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: BHOWMICK (Surname) SWAPAN (First Name) KUMAR (Middle Initial) Sex: M Serial No:

Date of Birth: 01/01/1975 PP/CDC: ✓ C10/3360 Rank: 2ND ENGINEER

Vessel: SHINWA MARU Type: BULK Route: WORLD WIDE

Home Address: HOUSE-08, FLAT-A5, R-07, S-03, UTTARA, DHAKA-1230, BANGLADESH

Company Name: BERNHARD SCHULTE SHIPMANAGEMENT INDIA PVT. LTD.

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓
Hearing Impairment		✓		✓
Ear / Nose / Throat problems		✓		✓
Stomach / Bowel disorders		✓		✓
Gall stones / Kidney disorders		✓		✓
Jaundice / Liver Disease		✓		✓
Piles / Varicose veins		✓		✓
Blood Disorder		✓		✓
Female Disorder		✓		✓
Notes				

	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		✓		✓
Addicition to alcohol / drugs / tobacco		✓		✓
Fracture / Dislocation / Injury / Amputation		✓		✓
Major / Minor Operation		✓		✓
Diabetes		✓		✓
Nervous / Mental disease / Sleep disorder		✓		✓
Mallignant disease (Cancer)		✓		✓
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
167cm	65kg	42-44	120/80mm	78/min	18/min	Good

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

Colour Vision		Normal	Abnormal
	Ishihara	✓	
	Other	Normal	Abnormal

Field of Vision: Normal ✓ / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	15	20				
Left Ear	dB	20	20	15	15				

Hearing	Right Ear	Left ear
	✓	✓

Systemic Examination

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

Notes

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

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

Investigations

Blood	Result	Normal
Hemoglobin	15.5 gm%	14-16 gm %
Total WBC count	9,500 cu.mm	4000-11000 / cu.mm
Neu 60 % Lymp 35 % Eos 03 Ba 00 % Mo 02 %		
Malanal parasite	Not Found	
ESR	03 mm / 1st hour	1- - 15 mm / hr
SGPT	N/E U/L	9--43 U / L
S.Cholesterol	N/E mg/dl	145--260 mg / dl
S.Triglycerides	mg/dl	upto 200 mg /dl
Blood Sugar	RBS 6.0 PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Non Reactive	
VDRL		
Others	GGTP U/L	
Blood Group		

Urine	
Colour	Green
Specific Gravity	N/T
pH	✓
Albumin	✓
Sugar	✓
Bile pigment	✓
Bile salts	✓
Occult blood	✓
RBC cells	✓
Leucocytes	
Others	

ECG : Normal **TMT:** N/E

X-Ray Chest: Normal

Spirometry: Normal

Drugs of Abuse: Negative

USG: N/E

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

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~~ ~~Tempc:arily 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: 24 JAN 2025

Candidate's Signature

Date: 25 JAN 2024

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

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.

04.2024.5702

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
SWAPAN KUMAR BHOWMICK	✓男 Male　女 Female
出生年月日 Date of birth	指定を受けようとする就業範囲 Desired Capacity in which you are authorized to serve
1975年01月01日 Year Month Day	2ND ENGINEER
現住所 Address	
H-08, R-07, S-03, UTTARA, DHAKA-1230 BANGLADESH TEL (+880) 1610928242	

(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
	(6/6)	(6/6)	(6/6)

2．色　覚 (Color vision)

正常 Normal　パネルD－15 (Pass ・ Fail)　その他 Others (　　)

3．聴　力 (Hearing)

5 m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
		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
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

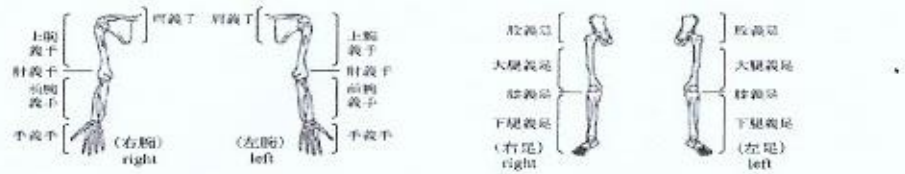
②障害のある関節（関節の屈伸のいずれかができなかった者の場合のみ記入）
Joint of lesion (Write in case more than one unable in ① Flexibility of joint)

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

②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)

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 01 月 25 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.

指定医師の氏名 Name of the recognized doctor　DR. MIR MD. RAIHAN MBBS(DU),DFM
医療機関の名称、所在地及び連絡先 Name, address and contact information (TEL, E-mail) of the medical facility

RADICAL HOSPITAL LIMITED
35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230
MOB No: +880 1716134074 / +880 1624392528 Email: radical.hospital@gmail.com

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

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

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

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

Id No : 0462		**Date :** 25-Jan-2024	**D.Date :** 25-Jan-2024
Patient's Name : SWAPAN KUMAR BHOWMICK		**Age :** 49Y 0M 24D	**Gender:** Male
Specimen : Blood			
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/3360			

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.5** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. 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	**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	**5.01** 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)	**2,76,000** /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	DIA24010462	Received Date	25/01/2024
Patient's Name	SWAPAN KUMAR BHOWMICK		
Patient's Age	49Y 0M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3360
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	6.0 mmol/l	4.2–7.8 mmol/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 Hospitals Ltd.

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

Bill No	DIA24010462	Received Date	25/01/2024
Patient's Name	SWAPAN KUMAR BHOWMICK		
Patient's Age	49Y 0M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3360
Sample	Blood		

SEROLOGICAL REPORT

Test Name	Result
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.

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

Bill No	DIA24010462	Received Date	25/01/2024
Patient's Name	SWAPAN KUMAR BHOWMICK		
Patient's Age	49Y 0M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3360
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 Technologist.
Radical Hospital Ltd.

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

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Bill No	DIA24010462	Received Date	25/01/2024
Patient's Name	SWAPAN KUMAR BHOWMICK		
Patient's Age	49Y 0M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3360
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	0-2/HPF

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24010462	Receive: Print: 25/01/2024		
Patient's Name	:	**SWAPAN KUMAR BHOWMICK**			
Age	:	49 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	66 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

ID: 121 25-01-2024 13:46:17

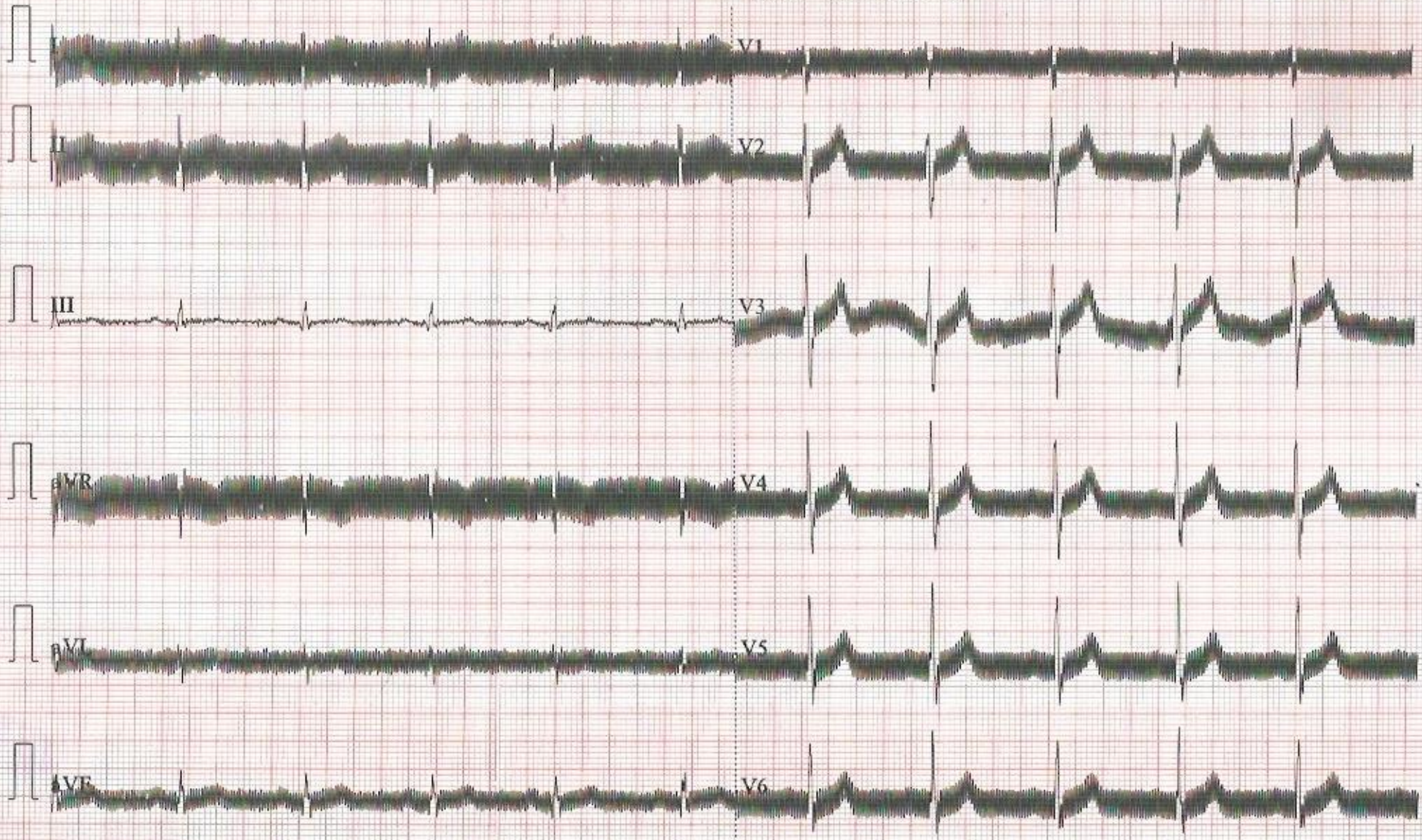
Surname Forename

Male 49 Years Brunswick

HR	: 66	bpm
P	: 118	ms
PR	: 194	ms
QRS	: 102	ms
QT/QTc	: 376/394	ms
P/QRS/T	: 46/50/40	°
RV5/SV1	: 1.294/0.402	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥66 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24010462	Receive:25/01/2024	Print: 25/01/2024
Patient's Name	:	**SWAPAN KUMAR BHOWMICK**		
Age	:	49 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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCNATION CONTRE LE CHOLERA

This is to certify that SWAPAN KUMAR BHOWMICK date of brith 01-JAN-1975 Sex MALE
JE Soussigne (e) certifie que no (e) le sexe

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against Cholera
a ete vaccine (e) ar revaccine (e) contre le Cholera a Ia date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateur	Approved Stamp Cechet d'authentification
1 30-MAY-2019	Dr. Mohammad Saifuddin (Sabuj) MBBS (CU), PGT (Medicine), CCD (BIRDEM) BMDC. Regi. No. A 41434 Approved Medical Practitioner DG Shipping Bangladesh. New Popular Medical Services, Dhaka. ORAL CHOLERA "DUKORAL" Valid Upto 2 Years	New Popular Medical Services License No. 3024 (DG Health)
2 29 MAR 2023	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.	CENTER FOR VACCINATION 36, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

The validity of this certificate shall extend for a period of six months, beginning six days after the first injection of vaccine or in the event of a revaccination within such period of six months, on the date of the revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a from prescribed by the health administration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any part of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toule correction ou rature sur le certificate ou I o mission d'une quelconque des mentions qu il comporte pe ut effecter sa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER

CERTIFICATE INTERNATIONU AX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that SWAPAN KUMAR BHOWMICK date of brith 01-JAN-1975 sex MALE
JE soussigne' (e) certifie que ..... no (e) le ..... sexe .....

Whose signature follows
dont la signature suit .....

has on the Date indicated been vaccinated or revaccinated against yellow fever.
a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nunne'to du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination	
30-MAY-2019	Dr. Mohammad Salluddin (Sabuj) MBBS (CU), PGT (Medicine), CCD (BIRDEM) BMDC. Ragi. No. A 41434 Approved Medical Practitioner DG Shipping Bangladesh. New Popular Medical Services, Dhaka.		YELLOW FEVER VACCINE No 2314 DAKAR	New Popular Medical Services License No. 3024 (DG Health)
2				

This certificate is valid only if the vaccine used has been approved by the world Health organization and vaccinating centre has been disignated by the 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 the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

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

Ce certificate n'est valable que si le vaccin employe' a e' tc" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination ae'tc' habilite parl' adminstration sanitaire du territoire dans lcquel' ce centre est siture'

La validite' de ce certificate couvre une pe'riodc de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riodc dc dix ans.le jour de cette revaccination.

Ce certificate do it etre signc' par un me' decin dc sa propre main, son cachet official ne pouvant etre conside' re' comme lenant licu de signature.

Toute correction ou rature sur le certificate ou l 'omission d'une quelconque des mentions qu'il comporte peut affecter sa validite.

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC

SL NO. 04.2024.5702

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last BHOWMICK **First** SWAPAN **Middle** KUMAR

Gender: (Male/Female) MALE Nationality: BANGLADESHI

Occupation: Deck/Engine/Catering/Other (specify) ENGINE

Father's/ ~~Husbad~~'sname: BENOD BEHARI BHOWMICK

Mother's Name: SHOVA RANI BHOWMICK

Address: House No: 08 Street/ Road No: 07

Locality/Village: SECTOR-03

P.O: UTTARA

P.S: UTTARA

District: DHAKA

Date: 25-JAN-2024

Rank: 2ND ENGINEER

C.D.C No. C/O/3360

Seaman ID No. 050002424

Passport No. A13031934

NID No. 19752692618641111

Date of Birth: 01/01/1975 (DD/MM/YYYY)

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

1. Confirmation that identification documents were checked at the point of examination :~~YES~~/NO
2. Hearing meets the standards in section A-I/9 :~~YES~~/NO
3. Unaided hearing satisfactory? :~~YES~~/NO
4. Visual acuity meets standards in section A-I/9? :~~YES~~/NO
5. Colour vision meets standards in section A-I/9? :~~YES~~/NO
   Date of last colour vision test : 25 JAN 2024
6. Fit for lookout duties? :~~YES~~/NO
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? :~~YES~~/NO
8. Any limitations or restrictions on fitness? :YES/~~NO~~

If YES, specify limitations or restrictions:

Duties:
Location/Vessel:
Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category : ~~Fit-No restriction~~ | Fit-Subject to restrictions | Unfit

10. Date of examination/Issue (DD/MM/YYYY) 25 JAN 2024

11. Date of expiry (DD/MM/YYYY) 24 JAN 2026 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature

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

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited
Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 24 months prior to the date of making applieation for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug -related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whis pered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental:

- Seafarers must be free from infectiqns of the mouth cavity or gums.

(d) Blood Pressure:

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, Interna-tional Travel and Health, Vaccination Requirements. and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

- 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 useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the fight of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

25 JAN 2024

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