WALLEM	SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended (Confidential Document)	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 1 of 7

Pre-Sea Exam: ☐ Periodic Exam: ☑ Other: ☐

Examination for duty as:		Fit to perform the duties he/she is to carry out.	Fit to perform the duties he/she is to carry out with the prescribed medicines which will not affect seafarer's health while onboard.	Temporarily unfit to perform the duties he/she is to carry out.	Permanently unfit to perform the duties he/she is to carry out.
Master: Y/N: ___ Deck Officer: Y/N: Y Eng Officer: Y/N: ___ Ratings: Y/N: ___ Cook: Y/N: ___ Other: Y/N: ___ Please specify ___		☑	☐	☐	☐

To be filled by Manning Centres

Name, Address with Contact details of Manning Centre:					
Vessel to be assigned:		Routine & Emergency Duties (if known):		Position Offered/ Applied for:	
Type of vessel (Container, Tanker, Passenger etc):	PCC				
Trade area (e.g. Coastal, Tropical, Worldwide):	Cosastal ☐	Tropical ☐	WorldWide ☑		

Part I - Examinee's Personal Declaration with Medical History

(Examinee is to be answer the following to the best of examinee's knowledge)

(Assistance should be offered by medical staff)

In case of any wrongful Act or misrepresentation/ suppression of material fact(s) of information or infringement the concerned seafarer shall be fully responsible/ liable for the consequences/ damages / penalties as per the provisions or the applicable laws.

Examinee's Personal Details

Name of Examinee (Family/ last, first, middle):	AHMED SHAKIL						
Home/ Permanent Address:	THANA ROAD, POST: NOLDANGA, DIS: JHENAIDAH						
Mailing Address:	THANA ROAD, POST: NOLDANGA, DIS: JHENAIDAH						
Date of birth (day/month/year):	10 / 03 / 1989				Sex:	MALE	
Place of Birth:	City: JHENAIDAH Country: BANGLADESH	Nationality:	BANGLADESHI	Rank:	2ND OFFICER		
Civil Status:	MARRIED						
Identity Docs/ Passport /Discharge Book No:	C/0/2248						

Examinee's Medical History

Is there any past / present history of any of the following	Examinee	Examiner's	Is there any past / present history of any of the following	Examinee	Examiner's

04.2024-5827

Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout		✓
In the last one week have you consumed any of these Drugs/ Medication		✓
Cough Syrup, Sleeping Tablets, Cold, Action 500 etc.		✓
Pain Killers, If Yes, Please State name of Drog Crocin/ Asprin/ Fortwin etc.		✓
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.		✓
Any Medicine/ Injections from your family Doctor		✓

To What Extent Do You Use: Alcohol: NO, Cigarettes: NO
Tobacco: NIL, Drugs: NO

Are you taking any non-prescription or prescription medications?		✓

If yes, please list the medications taken and the purpose(s) and dosage(s). NO

Date and contact details for previous medical examination (if known):

Are you coming from or have travelled through high risk areas? If yes, please mention the names of countries that you have been to (including ports of call in your last vessel).

Family History :	Yes	No
Diabetes		✓
Blood Pressure/ Heart Disease		✓
Mental Illness/ Epilepsy/ Seizure		✓
Cancer		✓

If "Yes", to any of the above, please explain:

Any other major conditions?

Would you say that your health is: **Excellent** * **Good** * **Fair** *

I SHAKIL AHMED holding Passport/Seaman Book no. C/0/6248 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 will 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 also certify that the personal declaration above is a true statement to the best of my knowledge and I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to

Dr. MR MD RAHMAN (the approved medical practitioner carrying out the medical examinations).

Signature of Examinee:	Shakil	Date(day/month/year):	03 FEB 2024

Height in cms: 173		**Weight in Kg:** 81	
BMI: 27.0		**Temperatures:** 98 F	
Chest:	**Insp:** 39	**Exp;** 39	

Blood Pressure	**Systolic** 110 (mmHg)	**Diastolic** 75 (mmHg)
Pulse Rate: 78/min **Rhythm:** Regular		**Respiratory rate** 20/min.
Oral Health	Normal	**General Condition** Good

Part II – Medical Examination

The Company has set the following BMI limits:
A seafarer with a BMI: 18 or below; or 30 or above is considered temporarily unfit.
For seafarers from Northern Europe, the Indian subcontinent, Russia, Ukraine & Romania with a BMI of between 30 and 35 and where this, in the Government (DGS) approved medical examiner's opinion, is attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia) then the seafarer in question MUST undergo a stress/ treadmill test.

Radical Hospital Ltd. As Per MLC-2006

If the results of the stress/ treadmill test are average or above, seafarer can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways and means to improve their health.

WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

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(Confidential Document)

	Declaration		Record			Declaration		Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory		✓		✓	Malignant Disease (Cancer) including Lymphoma, Leukaemia and related conditions Recurrence – especially Acute Complications, e.g. Harm to Self from Bleeding and to others from Seizures / Tumor		✓		✓
Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis		✓		✓	Stomach / Bowel Disorders/ Digestive Disorder		✓		✓
Ear (Hearing, tinnitus) Problems / Impairment		✓		✓	Gall Stones/ Jaundice / Kidney Disorders		✓		✓
Mental Diseases, Breakdown / Sleep Disorder		✓		✓	Severe/ Frequent/ One Sided Headaches (Migraine)		✓		✓
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility		✓		✓	Back / Joint Problems/ Wrist Problems/ Slipped Disc		✓		✓
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Balance Problem		✓		✓	Piles / Varicose Veins		✓		✓
Sinuses/ Nose/ Throat Problems		✓		✓	Allergies / Rash/ Skin Disease		✓		✓
Thyroid Problem		✓		✓	Female Disorders		✓		✓
High / Low Blood Pressure/ Blood Disorder		✓		✓	Major / Minor Operation/ Surgery		✓		✓
Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses)		✓		✓	Contagious Diseases/ Gastrointestinal infection / Other Infections		✓		✓
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/		✓		✓	Sexually Transmitted Disease/ Infections		✓		✓
Shortness of Breath		✓		✓	Addiction to Alcohol/Drugs/Cigarettes /Tobacco.		✓		✓
Rheumatic Fever		✓		✓	Diabetes		✓		✓

for Male Examinee	Yes	No	If "Yes", give details	for Female Examinee	Yes	No
Prostate Problems/ Testicular Lumps		✓		Breast Lumps/ Menstrual Problems		✓
Penile Discharge		✓		Pregnancy		✓
Multiple Partners		✓		Multiple Partners		✓

If "Yes", to any of the above, please explain:

Additional questions :	Yes	No
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		✓
Have you ever been hospitalized?		✓
Have you ever been declared unfit for sea duty?		✓
Has your medical certificate ever 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 currently under a doctor's care/ medication?		✓
Are you allergic to any medications?		✓
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc), Chicken Pox		✓
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess)		✓

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BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	✓			
Near	NS	NS	✓			✓

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

Are glasses or contact lenses necessary to meet the required vision standard? Yes / No
If yes, specify which type and for what purpose:

Colour vision:

Date of last colour vision test:		Type: Book *		Lantern *		Ishihara *		CIE-43-2001 *	
Check if colour test is Normal:	Yellow	*	Red	*	Green	*	Blue	*	
Colour Vision:	Not tested	*	Normal	*	Doubtful	*	Defective	*	

Hearing:

Pure tone and audio metry (threshold values in dB)						
Audiometry	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	20	20	20			
Left ear	20	20	20			

Speech and Whisper Test (Meters)		
	Normal	Whisper
Right ear	4	
Left ear	4	

Speech (Deck/Navigational Officer): Is speech unimpaired for normal voice communication?

	Normal	Abnormal		Normal	Abnormal
Head	✓		Varicose Veins	✓	
Eyes	✓		Vascular (Inc. Pedal Pulses)	✓	
Eye Movement/Pupils	✓		Abdomen and Viscera	✓	
Ophthalmoscopy	✓		Hernia	✓	
Ears, Tympanic Membrane	✓		Anus (Not Rectal Exam.)	✓	
Sinuses, Nose, Throat	✓		G-U System	✓	
Mouth/Teeth/Gums	✓		Upper & Lower Extremities	✓	
Nervous System	✓		Spine (C/S, T/S and L/S)	✓	
Heart	✓		Neurologic (Full Brief)	✓	
Lung and Chest	✓		Psychiatric	✓	
Breast Examination	N/A		Pupils	✓	
Skin	✓		Musculoskeletal System	✓	

Cardiovascular System:

	Normal	Abnormal		Normal	Abnormal
Ischaemic Heart Disease	✓		Hypertension	✓	
Dysrhythmia/ Pacemaker	✓		Congenital Heart Disease	✓	
Valvular Heart Disease	✓		Peripheral Circulation	✓	
Cardiomyopathy	✓		Pulmonary Circulation/ TB	✓	
Aneurysms	✓			✓	

Chest X-ray (PA)	Not performed *		Normal		Abnormal	
	Performed * on (day/month/year):	03 FEB 2024				
Result : Normal						

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(Confidential Document)

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

Test:	Result:

Investigation:

Blood	Result	Normal
Haemoglobin "Hb"	14.0 g/dl	13 – 18 gm/ dl
Total WBC count	6700	4,000 - 11,000 / cu.mm
Neu 63 %, Lymp 32 %, Eos 02 %, Bos 0 %, Mo 03 %		
Blood Group & Rh factor (tested only once, need not be repeated)		
BI ESR	05	1 - 15 mm / hr
Platelets	237000	1.50-4.00 Lakh/ul
Fasting Lipid Profile		
S. Triglycerides	148	25-200 mg/dl
Cholesterol Serum	176	130-220 mg/dl
HDL Cholesterol Serum	41	35-65 mg/dl
LDL Cholesterol Serum	105	85-150 mg/dl
VLDL Cholesterol Serum	N/A	07-35 mg/ dl
Total / HDL Cholesterol	N/A	3.0-5.0
LDL/ HDL Cholesterol	N/A	2.5-3.5

Hepatitis B	Positive	Negative ✓
Hepatitis C	Positive	Negative

Urine	Result
Colour	Nil
Specific Gravity	4
pH	4
Albumin	4
Sugar	4
Bile Pigment	4
Bile Salt	4
Occult Blood	4
RBC Cells	4
Leucocytes	4
Stool Test	**Result**
Bacterological	Nil
Parasitical	4
Others	
HIV I &II	negative
VDRL	non reactive

Additional Tests	Result	Normal
(HbA1c)	5.2	4.0 % - 6.5 %
RBS/ FBS (Blood test	5.6	
Total Bilirubin	0.6	0.1 - 1.0 mg/dl
Direct Bilirubin	N/A	0.0 - 2.5 mg/dl
Indirect Bilirubin	N/A	0.0 - 0.75 mg/dl
SGPT	29	9 - 43 U / L
SGOT	24	0 - 40 IU/L
SGGT	49.3	0 - 49 IU/L
Blood Urea	N/A	10 - 50 mg/dl
S. Creatinine	0.87	0.8 - 1.4 mg/dl
BUN	23	5-23mg/dl
PSA	N/A	Less than 4.00 ng/ml
Malarial Parasite	N/A	
Uric Acid	4.3	2.4 - 7.5 mg/dl

Drugs: Method:
Results:

Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids Urine *	Cocaine / Urine *	Opiates & Morphine *
Cut Off Limit	**(1000 ng/ ml)**	**(200 ng/ ml)**	**50 ng/ ml**	**(300 ng/ ml)**	
Not Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids / Urine *	Cocaine / Urine *	Opiates & Morphine *

Spirometry	Normal	TMT	negative	Drugs of Abuse	negative
ECG	Normal	ECHO	Normal	Ultrasound (USG) of the Abdomen & Pelvis	Normal

Part III - Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements? Yes / No

Vaccination status recorded: Yes / No Satisfactory * to be renewed *

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Details:

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

Action taken by medical examiner (e.g. referral):

Examination	Results of the examination		Examination	Results of the examination	
	Pass	Fail		Pass	Fail
Medical History	✓		Fecalysis (food service/ handlers only)	✓	
Physical Examination	✓		Hep B Antigen	✓	
Dental Examination	✓		Hep C Antibodies	✓	
Psychological Test	✓		Stress Test	✓	
Visual Test	✓		Diabetes	✓	
Colour Vision	✓		Ultrasound Examination (Presence of gall & Kidney Stones)	✓	
Audiometry	✓		Alcohol/ Drug Test	✓	
EKG	✓		2D echo Doppler study (for heart patient) Psychometric evaluation	✓	

If failed in any above mentioned examinations and examinations report attached to this form, please provide reasons with examination number:

This examinee is certified free of communicable disease (or viruses for cooks) : Yes / No

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12- Guidelines on the Medical Examinations of Seafarers and also Merchant Shipping (Medical Examination) Rules by the Government (DGS), as amended from time to time. On the basis of the examinee's history, personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is –

(a) that the hearing meets the required standards for his / her rank and detect any audible alarms/ Unaided hearing is satisfactory

(b) Visual acuity meets the required standards for his/her rank /Colour Vision meets the required standard (testing only required every 6 years unless considered necessary)/ that he / she if fit / unfit for look out duty

(c) that he / she needs / does not need visual aids / informed to carry spares

(d) that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure onboard vessel that he/she is/is not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties onboard?

(e) that the seafarer is not suffering from any disease, medical condition, disorder or impairment which renders him/her that will prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or likely to endanger the health of other persons onboard ships.

	Deck service	Engine service	Catering service	Other services (training/ examination)
Fit:	*	*	*	*
Unfit:	*	*	*	*

this seafarer is **UNFIT FOR DUTY**/ FIT FOR DUTY with/ without restrictions*** as mentioned below,

* This Medical Certificate is issued with following restrictions (e.g., specific position, type of ship, trade area & other as applicable) :

** Reasons for being unfit

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

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This is to certify SHAKIL AHMED was physically examined and he/~~she~~ is found to be FIT for sea service/ look-out duty for the period from _____ To _____ Place of medical examination RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh Date of medical examination: 03 FEB 2024 Medical certificate validity date (day/month/year): 02 FEB 2026 Name of Examiner (Please Print): _____

(Validity should not be more than 2 years)

_____ Degree: _____ Address: RADICAL HOSPITAL LIMITED

_____ Tel./Fax/Email: Uttara, Dhaka, Bangladesh

Name of Medical Examiner/ Physician Certificate /License Issuing Authority: _____

Date of issue of Medical Examiner/Physician Certificate/ License: _____ Registration No.: _____

Shakil

Examinee's Signature

(This signature is affixed in the presence of the Medical Examiner

(print name of medical examiner if not legible) and I acknowledge, that I have been advised of the content of the medical certificate & of the right to a review in accordance with paragraph (6) of section A-I/9 of STCW Code and my obligations.)

Date: 03 FEB 2024

Official Stamp & Signature with Govt. (DGS) Approval/ No.....of Medical Examiner

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.

Original: Master & Crewing Dept
cc: Seafarer

Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.

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

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER

As per **Merchant Shipping (Medical Examination) Amendment Rules, 2000** and ILO IMO/JMS/2011/2012

(In Compliance with MLC 2006 & ISM/STCW 2010, Code 1/9)

Name : AHMED (SURNAME) SHAKIL (FIRST NAME) (MIDDLE NAME) Sex : MALE Serial No. :

Date of Birth : 10/03/1989 PP/CDC No.: C/O/ 1248 Nationality: BANGLADESHI

Rank: 2ND OFFICER Vessel: IGUAZU HIGHWAY Type: PCC Route : WORLD WIDE

Home Address : THANA ROAD, KALIGONJ, DIS: JHENAIDAH

Company Name & Address:

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
Severe one-side headaches (Migrane)		✓		✓
Head Injury / Concussion / Loss of Memory		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓
Eye / Vision / Problems (Glasses etc)		✓		✓
Hearing Impairment		✓		✓
Ear / Nose / Throat Problem		✓		✓
Stomach / Bowel Disorders		✓		✓
Gall Stones / Kidney Disorders		✓		✓
Jaundice / Liver Disease		✓		✓
Piles / Vericose veins		✓		✓
Blood Disorder		✓		✓
Female Disorders		✓		✓

Is there any past/present history of any of the following?	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		✓
High/Low Blood Pressure / Heart Disease		✓		✓
Asthama / Bronchitis / Tuberculosis		✓		✓
Allergy / Skin Disease		✓		✓
Infection / Contagious Disease		✓		✓
Addiction to alchohol / drugs / tobacco		✓		✓
Fracture / Dislocation / Injury / Amputation		✓		✓
Major / Minor Operation		✓		✓
Diabetes		✓		✓
Nervous / Mental disease / Sleep disorder		✓		✓
Malignant Disease (Cancer)		✓		✓
Signed off on medical ground/Declared Unfit		✓		✓

Notes :

Candidate's Declaration :- My signature below acknowledges that all statements provided by me in this application are true & correct to the best of my knowledge and belief and I further authorise & consent to the release of any /all of my medical records from any source including Insurance offices, Doctors, Hospitals or other institutions and public authorities. This general medical release will also authorize the release of any /all of my psycological records. If I am being tested for HIV virus, I consent to have the result revealed to my employer. I declare the above statements to be correct.

I hereby certify that the above medical statements are true and will form the basis of my medical examination. I agree that any omission or mis-representation shall preclude me from employment and other medical benefits.

Date : 03 FEB 2024

Candidate's Signature

Medical Examination :

Height in cms	Weight in Kgs	Blood Pressure in mm of Hg	Pulse-beats/min	Resp. Rate/min	General Appearance
173 cm	81 kg	110/75 mm	78 b/min	18/min	HEALTHY

Compliant with MLC2006, STCW 2010 STANDARD A-1/9

Distant Vision (Snellen's Chart)	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	20	20	20	Not Indicated				
Left Ear	dB	20	20	20					

Compliant with MLC2006, STCW 2010 STANDARD A-1/9

Colour Vision			
Ishihara	Normal ✓	Abnormal	
Others	Normal	Abnormal	

*Hearing	Normal Voice	Whispered Voice
Right Ear	4 METER	2 METER
Left Ear	4 METER	2 METER

Systemic Examination

Systemic Examination	Norm	Abnor
Head & Neck	✓	
Eyes	✓	
Ear / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal System	✓	
Nervous System	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE

AS

AS PER MLC 2006

Enhanced GARD Medicals done

	Norm	Abnor
Respiratory System	✓	
Cardiovascular System	✓	
Per Abdomen	✓	
Genito-urinary System	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure / Fistula / Piles	✓	

Investigations :

Blood	Result	Normal
Heamoglobin	14.0	M:13-17 F:12-15 gm%
Total WBC Count	6,700	4000 - 10000 / cu.m
Neu 62% Lymp 32% Eos 2% Ba 0% Mo 04%		
ESR	05	1 - 10 mm/hr
SGOT	24	0 - 35 IU / L
SGPT	30	10 - 60 IU / L
S. Cholesterol	176	130 - 220 mg / dl
S. Triglycerides	148	upto 200 mg / dl
Blood Sugar	5.6	upto 140 mg %
Creatinine	0.87	upto 1.5 mg / dl
GGTP	23	upto 55 IU / L
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non-Reactive	
Others		
Blood Group	A +ve	

Urine	Result
Colour	Straw
Specific Gravity	1.01
pH	7
Albumin	Nil
Sugar	Nil
Bile Pigment	Nil
Bile Salt	Nil
Occult Blood	Nil
RBC Cells	Nil
Leucocytes	Nil
Spirometry	Normal
Drug of Abuse	Negative
TMT	Normal
ECG	Normal
USG	Normal
XRay (Chest PA)	Normal

PHOTO

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

Result Of Medical Examination

On the basis of the history, clinical examination & diagnostic tests, I, hereby declare the above examinee has been found medically, **FIT**

Remarks / Recommendation : *Unaided Hearing : Satisfactory

I, , certify that all information required under Annexure E & F of M.S (Medical Examination) Rules 2000 are incorporated in this certificate.

Date of Medical Exam: 03 FEB 2024

Date of Medical fitness: 03 FEB 2024

Validity of Medical Certificate: 02 FEB 2026

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

DR. MIR. MD. RAIHAN

MBBS (DU), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

General Physician

Radical Hospitals Limited.

IDENTITY of CANDIDATE CONFIRMED WITH

04.2024.5822

第3号様式（Form No. 3）

締約国資格受有者身体検査証明書

Medical Certificate (This certificate is issued under the Law for Ship' Officers and Boats' Operators)

（申請者記入）
(Written by applicant)

氏名（ふりがなをつけること。）Name	性別 Gender
SHAKIL AHMED	✓男 Male　女 Female
出生年月日 Date of birth	希望する就業範囲 Desired Capacity in which you are authorized to serve
1989 年 03 月 10 日 Year Month Day	SECOND OFFICER
現住所 Address	
THANA ROAD, POST: NOLDANGA, THA: KALIGONJ DIS: JHENAIDAH TEL (+88) 01735 92 059	

（写真）

（印）

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

Put the stamp of the medical [illegible]

（指定医師記入）
(Written by recognized doctor or medical practitioner)

1．視　力 (Visual acuity)

裸眼視力 Unaided（矯正視力 (Aided)）	左 Left	右 Right	両眼 Both eyes together
✓	（1.0）	（1.0）	（1.0）

2．色　覚 (Color vision)

正✓常 Normal	パネルD－15（Pass ・ Fail） Panel D-15	その他（　　） Others

3．聴　力 (Hearing)

5mの話声語の弁別 Distinction of voice separated from 5m	可 Able ✓	不可 Unable

4．疾　病 (Disease)

疾病の有無 Existence of disease	病名及び程度（疾病のある者の場合のみ記入） The name of a disease and the extent (Write down where applicable)	勤務への支障 Hitch for job
有 Yes　無 No ✓		有 Yes　無 No

5．身体機能の障害 (Body functional disorder)
(1) 身体機能の障害の有無 (Existence of lesion)

身体機能の障害の有無 Existence of obstacle	障害の内容及び程度 Extent and degree of the obstacle			
有 Yes　無 No ✓				
握力（手指に障害のある者の場合のみ記入） Grasping power (Only write down is case of handicap of fingers)	左 Left	kg	右 Right	kg

(2) 身体機能の障害の部位（身体機能の障害がある者の場合のみ記入）
Place of disorder or impairment (Write down where applicable as follows :site of amputation " — ", affected area " ▨ ")
切断部位は ——、障害部位には ▨ により図示すること。Draw a line the cut part, painting the disorder part

(3) 運動機能（身体機能に障害のある者の場合のみ記入）Motor functional disorder (Write down where applicable)
①関節の屈伸 Flexibility of joint

手指の屈伸 Flexing of finger	できる Able ✓	できない Unable
手の屈伸 Flexing of hand	できる Able ✓	できない Unable
膝の屈伸 Flexing of knee	できる Able ✓	できない Unable

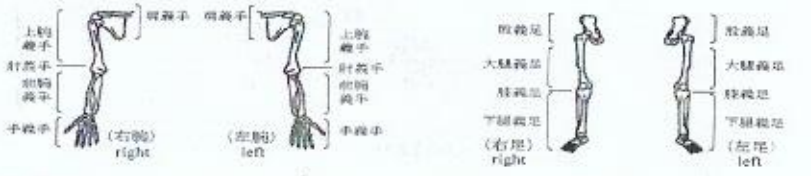
②障害のある関節（関節の屈伸のいずれかができなかった者の場合のみ記入）
Joint of lesion (Write in case more than one unable in ① Flexibility of joint)

手関節 Wrist joint	肘関節 Elbow joint	肩関節 Shoulder joint
左 Left　右 Right	左 Left　右 Right	左 Left　右 Right
股関節 Coxa	膝関節 Knee joint	足関節 Ankle joint
左 Left　右 Right	左 Left　右 Right	左 Left　右 Right

③運動機能障害の程度（膝関節の屈伸ができなかった者の場合のみ記入）
Extent of the motor functional disorder (Write in case unable to flex knee)

一般歩行 Normal walk	できる Able ✓	できない Unable
低重心歩行 Walking with one's legs bended	できる Able ✓	できない Unable
跳躍 Jump	できる Able ✓	できない Unable

(4) 義手義足（義手又は義足を装着している者の場合のみ記入）
Artificial arms and artificial legs (Write down where applicable by painting the relevant part)
義手義足を装着している部分を ▨ により図示すること。



6．指定医師所見（受検者の船舶職員としての勤務について指摘すべきことがあれば記入）
Remarks on the examinee by recognized doctor (Write down something in case you have indication concerning ship officer's job of the examinee)

FIT FOR DUTY ON BOARD SHIP

船舶職員及び小型船舶操縦者法施行規則別表第３の検査項目について 2024 年 02 月 03 日検査を行った結果、上記のとおりであることを証明します。
As a result of an inspection according to the Law for Ships' Officers and Boats' Operators, enforcement regulations (item of appended table 3), I prove a thing as above.

証明年月日 Date 03-02-2024
指定医師の氏名 Name of the recognized doctor
医療機関の名称及び所在地 Name and address of the medical facility　印

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.

第3号様式（Form No.3）

締約国資格受有者身体検査証明書

Medical Certificate (This certificate is issued under the Law for Ship' Officers and Boats' Operators)

（申請者記入）
(Written by applicant)

氏　名（ふりがなをつけること。）Name	性　別 Gender
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出生年月日 Date of birth	指定を受けようとする職業範囲 Desired Capacity in which you are authorized to serve
1989 年 Year 03 月 Month 10 日 Day	SECOND OFFICER
現住所 Address	
THANA ROAD, POST: NOLDANGA, THA: KALIGONJ DIS: JHENAIDAH　TEL (+88) 01735425050	

（写　真）

写真の裏面には、指定医...

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

Put the stamp of the medical facility here

（指定医師記入）
(Written by recognized doctor or medical practitioner)

1．視　力 (Visual acuity)

裸眼視力 Unaided （矯正✓視力）(Aided)	左 Left (1·0)	右 Right (1·0)	両眼 Both eyes together (1·0)

2．色　覚 (Color vision)

正✓常 Normal	パネルD－15（Pass ・ Fail） Panel D-15	その他（　　） Others

3．聴　力 (Hearing)

5mの話声語の弁別 Distinction of voice separated from 5m	可 Able ✓	不可 Unable

4．疾　病 (Disease)

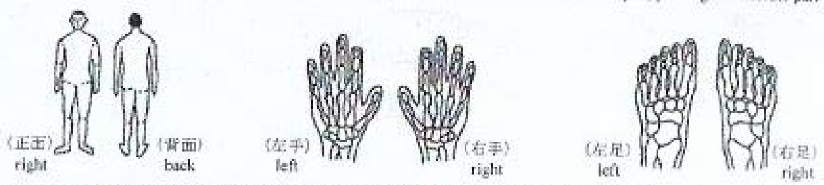
疾病の有無 Existence of disease	病名及び程度（疾病のある者の場合のみ記入） The name of a disease and the extent (Write down where applicable)	勤務への支障 Hitch for job
有 Yes　無 No ✓		有 Yes　無 No

5．身体機能の障害 (Body functional disorder)
（1）身体機能の障害の有無 (Existence of lesion)

身体機能の障害の有無 Existence of obstacle	障害の内容及び程度 Extent and degree of the obstacle
有 Yes　無 No ✓	

握　力（手指に障害のある者の場合のみ記入） Grasping power (Only write down in case of handicap of fingers)	左 Left	kg kg	右 Right	kg kg

（2）身体機能の障害の部位（身体機能の障害がある者の場合のみ記入）
Place of disorder or impairment (Write down where applicable as follows ,site of amputation "—", affected area "▨")
切断部位は ——、障害部位には ▨ により図示すること。Draw a line the cut part, painting the disorder part



（3）運動機能（身体機能に障害のある者の場合のみ記入） Motor functional disorder (Write down where applicable)
①関節の屈伸 Flexibility of joint

手指の屈伸 Flexing of finger	できる Able ✓	できない Unable
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Joint of lesion (Write in case more than one unable in ① Flexibility of joint)

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左 Left　右 Right	左 Left　右 Right	左 Left　右 Right
股関節 Coxa	膝関節 Knee joint	足関節 Ankle joint
左 Left　右 Right	左 Left　右 Right	左 Left　右 Right

③運動機能障害の程度（膝関節の屈伸ができなかった者の場合のみ記入）
Extent of the motor functional disorder (Write in case unable to flex knee)

一般歩行 Normal walk	できる Able ✓	できない Unable
低重心歩行 Walking with one's legs banded	できる Able ✓	できない Unable
跳躍 Jump	できる Able ✓	できない Unable

（4）義手義足（義手又は義足を装着している者の場合のみ記入）
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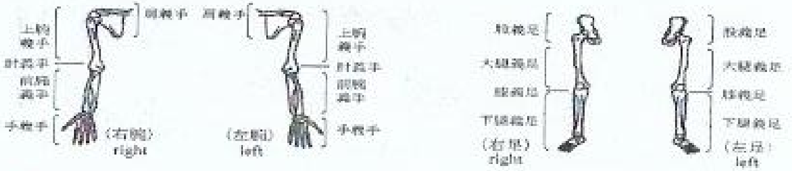

6．指定医師所見（受検者の船舶職員としての勤務について指摘すべきことがあれば記入）
Remarks on the examinee by recognized doctor (Write down something in case you have indication concerning ship officer's job of the examinee)

FIT FOR DUTY ON BOARD SHIP

船舶職員及び小型船舶操縦者法施行規則別表第3の検査項目について 2024 年 02 月 03 日検査を行った結果、上記のとおりであることを証明します。
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証明年月日 Date 03-02-2024
指定医師の氏名 Name of the recognized doctor
医療機関の名称及び所在地 Name and address of the medical facility　印

DR. MIR. MD. RAIHAN
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General Physician
Radical Hospitals Limited

MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA

FIT FOR DUTY ON BOARD SHIP

Last/Family Name	First & Middle /Given Name	Position applied for
AHMED	SHAKIL	SECOND OFFICER

Date of Birth	Sex	Nationality	ID (Passport/Discharge book) No.
10-MAR-1989	MALE	BANGLADESHI	C/0/6248

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of MLC 2006 Reg 1.2; STCW 2010&the guidance for the conduct of medical examination issued by the Directorate, as amended from time to time. On the basis of the seafarer's personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is -

(a) that the hearing meets the required standards for his rank:-
Unaided hearing is satisfactory — ~~Yes~~ No
~~Yes~~ No

(b) Visual acuity meets the required standards for his rank — ~~Yes~~ No
Colour Vision meets the the required standard — ~~Yes~~ No
that he is fit for look out duty — ~~Yes~~ No

(c) that he needs visual aids / informed to carry spares — Yes ~~No~~

(d) that he is taking regular medication & seafarer does require to take same during his tenure on board vessel — Yes ~~No~~

(e) that the seafarer is not suffering from any disease likely to be aggravated by, or render him unfit for, service at sea or likely to endanger the health of other persons on board ships — ~~Yes~~ No

(f) this seafarer is **FIT FOR DUTY without restrictions* as mentioned below**

** This Medical Certificate is issued with following restrictions

** Reasons for being unfit

Physician Signature: _____

Physician Name 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

Clinic Stamp

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

Date: 03 FEB 2024

Valid Till: 02 FEB 2026

Authorizing body of Medical Examiner: Directorate General of Shipping, Govt.of Bangladesh

I acknowledge, that I have been advised of the content of the medical certificate & of the rights for a review and my obligations.

Seafarers signature with Date:- _____ 03 FEB 2024

Delete whatever is not applicable

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: AHMED	GIVEN NAME (S): SHAKIL
DATE OF BIRTH: DAY 10 MONTH 03 YEAR 1989	PLACE OF BIRTH CITY JHENAIDAH COUNTRY BANGLADESH SEX MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☑ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: THANA ROAD, KALIGONJ POST: NOLDANGA, DISTRICT: JHENAIDAH

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION			COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	☑ BOOK	
RIGHT EYE	6/6	—	☑ LANTERN	RIGHT EAR ✓
LEFT EYE	6/6	—	YELLOW ✓ RED ✓ GREEN ✓ BLUE ✓	LEFT EAR ✓

Confirmation that identification documents were checked at the point of examination: YES ☐ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☑ NO ☐ NOT APLICABLE ☐

Unaided hearing satisfactory? YES ☑ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐
(the visual test it is required every six years)
Date of the last colour vision test: (Day/Month/Year) 03 FEB, 2024.

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☑

Able for watchkeeping? YES ☑ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☑

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 persons on board? YES ☑ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

Signature of Applicant	Name of Applicant	Date
Shakil	SHAKIL AHMED	03 FEB 2024

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR MIR MD RAIHAN MBBS. DFM

ADDRESS: RADIANT HOSPITAL LIMITED UTTARA DHAKA

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH.

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06 MAY 2014

SIGNATURE OF PHYSICIAN: _____ STAMP OF PHYSICIAN: Radical Hospital Ltd. As Per MLC 2006 DG Shipping Bangladesh Approved DATE: 03 FEB 2024

EXPIRY DATE OF CERTIFICATE: 02 FEB 2026

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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

FPS 41D
Revised : Feb'10

MEDICAL FITNESS CERTIFICATE

LAST NAME OF APPLICANT	FIRST NAME	MIDDLE INITIAL
AHMED	SHAKIL	

DATE OF BIRTH	PLACE OF BIRTH
10 MONTH 03 DAY 1989 YEAR	CITY JHENAIDAH COUNTRY BANGLADESH

EXAMINATION FOR DUTY AS :

- MASTER ☐
- MATE ☑
- ENGINEER ☐
- RADIO OFF ☐
- SEAMAN ☐

MAILING ADDRESS OF APPLICANT

THANA ROAD, KALIGONJ, POST: NOLDANGA
DIS: JHENAIDAH

MEDICAL EXAMINATION

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
173 cm	64	110/75 mm	76 bpm	[illegible]	Good

VISION:

	RIGHT EYE	LEFT EYE
WITHOUT GLASSES	6/6	6/6
WITH GLASSES		

HEARING:

RIGHT EAR: NAD LEFT EAR: NAD

COLOR TEST TYPE : BOOK ☑ LANTERN ☑ Check if color test is normal

YELLOW: NAD RED: NAD GREEN: NAD BLUE: NAD

HEAD AND NECK: Normal

HEART (CARDIOVASCULAR): Normal

LUNGS: Normal

SPEECH :

Is speech unimpaired for normal voice communication ? Normal

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 onboard?

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO : SHAKIL AHMED

AND HE / SHE IS FOUND TO BE FIT FOR SEA SERVICE FROM

NAME AND DEGREE OF PHYSICIAN: DR MIR MD RAIHAN MBBS, DFM
(PLEASE PRINT)

ADDRESS: RADICAL HOSPITAL LIMITED
UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S LICENSING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S LICENSE: 06 MAY 2014

SIGNATURE OF PHYSICIAN

This certificate is issued in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73)

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

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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General Physician
Radical Hospitals Limited.

	WALLEM SHIPMANAGEMENT(INDIA) PVT. LTD.	Form : MHRS 08 Prepared by : MR Approved by : MD Issued : Feb '08 Revised : Mar '17
	REQUISITION FOR SEAFARER'S MEDICAL EXAMINATION (Confidential Document)	

From : _____

(Please write Name, Address & Contact Details of Manning Centre)

To : RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh
(Please write Name, Address & Contact Details of the Doctor/ Clinic/Examiner)

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

Please carry out medical examination of the seafarer, the details and requirements for which are as stated below.

_____ Date : 03 FEB 2024

(Name & Signature of Responsible Person from Manning Centre)

Examinee's Details :

Full Name : SHAKIL AHMED Address : THANA ROAD , KALIGONJ, JHENAIDAH

Date of Birth : 10/03/1989 Rank : 2ND OFFICER Name of vessel to be assigned : _____

Type of vessel : PCC Trade area : WORLD WIDE

(Container, Tanker, Passenger etc) (e.g. Coastal, Tropical, Worldwide) :

CDC No. : C10/6248 Passport No. : EG0101485 Crew ID.(from Compas) : 28731

Position Offered/ Applied for : 2ND OFF Routine & Emergency Duties (if known) : _____

As per requirements of applicable P&I club :

☐ West of England P&I ☐ UK P&I ☐ Steamship Mutual Underwriting Association

☐ Britannia P&I ☐ Skuld P&I ☐ North of England Association P&I

☐ Standard P&I ☐ Gard P&I ☐ London Steamships P&I

☐ Japan P&I ☐ American Steamships P&I ☐ Others : _____

As per requirements of applicable Flag State :

☐ Liberian ☐ NIS ☐ Panamanian ☐ Marshall Islands ☐ Malta

☐ Danish ☐ ILO ☐ UK ☐ Others : _____

Medical Examination Module (as applicable): _____ (Please refer to "Annex I" of WSM(I)'s Quality Manual)

FOR SEAFARERS : Please write any past medical history [Injury or Illness] in detail; any history of allergy to drugs should be mentioned in the box provided below :

Please read and sign the following statement :-

"I certify that my past medical history will be/has been fully declared to the Company Doctor and any false statement or undisclosed material and/or information in regard to past or present illness and/or medical condition(s) will disqualify me from any employment benefits and claims."

Shakil

Seafarer's Signature
Date : 03 FEB 2024

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

Doctor's Signature
Date : 03 FEB 2024

Original: Doctor & Copy : Manning Centre
Remark: The document to be uploaded into CMS under "Medical" Tab.

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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Id No : 0059	**Date :** 03-Feb-2024	**D.Date :** 03-Feb-2024
Patient's Name : SHAKIL AHMED	**Age :** 34Y 10M 23	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6248		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.0** 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)	**6,700** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**63** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**32** %	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	**134** /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	**42** %	M: 40-54%, F:37-47%
MCV	**77** fL	76 - 94 fL
MCH	**33** pg	27 - 32 pg
MCHC	**33.4** g/dL	29 - 34 g/dL
RDW	**12.0** %	11 - 16 %
PDW	**36** fL	35 - 56 fl
Total Platelete Count (PC)	**2,37,000** /cumm	150,000-450,000/cumm
MPV	**8.9** fL	7.0 - 11.0 fL
PCT	**0.10** %	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	DIA24020059	Received Date	03/02/2024
Patient's Name	SHAKIL AHMED		
Patient's Age	34Y 10M 23	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6248
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.6 mmol/l	4.2 – 6.4 mmol/l
HbA1C	5.2%	<6.5 %
Serum Creatinine	0.87 mg/dl	0.3 - 1.3 mg/dl
Serum Uric Acid	4.3 mg/dl	3.4-7.0 mg/dl
GGT	36 U/L	Adult Males : <55
Serum (BUN)	23 mg/dl	7-23 mg/dl
Total Protein	6.7 g/dl	6.3-7.9 g/dl
Liver Function Test		
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	29.0 U/L	Up to 40 U/L
Serum AST (SGOT)	24.0 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	161 U/L	Up to 270 U/L

REMARKS (IF ANY)

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

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	DIA24020059	Received Date	03/02/2024
Patient's Name	SHAKIL AHMED		
Patient's Age	34Y 10M 23	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Lipid profile		
Serum Cholesterol	176 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	41 mg/dl	35-55 mg/dl
Serum Triglyceride	148 mg/dl	50 - 150 mg/dl
Serum LDL- Cholesterol	105 mg/dl	< 130 mg/dl

Checked By

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RADICAL HOSPITAL LIMITED

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Patient's Age	34Y 10M 23	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6248
Sample	**BLOOD**		

SEROLOGICAL REPORT

Test Name	Result
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
Hepatitis A (IgG & IgM)	Negative
HCV (Method : (ICT)	Negative
Malarial Parasite (ICT)	Negative

BLOOD GROUPING RESULT	
ABO Blood Group	"A" (+ve)
Rh (D)Factor	Positive

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6248
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	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

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Patient's Age	34Y 10M 23	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6248
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

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Bill No	DIA24020059	Received Date	03/02/2024
Patient's Name	SHAKIL AHMED		
Patient's Age	34Y 10M 23	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6248
Sample	**STOOL**		

STOOL ANALYSIS

Physical Examination:

Color	: Brown
Consistency	: Soft
Worm	: Nil
Mucus	: Nil
Blood	: Nil

Chemical Examination:

Reaction	: Acid
Occult Blood Test (OBT)	: Not done
Reducing Substance (RS)	: Not done

Microscopic Examination:

Ova	: Not found	Mucus flakes	: Nil
Cyst	: Not found	Cyst of Giardia	: Not found
Protozoa (Trophozoite)	: Not found	Macrophage	: Not found
Larva	: Not found	Fat Globules	: (+)
Epithelial Cell	: Nil	Vegetable Cell	: Nil
Pus Cell	: Nil	Starch	: Nil
RBC	: Nil	Muscle fibre	: Nil

Checked By

Medical Technologist,
Radical Hospital Ltd.

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

Date: 03/02/2024

EYE EXAMINATION REPORT

NAME:	SHAKIL AHMED		
AGE:	35 YRS	RANK: 2ND OFF	CDC NO:C/O/6248

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

Patient's Name	:	**SHAKIL AHMED**	ID NO	:	**24020059**
Age	:	**35 Yrs**	Date	:	**03/02/2024**
Sex	:	**Male**			
Referred by	:	**Dr. Mir Md. Raihan - MBBS (DU), DFM**			
Nature of Specimen	:				

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygine : Normal

Comments : Normal

Dr. Mir Md. Raihan
MBBS (DU), DFM, CCD (Birdem), PGT(opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24020059	Receive:03/02/2024	Print: 03/02/2024
Patient's Name	:	**SHAKIL AHMED**		
Age	:	35 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: 124

Shakil Ahmed

Male 35 Years

03-02-2024 15:22:06

HR	: 82	bpm	
P	: 112	ms	
PR	: 168	ms	
QRS	: 86	ms	
QT/QTc	: 362/423	ms	
P/QRS/T	: 58/-74/29	°	
RV5/SV1	: 1.203/0.246	mV	

Diagnosis Information:

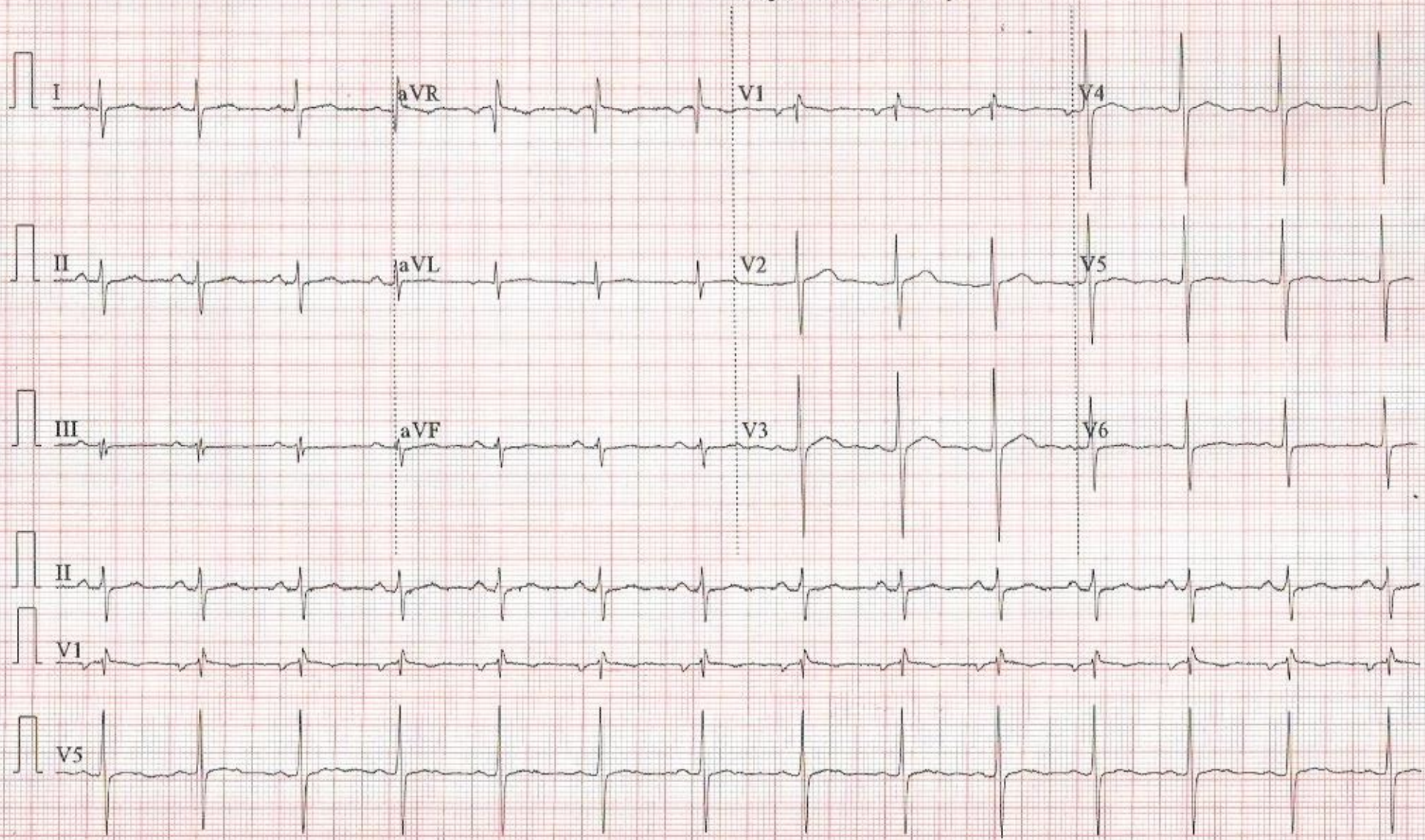
Sinus rhythm

Marked left axis deviation

rSr'(V1) - probable normal variant

Borderline ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥82 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24020059	Receive: Print: 03/02/2024		
Patient's Name	:	**SHAKIL AHMED**			
Age	:	35 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	82 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

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AUDIOLOGICAL REPORT

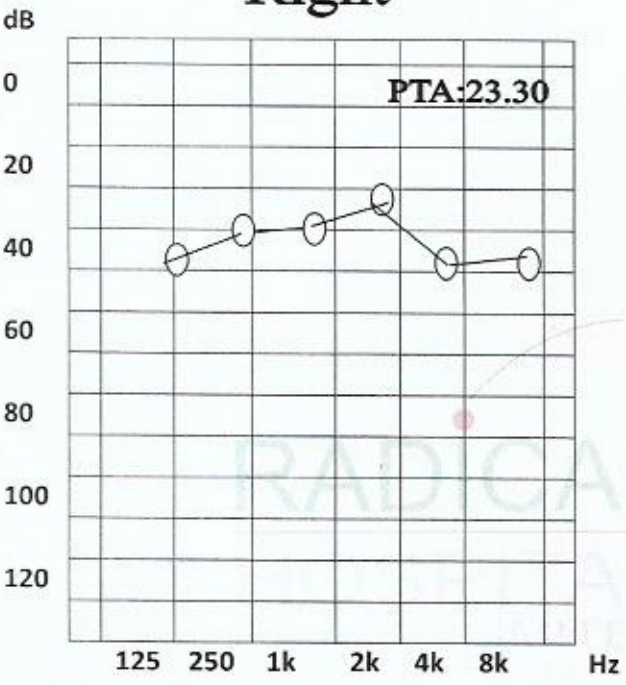
Patient Name : **SHAKIL AHMED** 03/02/2024

Age : **35 Yrs**

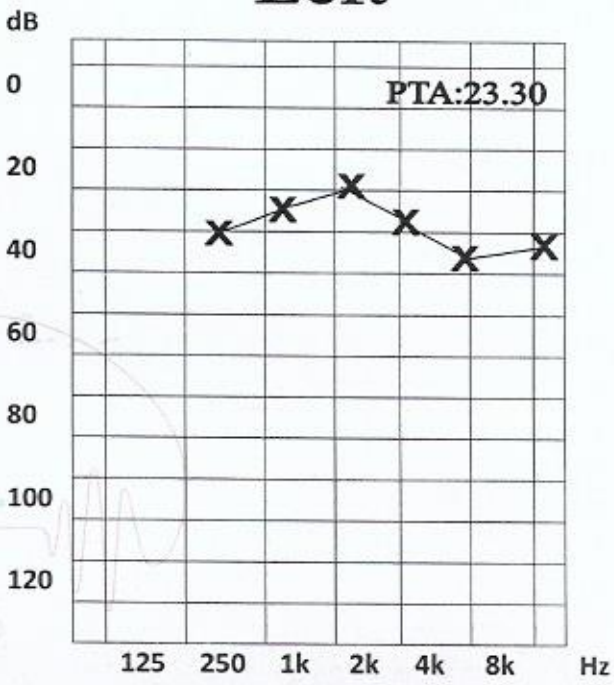
Address : RHL, UTTARA

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.

Patient's Name	:	**SHAKIL AHMED**	ID NO	:	24020059
Age	:	**35 Yrs**	Date	:	03/02/2024
Sex	:	Male			
Referred by	:	**Dr. Mir Md. Raihan MBBS,(DU), DFM**			
Nature of Specimen	:				

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6
FEV = 5
FEV/FVC = 80%

Comments: Normal Lung Function

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Patient's Name	:	**SHAKIL AHMED**			
Age	:	**35 Yrs**	**Date**	:	**03/02/2024**
Sex	:	**Male**	**CDC NO:C/O/6248**		
Referred by	:	**Dr. Mir Md. Raihan - MBBS, (DU), DFM**			

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor /Good /very good /excellent
Verbal Reasoning test	Poor /Good /very good /excellent
Inductive reasoning test	Poor /Good /very good /excellent
Diagrammatic Reasoning test	Poor /Good /very good /excellent
Logical Reasoning test.	Poor /Good /very good /excellent
Error checking test	Poor /Good /very good /excellent
2.Skill Test	Poor /Good /very good /excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor /Good /very good /excellent
Assumptions	Poor /Good /very good /excellent
Deductions	Poor /Good /very good /excellent
Interpreting Information's	Poor /Good /very good /excellent
Inferences	Poor /Good /very good /excellent
5.Situational Judgment Test.	Poor /Good /very good /excellent

Poor: <6 Good: 6-7 very good: 7-8 excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan
MBBS (DU), DFM, CCD (Birdem), PGT (opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

Patient ID	24020059	**Voucher No**	
Test Name	USG OF WHOLE ABDOMEN	**Delivery Date**	03/02/2024
Patient Name	**Shakil Ahmed**		
Age	35 YRS	**Sex**	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.7cm, regular in shape and normal position. The echogenicity of the parenchyma is normal . Intrahepatic biliary channel are not dilated.

No focal lesion is seen.

GALL BLADDER : Contracted(postprandial).

PANCREASE :- Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN :- Is normal in size (10.6 x 3.4)cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-9.1 cm, LK-10.3cm regular in shape. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated.

URINARY BLADDER : Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Normal in size and volume is 10.5 cc, regular in shape.

Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Normal study.

3.2.24

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training on TVS
Consultant Sonologist

IBN SINA
Pioneer in Health Care

HOUSE # 52, GARIB-E-NEWAZ, SECTOR-13, UTTARA, DHAKA-1230
Tel : 02-48954406-07, 02-48953932, 48953961, Hotline: 09610009612
E-mail: istuttara@gmail.com, Web: www.ibnsinatrust.com

IBN SINA D. LAB & CONSULTATION CENTER, UTTARA

ISO 9001:2015 Certified

ECHO-CARDIOGRAPHY REPORT

2-D & M-MODE, DOPPLER & COLOUR FLOW IMAGING

I.D. No	:	U48326	Received date : 3 Feb 2024	Printed date: 3 Feb 2024 06:05PM
Name of Pt.	:	SHAKIL AHMED	Age : 35 y(s)	Sex: Male
Exam	:	ECHO 2D		
Ref. By	:	RADICAL HOSPITAL LTD		

PROCEDURES: 2D & M-MODE STUDY

M-MODE & 2D FINDINGS:

AO	:	27	mm	**LVIDd**	:	45	mm	**RVIDd**	:		mm	**MVA**	:		cm2
LA	:	31	mm	**LVIDs**	:	27	mm	**RVOT**	:		mm	**MV annulus**	:		mm
IVST	:	09	mm	**EF**	:	70	%	**PA**	:		mm	**AV ring**	:		mm
PWT	:	09	mm	**FS**	:	39	%	**TAPSE**	:	22	mm	**ACS**	:	18	mm

DESCRIPTION:

CHAMBERS:

LA : Normal. **LV** : Normal.

RA : Normal. **RV** : Normal.

RWMA : Absent.

VALVES : All valves are normal in morphology.

IAS : Intact. **IVS** : Intact.

PERICARDIUM : Normal

EFFUSION : Absent.

THROMBUS/VEGETATION/OTHER MASS: Not seen.

IMPRESSION:

1. **No Regional wall motion abnormality.**
2. **Good LV systolic function.**

DR. A. F. KHABIR UDDIN AHMED
MBBS, MD (Cardiology),
Fellow: WHO (India), HPSP (Thailand),
Trained in Interventional Cardiology
Cardiac & Medicine Specialist
Associate Professor (Cardiology)
Shaheed Tajuddin Ahmad Medical Collage & Hospital, Gazipur.

Prepared by-Shapla

HOUSE # 52, GARIB-E-NEWAZ, SECTOR-13, UTTARA, DHAKA-1230
Tel : 02-48954406-07, 02-48953932, 48953961, Hotline: 09610009612
E-mail: istuttara@gmail.com, Web: www.ibnsinatrust.com

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TREADMILL STRESS TEST

I.D. No	: U48326	Received date : 3 Feb 2024	Printed date: 3 Feb 2024 07:12PM	
Name of Pt.	: SHAKIL AHMED		Age : 35 y(s)	Sex: Male
Exam	: ETT			
Ref. By	: RADICAL HOSPITAL LTD			

Total Exercise Time	: 09:48 Min	**Max.HR attained**	: 157	Bpm.
% of max. pred. HR	: 84 %	**Max. Pred HR**	: 185	Bpm.
Maximum BP	: 140/90 mmhg.	**Max. work load attained**	: 12.70	METS
Indication	: Screening for IHD.			
Risk Factors	: Smoking.			
Reason for Termina.	: Fatigue.			
Test Profile	: BRUCE			
Symptoms	: Fatigue.			

Summary Result ⇒ **NEGATIVE**

Comments:

- **SHAKIL AHMED** performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of fatigue.
- ECG at rest shows LAHB & Atrial pre- mature complex.
- ECG during exercise & recovery shows no significant ST depression.

Conclusion : Stress test is **NEGATIVE** for ECG evidence of provocable myocardial ischaemia.

3/2/2024

Dr. Aparna Rahman
MBBS, MD (Cardiology)
Associate Professor & unit Head
Medical college for women & Hospital, Uttara.
Consultant, IBN SINA D-Lab, Uttara, Dhaka.

Prepared By: Tahmina