

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS,(DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: MD NUR UDDIN Sex: M Serial No: _____
 Date of Birth: 16/01/1973 PP/CDC: T33953 Rank: PUMP.MAN.
 Vessel: _____ Type: CRUD OIL Route: WORLDWIDE
 Home Address: BECHUMAZI BARI, CHARASHIR HAT, THNE, KOBIR HAT, NOARKHALI, BANGLADESH.

Company Name: _____

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		☒		☒	Hemia / Hydrocoele / Appendicitis		☒		☒
Head Injury / Concussion / Loss of Memory		☒		☒	High / Low blood pressure / Heart disease		☒		☒
Fits / Epilepsy / Dizziness / Fainting		☒		☒	Asthma / Bronchitis / Tuberculosis		☒		☒
Eye / Vision Problems (Glasses, etc)		☒		☒	Allergy / Skin disease		☒		☒
Hearing Impairment		☒		☒	Infection / Contagious Disease		☒		☒
Ear / Nose / Throat problems		☒		☒	Addiction to alcohol / drugs / tobacco		☒		☒
Stomach / Bowel disorders		☒		☒	Fracture / Dislocation / Injury / Amputation		☒		☒
Gall stones / Kidney disorders		☒		☒	Major / Minor Operation		☒		☒
Jaundice / Liver Disease		☒		☒	Diabetes		☒		☒
Piles / Varicose veins		☒		☒	Nervous / Mental disease / Sleep disorder		☒		☒
Blood Disorder		☒		☒	Malignant disease (Cancer)		☒		☒
Female Disorder		☒		☒	Signed off on medical grounds / Declared Unfit		☒		☒

Notes

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp.Rate / min	General Condition							
<u>167cm</u>	<u>70kg</u>	<u>43-41</u>	<u>120/80 mm</u>	<u>76b/min</u>	<u>19b/min</u>	<u>AW</u>							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	<u>6/6</u>	<u>6/6</u>	Normal	Right Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>					
Left Eye			Abnormal	Left Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				Left ear				
	Other	Normal	Abnormal		<u>4</u>				<u>4</u>				

Systemic Examination

Normal Abnormal

Notes

Head & Neck	☒		FIT FOR SEA SERVICE AS PUMP.MAN. AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	☒	Abnormal
Eyes	☒			Cardiovascular system	☒	
Ears / Nose / Throat	☒			Per Abdomen	☒	
Teeth / Oral Cavity	☒			Genito-urinary system	☒	
Musculo-Skeletal system	☒			Others	☒	
Nervous system	☒			Hernia / Hydrocoele	☒	
Reflexes	☒			Varicose Veins	☒	
Skin	☒			Fissure/Fistula/Piles	☒	

Investigations

Blood	Result	Normal	Urine
Hemoglobin	<u>14.8</u> gm%	14-16 gm %	Colour
Total WBC count	<u>8.500</u> cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu <u>62</u> % Lymph <u>32</u> % Eos <u>02</u> % Ba <u>00</u> % Mo <u>02</u> %			pH
Malarial parasite	<u>NOT FOUND</u>		Albumin
ESR	<u>08</u> mm / 1st hour	1-15 mm / hr	Sugar
SGPT	<u>26</u> U/L	9-43 U / L	Bile pigment
S.Cholesterol	<u>178</u> mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	<u>178</u> mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS <u>111</u> PPBS	upto 125 mg %	RBC cells
HbsAg	<u>NEGATIVE</u>		Leucocytes
HIV I & II	<u>NEGATIVE</u>		Others
VDRL	<u>NEGATIVE</u>		
Others		GGTP U/L	
Blood Group			

ECG: Normal TMT: N/D Spirometry: N/D
 X-Ray Chest: Normal Drugs of Abuse: Negative
 USG: Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically
 Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR. MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 10 JAN 2026

Candidate's Signature Mir MD Raihan

Official Stamp

Doctor's signature:

Date: 11 JAN 2024



DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCB (Birm), PGD (Gpmb)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

04.2024.5616



MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA

SURNAME: NURUDDIN	GIVEN NAME (S): MD
DATE OF BIRTH: DAY 16 MONTH 01 YEAR 1973	PLACE OF BIRTH NOAKHALI CITY NOAKHALI COUNTRY BANGLADESH SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☒	MAILING ADDRESS OF APPLICANT: BECHU MAZI BARI, CHAPRASHAIR HAT, D.P. KABIR HAT, NOAKHALI

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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 is required every six years)

Date of the last colour vision test: (Day/Month/Year) **11 JAN 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.

Nuruddin
Signature of Applicant

MD. NURUDDIN
Name of Applicant

11-01-24
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 MBBS.(DU), DFM REG: A-55144**

ADDRESS: **RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-MAY-2014**

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

DATE: **11 JAN 2024**

EXPIRY DATE OF CERTIFICATE:

10 JAN 2026

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

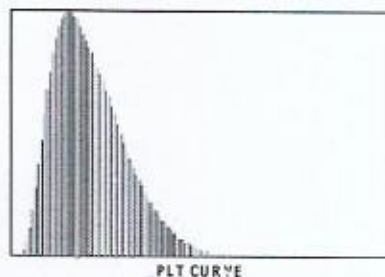
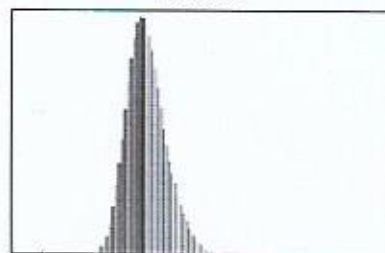
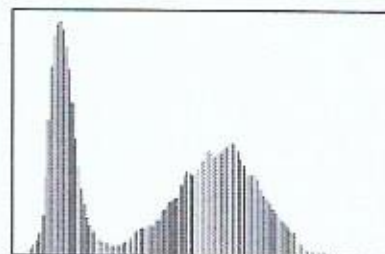
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Biom), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0192 **Date** : 11-Jan-2024 **D.Date** : 11-Jan-2024
Patient's Name : MD NURUDDIN **Age** : 50Y 11M 25 **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-T/33953

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.8 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)	8,500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	62 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	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	170 /cumm	50-450/cumm
Total RBC Count	4.81 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.5 %	M: 40-54%, F:37-47%
MCV	84.2 fL	76 - 94 fL
MCH	30.8 pg	27 - 32 pg
MCHC	36.5 g/dL	29 - 34 g/dL
RDW	12.0 %	11 - 16 %
PDW	13.8 fL	35 - 56 fL
Total Platelete Count (PC)	2,73,000 /cumm	150,000-450,000/cumm
MPV	7.5 fL	7.0 - 11.0 fL
PCT	0.205 %	0.1 - 0.2 %
Bleeding 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.

Bill No	DIA24010192	Received Date	11/01/2024
Patient's Name	MD NURUDDIN		
Patient's Age	50Y 11M 25	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/33953
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name

Result

Reference Range

Liver Function Test

Serum Bilirubin (Total)	0.80mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	26 U/L	Up to 40 U/L

REMARKS (IF ANY)

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

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	DIA24010192	Received Date	11/01/2024
Patient's Name	MD NURUDDIN		
Patient's Age	50Y 11M 25	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/33953
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative

Checked By

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

Bill No	DIA24010192	Received Date	11/01/2024
Patient's Name	MD NURUDDIN		
Patient's Age	50Y 11M 25	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/33953
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

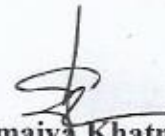
Test Name	Result
-----------	--------

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.


Dr. Sumaiya Khatun
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 Associate Professor
 Dept. of Microbiology
 East West Medical College and Hospital.

Bill No	DIA24010192	Received Date	11/01/2024
Patient's Name	MD NURUDDIN		
Patient's Age	50Y 11M 25	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/33953
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

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

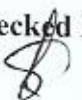
CHEMICAL EXAMINATION CASTS / LPF

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.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24010192 Receive: Print: 11/01/2024
Patient's Name : MD NURUDDIN
Age : 50 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 69 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

Impression : Findings are within normal limit.



Dr. Debashish Paul

MBBS, MD (Cardiology)

Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

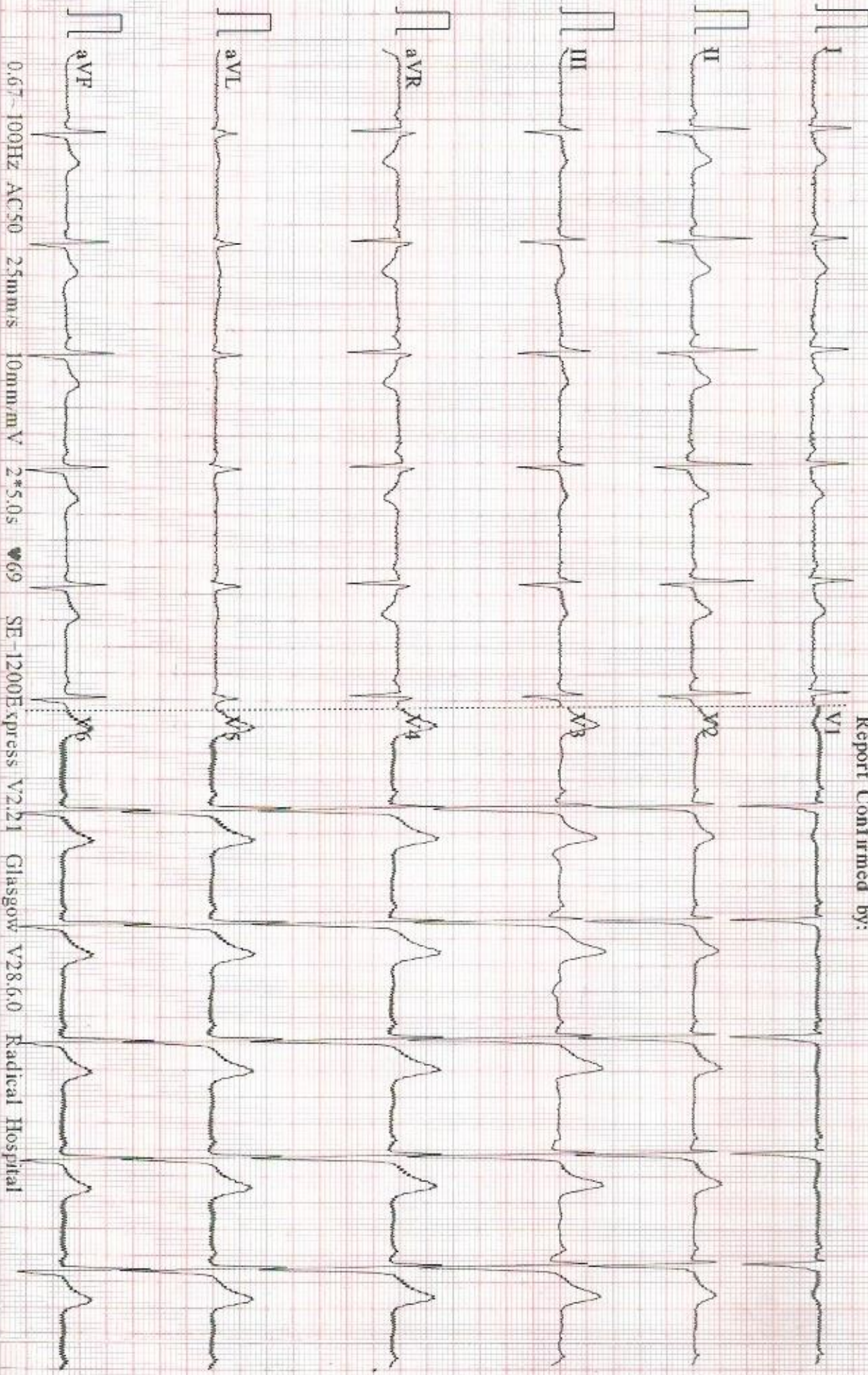
Page 1 of 1

ID: 31
mal muckin
Male 50 Years

08-01-2024 11:45:52
HR : 69 bpm
P : 110 ms
PR : 132 ms
QRS : 102 ms
QT/QTc : 372/399 ms
P/QRS/T : 38/11/49 °
RV5/SV1 : 1.419/1.471 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24010192 Receive: 11/01/2024 Print: 11/01/2024
Patient's Name : **MD NURUDDIN**
Age : 50 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

This report has been electronically signed.

Page of 1

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA**
**CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

This is to Certify that }
Je soussigne (e) certifie que } Date of Birth 16.01.1973 sex M
whose signature follows } ne (e) le } Sexe }

has on the date indicated been vaccinated or revaccinated against Cholera
a etc. vaccination (e) contre la fièvre jaune la date indiquée.

Handwritten:
29 SEP 2012

Date

Signature and Professional
Status of vaccinator
Signature et qualité Prof.
essionnelle du vaccinateur

Approved Stamp
Cachet d'authentification

Dr. Md. Ariful Islam
MBBS (CMC) BCS (Health) FCPS (MEDICINE)-H,CCD
BMDC Reg. No. 62563
DG Shipping Approved (BD)

Senior's Medical Officer, Chittagong, Bangladesh



**ORAL CHOLERA
"DUKORAL"**
Valid Upto 2 Yrs

Handwritten:
11 JAN 2014

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birm), PGT (Opht)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.



**ORAL CHOLERA
"DUKORAL"**
Valid Upto 2 yrs

4

5

6

7

8

5

7

6

8

Continued overleaf Suite our erso

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW-FEVER
CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVER JANUE**

This is to Certifie that }
je soussigne (e) certifie que } _____ Date of Birth 16.01.1973 sex M
whose signature follows } _____ ne (e) le _____ Sexe _____
dont la signature suit. }

has on the date indicated been vaccinated or revaccinated against Yellow-Fever
a etc. vaccination (e) on contre la fiever jaune la date indique.

Date	Signature and Professional Status of vaccinator Signature el qualite Prof. essionnele du vaccinateur	Origin and batch no. of vaccine origine du vaccin Employe et u mercad de l'p	Official stamp of vaccination centre. cachet Official du Center de vaccination
22 SEP 2022	Dr. Md. Ariful Islam MBBS (CMC) BCS (Health) FCPS (MEDICINE)-HCCO BMDC Reg. No. 82583 DG Shipping Approved (BD) Seaborn's Medical Officer, Chittagong, Bangladesh	YELLOW FEVER VACCINATION L NO DAKAR 13	CENTER FOR VACCINATION Dr. Md. Ariful Islam Hafishahar Housing Estate, Chittagong ★ BANGLADESH ★
2			
3			
4			

This certificate is valid on only if the vaccine used hs been approved by the World Health Organization and if the vaccinating centre has been designated by 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 or failure to complete any part of it, may render it invalid.

Ce certificate n est valadble que si jevaccine employe a etc. approuve part organisation mondiate de la sant.

Et sit c de vaccination a etc habilite part administration du territoire de s lequcl ce centre est situe.

Le validity de ce certificate conure une periode de six ans ommencent dix Jours apres la date de la vaccination ou da s le casd une revaccination on cours de cettée periode de dix aus. e Jour de cettée; revaccination.

Toute correction ou rature sur le certificate au omission d'un quelonque desmentions nd il comporte peul affector su valideite.

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



Form No: SMC

SL NO.

04.2024.5616

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 UDDIN First MD NUR Middle
Gender: (Male/Female) MALE Nationality BANGLADESHI Date: 11 JAN 2024
Occupation: Deck/Engine/Catering/Other (specify) DECK Rank: PUMPMAN
Father's/ Husband's name: SULTAN AHMED C.D.C No. T/33963
Mother's Name: SAMSUN NAHAR Seaman ID No. 050013843
Address: House No. Street/ Road No. Passport No. EG0790966
Locality/Village: UPADILAMEH NID No.
P.O.: CHAPRASHIRHAT Date of Birth: 16-01-1973
P.S.: KABIRHAT (DD/MM/YYYY)
District: NOAKHOLI

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:

1. Confirmation that identification documents were checked at the point of examination: YES/NO
2. Hearing meets the standards in section A-I/9: YES/NO
3. Unaided hearing satisfactory?: YES/NO
4. Visual acuity meets standards in section A-I/9?: YES/NO
5. Colour vision meets standards in section A-I/9?: YES/NO
Date of last colour vision test: 11 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 other persons on board?: YES/NO
8. Any limitations or restrictions on fitness?: YES/NO

If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category:

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY): 11 JAN 2024

11. Date of expiry (DD/MM/YYYY): 10 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



DR. MR. 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:

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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11 JAN 2024