour vision meets standards?*	☑	☐
Fecha de la última prueba de visión cromática (Día/Mes/Año) 27/FEB/2024 *Date of the last colour vision test (Day/Month/Year)*		
¿Apto para cometidos de vigía? *Fit for look out duties?*	☑	☐
¿Existen limitaciones o restricciones respecto de la aptitud física? Si la respuesta es "sí", dar detalles de las limitaciones o restricciones: *Limitations or restrictions on fitness ? If "Yes", specify limitations or restrictions.*	☐	☑
¿Está el marino libre de cualquier condición médica que pueda verse agravada por el servicio en el mar o discapacitarle para el desempeño de tal servicio o poner en peligro la salud de otras personas a bordo? *Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other person on board?*	☑	☐

Confirmo que he sido informado sobre el contenido del presente certificado y sobre el derecho a solicitar una revisión del dictamen, con arreglo a lo dispuesto en el párrafo 6 de la Sección A-I/9.
I hereby, confirm that I have been informed about the content of this certificate and of the right to a review in accordance with the paragraph 6 of Section A I/9

Shahadat
Firma de la Gente de Mar
Seafarer's Signature

Fecha de emisión: *Date of issue:*	27 FEB 2024
Fecha de expiración: *Date of expiry:*	26 FEB 2026
Nombre del médico reconocido: *Name of the recognized medical practitioner*	DR. MIR MD RAIHAN MBBS(DU)

Firma y sello del médico reconocido/*Signature and stamp of the recognized medical practitioner.*

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

1. El original de este certificado deberá estar disponible durante el servicio a bordo.
   The original of this certificate must be kept available while serving on board one.
2. En caso de pérdida de este certificado, el titular deberá notificar a los puertos y a la Autoridad Marítima de Panamá.
   In case of loss of this certificate, the holder must notify ports and the Panama Maritime Authority.
3. La autenticidad de este certificado puede ser verificada contactando a la Autoridad Marítima de Panamá.
   The authenticity of this certificate can be verified contacting the Panama Maritime Authority.

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

Id No : 0671	**Date :** 27-Feb-2024	**D.Date :** 27-Feb-2024
Patient's Name : MD SHAHADAT HOSEN	**Age :** 27Y 00M 0D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-PA 0388982		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.0** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**05** mm/1st hr	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	**65** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**32** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**02** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**01** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**95** /cumm	50-450/cumm
Total RBC Count	**4.9** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**42** %	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	**12** %	11 - 16 %
PDW	**36** fL	35 - 56 fl
Total Platelete Count (PC)	**195000** /cumm	150,000-450,000/cumm
MPV	**8.0** 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	DIA24020671	Received Date	27/02/2024
Patient's Name	MD SHAHADAT HOSEN		
Patient's Age	27Y 00M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC No PA 0388982
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Rendum Blood Sugar (RBS)	5.3 mmol/l	3.5 – 7.8 mmol/l
Serum ALT (SGPT)	24 U/L	Up to 40 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24020671	Received Date	27/02/2024
Patient's Name	MD SHAHADAT HOSEN		
Patient's Age	27Y 00M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC No PA 0388982
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HBsAg (Method : (ICT)	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA24020671	Received Date	27/02/2024
Patient's Name	MD SHAHADAT HOSEN		
Patient's Age	27Y 00M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC No PA 0388982
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	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 Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
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Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA24020671	Received Date	27/02/2024
Patient's Name	MD SHAHADAT HOSEN		
Patient's Age	27Y 00M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC No PA 0388982
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic 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 Technologis
Radical Hospitals Ltd.

Dr. Sumaya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24020671	Receive:27/02/2024	Print: 27/02/2024
Patient's Name	:	**MD SHAHADAT HOSEN**		
Age	:	27 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.

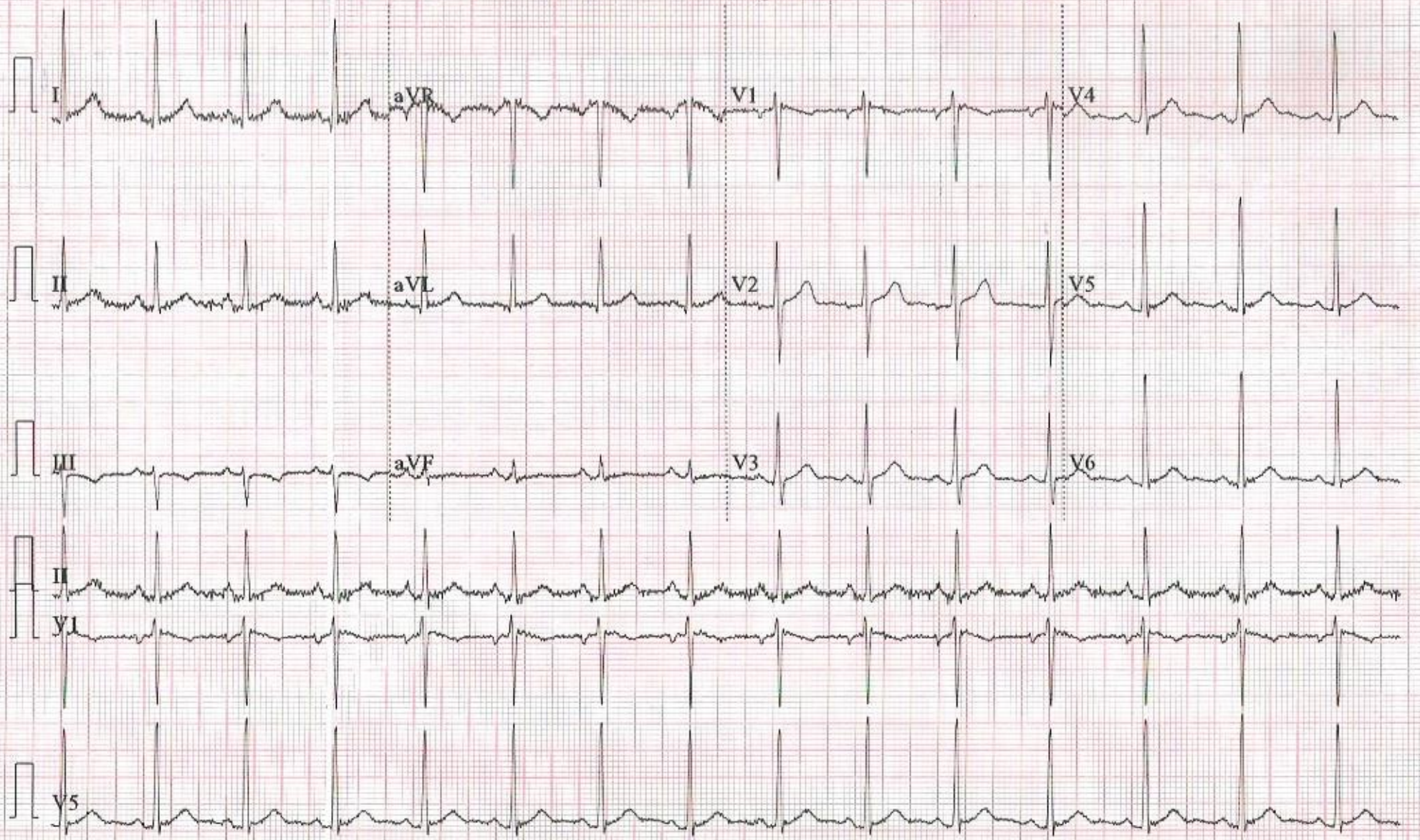
ID: 24020574 27-02-2024 15:49:32

Male 27 Years

HR	: 89	bpm	
P	: 106	ms	
PR	: 140	ms	
QRS	: 94	ms	
QT/QTc	: 346/421	ms	
P/QRS/T	: 52/11/12	°	
RV5/SV1	: 1.900/1.301	mV	

Diagnosis Information:
Sinus rhythm
Possible left atrial abnormality
Borderline ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥89 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24020671	Receive: Print: 27/02/2024		
Patient's Name	:	**MD SHAHADAT HOSEN**			
Age	:	27 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	89 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

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 Birth 03.03.1997 sex M
whose signature follows
dont la signature suit. } _____ ne (e) le _____ Sexe _____

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

Date	Signature and Professional Status of vaccinator Signature el qualitc Prof. essioundlle 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. Ariful Islam MBBS (CMC) BCS (Health) FCPS (MEDICINE)-1000 BMDC Reg. No. 62563 DG Shipping Approved (BD) Seafarer's Medical Officer, Chittagong, Bangladesh	YELLOW FEVER VACCINATION CENTRE L NO DAK: P. 1313	1 2 CENTER FOR VACCINATION ★ BANGLADESH ★ Dr. Md. Ariful Islam Halishahar Housing Estate. Chittagong
2			
3			3 4
4			

14 JAN 2024

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 jevaccine employe a etc. approvè part organisation mondiate de la sant.

Et sit c de vaccination a etc habilite part administration du territorie de s lequcl ce centre est situe.

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

Toute correction ou rature sur Ie certificate au omission d'un quelonque desmentions nd il comporte peul affector su validite.

MD SHAHADAT HOSEN

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 03.03.1997 sex M
whose signature follows
dont la signature suit. } _____ ne (e) le _____ Sexe _____

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

Date	Signature and Professional Status of vaccinator Signature et qualitc Prof. essioundle du vaccinateur	Approved Stamp Cachet d' authentification
1	14 JAN 2024	CENTER FOR VACCINATION ★ BANGLADESH ★ Dr. Md. Ariful Islam Halishahar Housing Estate, Chittagong
2	Dr. Md. Ariful Islam MBBS (CMC) BCS (Health) FCPS (MEDICINE) FCCP BMDC Reg. No. 62563 DG Shipping Approved (BD) Seafarer's Medical Officer, Chittagong, Bangladesh	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs

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

Continued overleaf Suite our erso