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 MAKDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: KABIR (Surname) KAZI (First Name) MISBAHUL (Middle Initial) Sex: MALE Serial No:

Date of Birth: 28 / 12 / 2015 PP/CDC: 673820892 Rank: SUPERNUMERARY

Vessel: CEZANNE Type: CONTAINER Route: WORLD WIDE

Home Address: HOUSE-17, ATASH KHANA LANE, LALBAGH, POSTA-1244, DHAKA

Company Name : SYNERGY MARITIME RECRUITMENT SERVICES 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		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓	Allergy / Skin disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat problems		✓		✓	Addicition to alcohol / drugs / tobacco		✓		✓
Stomach / Bowel disorders		✓		✓	Fracture / Dislocation / Injury / Amputation		✓		✓
Gall stones / Kidney disorders		✓		✓	Major / Minor Operation		✓		✓
Jaundice / Liver Disease		✓		✓	Diabetes		✓		✓
Piles / Varicose veins		✓		✓	Nervous / Mental disease / Sleep disorder		✓		✓
Blood Disorder		✓		✓	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
137cm	41 Kg.	40-38 cms	90/60 mmHg.	86 b/m	20 b/m	Good

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

Colour Vision		Normal	Abnormal
	Ishihara		
	Other	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	Left ear
	N	N

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 SUPERNUMERARY
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	14.4 gm%	14-16 gm %
Total WBC count	5,300 cu.mm	4000-11000 / cu.mm
Neu 61 % Lymp 35 % Eos 02 % Bas 00 % Mo 02 %		
Malarial parasite	Not Found	
ESR	05 mm / 1st hour	1- - 15 mm / hr
SGPT	16 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 4.4 PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Not Done	
Others		GGTP U/L
Blood Group		

Urine	
Colour	Straw
Specific Gravity	
pH	
Albumin	Nil
Sugar	Nil
Bile pigment	
Bile salts	
Occult blood	
RBC cells	Nil
Leucocytes	
Others	

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

X-Ray Chest: Normal

Spirometry: N/D

Drugs of Abuse: Negative.

USG: N/D.

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 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: 05 JAN 2026

Candidate's Signature

Date: MISBAH 06 JAN 2024

Medical 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.

04.2024.5576

Id No	: 0101	**Date :** 06-Jan-2024	**D.Date :**	06-Jan-2024
Patient's Name :	KAZI MISBAHUL KABIR	**Age :** 8Y 0M 9D	**Gender:**	Male
Specimen	: Blood			
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM			

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.4** 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)	**5,300** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**61** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**35** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**02** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**106** /cumm	50-450/cumm
Total RBC Count	**4.58** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**38.2** %	M: 40-54%, F:37-47%
MCV	**83.2** fL	76 - 94 fL
MCH	**31.4** pg	27 - 32 pg
MCHC	**37.7** g/dL	29 - 34 g/dL
RDW	**12.5** %	11 - 16 %
PDW	**15.8** fL	35 - 56 fl
Total Platelete Count (PC)	**3,12,000** /cumm	150,000-450,000/cumm
MPV	**7.9** fL	7.0 - 11.0 fL
PCT	**0.175** %	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.

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RADICAL HOSPITAL LIMITED

Bill No	DIA24010101	Received Date	06/01/2024
Patient's Name	KAZI MISBAHUL KABIR		
Patient's Age	8Y 0M 9D	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
Random Blood Sugar (RBS)	4.4 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	16.0 U/L	Up to 40 U/L

Checked By

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Radical Hospital Ltd.

Dr. Sumaiya Khatun
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Bill No	DIA24010101	Received Date	06/01/2024
Patient's Name	KAZI MISBAHUL KABIR		
Patient's Age	8Y 0M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	
Sample	**BLOOD**		

SEROLOGICAL REPORT

HBsAg (Method : (ICT)	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

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East West Medical College and Hospital

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RADICAL HOSPITAL LIMITED

Bill No	DIA24010101	Received Date	06/01/2024
Patient's Name	KAZI MISBAHUL KABIR		
Patient's Age	8Y 0M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION CASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checked By

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Radical Hospital Ltd.

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RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24010101	Receive:06/01/2024	Print: 06/01/2024
Patient's Name	:	**KAZI MISBAHUL KABIR**		
Age	:	8 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 CERTIFICATES Of VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUASX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that MISBAHUL KABIR
JE Soussigne' (e) certifie que date of birth [illegible] Sex MALE
no' (e) le Sexe

Whose signature follows MISBAH
don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature of titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1	05 JAN 2024		
2	DR. MIR. MD. RAIHAN MBBS (DU). DFM. CCD (Birdem). PGT (Ophth) BMDC A-55144. MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH
3			
4			

This certificate is valid only if the vaccina used has been approved by the world I lcalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre is situated.

The validity of his certificate shall extend for a period of ten years, beginning in day after the date of vaccination or in the event of a revaccination within sch period often 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 die signature.

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

Ce certificate n' est avaiable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa_tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminslralion sanitaire du (erriloire dans lcqucl'ce centre est siture;

La validite' de ce certificat couvrc une pe'riodc de dix ans comencant dix joursaorcs la date de,la vaccination ou, dans le cas dune reiaccination.u .ou., a.-cittc lie,iio,i a" dix ans, lejour de centtc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet officiar nc pouvant cue conside' commc lcnanr lieu de signature.

Toute eorection ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allectcr sa validite.

INTERNATIONAL CERTIFICATES Of VACCINATION OR REVACCINATION AGAINEST CHOLERA
CERTIFICAT INTERNATIONUASX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

KABIR MOBARAK KABIR

This is to certify that / JE Soussigne' (e) certifie que _____ date of birth / no' (e) le [illegible] Sex / Sexe MALE

Whose signature follows / don't la signature suit MISBAH

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature of qualite-profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
06 JAN 2024		ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radiant Hospitals Limited,	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
3		
4		

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

Norwithstanding the above provision in the case of a pilgrim, tins certificate shull 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 form 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 pan of it May render is invalid.

La validity dece certificate couvrc unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" unc rovaccination a cour. d...gtte period do six mois jour de cette revaccination

Nonobstant les. despositions ci-dessue dans le cas d'un pelerin le present certificate dorrlalre mention de deux injections partiquees a sent jours d' intervaile et sa validite cofllmenge lejour de la seconde micction

De cachet d' authentification doit etre c anforme au modele present per l, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rabfe sur le certificate ou l o. mission d" unc quelconque des mantions qu il comporte pe ut effectersa validite.