

HAQUE & SONS LTD.

Accredited By BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER.

H855

MEDICAL EXAMINATION CERTIFICATE

| RNAME | N3// | FIRST NA | AME AND | | MID | DLE NAME | | |
|--|--|---|--|--|---|--|-----------------------------|-------------------------|
| , | ARIF | | M | D | | | RAHMAN | |
| ACE AND DATE (| OF BIRTH | PASSPOR | RT NUMBER | T MALE IN | SEA | MAN'S BOOK NU | | - |
| DHAKA | 19-Aug-1993 | 1 | A125 | - C1 (C) (C) (C) | | | 7574 | 42 |
| | BANGLADESHI SEX: | Male | ☐ Female | VESSEL T | YPE: OILICHEM | ANKER TRADING | AREA: W | ORLD W |
| RMANENT HOME | | | | | CONTACT N | JMBER: | 0088 01521 | 77 1229 |
| | Banga, Homna, Bijo | Y NAGAR-35 | 46, CUMILLA | Α, | RANK : | | 4TH ENG | INFER |
| IGLADESH | | | | | | | 7111 2110 | |
| Have you ever ba | d any of the following con | aditions? | | | | | | |
| iove you ever high | a arry or the following cor | idiadria : | | | | | | |
| Conditio | | YES | NO | Condi | ion | | YES | NO |
| | n problem | | | 18 Sleep | problems | | | |
| 5,0000 (40,000,000,000) | od pressure | П | | | smoke? | | | 1 |
| | scular disease | | 1 | | ion/surgery | | | |
| 4 Heart sur | | | | | sy/seizures | | | |
| 5 Varicose | | | 1 | | ss/fainting | | 1.1 | 1 |
| 6 Asthma/t | 1271177117171 | | | | f consciousness | | | 2 |
| 7 Blood dis | | | 9 | | atric problems | - | 10 | · · |
| 8 Diabetes | | | | 25 Depres | | - 1 | 10 | 12 |
| 9 Thyroid p | | | | | ted suicide | 1120 | 1261 | |
| | disorder | | 3 | | f memory | -111 | 1 | N |
| 11 Kidney p | | | | | e problem | 1.111 | 10 | |
| 12 Skin prot | olem | | 7 | | headaches | 11:11 | | 1 |
| 13 Allergies | • | | 0/ | 30 Ear/no | se/throat probles | ns | | 2 |
| | ¿/contagious diseases | | 9 | | ted mobility | | | |
| 15 Hernia | | | 0 | | roblems | 0.000 | | K |
| 16 Genital d | | | and the same of | 33 Amput | - 1-2 | | | |
| 17 Pregnand | y questions were answere | g _a | NIA | | es/dislocations | 200 | | ď |
| | ever been signed off as | | triated from a | ship? | | 277.2 | YES | NO |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you a | ever been signed off as ever been hospitalised? ever been declared unfi medical certificate ever I ware that you have any i | t for sea duty been restricte medical prob | /? ed or revoked lems, disease | ? es or illnesses | | | 0 0 | |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you a | ever been signed off as ever been hospitalised? ever been declared unfi medical certificate ever l ware that you have any leel healthy and fit to p | t for sea duty been restricte medical prob perform the o | /? ed or revoked lems, disease | ? es or illnesses | | | 0 0 0 | obagad |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you a 40 Do you f 41 Are you a | ever been signed off as ever been hospitalised? ever been declared unfi medical certificate ever I ware that you have any i | t for sea duty been restricte medical prob perform the o | /? ed or revoked lems, disease | ? es or illnesses | | | 0 0 0 | 40000 |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you a 40 Do you f 41 Are you a | ever been signed off as ever been hospitalised? ever been declared unfi medical certificate ever lead to be any leel healthy and fit to pullergic to any medication | t for sea duty been restricte medical prob perform the co s? | r? ed or revoked lems, disease futies of your | ? es or illnesses designated p | | | 400000 | OSARAS |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you a 40 Do you f 41 Are you a | ever been signed off as a ever been hospitalised? I ever been declared unfill medical certificate ever lowere that you have any leel healthy and fit to pullergic to any medication | t for sea duty been restricte medical prob perform the o s? | od or revoked lems, disease luties of your | ? es or illnesses designated p | | | 400000 | obagad |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you 40 Do you ful 41 Are you a comments: | ever been signed off as ever been hospitalised? ever been declared unfinedical certificate ever lower that you have any real healthy and fit to pullergic to any medication aking any non-prescription | t for sea duty been restricte medical prob perform the o s? FOR DUT | od or revoked lems, disease luties of your YON BO | ? es or illnesses designated p ARD SHIP ons? | | | 400000 | obagad |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you 40 Do you full Are you a comments: | ever been signed off as a ever been hospitalised? I ever been declared unfill medical certificate ever lowere that you have any leel healthy and fit to pullergic to any medication | t for sea duty been restricte medical prob perform the o s? FOR DUT | od or revoked lems, disease luties of your YON BO | ? es or illnesses designated p ARD SHIP ons? | | | 400000 | OSARAS |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you 40 Do you f 41 Are you a comments: | ever been signed off as ever been hospitalised? ever been declared unfinedical certificate ever lower that you have any real healthy and fit to pullergic to any medication aking any non-prescription | t for sea duty been restricte medical prob perform the o s? FOR DUT | od or revoked lems, disease luties of your YON BO | ? es or illnesses designated p ARD SHIP ons? | | | 400000 | obagad |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you 40 Do you f 41 Are you a omments: | ever been signed off as ever been hospitalised? ever been declared unfinedical certificate ever lower that you have any real healthy and fit to pullergic to any medication aking any non-prescription | t for sea duty been restricte medical prob perform the o s? FOR DUT | od or revoked lems, disease luties of your YON BO | ? es or illnesses designated p ARD SHIP ons? | | | 400000 | OSARAS |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you 40 Do you ful 41 Are you a comments: | ever been signed off as ever been hospitalised? ever been declared unfit medical certificate ever lever that you have any real healthy and fit to pullergic to any medication aking any non-prescription medications taken and | t for sea duty been restricte medical prob perform the o s? FOR DUT on or prescrip d the purpose | or revoked lems, disease duties of your Y ON BO/ otion medication | es or illnesses designated po ARD SHIP ons? ge(s) | sition/occupatio | n? | 000000 | क किव्यव्य |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you a 40 Do you f 41 Are you a comments: 42 Are you t yes, please list thereby authorize | ever been signed off as ever been hospitalised? ever been declared unfirmedical certificate ever lower that you have any reel healthy and fit to pullergic to any medication aking any non-prescriptione medications taken and the release of all my prescriptions. | t for sea duty been restricte medical prob perform the cos? FOR DUT on or prescrip d the purpose vious medica | or revoked lems, disease futies of your Y ON BO/ otion medication e(s) and dosa | es or illnesses designated po ARD SHIP ons? ge(s) | osition/occupatio | n? | d public author | Orities orities |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you a 40 Do you f 41 Are you a comments: 42 Are you t yes, please list thereby authorize Dr. Mir Md. Rai | ever been signed off as ever been hospitalised? ever been declared unfirmedical certificate ever lever that you have any real healthy and fit to pullergic to any medication aking any non-prescriptione medications taken and the release of all my prehan (approved medical preserved). | t for sea duty been restricte medical prob berform the cos? FOR DUT on or prescrip d the purpose vious medical practioner) I a | ed or revoked lems, disease futies of your Y ON BO/ otion medication e(s) and dosa | es or illnesses designated po ARD SHIP ons? ge(s) | osition/occupatio | n? | d public author | orities of the state of |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you a 40 Do you f 41 Are you a comments: 42 Are you t yes, please list thereby authorize b Dr. Mir Md. Rai isqualify me from | ever been signed off as ever been hospitalised? ever been declared unfit medical certificate ever lever that you have any real healthy and fit to pullergic to any medication aking any non-prescriptione medications taken and the release of all my prehan (approved medical property my employment, benefit | t for sea duty been restricte medical prob berform the cos? FOR DUT on or prescrip d the purpose vious medical practioner) I a | ed or revoked lems, disease futies of your Y ON BO/ otion medication e(s) and dosa | es or illnesses designated po ARD SHIP ons? ge(s) | osition/occupatio | n? | d public author | orities of the state of |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you a 40 Do you f 41 Are you a comments: 42 Are you t yes, please list thereby authorize b Dr. Mir Md. Rai isqualify me from | ever been signed off as ever been hospitalised? ever been declared unfit medical certificate ever lever that you have any real healthy and fit to pullergic to any medication aking any non-prescriptione medications taken and the release of all my prehan (approved medical property my employment, benefit | t for sea duty been restricte medical prob berform the cos? FOR DUT on or prescrip d the purpose vious medical practioner) I a | ed or revoked lems, disease futies of your Y ON BO/ otion medication e(s) and dosa | es or illnesses designated po ARD SHIP ons? ge(s) | osition/occupatio | n? | d public author | orities |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you 3 40 Do you 1 41 Are you 3 comments: 42 Are you to yes, please list to hereby authorize or. Mir Md. Rai isqualify me from | ever been signed off as ever been hospitalised? ever been declared unfirmedical certificate ever lever that you have any real healthy and fit to pullergic to any medication aking any non-prescriptione medications taken and the release of all my prehan (approved medical preserved). | t for sea duty been restricte medical prob berform the cos? FOR DUT on or prescrip d the purpose vious medical practioner) I a | ed or revoked lems, disease futies of your Y ON BO/ otion medication e(s) and dosa | es or illnesses designated po ARD SHIP ons? ge(s) | osition/occupatio | n? | d public author | orities of the state of |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you a 40 Do you if 41 Are you a comments: 42 Are you to yes, please list to hereby authorize or Mir Md. Rai isqualify me from MD ARIFE Signa | ever been signed off as ever been hospitalised? ever been declared unfirmedical certificate ever laware that you have any real healthy and fit to pallergic to any medication aking any non-prescription medications taken and the release of all my prehan (approved medical proved | t for sea duty been restricte medical prob berform the cos? FOR DUT on or prescrip d the purpose vious medical practioner) I a | ed or revoked lems, disease futies of your Y ON BO/ otion medication e(s) and dosa | es or illnesses designated po ARD SHIP ons? ge(s) | osition/occupatio | n? | d public author | Orities orities |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you 3 Do you full Are you a comments: 42 Are you to yes, please list thereby authorize or. Mir Md. Rai isqualify me from MD. ARIFU Signal ICAL EXAMINAT | ever been signed off as ever been hospitalised? ever been declared unfit medical certificate ever lever that you have any real healthy and fit to pallergic to any medication aking any non-prescription me medications taken and the release of all my prehan (approved medical provided my employment, benefit as RAHMAN attree of Seafarer TION | for sea duty been restricte medical prob perform the of s? FOR DUT on or prescrip d the purpose vious medical or actioner) I as and claims | ed or revoked lems, disease futies of your Y ON BO/ otion medication e(s) and dosa | es or illnesses designated po ARD SHIP ons? ge(s) | rofessionals, hea | n? Ith institutions and s true and any fals | d public authorse statement | Orities orities |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you 3 Do you full Are you a comments: 42 Are you to yes, please list thereby authorize or. Mir Md. Rai isqualify me from MD. ARIFU Signal ICAL EXAMINAT | ever been signed off as ever been hospitalised? ever been declared unfirmedical certificate ever laware that you have any real healthy and fit to pallergic to any medication aking any non-prescription medications taken and the release of all my prehan (approved medical proved | for sea duty been restricte medical prob perform the of s? FOR DUT on or prescrip d the purpose vious medical or actioner) I as and claims | ed or revoked lems, disease futies of your Y ON BO/ otion medication e(s) and dosa | es or illnesses designated po ARD SHIP ons? ge(s) | rofessionals, hea | n? | d public authorse statement | Orities orities |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you 3 40 Do you 6 41 Are you a comments: 42 Are you to yes, please list to hereby authorize of Dr. Mir Md. Rai isqualify me from MD ARTE Signal CAL EXAMINAT Weight #2 | ever been signed off as ever been hospitalised? ever been declared unfirmedical certificate ever lever that you have any real healthy and fit to pullergic to any medication aking any non-prescriptione medications taken and the release of all my prehan (approved medical prescriptions). RAHWAN iture of Seafarer TON | for sea duty been restricte medical prob perform the of s? FOR DUT on or prescrip d the purpose vious medical or actioner) I as and claims | ed or revoked lems, disease futies of your Y ON BO/ otion medication (s) and dosa all records from also certify the Blood Pressu | es or illnesses designated posses designated pos | rofessionals, hea | on? Ith institutions and strue and any falsonic Strue Strue and any falsonic Strue Stru | d public authorse statement | orities |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you 40 Do you full 41 Are you a comments: 42 Are you to yes, please list to hereby authorize to Dr. Mir Md. Rai isqualify me from MD ARTE Signal ICAL EXAMINATIVeight #2 | ever been signed off as ever been hospitalised? ever been declared unfirmedical certificate ever lever that you have any real healthy and fit to pullergic to any medication aking any non-prescription medications taken and the release of all my prehan (approved medical provided my employment, benefit of Seafarer TON Height (cm) 16 T cm | FOR DUT The purpose of the purpose | ed or revoked lems, disease futies of your Y ON BO/ otion medication (s) and dosa all records from also certify the Blood Pressur Audiometri | es or illnesses designated posses designated pos | rofessionals, heatontained above in the Hearing by | alth institutions and strue and any falsonic So Market | d public authorse statement | orities |
| 35 Have you 36 Have you 37 Have you 38 Has your 39 Are you 3 40 Do you full Are you 3 comments: 42 Are you to yes, please list to yes, yes, yes, yes, yes, yes, yes, yes, | ever been signed off as ever been hospitalised? ever been declared unfirmedical certificate ever level healthy and fit to pallergic to any medication aking any non-prescription medications taken and the release of all my prehan (approved medical proved medical | for sea duty been restricte medical prob perform the of s? FOR DUT on or prescrip d the purpose vious medical or actioner) I as and claims | ed or revoked lems, disease futies of your Y ON BO/ otion medication (s) and dosa all records from also certify the Blood Pressu | es or illnesses designated posses designated pos | rofessionals, heatontained above in Hearing by Adequate | Ith institutions and strue and any falso in the | d public authorse statement | orities |
| 35 Have you 36 Have you 37 Have you 38 Has your 38 Are you 3 Do you full Are you 39 Are you a comments: 42 Are you to yes, please list the yes, please list | ever been signed off as ever been hospitalised? ever been declared unfirmedical certificate ever lever that you have any real healthy and fit to pullergic to any medication aking any non-prescription medications taken and the release of all my prehan (approved medical provided my employment, benefit of Seafarer TON Height (cm) 16 T cm | FOR DUT The purpose of the purpose | ed or revoked lems, disease futies of your Y ON BO/ otion medication (s) and dosa all records from also certify the Blood Pressur Audiometri | es or illnesses designated posses designated pos | rofessionals, heatontained above in the Hearing by | Ith institutions and strue and any falso in the | d public authorse statement | orities |

| | | | sual acuity | | | | | Visual | fields |
|--|--|--|---|--------------|--|----------------------|--|------------|-------------------------------|
| | Ur Right eye | naided Left eye | Right e | Aided eve | Left eye | | Norr | nal | Defective |
| Distant | 616 | 611 | | -,- | | Right ey | e - | | |
| Near | L | 1 | • | 700 | | Lefteve | | | - |
| Visual acuity | meets the sta | andard laid do | wn in STCW (| Code Se | ction A-1/9 | YES IN | | | |
| Colour vision | | | | -E No | ormal I | ☐ Doubtful | | efective | 100 |
| | | | | 10 | JAN 2024 | | | | |
| Date of last of | olaur vision te | est: Date (day | /month/year) | 1,0 | JAN Loca | | | | |
| | | (6) 3/3 | = 38% (7.6 | 5.00 | | | | | - Au |
| | | | | | | rollen | | | La. |
| | | | | | | | | 15.1-5 | Maria Sarah Sarah Sarah Sarah |
| A 300 COM | | | Normal A | Abnorma | | | | N | lormal Abnorma |
| Head | | | | | Varicose v | 0.000.000 | | | 5 0 |
| Sinuses, nose | | | | | | (inc. pedal p | | | T 0 |
| Mouth/teeth | | | - | | | and viscera | | | 19 0 |
| Ears (general | | | | П | Hernia | | | | |
| Tympanic me | mbrane | | | | | rectal exam |) | | |
| Eyes | | | | | G-U syste | | | | |
| Opthalmosco | ру | | | | | d lower extre | | | |
| Pupils | | | | | | S, T/S and L | /S) | | |
| Eye movemen | | | 7.4.8.6.6. | | | c (full brief) | | | |
| Lungs and ch | | | | | Psychiatri | | | | 400 |
| Breast examin | nation | | MA | | General a | ppearance | | - | (F) (D) |
| Heart | | | | | Skin | | -71 | 3.1 | ox / 10 |
| positive service | | | | | | | 25 | | 1115 |
| | | | | | | | 11 | 11 | |
| ESULTS OF A | And the second second second | XAMINATION | | | | - (| 111 | 111 | |
| Chest X-Ray | | (ma) | | MCAL (LI | IVER FUNCTIO | | Manjuana | | sitive Negative |
| ECG | | 11110 | BILIRUBIN | | 0.5 | | Alcohol Test | Po: | sitive Negative |
| | BLOOD R/E | | SGPT | | NI | -11 | JRINE R/E | | MI |
| DC(differentia | | mo | SGOT | | 19 | 110 | The state of the s | OTHERS | |
| HAEMOGLO | | 15-6 | | | ALCOHOL TES | | HBsAg | | activ 🖟 Nonreacti |
| ESR (WESTE | | 08 | Morphine | | Positive N | | HIV / AIDS Test | | activ 🗗 Nonreacti |
| WBC | | 6.500 | Amphetamine | | | | VDRL . | □ Re | activ U Nonreacti |
| BLOOD | D GLUCOSE | | Phencyclidine | 6 / E | Positive Ne | egetive I | Blood Type | | HAVE |
| RANDOM | | 5-30 | Barbiturates | 110 | Positive - Ne | egative I | sychological Exar | n . | MO |
| HBA1C | | SNY | Cocaine | 130 | Positive III No | egative (| Others(KUB Ultrasound | () | ME |
| | | 1811 | 111 | | | | | | |
| reby I declare t | that I am in Rr | nowledge of th | ie contents of | the Phys | sical examinatio | ns: | | | |
| A 40.5 3 | (Da.) | 111 | | | | | | - 1 | 8 JAN 2024 |
| D. ARIFUR | | N C | - | MD | ARIFUR RAHN | | | _ | |
| | arer | _ | | | Name of Seafa | arer | | 1000 | Date |
| mature of Seaf | ardi — | | | | | | | | |
| | N | | | | | | | | |
| sessment of fi | fitness for se | | | Ratual as | | | | | |
| sessment of fi | fitness for se ne examinee's | | :laration, my c | | | | c test results recor | ded abov | re, I declare the |
| sessment of fi | fitness for se ne examinee's | s personal dec | | 1111 | xamination and t | | 903 TF | | |
| sessment of fi | fitness for se ne examinee's | s personal dec | claration, my c | 1111 | | | c lest results recor | | |
| sessment of fi | fitness for se ne examinee's | s personal dec | for lookout du | 1111 | ia draoa r | o YTUC | Not fit for look | | Sign-Lorenzo |
| sessment of fi | fitness for se ne examinee's | s personal dec | | 1111 | Engine septice | o YTUC | Not fit for looke | | Other services |
| sessment of fi the basis of th aminee medica | fitness for se ne examinee's | s personal dec | for lookout dut k service | 1111 | ia draoa r | o YTUC | Not fit for looke | | Other services |
| sessment of fi the basis of th aminee medica | fitness for se ne examinee's | s personal dec | for lookout du | 1111 | Engine service | o YTUC | Not fit for looke | | Other services |
| sessment of fi the basis of th aminee medica | fitness for se ne examinee's ally: | s personal dec | for lookout dut k service | 1111 | Engine septice | 7 | Not fit for looke | | Other services |
| sessment of fi the basis of th aminee medica | fitness for se ne examinee's ally: | s personal dec | for lookout dut k service | ties | Engine service | 7 | Not fit for looke | | Other services |
| aminee medica | fitness for se ne examinee's ally: Without re | s personal dec | for lookout du | ties | Engine septice | 7 ictions | Not fit for looks | out duties | Other services |
| sessment of finite the basis of the basis of the arminee medical | fitness for se ne examinee's ally: Without re | Fit 1 Deck estrictions nedical conditi | for lookout dut | ties | Engine septice | 7 ictions | Not fit for looks | out duties | Other services |
| sessment of fit the basis of the aminee medical fit. | fitness for se ne examinee's ally: Without re | Fit 1 Deck estrictions nedical conditi | for lookout dut | ties | Engine service With restrivated by service | 7 ictions | Not fit for looks Catering service | out duties | Other services |
| sessment of fi the basis of th aminee medica | fitness for se ne examinee's ally: Without re | Fit 1 Deck estrictions nedical conditi | for lookout dut k service cons likely to burd? Yes | ties | Engine septice | 7 ictions | Not fit for looks Catering service | out duties | Other services |
| sessment of fit the basis of the aminee medical fit. | fitness for se ne examinee's ally: Without re | Fit 1 Deck estrictions nedical conditi | for lookout dut | ties | Engine service With restrivated by service | 7 ictions | Not fit for looks Catering service | out duties | Other services |
| sessment of fi the basis of the aminee medica fift the Seafarer free danger the hea | Without re | personal dec | for lookout dut k service cons likely to b ard? Yes | pe aggrav | Engine service With restrice | ictions at sea or to | Not fit for looks Catering service | out duties | Other services |
| sessment of fithe basis of the aminee medical fit the Seafarer free danger the hear | Without re | personal dec | for lookout dut k service cons likely to b ard? Yes | pe aggrav | Engine service With restrice | 7 ictions | Not fit for looks Catering service | out duties | Other services |
| sessment of fit the basis of the aminee medical fit the Seafarer free danger the heat escribe restriction | Without reee from any malth of other pe | personal dec | for lookout dut k service cons likely to b ard? Yes type of ship, tr | pe aggrav | Engine service With restrice | ictions at sea or to | Not fit for looks Catering service | out duties | Other services |
| sessment of fi the basis of the aminee medica fift the Seafarer free danger the hea | Without reee from any malth of other pe | personal dec | for lookout dut k service cons likely to b ard? Yes type of ship, tr | pe aggrav | Engine service With restrice | ictions at sea or to | Not fit for looks Catering service | out duties | Other services |
| sessment of fit the basis of the aminee medical fit the Seafarer free danger the heat escribe restriction taken by m | Without reset from any malth of other persons (e.g., spennedical examinations) | personal dec | for lookout dut k service ions likely to b ird? Yes type of ship, tr | pe aggrav | Engine sep/ce With restrivated by service No a): | ictions at sea or to | Not fit for looks Catering service | out duties | Other services |
| sessment of fit the basis of the aminee medical fit the Seafarer free danger the heat scribe restriction | Without reset from any malth of other persons (e.g., spennedical examinations) | personal dec | for lookout dut k service ions likely to b ird? Yes type of ship, tr | pe aggrav | Engine service With restrivated by service No a): | ictions at sea or to | Not fit for looks Catering service | out duties | Other services |
| sessment of fithe basis of the basis of the aminee medical fit the Seafarer free danger the heat scribe restriction taken by m | Without reset from any malth of other persons (e.g., spennedical examinations) | personal dec | for lookout dut k service ions likely to b ird? Yes type of ship, tr | pe aggrav | Engine sep/ce With restrivated by service No a): | ictions at sea or to | Not fit for looks Catering service | out duties | Other services |

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

| SURNAME | | | GIVEN NAME | (S) | | | |
|--|--|--|--|----------------------------------|---|--|------------|
| ARIF | | | MD. ARIFU | R RAHMAN | | *Ae- | |
| DATE OF BIRTH | | | PLACE OF B | IRTH | | 4 | 74 |
| 8 | 19 | 1993 | DHAKA | | BANGLADESH | SEX - | |
| MONTH | DAY | YEAR | CITY | | COUNTRY | MALE: | FEMALE |
| EXAMINATION FO MASTER DECK OFFIC ENGINEERIN RADIO OFFIC RATING | ER E | | | DRESS OF AF KHILGAON,I SH. | | | |
| MEDICAL I | EXAMINATION | (SEE REVERSE SIDE F | OR MEDICAL REQ | UIREMENTS) ST | ATE DETAILS OF | N REVERSE SID | Œ |
| HEIGHT WEIGHT | | PRESSURE PU | TE G/M | RESPIRATION 19 | 8/min GENERAL | APPEARANCE | |
| VISION: | RIGHT EYE | LEFT EYE | 100/ | HEARING: | 1. 401 | | |
| WITHOUT GLASSES WITH GLASSES | | 66 | | RT. EAR | My III | FT EAR | 10-M |
| COLOR TEST TY | PE: BOOK | LANTERN DIS | COLOR TEST NO | DRMAI2 Y | es 🔲 No (IF "NO | " EXPLAIN ON F | AGE 2) |
| ARE GLASSES OR CO | NTACT LENSES | NECESSARY TO N | MEET THE REQ | UIRED VISIO | N STANDARD? Ye | □ No- | |
| HEAD AND NECK | | | | | CARDIOVASCUL | 101 (100 to 100 | |
| Normy | | | | | Non | 117.00 | |
| LUNGS | | Norm | u [| | CK/NAVIGATIONAL OF PAIRED FOR NORMAL V | FICER AND RADIO O | |
| EXTREMITIES: UPP | ER | Nonme | 1 | LOWER | | nonmal | 09. |
| IS APPLICANT VACCIN | ATED IN ACCORD. | ANCE WITH WHO R | ECOMMENDATI | ONS? Yes | No 🗌 | | |
| IS APPLICANT SUFFERING AT SEA OR LIKELY TO EN | | | | KING ABOARD A | VESSEL, OR TO RENDI | ER HIM/HER UNFIT I | OR SERVICE |
| IF YES, PLEASE ENTER EX | PLANATION IN THE | SECTION AT THE BOT | TOM OF ON PAGE | 2 | | | |
| IS APPLICANT TAKING AN | NY NON-PRESCRIPTION | ON OR PRESCRIPTION | MEDICATIONS? | YES NO | | | -745 |
| HD -ARIE | The state of the s | .a | | | N 2024 | 17 JAN 20 | 026 |
| THIS SIGNATURE SHOU | SIGNATURE OF APP | | EVALUATING INTO | DATE OF EXAMI | NATION | EXPIRY DAT | E |
| THIS IS TO CERTIFY | | | | | MD. ARIFUR RAH | MAN ARIF | |
| | 18 | T FOR DUTY | ON BOARD | SHIP | NAME OF APPL | ICANT | _ |
| THIS APPLICANT IS | | The state of the s | Contract of the Contract of th | | DOKS): YEST | NO O | |
| | ID TO BE FIT | NOT FIT FOR DUT | ΓY AS A□ MAS | TER / DECK | OFFICER ENGIN | EERING OFFICER | <i>I</i> , |
| NAME AND DEGREE OF | F PHYSICIAN | DR. MIR MD. I | RAIHAN; M.E | B.B.S(D.U.), D | FM , REG. NO. A | -55144 | |
| ADDRESS REDICA | L HOSPITALS L | IMITED 35,SHAH | MAKHDUM A | VENUE SECT | OR -12 UTTARA | DHAKA-1230. | - 30 |
| NAME OF PHYSICIAN'S | | | DG SHIPPING | | | | |
| DATE OF ISSUE OF PHY | SICIAN'S CERTIFIC | CATE 6-May-2 | 2014 | | The same of the | SECRETAL | |
| SIGNATURE OF PHYSIC | IAN | 1/- | | | | 18 JAN 2 | 2024 |
| A CANADA CAN | 35500000 | MUS | | | | DATE | |
| This sadiffication 11 | 4 2 50 16 | | 11. | | E | A CONTRACTOR OF THE PARTY OF TH | erm and |

his certificate is issued by authority of the Maritime Administrator and in compliance with the requirement to the property of the Maritime Administrator and in compliance with the requirement of the property of the Maritime Administrator and in compliance with the requirement of the property of the Maritime Administrator and in compliance with the requirement of the property of the Maritime Administrator and in compliance with the requirement of the property of the Maritime Administrator and in compliance with the requirement of the property of the Maritime Administrator and in compliance with the requirement of the property of the Maritime Administrator and in compliance with the requirement of the property of the Maritime Administrator and in compliance with the requirement of the property of the Maritime Administrator and in compliance with the requirement of the property of the property of the Maritime Administrator and the property of the

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.

MI-105M

MEDICAL REQUIREMENTS

All applicants for an officer certificate. Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. 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 hody faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's 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 whispered voice in better ear at 15 feet (4.57 m) and in poorer car at 5 feet (1.52 m).
- (b) Eyesight
 - Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40 (0.50) in
 the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color
 perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E.
 Standards 1 or 2.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (c) Voice
 - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (t) Vaccinations
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should 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 use of narcotics.
- (h) Physical Requirements
 - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

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 scafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right 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 an equivalent form. (See RMI MG 7-47-1, §3.3).

- 1. COMPLETE PHYSICAL EXAMINATION. INCLUDING HEARING TEST.
- 2. PATHOLOGICAL EXAMINAT A) Complete Blood Count. B) Blood Sugar Estemation C) Serological Test(VDRL)
 - D) Hepatitis B Sarface Antegen Test(HbsAg), E) Urinlysis F) Drug Test G) Alcohol Test/
- 3. X RAY EXR PA VIEW
- 4. E.C.G. TEST
- 5. EYE EXAMINATION FOR V/A & C/V

As Por-MIC 2008

DR. MIR. MD. RAIHAN
MB8S (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
BG Stripping Bangladesh Approved
General Physician
Radical Hospitals Lighted 5M

18 JAN 2024



Medical Exam Form CONFIDENTIALFORM Pre-seaExam ☐ PeriodicExam [

| Nam | e (last,first,middle): ARIF MD A | RIFU | R RAHMA | N | | | 200 |
|-------|--|----------|-------------|-------------|------------------------------|-------|------|
| Date | of birth (day/month/year): 19-08-1 | 993 | Sex: | ma | ile female | E | |
| Hon | ne address: 69/1,SOUTH KHILGAON | ,DHA | KA-1219, B | ANG | LADESH | | |
| Pass | port No./Discharge Book No.: A12 | 52411 | 14 | | | | |
| Depa | artment (deck/engine/radio/food ha | ndling | other): EN | NGIN | E | | |
| Rout | tine and emergency duties (if know | n). | | | | | |
| | e of ship (eg. Bulkcarrier, chemica | | as tanker | conts | iner other cargo ships): OII | /CHEM | ICAL |
| | | | | | | CHEW | ICAL |
| | KER Trade area (e.g., coastal, trop | oicai, v | voridwide) | : <u>wo</u> | KLDWIDE | | |
| (Ass | minee's personal declaration istanceshould beoffered bymedic veyou ever had anyof thefollowi | 41 0.0 | Service Co. | | | | |
| | Condition | Yes | No | | Condition | Yes | No |
| 1. | Eye/vision problem | | | 18. | Sleepingproblems | | |
| 2. | High blood pressure | | | 19. | Do you smoke? | | 4 |
| 3. | Heart/vasculardisease | | 9 | 20. | Operation/surgery | | |
| 4. | Heart surgery | | 9 | 21. | Epilepsy/seizures | | Ď, |
| 5. | Varicose veins | | | 22. | Dizziness/fainting | | ď |
| 6. | Asthma/bronchitis | | 0 | 23. | Loss of consciousness | | 0 |
| 7. | Blood disorder | | 0 | 24. | Psychiatricproblems | | |
| 8. | Diabetes | | | 25. | Depression | | 3 |
| 9. | Thyroid problem | | | 26. | Attempted suicide | | |
| 10. | Digestivedisorder | | | 27. | Loss of memory | | 0 |
| 11. | Kidneyproblem | | | 28. | Balanceproblem | | |
| 12. | Skin problem | | ď, | 29. | Severeheadaches | | J |
| 13. | Allergies | | | 30. | Ear/nose/throat problems | | 4 |
| 14. | Infectious/contagious diseases | | G | 31. | Restricted mobility | | J |
| 15. | Hernia | | 4 | 32. | Back problems | | D |
| 16. | Genital disorders | | 4 | 33. | Amputation | | P |
| 17. | Pregnancy | | MAR | 34. | Fractures/dislocations | | U |
| If an | yof theabovequestions wereanswe | red "y | es," please | give | details below. | | |





| Add | litional questions | | |
|-------|--|--|---------------|
| 35. | Haveyou ever been signed offas sick or repatriated from a si | | es No |
| 36. | Haveyou ever been hospitalized? | | |
| 37. | Haveyou ever been declared unfit forseaduty? | | |
| 38. | Has your medical certificate ever been restricted or revoked | ? | 7 7 |
| 39. | Areyou awarethat you have anymedical problems, diseases | or illnesses? |] P |
| 40. | Do you feel healthyand fit to perform theduties of your designosition/occupation? | gnated | 7 0 |
| 41. | Areyou allergic to anymedications? | |] [|
| 42 | FIT FOR DUTY ON BOARD SHIP | | |
| 42. | Areyou takinganynon-prescription or prescription medicatio | ns? | |
| Ihere | ebycertifythat the personal declaration aboveis a truestatemen | t to thebest of myknowk | edge. |
| Sign | natureof examinee: | | |
| Date | (day/month/year): 18 JAN 2024 | OR, MIR. MD. RAIHA | |
| Witr | nessed by: (Signature) | BBS (DU), DFM, CCD (Birdem), PGT (Oph BMDC A-55144, MMC-BGD-01 G Shipping Bangladesh Approve | 6 |
| | ne:(Typed or printed) | General Physician Radical Hospitals Limited. | |
| insti | ebyauthorizethereleaseofallmypreviousmedicalrecordsfroman tutions and public authorities to Dr ical examiner). | | lth proved |
| Sign | atureof examinee: | talk and a rec | |
| Date | (day/month/year):// | DR. MIR. MD. RAIL | HAN |
| Witn | nessed by: (Signature) | MBBS (DU), DFM, CCD (Birdem), PGT BMDC A-55144, MMC-BGD | (Ophth) |
| Nam | e:(Typed or printed) | DG Shipping Bangladesh App General Physician Radical Hospitals Limited | |
| Date | & Contact details for previous medical examination (if know | m)-) | |

Rev. 03

MEDICAL EXAMINATION

| 63 | | | | * | | 4 |
|----|---|---|---|---|---|---|
| 5 | I | ٤ | , | İ | 1 | 1 |

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

| Right Left eye Binocular eye eye Binocular eye Left eye Distant 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | | | | | | | | | | | 4. | |
|--|----------|---------------|----------|--------------|--------|--------|-----------|----------------|--------|-----------|------------|-------------------|
| Right eye Binocular eye eye Binocular Right eye Left eye | | | | Visual Acu | uity | | | in the same of | | | Visua | al fields |
| Pure tone and audio metry (threshold values in dB) Speech and whisper test (metres) | | Unaided | | | Aid | ed | | | | | Normal | Defectiv |
| Distant G G G G G G G G G | | N. 1979. 19 | | | | | | | | Right | - | |
| Not tested | D. L. | | | Binocular | eye | | eye | Binocu | lar | | | |
| Colorvision: Not tested Normal Doubtful Defective Hearing Pure tone and audio metry (threshold values in dB) Speech and whisper test (metres) 500 Hz 1,000 Hz 2,000 Hz 3,000 Hz Right ear Left ear 20 20 20 Right (kg) 73 (kg) Pulse rate (/minute) Rhythm: Rhythm: Left ear | No. | 0/0 | 400 | | - | | - | | | Left eye | | |
| Hearing | Near | 50 | 15 | | 4 | | - | | | | | |
| Pure tone and audio metry (threshold values in dB) 500 Hz | | | □ No | ot tested | Ę | Non | rmal | □Do | ubtfu | 1 [| Defectiv | /e |
| Right ear 20 20 20 20 Right ear Left ear 4 Pefformed on (day/month/year): 18 JAN 2024 | | Pure tone | and audi | o metry (thr | eshold | value | s in dB) | | | | whisper to | est |
| Right ear Left ear | | 500 Hz | 1,000 Hz | 2,000 | Hz | 3,00 | 0 Hz | | | | Normal | Whisper |
| Height: 167 (cm) Weight: (kg) 73 (kg) Pulse rate 167 (/minute) Rhythm: 167 (cm) Height: 167 (cm) Weight: (kg) 73 (kg) Pulse rate 167 (/minute) Rhythm: 168 (cm) | | | 20 | 2 | 3 | | | | F | Right ear | Ч | 4 |
| Blood pressure: Systolic: 2.0 (mm Hg) Diastolic: 6.0 (mm Hg) Normal Abnormal Head Skin Sinuses, nose, throat Varicose veins Mouth/teeth Vascular(inc. pedal pulses) Ears (general) Abdomen and viscera Tympanicmembrane Hernia Eyes Anus (not rectal exam.) Opthalmoscopy Pupils Upper and lower extremities Eyemovement Spine (C/S, T/S and L/S) Lungs and chest Neurologic (full brief) Breast examination Psychiatric Heart General appearance Chest X-ray: Not performed Performed on (day/month/year): 18 JAN 2024 | Left ear | 20 | 2 | 2 | 0 | | | | | | 9 | 4 |
| Mouth/teeth | | | aroot (| - - | _ | | | voise | | _ | 7- | |
| Sinuses, nose, throat | Head | | 5.15 | | | | Skin | | | 1101 | 11111 2101 | |
| Ears (general) | Sinus | ses, nose, th | nroat [| 3 | | | Varicose | veins | | [. | 7 | |
| Tympanicmembrane Eyes Anus (not rectal exam.) Opthalmoscopy Pupils Upper and lower extremities Eyemovement Spine (C/S, T/S and L/S) Lungs and chest Neurologic (full brief) Breast examination Psychiatric General appearance Chest X-ray: Not performed | Mout | th/teeth | 1 | | | 23 | Vascular(| (inc. peda | l puls | es) | 7 | П |
| Eyes | Ears | (general) | Í | | | | Abdomer | and visc | era | | 7 | П |
| Opthalmoscopy Pupils Upper and lower extremities Eyemovement Spine (C/S, T/S and L/S) Lungs and chest Neurologic (full brief) Breast examination Psychiatric Heart General appearance Chest X-ray: Not performed Performed on (day/month/year): Not performed Performed on (day/month/year): | Tym | panicmemb | rane [| 7 6 | Ē | | Hernia | | | F | 7 | Ħ |
| Pupils | Eyes | | ŀ | 쿠 F | ╡ | ,,, | Anus (no | t rectal ex | am.) | E | \$ | 昌 |
| Eyemovement Spine (C/S, T/S and L/S) Lungs and chest Neurologic (full brief) Breast examination Psychiatric Heart General appearance Chest X-ray: Not performed Performed on (day/month/year): 18 JAN 2024 | Opth | almoscopy | | 7 [| 3 | | G-U syste | em | | | 1 | Ħ |
| Lungs and chest Neurologic (full brief) Breast examination Psychiatric Heart General appearance Chest X-ray: Not performed Performed on (day/month/year): 18 JAN 2024 | Pupil | S | [| 7 | | j | Upper an | d lower ex | xtrem | ities [| 7 | |
| Breast examination Psychiatric Heart General appearance Chest X-ray: Not performed Performed on (day/month/year): / 18 JAN 2024 | Eyen | novement | [| 7 | - Ail | | Spine (C/ | S, T/S an | d L/S |) [| 7 | \Box |
| Heart General appearance Chest X-ray: Not performed Performed on (day/month/year): / 18 JAN 2024 | Lung | s and chest | [| 3 [| | | Neurolog | ic (full br | ief) | Γ | Y | |
| Chest X-ray: Not performed Performed on (day/month/year): / 18 JAN 2024 | Breas | st examinat | ion M | 71A- [| | | Psychiatr | ic | | | 9 | $\overline{\Box}$ |
| | Heart | Lg . | [| ع ا | | | General a | ppearance | e | | | |
| Results: Normal chat Kry | Ches | t X-ray: [| Not pe | erformed - | Pe | erforn | ned on (d | ay/month | /year) |):/_ | 18 JAN | 2024 |
| | Re | esults: | , | Nonm | y | | che | 31 | K | w | | |
| | | | | | 100 | | | 5.4.6 | , | / | | |

As Per-MIC-2008

BERNHARD SCHULTE SHIPMANAGEMENT

Form No: QHSE PSRM 18

| Urinalysis: | Glucose: ∧ | Protein: | N1,) | | |
|-----------------------------------|-------------------------------------|---|--------------------|---------------|--|
| Blood Analys | sis: Hepatitis B T Immunodefic | est Negelve | V.D.R.L_lies | Non Re | uelie |
| Other diag | gnostic test(s) and 1001 + 01 | d result(s): Visce Resul | Nonna | el. | \$2. |
| Medical Examir | ners comments: | FM FOR DUTY | ON BOARD SHIP | | |
| Vaccinati | on status recorded | 1: DYes No | | | |
| | | Assessment of fitne | ess forserviceat s | ea | |
| | | e's personal declarati clarethe examineeme | | amination and | the diagnostic |
| | Fit fo | r lookout duty | Not fit for look-o | ut duty | |
| | Deck service | Engine service | Cateringservice | | Other service |
| Fit | | 4 | | | |
| Unfit | | | _ ⊔ | | |
| | Witho | out restrictions | With re | estrictions | |
| | Visual aid | required: Yes [| | | |
| Describe restrict | tions (eg. Specific p | oositions, type of ship, | trade area) | | Mary 1 |
| Action tal | ken bymedical exa | aminer (e.g., referral) | : | 7100 | |
| Medical c | ertificate's dateof | expiration (day/mon | th/year): / 17 | JAN 2026 | |
| | amination (day/m | 18 1 | AN 2024 | | |
| Date ofex | | | al etamp: | 214 | |
| | of Medical Certific | cate: Officia | ii staiip. | | |
| Number o | and a strength of the street series | | stamp. | DR. MIR | . MD. RAIHA |
| Number o | of Medical Certific | titioner: | Two | DG Shipping | . MD. RAIHA .CCD (Birdem), PGT (Opl 144, MMC-BGD-01 Bangladesh Approv |
| Number of Signature Name of | of Medical Certific | titioner:er: | Two | DG Shipping | 144. MMC-RGD-0 |





| | SEAFARER'S MEDICAL | L EXAMINATION REPORT/C | ERTIFICATE | |
|--|--|--|---|----------------------------|
| This certificate is issued by authority of LONo 733 as amended STCW 6 | theMaritimeAdministratoranding | FIDENTIAL DOCUMENT compliance with the requirements of the Maritime Labour Convention, 2006 | ledicalExamination(5 | Seafarers)Convention1946(1 |
| SURNAME ARIF | t. | GIVEN NAME(S) MD ARIFUR RAHMAN | | * **** |
| NATIONALITY | | | | 2 |
| BANGLADESHI | | ID DOCUMENT NO: C/O/7574 | | 94. |
| DATE OF BIRTH | | PLACE OF BIRTH | 5500 | SEX |
| 19 - MONTH | 08 1993 DAY YEAR | | BANGLADESH | MALE FEMA |
| EXAMINATION FOR DUTY MASTER DECK OFFICER ENGINEERING OFFIC RADIO OFFICER RATING | | MAILING ADDRESS OF APPLICANT | | BANGLADESH |
| DECLARATION OF APPROVED N I CONFIRM THAT IDENTIFICATION | MEDICAL PRACTIONER: ON DOCUMENTS WERE CHECKE | D: YES/NO | | |
| MEDICAL EXA | MINATION (SEE LAST PAGE F | OR MEDICAL REQUIREMENTS) STAT | E DETAILS ON RE | VERSE SIDE |
| HEIGHT WEIGHT | BLOOD PRESSURE PULSE | G 8/min RESPIRATION | GENERAL APPEAR | ANCE |
| | OOKTANTERNCHEC | K IF COLOR TEST IS NORMAL - YELLO | W RED TO | |
| ARE GLASSES OR CONTACT | LENSES NECESSARY TO MEE | T THE REQUIRED VISION STANDA | RD? YES | No 🖯 |
| HEAD AND NECK | Honm | HEART (CARDIO | VASCULAR) | mj |
| LUNGS | Nonm | SPEECH (DECK/NA IS SPEECH UNIMPAIRED | VIGATIONAL OFFICE FOR NORMAL VOICE COM | R AND RADIO OFFICER) |
| EXTREMITIES: UPPER | Honm | LOWER | | Nonmy |
| IS APPLICANT VACCINATED | IN ACCORDANCE WITH WH | O RECOMMENDATIONS? | YES | No 🗌 |
| | | BE AGGRAVATED BY WORKING A | | |
| IS APPLICANT TAKING ANY I | NON-PRESCRIPTION OR PRES | SCRIPTION MEDICATIONS? | YES 🗌 | No. |
| HD. ARIFUR RAH | ues) | | | 18 JAN 2024 |
| _ (| SIGNATURE OF APPLICANT IXED IN THE PRESENCE OF THE EXAN | AINING PHISTON. | DATE | |



| THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: | MD ARIFU | JR RAHMAN ARIF |
|--|----------------------------|-----------------|
| | | F APPLICANT |
| THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES | No 🗌 | The . |
| SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICE) | R / ENGINEERING OFFICER / | RADIO OFFICER / |
| RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTION | NS: | LE. |
| NAME AND DEGREE OF PHYSICIAN NAME AND DEGREE OF PHYSICIAN DR. MIR. MD. RAII MBBS (DU), DFM, CCD (Birdem), PGF BMDC A-55144, MMC-BGC DG Shipp.ng Bangladesh App General Physician Radical Hospitals Limited Ultara, Dhaka, Bangladesh | (Ophth) 0-016 proved | |
| NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY | ANA BD | |
| DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE | M972019 | / |
| SIGNATURE OF PHYSICIAN : | | |
| DATE OF EXAMINATION: | C PART I | d gaz |
| EXPIRY DATE OF CERTIFICATE: 17 JAN 2026 | | |
| The state of the s | | |
| SEAFARER ACKNOWLEDGMENT | - Taring | |
| , MD ARIFUR RAHMAN ARIF (NAME OF SEAFARER), CONFIRM TH | IAT I HAVE BEEN INFO | DRMED OF THE |



MEDICALREQUIREMENTS

Allapplicants/foranofficercertificate.Seafarer's Identification and Record Book or certification of special qualifications shall be required tohaveaphysical examinationreported certificated physician The completedmedical formmust onthis Medical Formcompleted hva accompanytheapplication for office restricate, application for sealarer's identity document, or application for certification of special immediately preceding applications for an officer qualifications. Thisphysical examination must be carried out not more than 24 months certificate, certification of special qualifications or ascafarer's book. The examination shall be conducted in accordance with the HealthOrganization, Guidelines for Conducting Pre-sea and Pertodic Medical Fitness International Labor Organization World ExaminationsforSeafarers(ILO WHO/D.2/1997. Suchproofofexaminationmustestablishthatthe... applicantisinsatisfactoryphysicaland mentalconditionforthespecificdutyassignmentundertakenandisgenerallyinpossessionofall body faculties necessary inful filling the requirements of the seafaring profession.

Inconducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcoholor drug-related problems and/or injuries. In addition, the following minimum requirements shall apply.

- (a) Hearing
 - Allapplicantsmusthavehearingunimpairedfornormalsoundsandbecapableofhearingawhisperedvoiceinbetterearat15 feet (4.57m) andin poorer ear at 5feet (1.52m).
- (b) Eyesight
 - Deckofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/20(1.00)visioninonecycandatleast20/40 (0.50)intheother. Ifthe applicant wears glasses, hemust havevisionwithoutglasses ofat least 20/160(0.13) in botheyes. Deckofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingtheolorsred,green,blueand yellow.
 - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninoneeyeandat least20/50(0.40)intheother Iftheapplicantwearsglasses, hemusthavevisionwithoutglassesofatleast20/200(0.10)in botheyes. Engineer andradio officer applicants must also be ableto perceivethe colors red, yellowandgreen.
- (c) Dental
 - Seafarers must befreefrominfections ofthemouthcavityor gums.
- (d) BloodPressure
 - Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration.
- (e) Voice
 - Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunimpairedfornormalvoice communication.
- (f) Vaccinations
 - AllapplicantsshallbevaccinatedaccordingtotherequirementsindicatedintheWHOpublication,InternationalTraveland Health,VaccinationRequirementsandHealthAdvice,andshallbegivenadvicebythecertifiedphysicianonimmunizations.
 Ifnewvaccinations aregiven, theseshall berecorded.
- (9) Diseases or Conditions
 - Applicantsafflictedwithanyofthefollowing diseases or conditions shall be disqualified epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/ortheuse of narcotics.
- (h) Physical Requirements
 - Applicantsforableseaman,bosun,GP-1,ordinaryseamanandjuniorordinaryseamanmustmeetthephysicalrequirementsfor adeck/navigational officer's certificate.
 - Applicants for fireman/watertender,oiler/motor,pumpman,electrician,wiper,tanker rating andsurvivaleraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate.

IMPORTANTNOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. 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 right of a copy to his/report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

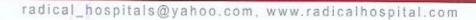
EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided. Medical Exam Form).

18 JAN 2024



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.





Id No : 0315

Patient's Name: MD ARIFUR RAHMAN ARIF

Date: 18-Jan-2024

D.Date: 18-Jan-2024

Age: 30Y 4M 29D

Gender: Male

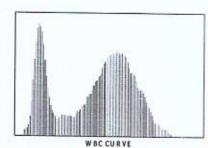
Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C/O/ 7574

Haematology Report

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

| Parameter Name | Results | Reference Range | | |
|-----------------------------|--|--|--|--|
| Hemoglobin (Hb) | 15.6 gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. | | |
| ESR(Westergreen) | 08 mm/1st hr | Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr. | | |
| Total WBC Count(TC) | 6,500 /cumm Adult: 4000 - 11000/cumm Children: 5,000-15,000/cum Infant(One Year): 6,000-18,000/cumm | | | |
| Differential WBC Count (DC) | | oyooo zoyoooy caniin | | |
| Neutrophils | 69 % | Child: 25-66 %, Adult: 40-75 % | | |
| Lymphocytes | 26 % | 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 | 130 /cumm | 50-450/cumm | | |
| Total RBC Count | 4.84 m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul | | |
| HCT/PCV | 38.7 % | M: 40-54%, F:37-47% | | |
| MCV | 80.0 fL | 76 - 94 fL | | |
| MCH | 32.2 pg | 27 - 32 pg | | |
| MCHC | 40.3 g/dL | 29 - 34 g/dL | | |
| RDW | 13.7 % | 11 - 16 % | | |
| PDW | 13.0 fL | 35 - 56 fl | | |
| Total Platelete Count (PC) | 2,97,000 /cumm | 150,000-450,000/cumm | | |
| MPV | 7.9 fL | 7.0 - 11.0 fL | | |
| PCT | 0.235 % | 0.1 - 0.% | | |
| Bledding Time(BT) | % | 10 - 18 % | | |
| Cloting Time(CT) | % | 0.1- 0.2 % | | |



RBC CURVE

PLT CURVE

Checked By Medical Technologist

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU) Associate Professor Dept. Of Microbiology East West Medical College & Hospital.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

| Bill No | DIA24010315 | Received D | ate 18/01 | 12024 |
|----------------|--|--------------|------------|----------|
| Patient's Name | MD ARIFUR RAHMAN ARIF | received D | ale 10/01 | 12024 |
| Patient's Age | 30Y 4M 29D | Pat | ient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT | | CDC NO | C/O/7574 |
| Sample | BLOOD | (=)0/,5/ 11/ | CDC NO | C/O/75/4 |

BIOCHEMISTRY REPORT

| <u>Test Name</u> | Result | Reference Range |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.5 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total) | 0.51 mg/dl | 0.2 - 1.1 mg/dl |
| Serum AST (SGOT) | 19.0 U/L | Up to 37 U/L |
| HbA1C | 5.1 % | 4.2 - 6.7 % |
| | | |

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 Hospital Ltd.

RADICAL

radical_hospitals@yahoo.com, www.radicalhospital.com

| Bill No | DIA24010315 | Received Date 18/01/20 | | | |
|----------------|--|------------------------|----------|----------|--|
| Patient's Name | MD ARIFUR RAHMAN ARIF | | | | |
| Patient's Age | 30Y 4M 29D | Patier | it's Sex | Male | |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO | | | C/O/7574 | |
| Sample | BLOOD | | | 0.07771 | |

SEROLOGICAL REPORT

Test Name Result

| Negative | |
|--------------|--|
| Negative | |
| Non-reactive | |
| AL A | |
| "A" (+ve) | |
| Positive | |
| | |

Checked By

Medical Technologist. Radical Hospital Ltd.



radical_hospitals@yahoo.com, www.radicalhospital.com

Test Name

| Bill No | DIA24010315 | Receive | Received Date 18/01/2 | | 2024 | |
|----------------|----------------------------------|-----------------------|-----------------------|-------|----------|--|
| Patient's Name | MD ARIFUR RAHMAN ARIF | | | 1 | -021 | |
| Patient's Age | 30Y 4M 29D | Patient's Sex | | | Male | |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD | (BIRDEM),PGT(Eye),DFI | M C | DC NO | C/O/7574 | |
| Sample | URINE | | | | CIGITOT | |

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.



radical_hospitals@yahoo.com, www.radicalhospital.com

| Bill No | DIA24010315 | Received Date 18/01/2 | | 2024 | |
|----------------|---|------------------------|----|-------|----------|
| Patient's Name | MD ARIFUR RAHMAN ARIF | | | 199 | |
| Patient's Age | 30Y 4M 29D | 7 4M 29D Patient's Sex | | Male | |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDER | M),PGT(Eye),DFM | CI | DC NO | C/O/7574 |
| Sample | URINE | - Allendary | | 1.0 | 0,01,01 |

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

| Quantity | Sufficient | CELLS / HPF | |
|------------|------------|-------------|---------|
| Colo | Straw | RBC | Nil |
| Appearance | Clear | Pus Cells | 0-2/HPF |
| Sediment | Nil | Epithelial | 1-3/HPF |

CHEMICAL EXAMINATION CASTS / LPF

| Reaction | Acidic | | RBC | Nil |
|-----------------|--------|---|------------|-----|
| Albumin | Nil | | WBC | Nil |
| Sugar | Nil | 1 | Epithelial | Nil |
| Ex.Phosphate Ni | 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.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

| Patient's Name | | MD ARIFUR RAHMAN ARIF | | |
|----------------|---|--------------------------------------|-----------------|--------------|
| Age | : | 30 Yrs | Date | : 18/01/2024 |
| Sex | : | Male | CDC NO:C/O/7574 | |
| 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 /Goød /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 /ESFF |
| 4. Watson Glaser test(Critical Thinking Test) | A A |
| 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



radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. NORD MINAMI DATE: 18/01/2024

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

EYE EXAMINATION REPORT

NAME: MD ARIFUR RAHMAN ARIF RANK: 4TH ENG CDC NO: C/O/7574

VISUAL ACUITY:

RIGHT

LEFT

666

UNAIDED

AIDED

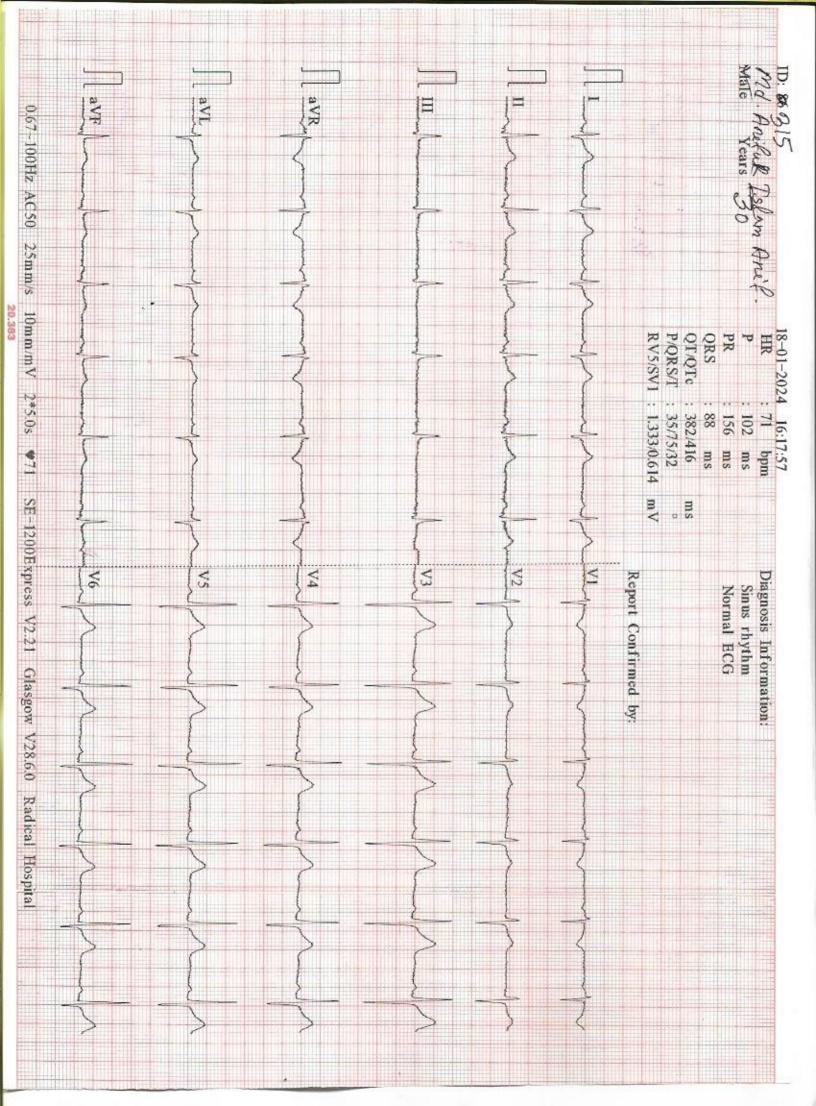
COLOUR VISION:

NORMAL / BLIND

OPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX) East west Medical College & Hospital





radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24010315 Receive:18/01/2024 Print: 18/01/2024

Patient's Name : MD ARIFUR RAHMAN ARIF

Age : 30 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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows DARIFUR RAHMAN

Date of birth 19-AUG-1993 Sex MALE

has on the date indicated been vaccinated or revaccinated against yellow-fever

| Date | Signature and Professional status of vaccinator | Origin and batch no, of vaccine | Official stamp of vaccination centre |
|--|--|--|---|
| W. W | 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. | TEVER LA PORTION DE LA NO DELLA NO DELL | 35, Shah Makhdum Avenue Uttera, Dhaka |
| No. | ° | | Ş |
| 2 | | | |
| 3 | 6 - 20 1 0 - 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 3 4 |
| 432 | | A The section | |

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated 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 date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows

Date of birth 19-AUG-1993 Sex MALE

MD. ARIFUR RAHMAN ARIF (40/75

has on the date indicated been vaccinated or revaccinated against Cholera Date Signature and Professional Approved Stamp status of vaccinator 18 JAH 2014 DR. MIR. MD. RAIHAN Avenue MBBS (DU), DFM, CCD (Birdem), PGT (Ophth Littara, Dhaka BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited. 2 3 3 4 4 5 5 6 6 7 7 8 8

Continued overleaf Suite our erso

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

Form No: SMC

I have read the contents of the certificate

and have been informed of the right to

review.

MD. ARIFUR

Seafarer's Signature



SLNO. 04.2024.5664

DR. MTR. 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:

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 ARIF First MD. ARIFUR | Middle KAHHAN |
| Gender: (Male/Female) HALE Nationality: BANG LA | DESHI Date: 18 JAN 2024 |
| Occupation: Deck/Engine/Catering/Other (specify) | 가게 되었다. 보고 있다. 그리는 그는 |
| Father's/ Husbad'sname: HD. ABDUS SoBHAN | |
| Mother's Name: MARIA AKSAR | [2] 로마리아 (SAP) |
| Address: House No:Street/ Road No: | 4 to 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| Locality/Village: DARIGAON | NID No. 3723 552125 |
| PO BIJOY NAGAR | Date of Birth: 19/08/1993 |
| PS: HOHNA | (DD/MM/YYYY) |
| District: CUHILLA | |
| DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: | |
| I am duly authorized by the Department of Shipping, Government | nt of the People's Republic of Bangladesh and confirm |
| the followings: | |
| Confirmation that identification documents were checked at the | |
| Hearing meets the standards in section A-I/9 | ¥ES/NO |
| 3. Unaided hearing satisfactory? | /YES/NO |
| 4. Visual acuity meets standards in section A-I/9? | ; YES/NO |
| Colour vision meets standards in section A-I/9? | :XES/NO |
| Date of last colour vision test | 1 8 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 | y other persons on board? |
| 8. Any limitations or restrictions on fitness? | :YES/NO |
| If YES, specify limitations or restrictions: | |
| Duties: Location/Vessel: Medical/Other: RADICAL HOSPITAL LIMITED Uttora Chitha Bangiadash | |
| 9. Medical fitness category : FIt-No restriction F | Fit-Subject to restrictions Unfit |
| 40.5 / / / / / / / / / / / / / / / / / / / | |
| 10. Date of examination/Issue (DD/MM/YYYY) | |
| 11. Date of expiry (DD/MM/YYYY) | ore than 2 years from the date of examination". |
| | |

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 application 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 infections 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, International 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.

1 8 JAN 2024

2. Pathological Examination:

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

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