



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880 31 716214-6, Fax : +880 31 710530

Accredited By : BMOC
Accreditation No : A 55144

PATIENT CONTROL NUMBER
HSL-002686

MEDICAL EXAMINATION CERTIFICATE

SURNAME DIPU	FIRST NAME SOLAIMAN	MIDDLE NAME M RAHMAN
PLACE AND DATE OF BIRTH NARAYANGANJ 2-Jan-1999	PASSPORT NUMBER EG0330176	SEAMAN'S BOOK NUMBER CO10786
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : CHEM. TANKER
PERMANENT HOME ADDRESS : VILL. BAISTAKEY, PO. BORABO, PS. SONARGAON, DIST. NARAYANGANJ, BANGLADESH.		TRADING AREA : WORLD WIDE
CONTACT NUMBER : 8801301717758 (SELF) / 0		RANK : APOFS

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

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

Additional questions

35 Have you ever been signed off as sick or repatriated from a ship?	YES	NO
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non prescription or prescription medications?	YES	NO
	☐	☒

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

[Signature]

Signature of Seafarer

MEDICAL EXAMINATION

Weight	80 kg	Height (cm)	177	BM	25.5	Blood Pressure: Systolic	120 mmHg	Diastolic	80 mmHg	PULSE	78 b/min
Ear	Hearing by Audiometry	Audiometry				Hearing by Whisper Test					
Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000	☒ Adequate	☐ Inadequate				
Left	☐ Adequate ☐ Inadequate	2/2				☒ Adequate	☐ Inadequate				
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐											

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9: ☒ Normal☐ Doubtful☐ DefectiveDate of last colour vision test: Date (day/month/year) **12 JAN 2024**

	Visual fields	
	Normal	Defective
	☒	☐
Right eye	☒	☐
Left eye	☒	☐

YES / NO

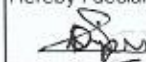
☐ Doubtful☐ Defective

	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X Ray		BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☒ Negative
ECG		BILIRUBIN	0.51	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	24	URINE R/E	NAD
DC(differential count)		SGOT	20	OTHERS	
HAI-MOGLOBIN (HGB)		DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)		Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC		Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	A B Rh D
RANDOM		Barbiturates	☐ Positive ☒ Negative	Psychological Exam	NAD
HBA1C		Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)	NAD

Hereby I declare that I am in knowledge of the contents of the Physical examinations:



SOLAIMAN M RAHMAN DIPU

Signature of Seafarer

Name of Seafarer

12 JAN 2024

Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for lookout duties☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☒	☐	☐	☐
Unfit	☐	☐	☐	☐
☒ Without restrictions	☐ With restrictions			

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes ☒No ☐

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

Fitness Date:

12 JAN 2024

Valid Until:

11 JAN 2026

Name and Signature of Authorized Physician

DR. MIR. MD. RAHMAN

In Accordance with Medical Examination (STCW Code Section A-1/9) and STCW 1978/1996 as Amended, MLC 2006

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: DIPU		GIVEN NAME (S): SOLAIMAN M RAHMAN	
DATE OF BIRTH: DAY 2 MONTH 1 YEAR 1999		PLACE OF BIRTH CITY NARAYANGANJ COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: VILL. BAISTAKEY, PO. BORABO, PS. SONARGAON, DIST. NARAYANGANJ, BANGLADESH. BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR mm
LEFT EYE	6/6	—	LEFT EAR mm

COLOR TEST TYPE:
☐ BOOK
☒ LANTERN
 YELLOW **mm** RED **mm**
 GREEN **mm** BLUE **mm**

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

(the visual test it is required every six years) **12 JAN 2024**

Date of the last colour vision test: (Day/Month/Year) **12 / 01 / 2024**

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☐ NO ☒

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

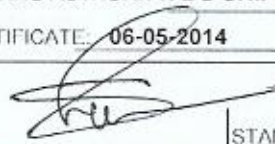
Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☒

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

	SOLAIMAN M RAHMAN DIPU	12-Jan-2024
Signature of Applicant	Name of Applicant	Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S.(D.U.), REG. NO. A-55144	
ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.	
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: DG SHIPPING BANGLADESH	
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05-2014	
SIGNATURE OF PHYSICIAN: 	STAMP OF PHYSICIAN: 
EXPIRY DATE OF CERTIFICATE: 11 JAN 2026	DATE: 12 JAN 2024

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

DR. MIR. MD. RAIHAN

M.B.B.S.(DU), DPM, CCB (Birm), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga,
Agrabad C/A, Chattogram, Bangladesh.
Tel: +88 02333316214-6

Name	SOLAIMAN M RAHMAN DIPU	Date	12-Jan-2024
Age	25	Sex	MALE
Passport No	EG0330176	CDC No	CO10786
Sample	BLOOD	Rank	APOFS

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	GINGA OCELOT	GINGA LYNX	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	30-08-2022	12-01-2024	-
Serum Bilirubin	0.55	0.51	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	14	20	Up to 37 U/L
Serum S.G.P.T.	22	24	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



Doctor Seal & Signature

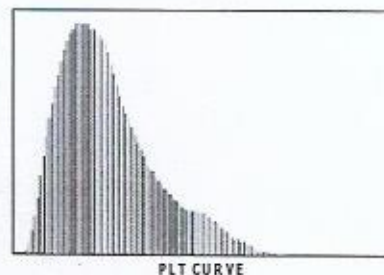
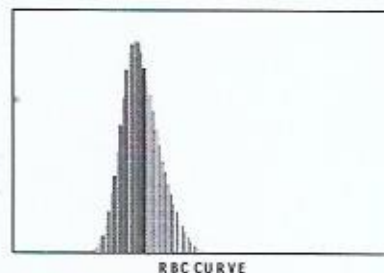
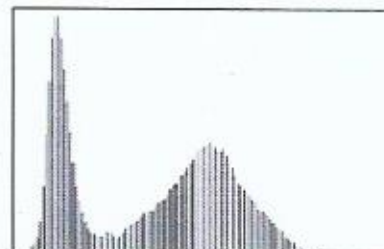
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shippng Bangladesh Approved
General Physician Date: 24th July 2022
Radical Hospitals Limited.

Id No : 0216 **Date** : 12-Jan-2024 **D.Date** : 13-Jan-2024
Patient's Name : SOLAIMAN M RAHMAN DIPU **Age** : 22Y 11M 3D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/10786

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.6 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 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/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	64 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	130 /cumm	50-450/cumm
Total RBC Count	4.97 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	39.6 %	M: 40-54%, F:37-47%
MCV	79.7 fL	76 - 94 fL
MCH	29.4 pg	27 - 32 pg
MCHC	36.9 g/dL	29 - 34 g/dL
RDW	12.9 %	11 - 16 %
PDW	16.8 fL	35 - 56 fL
Total Platelete Count (PC)	1,86,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.166 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
Medical Technologist

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

Bill No	DIA24010216	Received Date	12/01/2024
Patient's Name	SOLAIMAN M RAHMAN DIPU		
Patient's Age	22Y 11M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.51 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	20.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	24.0 U/L	Up to 40 U/L
HbA1C	5.0 %	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

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

Bill No	DIA24010216	Received Date	12/01/2024
Patient's Name	SOLAIMAN M RAHMAN DIPU		
Patient's Age	22Y 11M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HBsAg (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
<u>BLOOD GROUPING Result</u>	
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	DIA24010216	Received Date	12/01/2024
Patient's Name	SOLAIMAN M RAHMAN DIPU		
Patient's Age	22Y 11M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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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.

Bill No	DIA24010216	Received Date	12/01/2024
Patient's Name	SOLAIMAN M RAHMAN DIPU		
Patient's Age	22Y 11M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	URINE		

URINE ROUTINE EXAMINATIONPHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION CASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checked By


 Medical Technologist.
 Radical Hospital Ltd.


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



REF:	MT. GINGA LYNX	DATE: 12/01/2024
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M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	SOLAIMAN M RAHMAN DIPU	RANK: APP OFF	CDC NO: C/O/10786
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VISUAL ACUITY: RIGHT LEFT

UNAIDED 6/6 6/6.

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

ID: 62

12-01-2024 16:45:23

Salvador M. Roldan
Male 24 Years *DiFu*

HR : 75 bpm

P : 104 ms

PR : 128 ms

QRS : 90 ms

QT/QTc : 372/416 ms

P/QRS/T : 1/34/-7 °

RV5/SV1 : 1.090/1.013 mV

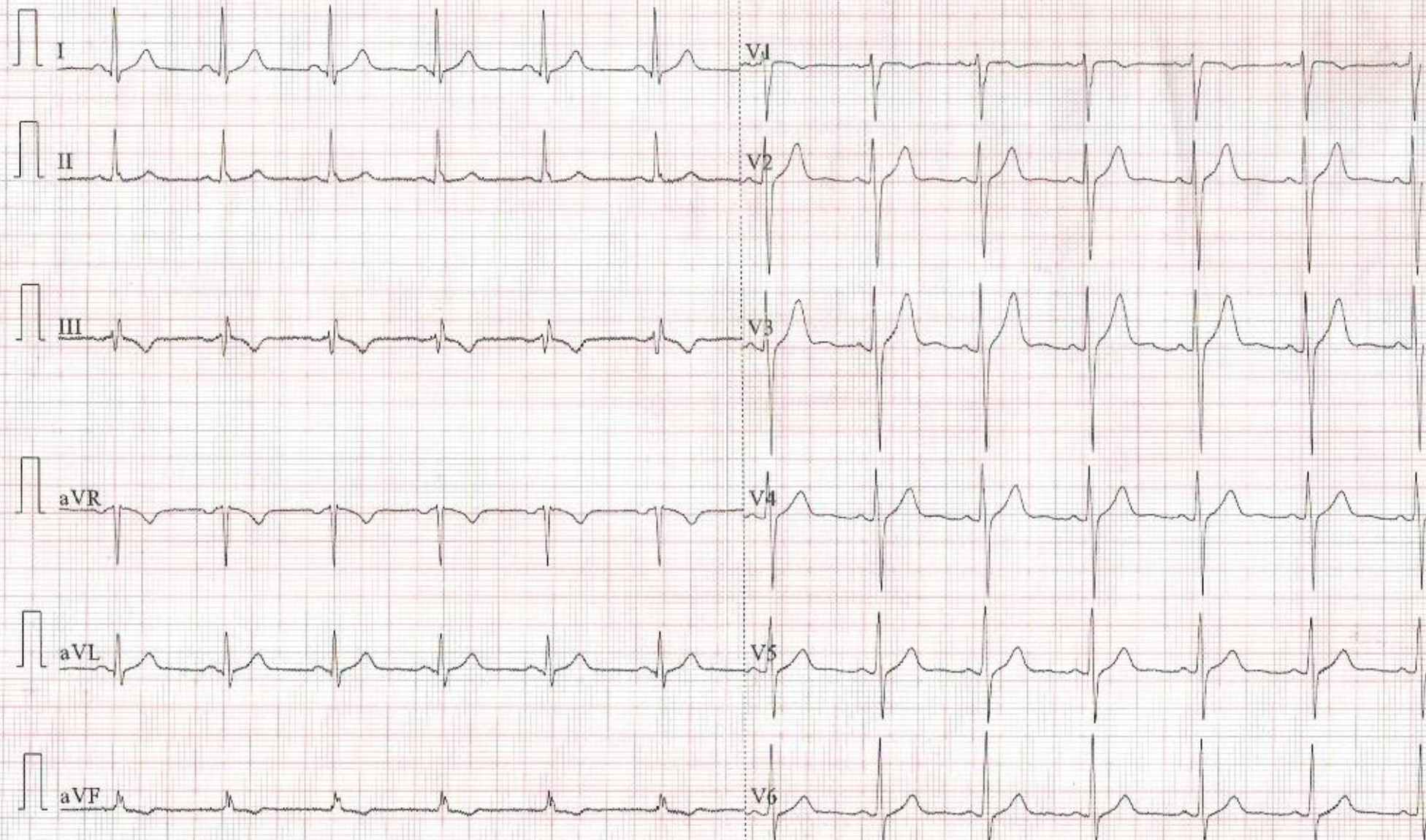
Diagnosis Information:

Sinus rhythm

Inferior ST-T abnormality is nonspecific

Borderline ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24010216 Receive: 12/01/2024 Print: 12/01/2024
Patient's Name : SOLAIMAN M RAHMAN DIPU
Age : 24 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

Patient ID	24010216	Voucher No	
Test Name	USG OF KUB	Delivery Date	12/01/2024
	SOLAIMAN M RAHMAN DIPU		
Age	24 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS (DU), DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEYS :- Are normal in size regular in shape. RK-8.9cm, cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

LT KIDNEYS :- Are normal in size regular in shape. RK-9.9cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

URINARY BLADDER : Is well filled. Wall thickness is within normal limit. No intravesicle lesion is seen

Prostate: Normal size regular in shape. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Normal Study.

Sonologist

Dr. Asma Ahmed

MBBS,CMU,DMU

PGT(Gynae & obs)

Advanced Training in TVS, Anomaly Scan

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

BOLAHMAN MEARMAN AGAINST CHOLERA

DIPU-C/010786

This is to certify that } Date of birth 02.01.1999 Sex 'M'
whose signature follows }

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
09 MAR 2021	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.	
11 FEB 2022	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.	
12 JAN 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.	
5		5
6		
7		7
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.

04.2024.5619

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 DIPU First SOLAIMAN Middle M RAHMAN
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 14 JAN 2024
Occupation: Deck/Engine/Catering/Other (specify) DECK CADET Rank: DECK CADET
Father's/ Husband's name: MD. MAMINUR RAHMAN C.D.C No. E/O 110786
Mother's Name: MRS. SALMA RAHMAN Seaman ID No. 050012917
Address: House No. 41 Street/ Road No. 13 Passport No. E60330176
Locality/Village: SEC-04 NID No. 1504427988
P.O.: UTTARA Date of Birth: 02 JAN 1999
P.S.: UTTARA (DD/MM/YYYY)
District: UTTARA, DHAKA

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination: ☒ YES/NO
 - Hearing meets the standards in section A-I/9: ☒ YES/NO
 - Unaided hearing satisfactory?: ☒ YES/NO
 - Visual acuity meets standards in section A-I/9?: ☒ YES/NO
 - Colour vision meets standards in section A-I/9?: ☒ YES/NO
Date of last colour vision test: 14 JAN 2024
 - Fit for lookout duties?: ☒ YES/NO
 - 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?: ☒ YES/NO
 - Any limitations or restrictions on fitness?: ☒ YES/NO
- If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED

Utara, Dhaka, Bangladesh

9. Medical fitness category:

☒ Fit-No restriction

☐ Fit-Subject to restrictions

☐ Unfit

10. Date of examination/Issue (DD/MM/YYYY): 14 JAN 2024

11. Date of expiry (DD/MM/YYYY): 13 JAN 2026 "No more than 2 years from the date of examination".

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

Seafarer's Signature

[Signature]



DR. MIR. MD. RAIHAN

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

Name & Signature of the practitioner:

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 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 whispered 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 use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible 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 engineer 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 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.

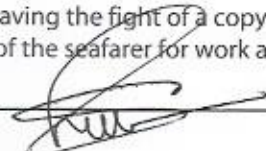
DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

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


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