

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: BHUYAN MD HASNAT KARIM Sex: MALE Serial No: _____

Date of Birth: 22/03/1992 PP/CDC: C1017403 Rank: ETU

Vessel: V.S. GLORY Type: TANKER Route: _____

Home Address: VILLAGE: SATURA SHARIF, P.S: AKHAURA, BRAHAMANBARIA

Company Name: V. SHIPS

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)		☒		☒	Hernia / 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							
172cm	77kg	43-41	120/80 mmHg	78b/min	19.5/min	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hr	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal	Right Ear	dB	20	20	20					
Left Eye	6/6		Abnormal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				Left ear				
	Other	Normal	Abnormal		4								

Systemic Examination

	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	☒	☒	FIT FOR SEA SERVICE AS ETO AS PER MLC 2006 Enhanced GARD Medicals done		Respiratory system	☒
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	16.8 gm%	14-16 gm %	Colour
Total WBC count	6400 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 65 % Lym 28 % Eos 02 % Ba 00 % Mo 02 %			pH
Malarial parasite	Not found		Albumin
ESR	85 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	27 U/L	9-43 U/L	Bile pigment
S.Cholesterol	175 mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	175 mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS 111 PPBS 111	upto 125 mg %	RBC cells
HbsAg	Not found		Leucocytes
HIV I & II	Not found		Others
VDRL	Not found		
Others		GGTP U/L	
Blood Group			

ECG: Normal TMT: N/D

X-Ray Chest: 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: 02 JAN 2025

Candidate's Signature: [Signature]

Date: 03.01.2024

Official Stamp



Doctor's signature:

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

03 JAN 2023

04.2024.5556

Certificate No:

04.2024.5556

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000;

STCW code I/9 MLC 2006 – Reg 1.2 And

ILO/IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12



Family Name	MD HASNAT KARIM BHUIYAN		
Given Names			
Date of birth (day/month/year)	22/03/1992	Sex:	☒ Male ☐ Female
Nationality	BANGLADESHI		



	Yes	No	NA
Confirmation that identification documents were checked at the point of examination	☒		
Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a):	☒		
Unaided hearing satisfactory?	☒		
Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	☒		
Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	☒		

I have evaluated the above named examinee according to

(National law, regulation or other requirement)

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☒ Fit for look-out duty	☐ Not fit for look-out duty			
Deck service	Engine service	Catering service	Other services	
☐ Fit	☒	☐	☐	
☐ Unfit	☐	☐	☐	
☐ Without restrictions	☐ With restrictions			
Visual aid required	☐ Yes ☒ No			
Chest X-ray	☒ normal	☐ not performed		
Bacteriological stool test	☒ negative	☐ not performed		
Parasitical stool test	☒ negative	☐ not performed		
Vaccination records	☒ satisfactory	☐ to be renewed		

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

RADICAL HOSPITAL LIMITED

03 JAN 2023

Place of examination: Uttara, Dhaka, Bangladesh Date (day/month/year) 02 JAN 2025Medical certificate's date of expiration (day/month/year) 02 JAN 2025Official stamp (also print name of medical examiner if not legible) **DR. MIR. MD. RAIHAN**

Signature of medical examiner:

Authorised by: DG SHIPPING BANGLADESH (competent authority) Radical Hospitals Limited.

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature:

(To be signed in the presence of the medical examiner)



Certificate No: **04.2024.5556**

GUIDELINES AND MINIMUM REQUIREMENTS FOR:

PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
OF SEAFARERS

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 and MLC 2006 – Reg 1.2 And
ILO/ IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12

Family Name	MD HASNAT KARIM BHUIYA	
Given Names		
Rank and department	ETO. (ENGINE)	
Date of birth (day/month/year)	22.03.1992	Sex: ☒ Male ☐ Female
Nationality	BANGLADESHI	
Home address	VILLAGE: SATURA SHAPIF, P.S: AKHAURA, Dis: BRAHMANBARDA	
Residence & Mobile No:	01751-043195	
Passport No./Discharge Book No.	01017403	
Type of ship (container, tanker, passenger, fishing)	TANKER	
Trade area (e.g., coastal, tropical, worldwide)	WORLD WIDE	



A. EXAMINEE'S PERSONAL DECLARATION:

(Assistance should be offered by medical staff)

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; use alcohol or drugs?	☐	☒
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 or joint 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

	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?	☐	☒
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?	☐	☒
If yes, please list the medications taken and the purpose(s) and dosage(s)		

I _____ holding Passport/Seaman Book No _____ hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____

Date (day/month/year) **03 JAN 2023**
03 / 01 / 2024

Witnessed by: (Signature) _____

Name: (typed or printed) **DR. MIR. MD. RAIHAN**
MBBS (DU), DFM, CCD (Bldem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

I hereby authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).



B. MEDICAL EXAMINATION

Sight:

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

Visual acuity						
Unaided			Aided			
Right eye	Left eye	Bino-cular	Right eye	Left eye	Bino-cular	
Distant	6/6	6/6				
Near	20	20				

Visual fields		
Normal	Defective	
Right eye		
Left eye		

Method of Testing Colour vision:

☒ Ishihara Plates ☒ Lantern Test ☐ Others

Colour vision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing:

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear		
Left ear		

Clinical Findings:

Height in cm	172	Weight in kg	77
Pulse rate	78 (/ minute)	Rhythm	Regular
Blood pressure Systolic	120 mm Hg	Diastolic	80 mm Hg

Urinalysis

Glucose:	Nil	Protein:	Nil	Blood:	Nil
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	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	☒	☐	Piles	☒	☐
Heart	☒	☐	Skin	☒	☐
Hydrocele	☒	☐	General appearance	☒	☐

Chest X-ray	☐ Not performed	
	Performed on (day/month/year):	03 JAN 2023
Results:	Normal chest X-ray	

Other diagnostic test(s) and result(s):

Test	Result
Blood Tests – tick in box if done- readings separately issued* ¹	CBC ☒ , Blood VDRL test ☒ , Blood ESR ☒ , Blood Sugar – Random ☒
Haemoglobin "Hb" * ¹	
Hepatitis B * ³	HB (ab) ☒ +ve ☒ -ve HB (ag) ☒ +ve ☒ -ve
Bacteriological stool test* ⁴	☒ not performed ☐ negative ☐ positive
Parasitological stool test* ⁵	☒ not performed ☐ negative ☐ positive
ECG (only for crew above 40 years)	
HIV * ² (+ve or -ve)	
Medical examiner's comments:	FIT FOR DUTY ON BOARD SHIP

*¹ compulsory

*² not compulsory

*³ required by the Company for all crew from endemic areas

*⁴ required by the Company for all food handlers

*⁵ required by the Company for all food handlers from tropical climates

Assessment of fitness for service at sea including physical capabilities:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☒ Fit for look-out duty

☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☒	☒	☒	☒
Unfit	☐	☐	☐	☐

☒ Without restrictions

☐ With restrictions

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

Place of examination: UTTARA, DHAKA, Date (day/month/year) **03 JAN 2023**

Medical certificate's date of expiration (day/month/year) **02 JAN 2025**

Date medical certificate issued (day/month/year): **03 JAN 2023**

Official stamp (also print name of medical examiner if not legible):

Signature of medical examiner:

Medical practitioner information (name, license number, address):

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:



MEDICAL CERTIFICATE

Surname	Other Names	Position
BAVIYAN	MD HASNAT KAPIM	ETO
Date of Birth	Sex	Nationality
22/09/1992	MALE	BANGLADESHI
ID (Passport/Discharge book) No:		
C/017403		
Ship Name		
V S GLORY		

I have evaluated the above-named examinee according to UK CLUB (national law, regulation or other requirement), and on the basis of the examinee's personal declaration, my clinical examination, and the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, in my opinion this employee **DOES / DOES NOT** meet the physical requirement for this job.

Restrictions applied: None/.....

If unfit state reason

FIT FOR DUTY ON BOARD SHIP

Visual aid required (specify) Yes/No Informed spares necessary Yes/No Fit for lookout duty Yes/No

Expiry date **02 JAN 2025**

Signed:

Name:

Authorizing body:

Clinic stamp:

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.

Date: **03 JAN 2023**

I acknowledge that I have been advised of the content of the medical examination form.

Examinee's signature:

A copy of this certificate should be kept by the examining physician, and a copy sent to the UK P & I club.
The original should be given to the seafarer.

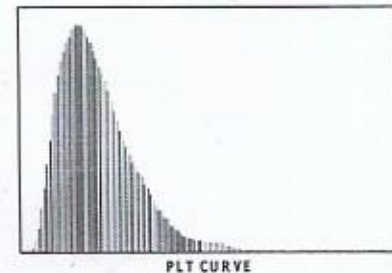
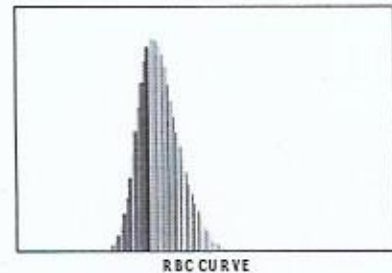
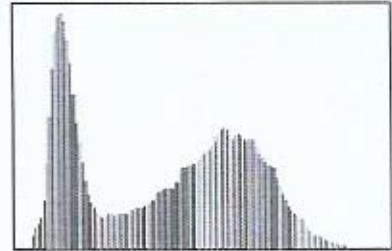


Id No : 0043 **Date** : 03-Jan-2024 **D.Date** : 03-Jan-2024
Patient's Name : MD HASNAT KARIM BHUIYAN **Age** : 31Y 9M 11D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7403

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	16.8 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)	6,400 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	28 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	192 /cumm	50-450/cumm
Total RBC Count	5.06 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	45.0 %	M: 40-54%, F:37-47%
MCV	88.9 fL	76 - 94 fL
MCH	33.2 pg	27 - 32 pg
MCHC	37.3 g/dL	29 - 34 g/dL
RDW	12.7 %	11 - 16 %
PDW	15.7 fL	35 - 56 fL
Total Platelete Count (PC)	2,80,000 /cumm	150,000-450,000/cumm
MPV	7.4 fL	7.0 - 11.0 fL
PCT	0.207 %	0.1 - 0.5 %
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	DIA24010043	Received Date	03/01/2024
Patient's Name	MD HASNAT KARIM BHUIYAN		
Patient's Age	31Y 9M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/7403
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.56 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	27 U/L	Up to 40 U/L
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	164 U/L	98 - 279 U/L



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	DIA24010043	Received Date	03/01/2024
Patient's Name	MD HASNAT KARIM BHUIYAN		
Patient's Age	31Y 9M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/7403
Sample	BLOOD		

SEROLOGICAL REPORT

<u>Test Name</u>	<u>Result</u>
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive



Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
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East West Medical College and Hospital.



Bill No	DIA24010043	Received Date	03/01/2024
Patient's Name	MD HASNAT KARIM BHUIYAN		
Patient's Age	31Y 9M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/7403
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	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.



Bill No	DIA24010043	Received Date	03/01/2024
Patient's Name	MD HASNAT KARIM BHUIYAN		
Patient's Age	31Y 9M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/7403
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.

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

Date: 03/01/2024

EYE EXAMINATION REPORT

NAME:	MD HASNAT KARIM BHUIYAN		
AGE:	32 YRS	RANK: ETO	CDC NO: C/O/7403

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 (DU), DFM, CCD (Birdem), PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician

AUDIOLOGICAL REPORT

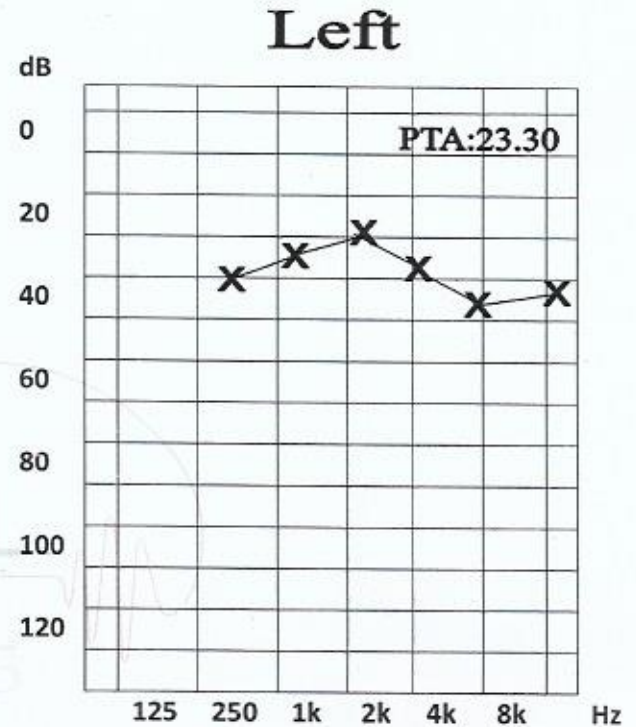
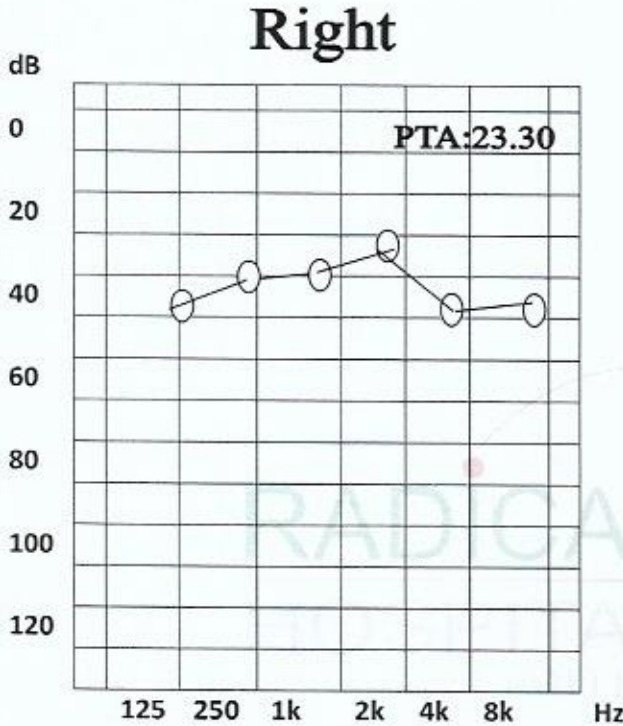
Patient Name : MD HASNAT KARIM BHUIYAN

03/01/2024

Age : 32 Yrs

Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24010043 Receive: 03/01/2024 Print: 03/01/2024
Patient's Name : MD HASNAT KARIM BHUIYAN
Age : 32 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

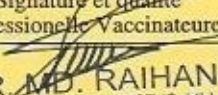
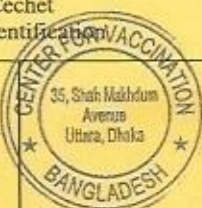

Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

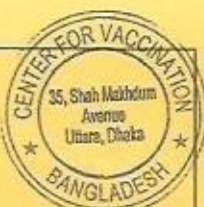
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

MD HASNAT KARIM BHUIYAN date of birth 22/03/1992 Sex MALE
This is to certify that _____ no (e) le _____ sexe
JE Soussigne (e) certifie que _____

Whose signature follows 
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against Cholera
a etc vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle Vaccinateur	Approved Stamp Cachet d'authentification
01 APR 2021	 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.	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs 

03 JAN 2023	 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.	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs 
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The validity of this certificate shall extend for a period of Two Years, beginning six days after the first injection of vaccine or in the event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a from prescribed by the health adminstration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiques a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre conforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t cffecter sa validite.

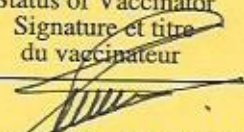
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

MD. HASNAT KARIM BHUIYAN

This is to certify that
JE Soussigne (e) certifie que } date of birth } 22/03/1992 Sex } MALE
no (e) le } sexe }

Whose signature follows }
dont la signature suit }

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' 'tc' vaccine (e) ou revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numé'ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
01 APR 2022 1	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Raihan Hospitals Limited.		
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and 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 the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that l'evaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

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

Ce certificat n' est valable que si le vaccin employé a e' 'tc' a approuvé par l' Organisation Mondiale de la Santé et si le centre de vaccination e' 'te' habilité par l' administration sanitaire du territoire dans lequel ce centre est situé

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination au cours de cette période de dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme tenant lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu' il comporte peut affecter sa validité.

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



Form No: SMC

SL NO.

04.2024.5556

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 BHUIYAN First MD HASNAT Middle KARIM
Gender: (Male/Female) ✓ Nationality: BANGLADESHI Date: 03 JAN 2024
Occupation: Deck/Engine/Catering/Other (specify) ✓ Rank: ETU
Father's/ Husband's name: MD LUTFOR RAHMAN BHUIYAN C.D.C No. 91017403
Mother's Name: NADIRA BEGUM Seaman ID No. 050010053
Address: House No. _____ Street/ Road No. _____ Passport No. A02743145
Locality/Village: SATURA SHARIF NID No. 5973051195
P.O. SATURA SHARIF Date of Birth: 22.03.1992
P.S. AKHAURA (DD/MM/YYYY)
District: BRAHMANBARTA

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 03 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) 03 JAN 2024

11. Date of expiry (DD/MM/YYYY) 02 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. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birm), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospital Limited

Name & Signature of the practitioner: