

Certificate No: <u>04-2023</u>. 4249

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

RECENT **PHOTO**

Family Name	ISLAM MD		716	
Given Names	MONIRUL			
Date of birth (day/month/year)	16 - 08-1390 Sex: ☑ Ma	le 🗌 Fe	male	-
Nationality	BANGLADESHI			
		Yes	No	T NA
Confirmation that identification docure examination		1		
Hearing satisfactory and meets the s and MLC 2006 1.2- 6 (a):	standards in STCW Code, section A-I/S			
Inaided hearing satisfactory?		/		
/isual acuity satisfactory and meets and MLC 2006 1.2- 6 (a)?	standards in STCW Code, section A-I	19		
Colour vision satisfactory and meets and MLC 2006 1.2- 6 (a)?	standards in STCW Code, section A-	/9		
Fit for look-out duty Deck servit Unfit Without restrictions	sea or to render the seafarer unfit for d hence declare the examinee medicated Not fit for look-out duty vice Engine service Catering service Catering service With restrictions Yes No Dormal Degative Satisfactory	lly:	er service	
Place of examination: Where, Discourse, Dis	f medical examiner if not legible): DR	2 0, JUN 025	(Biroem), P MMC-B ladesh A hysician	GD-016 Approved
	have been informed of the content of agraph 6 of section A-I/9 of the STCW	the certificat		
Examinee's signature:				



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

j s	INIMC MEI C nant Ship TCW coo	M REQU DICAL FI DF SEAF Ding (Medical le I/9 and ML	TNESS EXAMINATIO	NS	RECENT PHOTO
Family Name		ISLAM	MD	+	
Given Names	1	10NIR1	IL		
Rank and department	E	TO			
Date of birth (day/month/year)	16 -	08-19	90 Sex: Male	Female	
Nationality			ADESHI		
Home address	P.S	: Ghore	dah P.o-Bhilki akumda BisT: The	Bazan	
Residence & Mobile No:					
Passport No./Discharge Book No.	C	10/615	1		
Type of ship (container, tanker passenger, fishing)				<u> </u>	
Trade area (e.g., coastal, tropical, worldwide)			Mark S		
A. EXAMINEE'S PERSONAL (Assistance should be offered by mediane you ever had any of the	fical staf	f)			
Condition	Yes	No 1	Condition	Yes No	1
 Eye/vision problem 		18.	Sleep problems		1
High blood pressure		1 9.	Do you smoke; use alcohol or drugs?		
3. Heart/vascular disease		20.	Operation/surgery		2
4. Heart surgery		21. مركا	Epilepsy/seizures		1
5. Varicose veins		Z _22.	Dizziness/fainting		1
6. Asthma/bronchitis		Z/23.	Loss of consciousness		1
7. Blood disorder		Z 24.	Psychiatric problems		1
8. Diabetes		Z 25.	Depression		1
9. Thyroid problem		126.	Attempted suicide		2
Digestive disorder		Z 27.	Loss of memory		_
11. Kidney problem		28.	Balance problem		10
12. Skin problem		Z/29.	Severe headaches		
13. Allergies		☑ 30.	Ear/nose/throat problems		1
14 Infectious/contagious		F 31	Restricted mobility		/

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

Back or joint problems Amputation

Fractures/dislocations

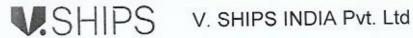


diseases

17. Pregnancy

16. Genital disorders

15. Hernia

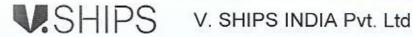


	litional questions	Ye	No
	Turney size of as sick or repatriated from a shin?	S	7
35.	Have you ever been signed off as sick or repatriated from a ship?	H	7
36.	Have you ever been hospitalised?	H	H
37.	Have you ever been declared unfit for sea duty?	H	1
38.	Has your medical certificate ever been restricted or revoked?	Η	님
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?	<i>'</i>	Ш
41.	Are you allergic to any medications?		
If y	Are you taking any non-prescription or prescription medications? res, please list the medications taken and the purpose(s) and dosage(s)		
nere	holding Passport/Seaman Book No seby declare that I have made full disclosure of all of my medical history of this clinic. I am aware that the information supplied by me forms the ill be offered employment as a seafarer. I understand that in	to the basi	aoc s upo
misi and or u beir	representation either by statement or omission I may lose the right to be / or compensation which would otherwise be due to me under the Contr inder any Collective Bargaining Agreement. I also hereby consent to make available upon demand to my employers and / or the owners a vessel or their authorized representatives.	act of	Emp

Signature of examinee:	Date (day/month/year)	!
Witnessed by: (Signature)	Name: (typed or printed)BMD	MIR, MD, RAIHAN DU), DFM, CCD (Birdem), PGT (Ophth) C A-55144, MMC-BGD-016 inpp.ng Bangladesh Approved General Physician Radical Hospitals Limited

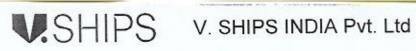
I hereby authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).





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		Unaide	d		Aid	ded	-	1.0	
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Vear	NS	NS	1			5.6	Left eye	e /	
	of Testin				ormal		Ishirara Plate	•	ern Test
Hearing				7				d whisper tes	t (metres)
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Left ear	20	2	20	20	2		Left ear		
Clinical	Findings								
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Urinalys									
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Lungs a				Z		General	appearance	V	
Lungs a Breast e Heart	ele			ot perfe			appearance		





Tes	st		Result	
one- reading sued*1	B 0.	CBC, Blood VDI Sugar – Random	RI Test , Blo	
laemoglobin "H	b" * ¹			g/dl
lepatitis B *³		HB (ab) □+ve ve ∕	- HB (ag)	CONTRACTOR STATE
acteriological s	tool test*4	nøt performed	negative negative	positive
arasitical stool	test*5	not performed	negative	positive
CG (only for cre	w above 40	NOTON	aal.	
HIV *2 (+ve or -v	re)	Neg	tall	. ()
and the second s	er's comments:	FIT FOR DUTY	ON BOARD SH	IP
1 compulsory 2 not compulsory	•5 f fitness for se	required by the Company required by the Company rvice at sea includir ee's personal declar	for all food handlers	from tropical climate abilities:
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from any medic unfit for such se the examinee m	ervice or to end nedically:	anger the health of o	ook-out duty Catering	Other services
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