

HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel: +880-2-333316214-6, Fax: +880-2-333310530

Accredited By BMDC
Accreditation No. A 55144

PATIENT CONTROL NUMBER: HSL-003922

Revision Date: 24th July 2022

MEDICAL EXAMINATION CERTIFICATE

SURNAME NO. B	FIRST NAME AND		MI	MIDDLE NAME		
SHAWON	RAIS	UL		RAHAT		
PLACE AND DATE OF BIRTH TANGAIL 14-Jun-1996	PASSPORT NUMBER A00353221			SEAMAN'S BOOK NUMBER CO9645		
NATIONALITY: BANGLADESHI SEX:	Male	VESSEL TY	PE:	TRADI	NG AREA:	WORLD WIDE
PERMANENT HOME ADDRESS :		-	CONTACT	NUMBER:	88018	25-491715
BASHA KHAN PUR, TANGAIL SADAR, DIGI	HULIA-1900, TANGAIL, BA	NGLADESH	RANK :		4TH F	ENGINEER

KH	ENT HOME ADDRESS : IAN PUR, TANGAIL SADAR, DIGHUI	LIA-1900	TANGAIL P	BANGLA	DESH	RANK :	4TH ENGINEER
nd.	THE TON, TANGAL GADAN, DIGHU						
е ус	ou ever had any of the following condit	tions?					
	Condition	YES	NO		Conditio		YES NO
1	Eye/vision problem	П	1/2	700,043 40	Sleep pro		
2	High blood pressure		1/2	2000	Do you s		
3	Heart/vascular disease		1/6	2017,150		n/surgery	
4	Heart surgery		4	2000000 10	Epilepsy/		
5	Varicose veins	0	11	60000 10	Dizzines		3 %
6	Asthma/bronchitis	11	11	A2280 0		consciousness	- 12 4/
7	Blood disorder	П	1	1 100,000 00		ric problems	
8	Diabetes		10	-1.900	Depressi		0 11 11
9	Thyroid problem	П	11	100000000000000000000000000000000000000		ed suicide	11 12 3 2
0	Digestive disorder		1/4	20030000 04	Loss of r	Control of the Contro	11100 %
1	Kidney problem	[.]	11			problem	1/10 0 %
2	Skin problem		11			neadaches	
3	Allergies		1/1			e/throat problems	3 6 %
4	Infectious/contagious diseases		1/	100000000000000000000000000000000000000		ed mobility	- Z
5	Hernia		1	33	Back pro Amputat		- 3 Z
6	Genital disorders		ma .	34	and the second second	s/dislocations	u 🗸
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In Accordance with Medical Examination (Seafarence Shipping Bandadesh Approved CW 1978/1996 as Amended, MLC 2006

Revision: 5.1

Revision Date: 24th July 2022

Radical Hospitals Limited.



Medical Exam Form CONFIDENTIALFORM

	Pre-se	aExan	Per	iodic	Exam		
Nam	e (last,first,middle): _SHAWON R	AISUI	RAHAT	2	1	59	**
Date	of birth (day/month/year): 14-06-1	996	Sex:	ma	le female		
Hom	e address: 18/1, WEST MATIKATA,	DHAK	A CANTO	ONME	NT, DHAKA-1206, BANGLADI	ESH	
Pass	port No./Discharge Book No.: A00	35322	1				
Depa	artment (deck/engine/radio/food har	ndling/	other): El	NGIN	E		
Rout	ine and emergency duties (if known	n):					
Туре	of ship (eg. Bulkcarrier, chemica	l/oil/ga	s tanker,	conta	iner, other cargo ships): OIL	CHEM	ICAL
TAN	KER Trade area (e.g., coastal, trop	ical, w	orldwide)): <u>WO</u>	RLDW#DE		
(Ass	minee's personal declaration istanceshould beoffered bymedic veyou ever had anyof thefollowin						
	Condition	Yes	No /		Condition	Yes	No
1.	Eye/vision problem		do	18.	Sleepingproblems		Z
2.	High blood pressure			19.	Do you smoke?		
3.	Heart/vasculardisease			20.	Operation/surgery		1
4.	Heart surgery		\mathbf{Z}'	21.	Epilepsy/seizures		
5.	Varicose veins			22.	Dizziness/fainting		D
6.	Asthma/bronchitis			23.	Loss of consciousness		Z
7.	Blood disorder		Z/	24.	Psychiatricproblems		Dr
8.	Diabetes		7	25.	Depression		D
9.	Thyroid problem			26.	Attempted suicide		Ħ,
10.	Digestivedisorder			27.	Loss of memory		D
11.	Kidneyproblem		Dr.	28.	Balanceproblem		
12.	Skin problem		\triangle	29.	Severeheadaches		
13.	Allergies		\square	30.	Ear/nose/throat problems		
14.	Infectious/contagious diseases		1	31.	Restricted mobility		么,
15.	Hernia		1/2	32.	Back problems		
16.	Genital disorders		A	33.	Amputation		
17.	Pregnancy	9	100	34.	Fractures/dislocations		d

Sa Hospital E

If anyof theabovequestions wereanswered "yes," pleasegive details below.

Ado	litional questions		V	N				
35.	Haveyou ever been signed offas sick or repatriated	from a ship?	Yes	No				
36.	36. Haveyou ever been hospitalized?							
37,								
38.	38. Has your medical certificate ever been restricted or revoked?							
39.	Areyou awarethat you have anymedical problems,	diseases or illnesses?						
40.	Do you feel healthyand fit to perform theduties of position/occupation?	your designated	Ø	′ 🗆				
41.	Areyou allergic to anymedications?							
Cor	FIT FOR DUTY ON BOA	RD SHIP						
42.	Areyou takinganynon-prescription or prescription	medications?		Z				
пу	es, pleaselist themedications taken and thepurpose(s	and dosage(s).	201					
Ihe	ebycertifythat the personal declaration aboveis a tru	estatement to thebest of mykn	owledg	ge.				
Sig	natureof examinee:							
Dat	e (day/month/year):16 JAN 2024	DR. MIR. MD. RAIHAN						
Wit	nessed by: (Signature)	MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved	- 41					
Nai	ne:(Typed or printed)	General Physician Radical Hospitals Limited.						
inst	rebyauthorizethereleaseofallmypreviousmedicalreco itutions and public authorities to Dr lical examiner).		,health neappr					
Sig	natureof examinee:							
Dat	e (day/month/year): 16 JAN 2024 /	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdom), PGT (Ophth)						
Wi	nessed by: (Signature)	BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician						
Nai	ne:(Typed or printed)	Radical Hospitals Limited.						
Da	a & Contact datails for previous medical evamination	on (ifknown):)						

Rev. 03



MEDICAL EXAMINATION

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

			Visual Acui	ty					Visua	al fields
	Unaided			Aided					Normal	Defective
	Right	Left		Right	Left			Right		1
	eye /	eye	Binocular	eye	eye	Binocu	ular	eye		
Distant	616	616						Left eye		
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Urinalysis: Glucose: M/ Protein: M/
1 200 011
Blood Analysis: Hepatitis B Test New V.D.R.L North Manufacture Virus Anti bodies
Other diagnostic test(s) and result(s): Test Place Result Result Place Place
Medical Examiners comments: FIT FOR DUTY ON BOARD SHIP
Vaccination status recorded: Yes No
Assessment of fitness forserviceat sea
On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic tes results recorded above Ideclarethe examineemedically:
Fit for lookout duty Not fit for look-out duty
Deck service Engine service Cateringservice Other services
Unfit
Without restrictions With restrictions
Visual aid required: Yes o
Describe restrictions (eg. Specific positions, type of ship, trade area)
Action taken bymedical examiner (e.g., referral):
Medical certificate's dateof expiration (day/month/year):/ 15 JAN 2026/
Date of examination (day/month/year): 16 JAN 2024
Number of Medical Certificate: Official stamp:
Signature of medical practitioner: DR. MIR. MD. RAIHAN MB8\$ (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016
Name of medical examiner: (Typed or printed) DG Shipping Bangladesh Approved
Address of medical practitioner:: White Bangladesh
Authorized by: (competent authority)
Page 4 of 7



SEAFAREF		AMINATION REPORT/O	CERTIFICATE	
This certificate is issued by authority of the Maritime Adv 1.0No 73), as amended, STCW Convention, 1978	ministratorandincomp Sas amended andtheN	liancewiththerequirementsofther faritimel abourConvention,2006	MedicalExamination(S	Seafarers (Convention 1946(1
SURNAME SHAWON	1 2 2	GIVEN NAME(S) RAISUL RAHAT		
NATIONALITY		D DOCUMENT NO:		
BANGLADESHI	1	C/O/9645		
DATE OF BIRTH	F.	PLACE OF BIRTH		SEX /
14 06 MONTH DAY	YEAR (TANGAIL CITY	BANGLADESH COUNTRY	MALE FEM
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING		18/1, WEST MATIKA DHAKA-1206, BANG	ΓA, DHAKA CA	
DECLARATION OF APPROVED MEDICAL PRACT I CONFIRM THAT IDENTIFICATION DOCUMENT		VES / NO		
MEDICAL EXAMINATION (SEE LAST PAGE FOR I	MEDICAL REQUIREMENTS) STA	TE DETAILS ON RE	EVERSE SIDE
HEIGHT WEIGHT BLOOD PRESSU	PULSE	RESPIRATION	GENERAL APPEAR	
COLOR TEST TYPE: BOOK LAN		COLOR TEST IS NORMAL - YELL	OW RED	GREEN BINE
ARE GLASSES OR CONTACT LENSES NECE	SSARY TO MEET T	HE REQUIRED VISION STAND	ARD? YES	No 🗌
HEAD AND NECK	mal	HEART (CARDI	OVASCULAR)	mel
LUNGS NO12	muc		NAVIGATIONAL OFFICE ED FOR NORMAL VOICE CO	ER AND RADIO OFFICER)
EXTREMITIES: UPPER NO	rome	LOWER	NOTA	mil
IS APPLICANT VACCINATED IN ACCORDA	NCE WITH WHO	RECOMMENDATIONS?	Y58	No 🗌
IS APPLICANT SUFFERING FROM ANY DIS HIM/HER UNFIT FOR SERVICE AT SEA OF YES NO				
IS APPLICANT TAKING ANY NON-PRESCR	IPTION OR PRESCR	RIPTION MEDICATIONS?	YES 🗌	No D
8-		CO HOSPICS		16 JAN 2024
SIGNATURE OF		ING S AS PONILC 2008	DAT	TE .



THE STATE OF THE S	RAISUL RAHAT SHAWON
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:	NAME OF APPLICANT
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES	No 🗌
	\mathcal{I}
SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK	OFFICER / ENGINEERING OFFICER / RADIO OFFICER /
RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) REST	RICTIONS:
	AHAAN
NAME AND DEGREE OF PHYSICIAN DR. MIR. MD. R	PG1 (Opnin)
BMDC A-55144, MMC-I	Approved
ADDRESS — RABICAL HUSPITAL LIMITAL General Physicial Radical Hospitals Lin	an mited
2.24	SONNIN BD
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY Dept 1973	grann or
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	MAY 2014
SIGNATURE OF PHYSICIAN :	
DATE OF EXAMINATION: 1 6 JAN 2024	A STATE OF THE STA
	SECTION OF SECTION AND
EXPIRY DATE OF CERTIFICATE :	
2 JAN 2020	
SEAFARER ACKNOWLEDGMENT	
I, RAISUL RAHAT SHAWON (NAME OF SEAFARER), CONFIR	M THAT I HAVE BEEN INFORMED OF THE
CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVI	EW. pere dis





MEDICALREQUIREMENTS

Allapplicants for another creatificate. Seafarer's Identification and Record Book or certification of special qualifications shall be required tohaveaphysical completed medicalformmust examinationreported onthis Medical Formcompleted bya certificated physician The accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. Thisphysical examination must be carried out not more than applicationsforanofficer immediately preceding certificate certificationofspecialqualificationsoraseafarer shook. The examination shall be conducted in accordance with the HealthOrganization, GuidelinesforConductingPre-seaandPeriodicMedicalFitness International Labor Organization World ExaminationsforSeafarers(ILO/WHO/D.2/1997.Suchproofofexaminationmustestablishthatthe applicantisinsatisfactoryphysicaland mentalconditionforthespecificdutyassignmentundertakenandisgenerallyinpossessionofall body faculties necessary infulfilling the requirements of the seafaring profession.

Inconducting the examination, the certified physician should, where appropriate, examine the sea farer'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)visioninoneeyeandatleast20/40 (0.50)inthcother lifthe applicant wears glasses, hemust havevisionwithoutglasses ofat least 20/160(0.13) in botheyes. Deckofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingthecolorsred, green, blueand yellow.
 - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninoneeyeandat least20/50(0.40)intheother. If the applicant wears glasses, hemust have vision without glasses of at least 20/200(0.10) in botheyes and radio of ficer applicants must also be able to perceive the colors red, yellowand green.
- (c) Dental
 - Seafarers must befreefrominfections ofthemouthcavityor gums.
- (d) BloodPressure
 - Anapplicant's blood pressuremust fall withinanaveragerange, taking againtoconsideration.
- (e) Voice
 - Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunimpairedfornormalvoice communication.
- (f) Vaccinations
 - AllapplicantsshallbevaccinatedaccordingtotherequirementsindicatedintheWHOpublication,InternationalTraveland
 Health,VaccinationRequirementsandHealthAdvice,andshallbegivenadvicebythecertifiedphysicianonimmunizations
 aregiven, theseshall berecorded.
- (g) Diseases or Conditions
 - Applicantsafflictedwithanyofthefollowingdiseasesorconditionsshallbedisqualified:epilepsy,insanity,senility, alcoholism,tuberculosis, acute venereal disease or neurosyphilis, AIDS,and/ortheuse of narcotics.
- (h) Physical Requirements
 - Applicants for ablese aman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for 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).

16 JAN 2024



DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.



Medical Exam Form CONFIDENTIALFORM Pre-seaExam PeriodicExam

	110 30	en Acu	[] 10	ricare	LAMIT	
Nan	ne (last,first,middle): _SHAWON F	RAISU	L RAHA	Γ		
Date	of birth (day/month/year): 14-06-1	996	Sex:	ma	ile female	П
Hon	ne address: 18/1, WEST MATIKATA	, DHAF	CA CANT	ONME	NT, DHAKA-1206, BANGLAD	ESH
	port No./Discharge Book No.: A00					
Dep	artment (deck/engine/radio/food ha	ndling/	other): E	NGIN	E	
Rou	tine and emergency duties (if know	n):				
Тур	e of ship (eg. Bulkcarrier, chemica	al/oil/g	as tanker,	conta	iner, other cargo ships): OIL	/CHEM
TAN	KER Trade area (e.g., coastal, trop	oical, v	vorldwide): WO	RLDWIDE	
	veyou ever had anyof thefollowi	ngcon	ditions:			
1	Condition	Yes	No		Condition	Yes
1.	Eye/vision problem	H	H	18.	Sleepingproblems	
2.	High blood pressure	H	*	19.	Do you smoke?	
3.	Heart/vasculardisease			20.	Operation/surgery	
4. 5	Heart surgery			21.	Epilepsy/seizures	
5.	Varicose veins Asthma/bronchitis		Z	22.	Dizziness/fainting	
6. 7.	Asinma/bronchitis Blood disorder		En	23.	Loss of consciousness	
8.	Diabetes		The	24. 25.	Psychiatric problems Depression	
o. 9.	Thyroid problem		F	26.	Depression Attempted suicide	
10.	Digestivedisorder		F	27.	Loss of memory	
-			E	28.	Balanceproblem	
11.		_	Z	29.	Severeheadaches	
11. 12.	Skin problem		1 1	20 0 0		
	and the second second		B	30.	Ear/nose/throat problems	
12.	Skin problem		Z		Ear/nose/throat problems Restricted mobility	
12. 13.	Skin problem Allergies			30.		
12. 13. 14.	Skin problem Allergies Infectious/contagious diseases		A A A A A A A A A A A A A A A A A A A	30. 31.	Restricted mobility	





Ado	litional questions						
35.	Haveyou ever been signed offas sick or repatrial	ted from a ship?	Yes	No			
36.	Haveyou ever been hospitalized?		П.	Z			
37.	Haveyou ever been declared unfit forseaduty?		П	N			
38.	38. Has your medical certificate ever been restricted or revoked?						
39.							
40.	Z						
41.	Areyou allergic to anymedications?			Ø			
Con	FIT FOR DUTY ON BOA	RD SHIP					
42.	Areyou takinganynon-prescription or prescription	on medications?		6			
Ihere	ebycertifythat the personal declaration above is a t	ruestatement to thebest of myk	nowledge				
	atureof examinee:	ruestatement to theoest of myki	lowledge	(T)			
Date	(day/month/year):////		ediari				
Witr	nessed by: (Signature)	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)					
	e:(Typed or printed)	BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician	Mary !				
insti	ebyauthorizethereleaseofallmypreviousmedicalrectutions and public authorities to Drical examiner).		s,health theapprov	ved			
Sign	atureof examinee:		The	10			
Date	(day/month/year): / 16 JAN 2074	DR MID MD DAILLAN					
Witr	nessed by: (Signature)	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016					
Nam	e:(Typed or printed)	DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.					
Date	& Contact details for previous medical examina	tion (if known):)					

Rev. 03



MEDICAL EXAMINATION

e.			1	9
S	1	σ	D	ıŧ

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

			Visual Acui	ty				Visua	al fields
	Unaided			Aided				Normal	Defectiv
	Right eye	Left eye	, Binocular	Right eye	Left eye	Binocular	Right eye		7
Distant	616	6/2		300			Left eye	/	
Near	N5	NS							
Colo Hear	rvision: ing	□N	ot tested	No	rmal	Doubtf	ful	Defective	
	Pure tone	and audi	io metry (thre	shold value	es in dB)		(metres)	winsper c	
	500 Hz	1,000 H			0 Hz			Normal	Whisper
Right ear	20	20	5 20	0 2	0		Right ear		
Left ear	200	20	5 2	12	-8		Left ear		
	d pressure:		ormal Abnor	<u>O_(mm</u>		(/minute) Rh	No.	(mn	n Hg) normal
			19.77 CH. 19.	<u>O_(mm</u>	Hg) Dia		No		(78)
Head		No	19.77 CH. 19.	<u>O_(mm</u>	Hg) Dia: Skin	stolic:	No		(78)
Head Sinus	ses, nose, th	No	19.77 CH. 19.	<u>O_(mm</u>	Hg) Dias Skin Varicose	stolic:	[:783
Head Sinus Mout	ses, nose, th	No	19.77 CH. 19.	<u>O_(mm</u>	Hg) Dia: Skin Varicose Vascular	veins (inc. pedal pu	[:78
Head Sinus Mout Ears	ses, nose, th h/teeth (general)	No nroat	19.77 CH. 19.	O (mm rmal	Hg) Dias Skin Varicose Vascular Abdomes	stolic:	[:78
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Urinalysis: Glucose: Protein:
Blood Analysis: Hepatitis B Test Market, V.D.R.L NonReceived Immunodeficiency Virus Anti bodies
Other diagnostic test(s) and result(s): Test Hood At The Result North Result.
Medical Examiners comments: FIT FOR DUTY ON BOARD SHIP
Vaccination status recorded: Yes No
Assessment of fitness forserviceat sea
On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic test results recorded above ldeclarethe examineemedically:
Fit for lookout duty Not fit for look-out duty
Deck service Engine service Cateringservice Other services Unfit
Visual aid required: Yes o
Describe restrictions (eg. Specific positions, type of ship, trade area)
Action taken bymedical examiner (e.g., referral): Medical certificate's dateof expiration (day/month/year): / 15 JAN 2026 /
Date of examination (day/month/year): 16 JAN 2024 /
Number of Medical Certificate: Official stamp:
Signature of medical practitioner: DR. MIR. MD. RAIHAN
Name of medical examiner: (Typed or printed) RADICAL HCSPITAL LIMITED MBSS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician
Address of medical practitioner:: Uttara, Dhaka, Bangladesh Radical Hospitals Limited.
Authorized by: Da SMPMM BRADH (competent authority)
Sed Hosologie



Urinalysis: Glucose: Protein: Protein: Blood Analysis: Hepatitis B Test Wolffe, V.D.R.L Nonfeet	1/1
Immunodeficiency Virus Anti bodies	-
Other diagnostic test(s) and result(s): Test [[100] Result [[20]] [20] [20]	
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Fit for lookout duty Not fit for look-out duty	
	services
Unfit	
Without restrictions With restrictions	
Visual aid required: Yes o	
Describe restrictions (eg. Specific positions, type of ship, trade area)	u e
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Date of examination (day/month/year): 1 6 JAN 2024 /	
	'
Number of Medical Certificate: Official stamp:	
Signature of medical practitioner: Name of medical examiner: (Typed or printed) OR. MIR MD. RAIH M888 (DU), DFM, CCD (Birdem), PGT (O BMDC A-55144, MMC-BGD-C	
RADICAL HOSPITAL LIMITED General Physician	ved
Address of medical practitioner:: Uttara, Dhaka, Bangladesh Radical Hospitals Limited.	
Authorized by: De Simple Billion Competent authorit	y)

Page 4 of 7



SEAFARER'S MED	ICAL EXAMINATION REPOR	RT/CERTIFICATE	
This certificate is issued by authority of the Maritime Administrator. LONo 73), as amended, STCW Convention, 1978 as amende	CONFIDENTIAL DOCUMENT and incompliance with the requirements of and the Maritime Labour Convention 2	ftheMedicalExamination(\$	Seafarers)Convention1946(1
SURNAME SHAWON	GIVEN NAME(S) RAISUL RAHAT		
NATIONALITY	20,000,000,000,000		
BANGLADESHI	C/O/9645		
DATE OF BIRTH	PLACE OF BIRTH		SEX A
14 06 1996 MONTH DAY YEAR		BANGLADESH COUNTRY	MALE FEMA
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	MAILING ADDRESS OF APPLI 18/1, WEST MATIF DHAKA-1206, BAY	KATA, DHAKA CA	NTONMENT,
DECLARATION OF APPROVED MEDICAL PRACTIONER: I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CH	IECKED: YES/NO		
MEDICAL EXAMINATION (SEE LAST P.	AGE FOR MEDICAL REQUIREMENTS) S	TATE DETAILS ON RE	VERSE SIDE
HEIGHT WEIGHT BLOOD PRESSURE	PULSE RESPIRATION	GENERAL APPEARA	ANCE /
	CHECK IF COLOR TEST IS NORMAL - YI		R PREEN BLUE
ARE GLASSES OR CONTACT LENSES NECESSARY TO	MEET THE REQUIRED VISION STA	NDARD? YES	No
HEAD AND NECK	HEART (CAR	DIOVASCULAR)	mel
LUNGS		K/NAVIGATIONAL OFFICE MRED FOR NORMAL VOICE COL	
EXTREMITIES: UPPER	mel LOWER _	wan	me .
IS APPLICANT VACCINATED IN ACCORDANCE WITH	WHO RECOMMENDATIONS?	YES	No 🗌
IS APPLICANT SUFFEBING FROM ANY DISEASE LIKEI HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO YES NO			
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR	PRESCRIPTION MEDICATIONS?	YES	No D
g-	sa Hospital		5 JAN 2024
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE	EXAMINING (ASPENIC 2006)	DATE	



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:	RAISUL RAHAT SHAWON
	NAME OF APPLICANT
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES	No 🗌
SEAFARER IS FOUND TO BE (FTT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGI	INEERING OFFICER / RADIO OFFICER /
RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:	
AME AND DEGREE OF PHYSICIAN DR. MIR. MD. RAIHAN	
BMDC A-55144, MMC-BGD-016	
PADICAL HOSPITAL LIMITED DG Shipping Bangladesh Approved	
Ultara, Dhaka, Bangladash Radical Hospitals Limited.	
Do moll	norn B13
AME OF PHYSICIAN'S CERTIFICATING AUTHORITY	//
	S 11 98 <u>42</u> 0018
ATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	77 Zaly
	/ / ·
GNATURE OF PHYSICIAN:	
ATE OF EXAMINATION: 1 6 JAN 2024	
XPIRY DATE OF CERTIFICATE: 15 JAN 2026	
THE STITLE COLOR	
EAFARER ACKNOWLEDGMENT	
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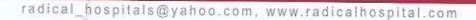
EXAMINATION:

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

16 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 : 0277

Date: 16-Jan-2024

D.Date: 16-Jan-2024

Patient's Name: RAISUL RAHAT SHAWON

Age: 27Y 7M 2D

Gender: Male

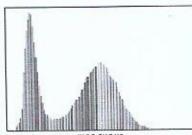
Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM/C/O/9645

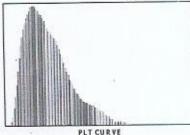
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.2 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
ESR(Westergreen)	06 mm/1st hr	
Total WBC Count(TC)	5,500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)	10000	SHILL DE CC 0/ Add to 40 7F 0/
Neutrophils	64 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	30 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	110 /cumm	50-450/cumm
Total RBC Count	4.73 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	39.9 %	M: 40-54%, F:37-47%
MCV	84.4 fL	76 - 94 fL
MCH	32.1 pg	27 - 32 pg
MCHC	38.1 g/dL	29 - 34 g/dL
RDW	12.6 %	11 - 16 %
PDW	14.4 fL	35 - 56 fl
Total Platelete Count (PC)	2,22,000 /cumm	150,000-450,000/cumm
MPV	8.3 fL	7.0 - 11.0 fL
PCT	0.184 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



W BC CURVE



Checked By Medical Technologist

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



Bill No	DIA24010277	Received Date	16/01/2024
Patient's Name	RAISUL RAHAT SHAWON		
Patient's Age	27Y 7M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/9645
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.61 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21.0 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. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital.







Bill No	DIA24010277	Received Date	16/01/2024
Patient's Name	RAISUL RAHAT SHAWON		
Patient's Age	27Y 7M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/9645
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

BsAg (Method : (ICT) Negative	
HIV 1 & 2 (Method : (ICT)	Negative
VDRL .	Non-reactive
BLOOD GROUPING Result	TL = a/la
ABO Blood Group	"A" (+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.





Bill No	DIA24010277	Received Date	16/01/2024
Patient's Name	RAISUL RAHAT SHAWON		
Patient's Age	27Y 7M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(E	IRDEM),PGT(Eye),DFM	CDC NO: C/O/9645
Sample	BLOOD		

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	

Checked By

Medical Technologist. Radical Hospital Ltd.

Benzodiazepines

Methadone

Propoxyphene

Dr. Sumarya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Negative

Negative

Negative



Bill No	DIA24010277	D - : 10 :		
Patient's Name	KACAIVAA I lata		16/01/2024	
Patient's Age			194	
	27Y 7M 2D Patient's Sex		Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	No. of the second		
Sample	URINE	(Eye),DFIVI	CDC NO: C/O/9645	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION CASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checken By

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



REF: MT. OAK EXPRESS

DATE: 16/01/2024

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

EYE EXAMINATION REPORT

NAME: RAISUL RAHAT SHAWON RANK: 4TH ENG CDC NO: C/O/9645

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

616

AIDED

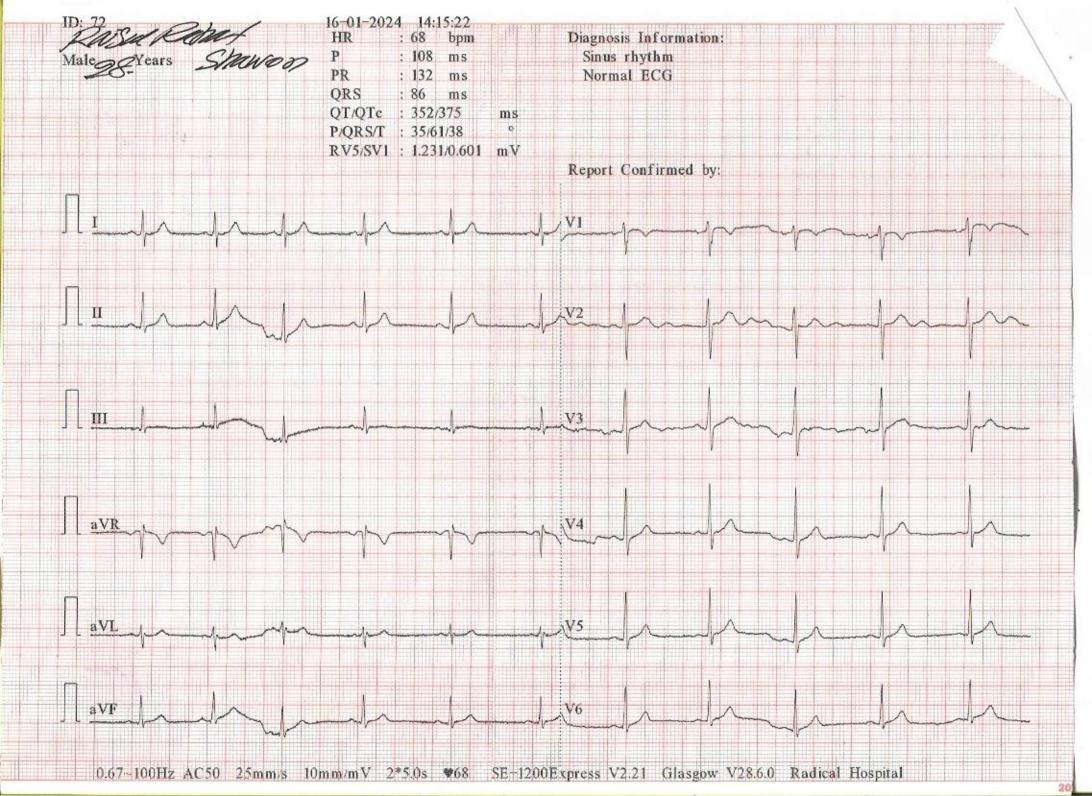
COLOUR VISION:

NORMAL / BLIND>

OPINION

UNFIT-/ FIT FOR EMPLOYMENT ON BOARD

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



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

24010277

Receive: 16/01/2024

Print: 16/01/2024

Patient's Name

RAISUL RAHAT SHAWON

Age

28 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.

IWV

Prof. Dr. Md. Mojibor Rahman

MBBS. DMRD (Radiology & Imaging) Head of the Department (Radiology & Imaging)

Sylhet Women's Medical College Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

	re and Professional us of your inator	Approve FOR VACCA	d Stamp
MBBS (DU BMDC DG Ship	MTR. MD. RAIHAN I), DFM. CCD (Birdem), PGT (Ophin) A-55144, MMC-BGD-015 oping Bangladesh Approved General Physician idical Hospitals Limited.	35, Shah Madistrum S Avenuse Hitera, Dhaka	
		3	4
		Mary Mary	health adhighteleman
		5	6
		7	8
			lu -

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that	Date of birth 14-	- J UN-190	Hosex MALLE	
whose signature follows	RAISUL licated been vaccinated	RAHAT	SHAWON	(40/9/16
has on the date inc	licated been vaccinated	l or revaccinated	l against yellow-fev	ver 1 7 079

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
16 141	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.	L NO OD DAKAR	Se or VACCAR Se or VACCAR Se or VACCAR Average Utters, Dheka ** ** ** ** ** ** ** ** **
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3	EMBETH, MEMBERS CALIF.		3 4
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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.



Patient's Name	1:	RAISUL RAHAT SHAWON	-4-	
Age	:	28 Yrs	Date	: 16/01/2024
Sex	:	Male CDC NO:C/O/9645		
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM		310/0/2015

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 /Good /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
DADIOA	1
4. Watson Glaser test(Critical Thinking Test)	A Ka
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