

## HAQUE & SONS LTD.

Accredited By : BMDC Accreditation No. A-55144

### MEDICAL EXAMINATION CERTIFICATE

PATIENT CONTROL NUMBER
HSL-003186

JRNAM	KHAN	The Additional Control of the Contro	OHAMMED N	AZMUL ALAM	м	MIDDLE NAME		
ACE AI	ND DATE OF BIRTH	PASSPOR	RT NUMBER			SEAMAN'S BOO	OK NUMBER	95
TIONIA	9-Aug-1992		EH 047	15,555,524			C/O/7125	*1
TIONA		Male	□ I emale	VESSEL T		K CARRIER TRA		ORLD WI
	ENT HOME ADDRESS:				CONTA	CT NUMBER :	01675289036	(SELF)
	NT ADDRESS VILL:CHOTAMANIA IDDIN, DIST: BHOLA, BANGLADE		NIKARAHAT,	P.\$:	RANK		2ND ENG	SINEER
MINIO	DOIN, DIST: BROLA, BANGLADE	эп.						
Have y	ou ever had any of the following cor	iditions?						
	Condition	YES	NO <sub>2</sub>	Condit	tion		YES	NO ]
1	Eye/vision problem		1	18 Sleep p	problems			1
2	High blood pressure	I.I.		19 Do you	smoke?		O	4
3	Heart/vascular disease	1.1	1	20 Operat	ion/surgery	1		W
4	Heart surgery	1.1	1		sy/seizures			V
5	Varicose veins		1		ess/fainting			0
6	Asthma/bronchitis	1.1	1/		f conscious		(0)	11/
7	Blood disorder	1.1	11		atric proble		0	7
8	Diabetes	1.1	10	25 Depres			1 0	V
9	Thyroid problem	[]	10		ted suicide	100		1
10	Digestive disorder	1.1	/		f memory	-3//		R
11	Kidney problem	(I)	1		e problem	5 5 1		10
12	Skin problem	17	1/	1.00	e problem headache	-11		1
13	Allergies	П	1/	277				1
14	Infectious/contagious diseases	[]	1/2	CONTRACTOR OF THE PROPERTY OF	se/throat p			10
15	Hernia	11	/.		ted mobilit	y		1
16	Genital disorders		1		roblems		П	1/
17	Pregnancy	1.3	in	33 Amputa 34 Fractur	ation res/dislocat			- 4
	onal questions	5	111					
36 37 38 39 40 41	Have you ever been hospitalised? Have you ever been declared unfill Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to pare you allergic to any medication.	t for sea duty been restrict medical prob perform the	ed or revoked elems, disease	s or illnesses?		upation?		2
Commo				10 -			1.0	
	FI	T FOR DL	JTY ON BO	ARD SHIP	7			
42	Are you taking any non-prescription				-			N
f yes, p	please list the medications taken and	d the purpose	e(s) and dosag	ge(s)				
							1.1	
92.52			Contract of the Contract of th					2000
nereby	y authorize the release of all my pre	vious medica	al records from	any health pr	rofessional	s, health institutio	ns and public auth	orities
tismust	Air Md. Raihan (approved medical) ify me from my employment, benefit	practioner) I	also certify tha	it my history o	ontained a	bove is true and a	any false statemen	t will
naquali	ny nac nom my employment, benefit	s and claims						
	N. Alam							
		-						
-	Signature of Scafarer							
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DICAL	EXAMINATION				100.00	770		
445		BM26.6	Blood Pressu	re: Systolic-/	10/00	Diastolic 3	PULSE:	hm
Weight	7819 Height (cm)1-7/	B126.6			7	- 2	-	bm
Weight • Ear	Hearing by Audiometry		Audiometr	у	llea	ring by Whisper 1	-	bm
Weight Ear Right	Hearing by Audiometry  Adequate   I Inadequate	500		у	llea	- 2	est	lem
Weight Gar	Hearing by Audiometry		Audiometr	у	Ilea II Ab	ring by Whisper 1	est lequate	rbm.
Veight ar ight	Hearing by Audiometry  Adequate   I Inadequate		Audiometr	у	Ilea II Ab	ring by Whisper 1 dequate	est lequate	Um.

	Right eye	Jnaided Left eye	Righ	Air t eye	ded Left ey	/e			Norma	-	Defec	tive
Near Visual acuity r Colour vision  Date of last co	6/6 meets the s as per STC		Righ	t eye	Left ey	/e				2	20000	
Near Visual acuity r Colour vision  Date of last co	neets the s as per STC	66				_	1		_	7		
Visual acuity r Colour vision Date of last co	as per STC						Right e		_	-		
Colour vision	as per STC	the state of the fall of a	CTOV	10.4.	Caution A	1/0	Left oy	NO.				
Head	olour vision	tW CODE. Secti	on A 1/9:	ہل	Normal		II Doubtfu	5330	□ Defe	ective		
Hood			Normal	Abnor	mal					Nor	maJ At	onorma
1 lead			Kn	[3	Va	aricoso	veins			1	h	
Sinuses, nose	throat		KIP	13	Va	ascula	r (inc. pedal p	oulses)		Y	1	
Mouth/teeth			11	1.1	Al	bdome	n and viscera	а		V	1/1	11
Ears (general)	)		PA	1.1	00.9	ernia				Y	1	1.1
Tympanic me	mbrane		11.				ot rectal exam	n)		1	1/	L1
Eyes			1/2	П		-U sys				1	1/	$\Box$
Opthalmoscop	ру		111	1.1			nd lower extr			1	1/1	11
Pupils			11				I/S, T/S and I			V	1	[]
Eye movemer			11	U			gic (full brief)			ا	1	
Lungs and ch			Nin	- 0		sychia				1	11	
Breast examin	nation		11/15	U			appearance				1	/U
Heart			1	D	SI	kin			5	14		1
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ECG		me	BIL IRUBIN	1		0.	33	Alcohol Test	1	[T] Positi	ve Me	gative
	BLOOD R/	E.	SGPT		_	25		URINE R/E	-		M	10
DC(differentia		MO	SGOT			29	110	1	0	THERS	_	7
HAEMOGLO	BIN (HGB)	14.8	10	RUGA	ND ALCOH			HBsAg		□ Read	1 1	Preacti
ESR (WESTE	RGREN)	08	Morphine	21	Cl Positi			HIV / AIDS To	est	□ Reac		nreacti
WBC		9.000	Amphetan	-	□ Positi			VDRL		□ Reac	tiv No	nreact
	GLUCOS		Phencyclic	1 1			Negative	Blood Type		01	412	Z)
RANDOM		5.7	Barbiturate	es	☐ Positi			Psychologica	_		222	2
HBA1C		5.3%	Cocaine		□ Positi	ve 1/	Negative	Others(KUB UII	rasound)		1/2	=
N.Alay	4	knowledge of t	ne contents			IAZMU	L ALAM KH	IAN		27	JAN 2	200527
griature or ocar	alei				Ivanic	OI OC	aidici	-	-		Date	
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danger the hea	ons (e.g., s	y medical condi persons on bo pecific position miner (e.g., refi	ard? Ye.	5	No 🗆	y servi	ce at sea or I	to render the s	eafarer	unfit for s	uch serv	ice or to
н		7 JAN 2024			11	/	-17		761	AN 2026		
Fitness Date	FC (1870)			<	Line	/alid U	nul :		2 U J	111 2020		
					132							
					EM, CCD (Bird 55'444', WA		11-42 Rhysic				-117	

Revision Date : 24th July 2022

MEDICAL CERTIFICA	ATE FOR	PERSONNEL SERVICE	ON BOARD
SURNAME: KHAN	GIV	EN NAME: (S): MOHAMMED	NAZMUL ALAM
DATE OF BIRTH:	PLACE	OF BIRTH	SEX
DAY 9 MONTH 8 YEAR 1992	CITY	COUNTRY	BANGLADESH MALE V FEMALE
POSITION ON BOARD:	MAILII	NG ADDRESS OF APPLICAN	
MASTER  DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR  RATING	AVIJA	N 59, COLLEGE ROAD, AUC	
DECLARATION OF THE AUTHORIZED PHYSICIAN			
VISION		COLOR TEST TYPE	HEARING
WITHOUT GLASSES WITH	GLASSES	верк	
RIGHT EYE 6/6		YELLOW PRED MAL	RIGHT EAR MAD
Confirmation that identification documents were checked a	at the point o	The state of the s	1
Hearing meets the standards in STCW Code, Section A-1.	and the second second second	/	
	197 11.57	NO NOT APLICAB	it.
		/	
Visual acuity meets standards in STCW Code, Section A	/ _	NO NO	
Colour vision meets standards in STCW Code, Section A- (the visual test it is required every six years)  Date of the last colour vision test: (Day/Month/Year)	2,7 JA	N 2024	
Are glasses or contact lenses necessary to meet the requi	ired vision sta	andards? YES NO	
Able for watchkeeping? YES NO			
Is applicant taking any non-prescription or prescription me	dications? YI	S NO	
Is the seafarer free from any medical condition likely to be endanger the health of other persons on board? YES	aggravated NO []	by service at sea or to render the	seafarers unfit for such service or to
Hereby I declare that I am in knowledge of the contents of	) NAZMUL	ALAM KHAN	2 7 JAN 2024
Signature of Applicant Na	me of Applic	ant /	Date
CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FO ENGINEERING OFFICER / RADIO OPERATOR / R	RATING) (W	ITHOUTANY / WITH THE FO	AS A (MASTER / DECK OFFCIER / DLLOWING) RESTRICTIONS:
	FIT FOR	DUTY ON BOARD SHIP	
NAME AND DEGREE OF PHYSICIAN: DR. MIR. MD. R	AIHAN ME	RS (DII) DEM. CCD (BIRDEN	A) B C T (OBUILL)
ADDRESS: RADICAL HOSPITALS LTD, 35, SHAH I	The second secon	ENERGY CONTRACTOR CONT	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY:			
DATE OF ISSUE PHYSICIAN'S CERTIFICATE OF MAY		in simonacon, negrito	.A-00144 (B.M.D.C)
SIGNATURE OF PHYSICIAN:	STAME	OF PHYSICIAN: A PARIC 2008	DATE: 2 7 JAN 2024
EXPIRY DATE OF CERTIFICATE:	26 JAN 2	7076	
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	is issued in 178, as amend <b>AN</b> Iphth)	compliance with the requirement ded and the Maritime Labour Con	

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



D.Date: 27-Jan-2024

Gender: Male

radical\_hospitals@yahoo.com, www.radicalhospital.com

Id No : 0512

Patient's Name: MOHAMMED NAZMUL ALAM KHAN

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/ 7125

## **Haematology Report**

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & ch

Date: 27-Jan-2024

Age: 31Y 5M 18D

rarameter Name	Results	Reference Range
Hemoglobin (Hb)	<b>14.8</b> gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl, Child:10-13 gm/dl,
ESR(Westergreen)	<b>08</b> mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	<b>9,000</b> /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC) Neutrophils		
Lymphocytes	60 %	Child: 25-66 %, Adult: 40-75 %
Monocytes	35 %	Child: 52-62 %, Adult: 20-50 %
Eosinophils	02 %	Child: 03-07 %, Adult: 02-10 %
	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils Total Circ Formula	00 %	Adult: 00-01 %
Total Cir. Eosinophils	270 /cumm	50-450/cumm
Total RBC Count	5.01 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42 %	M: 40-54%, F:37-47%
MCV	<b>77</b> fL	76 - 94 fL
MCH	<b>33</b> pg	27 - 32 pg
MCHC	33.4 g/dL	29 - 34 g/dL
RDW	12.0 %	11 - 16 %
PDW	36 fL	35 - 56 fl
Total Platelete Count (PC)	2,06,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.10 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By Medical Technologist

Dr. Sumaiya Khatun

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



radical hospitals@yahoo.com, www.radicalhospital.com

DIA24010512	Received Date 27/01/2		2024	
MOHAMMED NAZMUL ALAM K	HAN			
31Y 5M 18D	Pa	tient's Se	x	Male
Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	RDEM),PGT(Eye),DFM	CDC	NO	C/O/7125
BLOOD				
	MOHAMMED NAZMUL ALAM K 31Y 5M 18D Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	MOHAMMED NAZMUL ALAM KHAN  31Y 5M 18D Pa  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	MOHAMMED NAZMUL ALAM KHAN  31Y 5M 18D Patient's Se.  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC I	MOHAMMED NAZMUL ALAM KHAN  31Y 5M 18D Patient's Sex  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 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	Up to 37 U/L
Serum ALT (SGPT)	25.0 U/L	Up to 40 U/L
HbA1C	5.3 %	4.2 - 6.7 %

Checked By

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



radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24010512	Doseius	d D d	T ==:-	
Patient's Name	MOHAMMED NAZMUL ALAM KHAN	Received	Date	27/01/2	2024
Patient's Age	31Y 5M 18D		D # #		
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PC	) T/E	Patient's	Control of	Male
Sample	BLOOD	J (Eye),DFM	С	DC NO	C/O/7125

# SEROLOGICAL REPORT

Test Name

Result

HBsAg (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

DD GROUPING RESULT		
ABO Blood Group	"O" (+ve)	
Rh(D)Factor	Positive	

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital.



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Bill No	DIA24010512	Received Date 27/01		27/01/2	2024
Patient's Name	MOHAMMED NAZMUL ALAM KHAN			1	
Patient's Age	31Y 5M 18D	F	Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM	),PGT(Eye),DFM	С	DC NO	C/O/7125
Sample	URINE				10.01.120

### DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

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



radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24010512	Received [	Date	27/01/2	2024
Patient's Name	MOHAMMED NAZMUL ALAM KHAN				
Patient's Age	31Y 5M 18D	Pa	tient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	ST(Eye),DFM	С	DC NO	C/O/7125
Sample	URINE			La.	0.077120

#### 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 ,	Epithelial	/ Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

## ON REQUESTCRYSTALS & OTHERS

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

Checked By

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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. KATAGALAN BRAVE

DATE: 27/01/2024

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

## EYE EXAMINATION REPORT

NAME: MOHAMMED NAZMUL ALAM KHAN F

RANK: 2<sup>ND</sup> ENG

CDC NO: C/O/7125

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

616

AIDED

COLOUR VISION:

NORMAL / BLIND

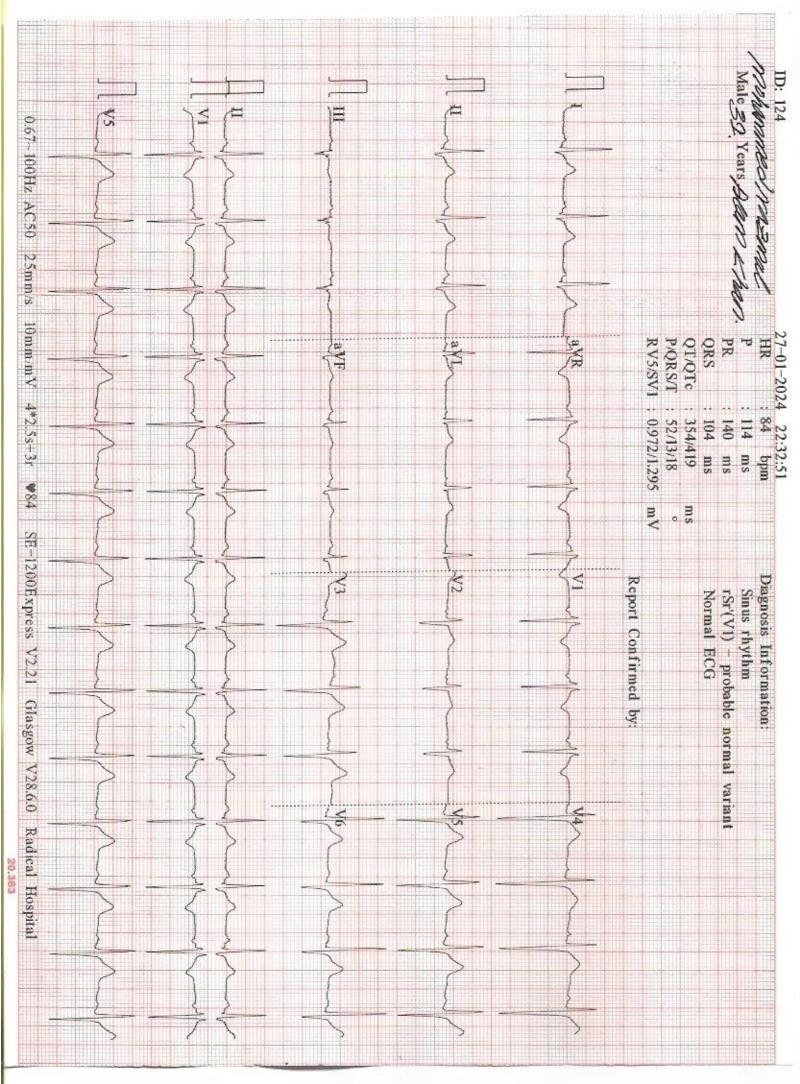
OPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital



RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

## **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24010512 Receive:27/01/2024 Print: 27/01/2024

Patient's Name : MOHAMMED NAZMUL ALAM KHAN

Age : 31 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 YELLOW-FEVER of Alam

	# 123.0 (2.79.4)	
This	is to certify that	
whos	e signature follows	

Date of birth 09-08-1992 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
T. IANG	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.	L NO DO DAKAR	35, Sheh Makhdun Avenue Uttara, Oheka &
		2	
2			
3			3 4
4	= P Herr		

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

N. Alam

This is to certify	that
whose signature	follows

Date of birth 09-08-1992 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of Accinator	Approved S	Stamp
J. A.	DR. MIR. MD. RAIHAN MB8S (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp-ng Bangladesh Approved General Physician Radical Hospitals Limited.	Approved S	
2			
3		3	4
4			2
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



SL NO.\_\_

04.2024.5787

### 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

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and content followings:  1. Confirmation that identification documents were checked at the point of examination 2. Hearing meets the standards in section A-I/9 3. Unaided hearing satisfactory? 4. Visual acuity meets standards in section A-I/9? 5. Colour vision meets standards in section A-I/9? Date of last colour vision test 6. Fit for lookout duties? 7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? 8. Any limitations or restrictions on fitness? If YES, specify limitations or restrictions:  Putters:  RADICAL HOSPITAL LIMITED Uttars, Dhaks, Bengladesh  1. VES/NO V	SEAFARER INFORMATION:		
Occupation: Deck/Engine/Catering/Other (specify) ENAINE Father's/ Husbad'sname: MPHAMME D. ACOVS SATTER KHAN C.D.C.No. CO.T.12.5  Mother's Name: A 2 1 2 VN NAHA E. Seaman ID No. 0.50 0.9 5 66 4  Address: House No. 6.5 1.5 Street/ Road No. COLLEGE ROAD Passport No. E. H.0.4, 7 6 2 6 2.  Locality/Village: A V.C.H. P. ARA NID No. 1.0 1.2 66 0.44 3.  PO. M.S.A.TH. NAGAR. Date of Birth. 0.9 - 0.8 - 1.9.9 2.  P.S. T. 9.N.h. I. District. Sc. A 2.1 P.V. A.  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and corther followings:  1. Confirmation that identification documents were checked at the point of examination SE/NO	Name: Last KHAN First MOHAMMED NAZMI	/L Middle A	LAM
Occupation: Deck/Engine/Catering/Other (specify) ENAINE Father's/ Husbad'sname: MPHAMME D. ACOVS SATTER KHAN C.D.C.No. CO.T.12.5  Mother's Name: A 2 1 2 VN NAHA E. Seaman ID No. 0.50 0.9 5 66 4  Address: House No. 6.5 1.5 Street/ Road No. COLLEGE ROAD Passport No. E. H.0.4, 7 6 2 6 2.  Locality/Village: A V.C.H. P. ARA NID No. 1.0 1.2 66 0.44 3.  PO. M.S.A.TH. NAGAR. Date of Birth. 0.9 - 0.8 - 1.9.9 2.  P.S. T. 9.N.h. I. District. Sc. A 2.1 P.V. A.  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and corther followings:  1. Confirmation that identification documents were checked at the point of examination SE/NO	Gender: (Male/Female) MALE Nationality GANGLADE SHI	Date: 27-01-2	024
Father's/ Husbad'sname: Methamme D. AGOVS SATTER KHAW.  Mother's Name: AZIZUN NAHAR.  Address: House No 6.3/3. Street/ Road No. (OLLEGE ROAD)  Locality/Village: AUCH PARA  PO: NIS:ATH NAGAR.  PS: TONGI  District. In AZIPUR.  District In AZIPUR.  Distric			
Mother's Name: A Z I Z VN NAHA & Seaman ID No. 050 o 5566 4  Address: House No: 6. 3.7.3 Street/ Road No. (OLLE GE ROAD)  Locality/Village: A V C H. P. A.A.  PO: NJ S A TH. NA GAR DE Date of Birth: 0.9 - 0.8 - 1.9.9 Z  PS: T. O. N. J.  District: A Z I P V C  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and continuous the followings:  1. Confirmation that identification documents were checked at the point of examination  2. Hearing meets the standards in section A-I/9  3. Unaided hearing satisfactory?  4. Visual acuity meets standards in section A-I/9?  5. Colour vision meets standards in section A-I/9?  Date of Birth: 0.9 - 0.8 - 1.9.9 Z  (DD/MM/YYYY)  DESINO  **ESINO			
Address: House No. 6.3.1.3. Street/ Road No. (OLLE C.E. Rond)  Locality/Village: AV.S.H. PARA  P.O. W.S.A.T.H. N.C.GAR  P.S.: T.O.W.A.I. District: In. A.2.1.P.V.R.  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and continuous and the followings:  1. Confirmation that identification documents were checked at the point of examination 2. Hearing meets the standards in section A-I/9 3. Unaided hearing satisfactory? 4. Visual acuity meets standards in section A-I/9? 5. Colour vision meets standards in section A-I/9? Date of last colour vision test 6. Fit for lookout duties? 7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?  1. YES/NO 2. 1 Street/ Road No. (OLLE C.E. Road			집에 내가 되었다. 그 사람이 되었다면 하게 되었다면 살아 있다.
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7.7 IAN 2021	Location/Vessel: RADICAL HOSPITAL LIMIT  Litara Dhaka Repolariesh		
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	To. Date of examination/issue (DD/MM// Y Y Y )		
11. Date of expiry (DD/MM/YYYY). 2 6 JAN 2026 "No more than 2 years from the date of examination".	11. Date of expiry (DD/MM/YYYY)	Jours nom the date t	O CAGAIIII ALIOIT .

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

N · Alam Seafarer's Signature



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

#### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making 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):

DR MIR MD RAIHAN

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E 2.7 IAN 2024 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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	:	MOHAMMED NAZMUL ALAM KHAN		
Age	:	31 Yrs	Date	: 27/01/2024
Sex	:	Male		
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), I		0.0/0/123

# Psychometric Test

Remarks
3,000,000,000
Poor /Good /very good /excellent
Poor /Goød /very good /excellent
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Poor /Good /very good /excellent
INFJ / EMFJ / ISFJ / ENTP/ ESFJ /ESFF
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Poor /Goød /very good /excellent
Poor /Good /very good /excellent
7,0,0
Poor /Good /very good /excellent

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