

# HAQUE & SONS LTD.

mana Haque Tower 1267/A Gosnardanga, Agrabad C/A Chattogra Hi Bang adesh Tel: +880 2-333316214-6, Fax: +880-2-333310530

PATIENT CONTROL NUMBER HS1623FF

#### MEDICAL EXAMINATION CERTIFICATE

RNAME	FERDOWS	FIRST NAME AND	MD		MIDDLE NAME	SANUL -	
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1	Eye/vision problem			roblems		()	
2	High blood pressure			smoke?			Z,
3	Heart/vascular disease			on/surgery			9/
4	Heart surgery	11 1X		y/seizures			7/
5	Varicose veins			ss/fainting		U	Ь,
6	Asthma/bronchitis		23 Loss of	conscious	sness	(B)	V
7	Blood disorder		24 Psychia	tric proble	ms	3	D
8	Diabetes		25 Depress			10	16/
9	Thyroid problem	0 /91	26 Attempt	ed suicide	100	101	1
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#### SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(Last, first, mic	ldle)		Gender:
	FERDOWS MD AHS	ANUL	Male/ <del>Female</del> *
Date of Birth: (Day/month/year)	Nationality:	Place of Birth:	
20-SEP-1968	BANGLADESHI	KHULNA	

Declaration of the recognized medical practitioner:

	and the recognized medical production.	Yes No
1	Identification documents were checked at the point of examination?	
2	Hearing meets the standards in STCW Code Section A-I/9?	
3	Unaided hearing satisfactory?	
4	Visual acuity meets the standards in STCW Code Section A-I/9?	
5	Colour vision meets the standards in STCW Code Section A-I/9?	
	Date of last colour vision test: 31 JAN	2024
6	Fit for look-out duty?	1
7	Is the seafarer free from any medical condition likely to be aggravated by service a to render the seafarer unfit for such service or endanger the life of person onboard	
8	No limitations or restrictions on fitness?	
	If "no" specify limitations or restrictions	23 144 000
9	Date of examination: (day/month/year)	3 1 JAN 2024
10	Expiry of certificate: (day/month/year)  ** Maximum two years from date of examination unless the seafarer is under the age of 18	O JAN 2025

3 1 JAN 2024

Date

Signature of Authorised

Signature of Authorised Medical Practitioner 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.

Medical Practitioner's Official stamp (name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer





# MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

# RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A - to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(Last, first, middle) (BLOCK CAPITALS)	FERDOWS MD AHSANUL			Gender: Male/ <del>Female*</del>
Date of Birth: day/month/year 20-SEP-1968		Nation: BANGI	ality: LADESHI	
Type of ID documents: NRIC No. / Passport No.: EE0946515	Dept: Deck / Engine / Catering / c Rank: MASTER	others	Type of BULK C	ship: ARRIER
Home Address: PLOT NO-56, ROAD NO 14, SONADANGA 2ND R/A, KDA NEW MARKET, SONADANGA, KHULNA, BANGLADESH	Routine and emergency duties: BOTH		Trading / world w	area: e.g coastal vide

#### Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

Ye	s No	7	Yes No
Eye/vision problem	/	18. Sleep problem	
High blood pressure		49. Do you smoke, use alcohol or drugs?	1
Heart/vascular disease	1	20. Operation/surgery	V
Heart Surgery	1/	21. Epilesy/seizures	/
Varicose veins/piles	1/	22. Dizziness/fainting	
Asthma/bronchitis	1	23. Loss of consciousness	
7. Blood disorder	1	24. Psychiatric problems	
8. Diabetes	1	25. Depression	/
9. Thyroid problem	0	26. Attempted suicide	
10. Digestive disorder	1	27. Loss of memory	V
11. Kidney problem	1	28. Balance problem	1
12. Skin Problem	1	29. Severe headaches	
13. Allergies	1	30. Ear(hearing, tinnitus/nose/throat problem	1
14. Infectious / contagious diseases	1	31. Restricted mobility	
15. Hernia	17	32. Back or joint problem	
16. Genital disorder	17	33. Amputation	1/
17. Pregnancy	ND	34. Fracture/dislocations	1

If you answer "yes" to any of the above questions, please provide details:

Additional questions	Yes No
35. Have you ever been signed off as sick or repair a ship?	
36. Have you ever been hospitalized?	

or marc you ever i	seen decialed difficiol sea di	aty s		
38. Has your medic	al certificate even been restr	cted or revoked?	-	
39. Are you aware t	hat you have any medical pr	oblems, diseases or illnesses	?	1
40. Do you feel hea	Ithy and fit to perform the dut	ies of your designated positio	n/occupation?	1
41. Are you allergic		<u> </u>		
42. Are you using a	ny non-prescription or prescr	iption medication?		
If you answer "yes",	please list the medications t	aken, the purpose(s) and the	dosage:	
hereby declare tha	t the personal declaration :	above is a true statement to	DR. MIR. MD. I MBBS (DU), DFM. CCD (Birden BMDC A-55144, MMC DG Shipp.ng Banglades General Physic	RAIHAN n), PGT (Ophth) C-BGD-016 sh Approved cian
Date	Signature of Seafar	er Name and S	Radical Hospitáls I ignature of Witness	Limited
hereby authorize th	ne release of all my previo	us medical records (includi	ng my last Seafarer	Medical
Certificate) from a	any health professional,	health institutions and	public authorities	to Dr.
3 1 JAN 2024	Atm	ME	R. MIR. MD. RAIH 98 (DU), DFM, CCD (Birdem), PGT (C MDC A-55144, MMC-BGD- 9 Shipp.ng Bangladesh Appr , General Physician Radical Hospitals Limited	016 oved
Date	Signature of Seafar	er Name and S	ignature of Witness	- S



Jse of glasse					
Yes	Туре		Purpose	1	
isual Acuity	/				
	Unaided			Aided	
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant			Distant	666	616
Near			Near	15	rs
isual fields					
	Norma	al	Defective		
Right eye					25
Left eye					
learing		lormal	Doubtful		ective
learing			hreshold values		ective
learing	re tone and a	udiometry (	hreshold values	s in dB)	ective
learing Pu	re tone and a	udiometry (	hreshold values	s in dB)	ective
Right ear	re tone and a	1,000 Hz	hreshold values	s in dB)	ective
Right ear Left ear	re tone and at 500 Hz	1,000 Hz	hreshold values 2,000 Hz	s in dB)	ective
Right ear Left ear peech and v	re tone and at 500 Hz	udiometry (to 1,000 Hz	hreshold values 2,000 Hz	3,000 Hz	ective
Right ear Left ear	re tone and at 500 Hz	udiometry (to 1,000 Hz	hreshold values 2,000 Hz	3,000 Hz	ective
Right ear Left ear Right ear Left ear Left ear Left ear	re tone and at 500 Hz	udiometry (to 1,000 Hz	hreshold values 2,000 Hz	3,000 Hz	ective
Right ear Left ear Right ear Left ear Left ear Left ear	re tone and at 500 Hz	udiometry (to 1,000 Hz	hreshold values 2,000 Hz  W	hisper	ective
Right ear Left ear Right ear Left ear Right ear Left ear Height Pulse rate	whisper test (note that the second and and second and s	metres)  (cm) minute)	hreshold values 2,000 Hz	hisper	ective
Right ear Left ear Right ear Left ear Height ear Height Pulse rate Blood Press	whisper test (note and and and some super test (note and and some super test (note and and some super test (note and some	metres)  (cm) minute)	weight	hisper	ective
Right ear Left ear Right ear Left ear Right ear Left ear Height Pulse rate	whisper test (note and and some source of the source of th	metres)  (cm) minute)	Weight Rhythm	hisper	ective
Right ear Left ear Right ear Left ear Right ear Left ear Left ear Left ear Unical Findi Height Pulse rate Blood Press Urinalysis:	whisper test (note and and some source of the source of th	metres)  (cm) minute) mm Hg)	Weight Rhythm	hisper (kg) c (mm Hg) Blood:	ective
Right ear Left ear Right ear Left ear Clinical Findi Height Pulse rate Blood Press Urinalysis: Head	whisper test (note ings  (per sure Systolic (note in Glucose : )	(cm) minute) mm Hg) Prote	Weight Rhythm	hisper (kg) c (mm Hg) Blood:	ective
Right ear Left ear Right ear Left ear Right ear Left ear Left ear Left ear Unical Findi Height Pulse rate Blood Press Urinalysis:	whisper test (note and	(cm) minute) mm Hg) Prote	Weight Rhythm	hisper (kg) c (mm Hg) Blood:	ective

Part B - Result of medical examinations

Ears (gaparal)			
Ears (general)	1		1,80
Tympanic membrane	1/		
Eyes			
Ophthalmoscopy			
Pupils	1/		
Eye movement	1		
Lungs and chest	1 m		**
Breast examination	NA		
Heart	1/		
Skin	/_		
Varicose Vein	//		
Vascular (inc. pedal pulse)	11		
Abdomen and viscera	1/		
Hernia	1//		
Anus (not rectal exam)	/		
G-U system	///		
Upper and lower extremities	/		
Spine (C/s, T/S, L/S)			
Neurologic (full/brief)	1/		
Psychiatric	//		
General appearance			
nest X-ray  ☐ Not performed   √		ed on (day/month/yea	3 1 JAN 2024
Not performed	Results:	- 10 0 10 10 10 10 10 10 10 10 10 10 10 1	3 1 JAN 2024
Not performed	Results:	- 10 0 10 10 10 10 10 10 10 10 10 10 10 1	31 JAN 2024
Not performed  ther diagnostic test(s) and re	Results:	Results: NO	mal
Not performed  ther diagnostic test(s) and re	Results:	Results: No.	mal
Not performed  ther diagnostic test(s) and re	Results:	Results: NO	mal
Not performed  ther diagnostic test(s) and rest est Bloo Allow  Medical practitioner's comment	Results: sult(s): ts and assess FIT FOR DE	Results: A Comment of fitness, with I	mal
Not performed  ther diagnostic test(s) and rest  st Solution of fitness for server the basis of the seafarer's per	Results: sult(s): ts and assess FIT FOR DE	Results: A site of fitness, with a sease tick)	reasons for any limitations.
Not performed  ther diagnostic test(s) and rest  st Solution of fitness for server the basis of the seafarer's per	Results: sult(s): ts and assess FIT FOR DE	Results: A site of fitness, with a sease tick)	reasons for any limitations.
Not performed  ther diagnostic test(s) and rest of the sessment of fitness for server the basis of the seafarer's persults recorded above, I declare	Results: sult(s): ts and assess FIT FOR DE ice at sea (pl rsonal declara the seafarer	Results:  The BOARD SHIP  The Board Single  The	reasons for any limitations.
Not performed  ther diagnostic test(s) and rest  st Solution of fitness for server the basis of the seafarer's per	Results: sult(s): ts and assess FIT FOR DE ice at sea (pl rsonal declara the seafarer	Results: A site of fitness, with a sease tick)	reasons for any limitations.
Not performed  ther diagnostic test(s) and rest of the seafarer's personal forms of the seafarer's	Results: sult(s):  ts and assess  FIT FOR DE  ice at sea (pl  rsonal declara the seafarer  Unfit for I	Results:  Ment of fitness, with record of the BOARD SHIP  ease tick)  ation, my clinical example medically:  ookout duty	reasons for any limitations.
Not performed  ther diagnostic test(s) and rest of the basis of the seafarer's persults recorded above, I declare	Results: sult(s):  ts and assess  FIT FOR DE  ice at sea (pl  rsonal declara the seafarer  Unfit for I	Results:  The BOARD SHIP  The Board Single  The	reasons for any limitations.
Not performed  ther diagnostic test(s) and rest of the seafarer's personal the basis of the seafarer's personal transfer of the seafarer's	Results: sult(s):  ts and assess  FIT FOR DE  ice at sea (pl  rsonal declara the seafarer  Unfit for I	Results:  Ment of fitness, with record of the BOARD SHIP  ease tick)  ation, my clinical example medically:  ookout duty	reasons for any limitations.
ther diagnostic test(s) and rest and medical practitioner's comments.  Seessment of fitness for server the basis of the seafarer's persults recorded above, I declare with a fit for look out duty.  Visual aid required	Results: sult(s):  ts and assess  FIT FOR DE  ice at sea (pl  rsonal declara the seafarer  Unfit for I	Results:  ment of fitness, with remaining the source of fitness and the source of the	reasons for any limitations.
ther diagnostic test(s) and rest and set and s	Results: sult(s): ts and assess FIT FOR DE ice at sea (pl rsonal declara the seafarer Unfit for I	Results:  ment of fitness, with remaining the service of the servi	reasons for any limitations.
Not performed  ther diagnostic test(s) and rest of the sest of the seafarer's persults recorded above, I declared  Pit for look out duty  Visual aid required  Deck Service  Deck Service  Engine Service	Results: sult(s):  ts and assess  FIT FOR DE  ice at sea (pl  rsonal declara the seafarer  Unfit for I	Results:  THE BOARD SHIP  THE	reasons for any limitations.
Not performed  ther diagnostic test(s) and rest of the sest of the seafarer's persults recorded above, I declared  Deck Engine	Results: sult(s): ts and assess FIT FOR DE ice at sea (pl rsonal declara the seafarer Unfit for I	Results:  ment of fitness, with remaining the service of the servi	reasons for any limitations.

142
4.

3 1 JAN 2024

Date

Signature of Medical Practitioner

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

Medical Practitioner's name, licence number, address





# V. SHIPS INDIA Pvt. Ltd.

Certificate No: 04.2024.5809

# MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000,

STCW code I/9 MLC 2006 – Reg 1 2 And ILO/ IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12

F1 N	FEDDOMO			8/R
Family Name	FERDOWS	411044		LTD
Given Names	MD	AHSANUL		Il Co. NO
Date of birth (day/month/year)	20-SEP-1968	Sex: Male	Female	
Nationality	BANGLADESH	I		
			Yes No	NA
Confirmation that identification docur	ments were checked	at the point of		
examination	tondordo in CTCINI	Code costion A 1/0	1	
learing satisfactory and meets the s and MLC 2006 1.2-6 (a):	tandards in STCVV C	Lode, Section A-1/9	1	
Inaided hearing satisfactory?				
	etandarde in STCW	Code section A I/O	1	
/isual acuity satisfactory and meets and MLC 2006 1.2-6 (a)?	stariuarus III STOVV	Code, Section A-1/9		
Colour vision satisfactory and meets	standards in STCW	Code, section A-I/9		3
and MLC 2006 1.2-6 (a)?				
Language and Langu	urada tari yelinin musu yanzar neser <b>a</b> yayna m			
have evaluated the above named e	xaminee according	(National law, regulati		* '
Unfit	Yes   With res	not	performed performed performed	rices
Vaccination records	satisfac		oe renewed	
Describe any restrictions (e.g., sp	ecific position, type	or snip, trade area):		
V0.7-400 (F0000), W1.02 2.4	DITAL LIMITED		0.4.1.11	
RADICAL HOS	PITAL LIMITED	dou/month/::ass	3 1 JAN 2024	
Place of examination: <u>Ultara, Dhaka</u> Medical certificate's date of expira		day/month/year) ar) 3 0 JAN 2025	_11	75.33
			MD BAIHA	AN.
Official stamp (also print name of	medical examiner if	MODE (DIT) DEM C	CD (Birdem), PGT (Op 4, MMC-BGD-0	(DED):
Signature of medical examiner: _	- Augustin	DG Shipping Ba	angiadesh Applo	ved
Authorised by:		General (competention)	al Physician Brityls Limited.	
I acknowledge and confirm that I a review in accordance with parag				of the righ
Examinee's signature:				
(To be sign	ned in the presence of the	medical examiner)		
	Sa Hosolo			
	11.21			

04.2024.5809 Certificate No:

GUIDELINES AND MINIMUM REQUIREMENTS FOR:

# PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS NIR MO

OF SEAFARERS Merchant Shipping (Medical Examination) Rules 2000;

STCW code I/9 and MLC 2006 - Reg 1.2 And ILO/ IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12

100000	CW code I/9 and MLC 20 on the medical examinations	006 - Reg 1.2 And RADICA RADICA HOSPITA
Family Name	FERDOWS	12 LTD
Given Names	MD	AHSANUL NO. A.S
Rank and department	MASTER, BULK	
Date of birth (day/month/year)	20-SEP-1968	Sex: Male Female
Nationality	BANGLADESHI	
Home address		OAD NO-14, SONADANGA 2ND MARKET, SONADANGA, SLADESH
Residence & Mobile No:	0088 171127209	56
Passport No./Discharge Book No.	EE0946515, C/0	D/1623
Type of ship (container, tanker, passenger, fishing)	BULK CARRIER	₹
Trade area (e.g., coastal, tropical, worldwide)	WORLDWIDE	
	The second of the second	

#### A. EXAMINEE'S PERSONAL DECLARATION:

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

	Condition	Yes	No	Condition	Yes	No
1.	Eye/vision problem		Z/18.	Sleep problems		1
2.	High blood pressure		19.	Do you smoke; use alcohol or drugs?		Ø
3.	Heart/vascular disease		D 20.	Operation/surgery		W1
4.	Heart surgery		Z 21.	Epilepsy/seizures		D,
5.	Varicose veins		Z ,22.	Dizziness/fainting		10/
6.	Asthma/bronchitis		23.	Loss of consciousness		6/
7.	Blood disorder		<b>2</b> 4.	Psychiatric problems		5/
8.	Diabetes		25.	Depression .		1
9.	Thyroid problem		<b>□</b> /26.	Attempted suicide		1
10.	Digestive disorder			Loss of memory		Z,
11.	Kidney problem		<b>1</b> / 28.	Balance problem		ď
12.	Skin problem		<b>1</b> 29.	Severe headaches		0
13.	Allergies		30.	Ear/nose/throat problems		D
14.	Infectious/contagious diseases		Ø 31.	Restricted mobility		Z
15.	Hernia		Z/32.	Back or joint problems		0
16.	Genital disorders		33.	Amputation		Z/
17.	Pregnancy		η <b>ί</b> 34.	Fractures/dislocations		D

If any of the above questions were an "yes", please give details.





Additional questions

# V. SHIPS INDIA Pvt. Ltd

		Ye	No
35.	Have you ever been signed off as sick or repatriated from a ship?	П	1
36.	Have you ever been hospitalised?	Ħ	1
37.	Have you ever been declared unfit for sea duty?		1
38.	Has your medical certificate ever been restricted or revoked?		
39.	Are you aware that you have any medical problems, diseases or illnesses?		Z
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	Z	
41.	Are you allergic to any medications?		N
	FIT FOR DUTY ON BOARD SHIP		
42.	Are you taking any non-prescription or prescription medications?		D
It wo	s, please list the medications taken and the purpose(s) and dosage(s)		

I <u>MD AHSANUL FERDOWS</u> holding Passport/Seaman Book No <u>EE0946515</u> hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee:

Witnessed by: (Signature)

Date (day/month/year)

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

I hereby authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).



3 1 JAN 2024

Hon of all		contact	ATION	Voc / IN		une ene	cify which type	and for wh	ant nurnocol
use or gr	asses or	Contact		al acuity	10	yes, spe	City which type		al fields
		Unaide	d		Aided				
	Right eye	Left eye	Bino- cular	Right eye	Left eye	Bino- cular		Normal	Defective
Distant				616	6/16	-	Right eye		7
Near				15	NS		Left eye		
Method o				n: Nori	mal		Ishirara Plateş ubtful ☐ Defe		m Test □ C
Hearing: Pure tone		diometr	y (thresh	old value	s in dB)		Speech and w	vhisper test	(metres)
	500 H	z 10	000 Hz	2000 H	z 3000	) Hz		Normal	Whisper
Right ear	20	-	20	20		1.	Right ear		2
Left ear	20	2	20	Ze	2		Left ear		
Clinical I	Findings	i:							
Height in	cm	/	15		W	eight in	kg 22	7	
Pulse rat		5	50	( / minu	ute) Rh	nythm	Re	WIC	
Blood pre Systolic	essure	9	20	mm	Hg Di	astolic	80		mm Hg
Urinalys	is					_		8	
Glucose:	12	/	P	rotein:	1	1/	Blood:	m	
			No	mal_Abn	ormal			Normal	Abnormal
					] Va	aricose v	eins		
Head					1 1/			-	
	nose, the	oat				512111111111111111111111111111111111111	inc. pedal puls	es)	1 🗆
Sinuses,		oat			Al	domen	inc. pedal puls and viscera	es)	7 🗆
Sinuses, Mouth/te Ears (ger	eth neral)				At	odomen ernia	and viscera	es)	1
Sinuses, Mouth/te Ears (ger Tympanie	eth neral)				At He	odomen ernia nus (not	and viscera	es) 10	1
Sinuses, Mouth/te Ears (ger Tympanie Eyes	eth neral) c membra				At He Ar G	odomen ernia nus (not -U system	and viscera rectal exam) m		
Sinuses, Mouth/te Ears (ger Tympanie Eyes Opthalme	eth neral) c membra		7		At He G	odomen ernia nus (not -U syste oper and	and viscera rectal exam) m lower extremi	ties D	
Sinuses, Mouth/ter Ears (ger Tympanic Eyes Opthalmo Pupils	eth neral) c membra				At   He   Ar   Ar   Ar   Ar   Ar   Ar   Ar   A	odomen ernia nus (not -U system oper and oine (C/S	rectal exam) m lower extremi 6, T/S and L/S)	ties D	
Sinuses, Mouth/te Ears (ger Tympanie Eyes Opthalmo Pupils Eye mov	eth neral) c membra oscopy ement				At   He   Ar   Ar   Ar   Ar   Ar   Ar   Ar   A	odomen ernia nus (not -U system oper and oine (C/S eurologic	rectal exam) m lower extremi G, T/S and L/S) c (full brief)	ties D	
Sinuses, Mouth/ted Ears (gen Tympanid Eyes Opthalmo Pupils Eye mov Lungs ar	eth neral) c membra oscopy ement nd chest	ane	3		At   He   Ar   Ar   Ar   Ar   Ar   Ar   Ar   A	odomen ernia nus (not U system oper and oine (C/S eurologic sychiatric	rectal exam) m lower extremi G, T/S and L/S) c (full brief)	ties D	
Sinuses, Mouth/ter Ears (ger Tympanic Eyes Opthalmo Pupils Eye mov Lungs ar Breast ex	eth neral) c membra oscopy ement nd chest	ane			At   He   Ar   Ar   Ar   Ar   Ar   Ar   Ar   A	odomen ernia nus (not -U system oper and oine (C/S eurologio sychiatrio les	rectal exam) m lower extremi G, T/S and L/S) c (full brief)	ties D	
Sinuses, Mouth/ted Ears (ger Tympanid Eyes Opthalmo Pupils Eye mov Lungs ar Breast ex Heart	eth neral) c membro oscopy ement nd chest xaminatio	ane	7		At   He   He   He   He   He   He   He   H	odomen ernia nus (not -U system oper and oine (C/S eurologio sychiatrio les	rectal exam) m lower extremi s, T/S and L/S; c (full brief)	ties D	
Sinuses, Mouth/te Ears (ger Tympanie Eyes Opthalmo	eth neral) c membro oscopy ement nd chest xaminatio	ane			At   He   He   He   He   He   He   He   H	odomen ernia nus (not -U system oper and oine (C/S eurologio sychiatrio les	rectal exam) m lower extremi G, T/S and L/S) c (full brief)	ties D	
Eyes Opthalmo Pupils Eye mov Lungs ar Breast ex Heart	eth neral) c membro oscopy ement nd chest xaminatio	ane	// //	ot performed on	At He Ar Grant Ar Gra	ernia nus (not -U system oper and oine (C/S eurologic sychiatric les kin eneral a	rectal exam) m lower extremi s, T/S and L/S) c (full brief)	ties D	1 JAN 2024

# V. SHIPS INDIA Pvt. Ltd

Test	suit(s).	Result	
Blood Tests - tick in box if done- readings seperately			od ESR , Blood
issued*1			
Haemoglobin "Hb" *1	IID (-I) □		g/dl
Hepatitis B.*3	HB (ab) : +ve	- HB (ag)	+ve -ve
Bacteriological stool test*4	not performed	negative	positive positive
Parasitical stool test*5	not performed	negative	positive positive
ECG (only for crew above 40 ears)	Non	mal	
HIV *2 (+ve or -ve)	Nen	tere	
Medical examiner's comments:	FIT FOR DUTY O	N BOARD SHIP	
Assessment of fitness for ser On the basis of the examine diagnostic test results recorded rom any medical condition likely unfit for such service or to enda the examine medically:  Fit for look-out duty	e's personal declara above, I certify that y to be aggravated by	tion, my clinica the seafarer co service at sea ter persons on b	al examination and incerned is not suffer or to render the seafa
Deck service		Catering	Other services
fit 6		service	
Infit			
Without restrictions Describe restrictions (e.g., speci		restrictions	
Place of examination: <u>REDICAL</u> Date (day/month/year)3/1_  Medical certificate's date of expi	JAN 2024	- 3 N I A N	2025
Date medical certificate issued (	day/month/year):	8 1 JAN 2024	
Official stamp (also print name o	of medical examiner if	= -	
Signature of medical examiner:	June -	MBBS (DU), DI BMDC A-5	R. MD. RAIHAN FM. CCD (Birdem), PGT (Ophth) 55144, MMC-BGD-016 g Bangladesh Approved
Medical practitioner information	(name, license numb	er, address); Ge	eneral Physician al Hospitals Limited
NAME: MIR MD. RAIHAN; M.B. ADDRESS: REDICAL HOSPI SECTOR-12, UTTARA, DHAI	ITALS LIMITED. 35	SHAH MAKH	DUM AVENUE,

As PorMIC-2008 5







Id No : 0614 Date: 31-Jan-2024

D.Date: 31-Jan-2024

Patient's Name: MD AHSANUL FERDOWS

Age: 55Y 4M 11D

Gender: Male

Specimen

: Blood

Doctor Name

: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye) CDC NO:C/O/1623

# **Haematology Report**

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.1 gm/dl 06 mm/1st hr	M:13-18 gm/dl. F:11,5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/l=t hr.
ESR(Westergreen) Total WBC Count(TC)	8,600 /cumm	Adult: 4000 - 11000/currin.
roan rise country		Children: 5,000-15,000/cmm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	68 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	27 %	Child: 52-62 %, Adult: 90-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 67 10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 6 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	172 /cumm	50-450/cumm
Total RBC Count	5.01 m/ul	M: 4.5-6.5, F:3.8-5.8 m/
HCT/PCV	42 %	M: 40-54%, F:37-47%
MCV	<b>77</b> fL	76 - 94 fL
MCH	<b>33</b> pg	27 - 32 pg
MCHC	<b>33.4</b> g/dL	29 - 34 g/dL
RDW	12.0 %	11 - 16 %
PDW	<b>36</b> fL	35 - 56 fl
Total Platelete Count (PC)	2,50,000 /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. Microbiology

Fast Viest Medical College & Hospital.





Bill No	DIA24010614	Rec	red Date	31/01/2	2024
Patient's Name	MD AHSANUL FERDOWS		District of the same		
Patient's Age	55Y 4M 11D		Patient	's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(	(Eye)	u M	CDC NO	C/O/1623
Sample	BLOOD	171			

# BIOCHEMISTRY REPORT

Test Name	Result	Rel	ence Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2	6.4 mmol/l
Serum Bilirubin (Total)	0.55 mg/dl	0.2	1.1 mg/dl
Serum AST (SGOT)	21.0 U/L	U	77 U/L
Serum ALT (SGPT)	26.0 U/L	Up	10 U/L
HbA1C	5.1 %	4.2	7 %

#### REMARKS (IF ANY)

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

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Khatun

MBBS, MD (Microbiology) Associate Professor

Dept. of poblology

East West Medical College and Hospital.



Bill No	DIA24010614 Re	1	ved Date	31/01/2	2024
Patient's Name	MD AHSANUL FERDOWS			1100	
Patient's Age	55Y 4M 11D		Patient'	s Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(E)		FM C	DC NO	C/O/1623
Sample	BLOOD				164

# SEROLOGICAL REPORT

Test Name

Res

HBsAg (Method : (ICT)	Neg ive
HIV 1 & 2 (Method : (ICT)	Neg ve
VDRL	Non active

OD GROUPING RESULT		
ABO Blood Group	"O" (+V-	
Rh(D)Factor	Positive	

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumiya Khatun

MBBS (Microbiology)

Associate Professor Dept. of Acrobiology

East West Indical College and Hospital.



Bill No	DIA24010614	Receiv	ed Date	31/01/2	2024
Patient's Name	MD AHSANUL FERDOWS				
Patient's Age	55Y 4M 11D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DF	М С	DC NO	C/O/1623
Sample	URINE	Vicesial,			

#### URINE ROUTINE EXAMINATION

# PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

MILLS, MD (Microbiology)

Associate Professor

Dept. of Microbiology East West Medical College and Hospital.



Test Name

Bill No	DIA24010614	Received	d Date	31/01/2	2024
Patient's Name	MD AHSANUL FERDOWS				
Patient's Age	55Y 4M 11D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	C	DC NO	C/O/1623
Sample	URINE				

#### DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Result

100 K2 MOV 2010 MORPHOLIPS POTE CO.	SIPWERI SERVICE
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.



REF: MV. PROPEL SHAKTI

DATE: 31/01/2024

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

# EYE EXAMINATION REPORT

NAME: MD AHSANUL FERDOWS RANK: MASTER CDC NO: C/O/1623

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

NORMAL /-BLIND

OPINION

UNFITY / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX)

East west Medical College & Hospital

ID: 124	31-01-2024	14:07		Diamorie Information				
Nac All All	۱۳ (	: 106 ms		Sinus rhythm				
SS: Fall com	, PR			Normal ECG				
	QRS QT/QTc P/QRS/T RV5/SV1	ms /369 /22/47 17/0.814	ms °					
				Report Confirmed by:				
			7					
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0.67~100Hz AC50 25mm/s	10mm/mV	4*2.5s+3r •77	7	SE-1200Express V2.21 Glas	Glasgow V28.6.0	Radical Hospital	spital	



# DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24010614 Receive:31/01/2024 Print: 31/01/2024

Patient's Name : MD AHSANUL FERDOWS

Age : 55 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 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

### INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows

Date of birth 20-SEP-1968 Sex MAZE

MD. AH SANUL FERDOWS (C/9/1623)

has on the date indicated been vaccinated or revaccinated against Cholera

				- T-07
	Stamp	Approved	Signature and Professional status of vaccinator	Date
	WOM #	35, Sheib Malabdum Avenuo Uttere, Dhota	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophin) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited:	15 OFF.
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