

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: **ARAFAT MD YEASIR**

Sex: **MALE** Serial No: _____

Sumamre

First Name

Middle Initial

Date of Birth: **15 / 12 / 1996**

PP/CDC: **C/D/9784**

Rank: **FOURTH ENGINEER**

Vessel: **MT SADAH SILVER**

Type: **TANKER**

Route: **World wide**

Home Address: **SHAHKOLA, PANCHOCROSHI, ULLAPARA,**

SIRASGANG

Company Name: **V. SHIP**

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							
170cm	88kg	42-91 cm	120/80 mm.	78 bpm	19 bpm	Aw							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry / Hz	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				4				

Systemic Examination

Normal Abnormal

Notes

Head & Neck	☒		FIT FOR SEA SERVICE AS 4/E 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	15.8 gm%	14-16 gm %	Colour
Total WBC count	6.400 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 68 % Lymph 26 % Eos 04 % Ba 00 % Mo 02 %			pH
Malarial parasite	Negative		Albumin
ESR	0.6 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	28 U/L	9-43 U / L	Bile pigment
S.Cholesterol	152 mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	13.6 mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	5.6 PPBS	upto 125 mg %	RBC cells
HbsAg	Negative		Leucocytes
HIV I & II	Negative		Others
VDRL	Negative		
Others		GGTP U/L	
Blood Group			



ECG: **Normal** TMT: **N/A**

X-Ray Chest: **Normal**

Spirometry: **N/A**

Drugs of Abuse: **Negative**

USG:

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

Official Stamp

Doctor's signature:

Date: **03 JAN 2023**



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.

04.2024.5563

Certificate No: 04.2024.5563**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	ARAFAT		
Given Names	MD YEASIR		
Date of birth (day/month/year)	15/12/1996	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		
☒ Fit	Deck service ☐	Engine service ☒	Catering service ☐ Other services ☐
☐ Unfit	☐	☐	☐
☐ Without restrictions	☒ Yes	☐ With restrictions	
Visual aid required	☐ No	☒ normal	☐ not performed
Chest X-ray		☒ negative	☐ not performed
Bacteriological stool test		☒ negative	☐ not performed
Parasitical stool test		☒ satisfactory	☐ to be renewed
Vaccination records			

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

RADICAL HOSPITAL LIMITED

Place of examination: Uttara, Dhaka, Bangladesh Date (day/month/year) 03 JAN 2023

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

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

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

Signature of medical examiner: _____

Authorised by: DG SHIPPING BANGLADESH (competent authority)

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: 04.2024.5563

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	ARAFAT	
Given Names	MD YEASIR	
Rank and department	FOURTH ENGINEER / ENGINE	
Date of birth (day/month/year)	15/12/96	Sex: ☒ Male ☐ Female
Nationality	BANGLADESHI	
Home address	SHAHIKOLA, PANCHOCROSHI, ULLAPARA, SIRASGANJ	
Residence & Mobile No:	01744864822	
Passport No./Discharge Book No.	E3 0030858 / C/O/9984	
Type of ship (container, tanker, passenger, fishing)	Tanker	
Trade area (e.g., coastal, tropical, worldwide)	Worldwide	

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	☐	☒

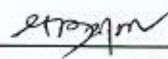
If any of the above questions were answered "yes", please give details.

Additional questions

	Ye s	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 MD YEASIR ARAFAT holding Passport/Seaman Book No C/6/9784 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

Witnessed by: (Signature) 

Name: (typed or printed)

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.

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	6/6 6/6	6/6 6/6	
Near			NS	NS	NS	

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	170	Weight in kg	88
Pulse rate	78 (/ minute)	Rhythm	Regular
Blood pressure			
Systolic	120	Diastolic	80
	mm Hg		mm Hg

Urinalysis

Glucose:	Nil	Protein:	Nil	Blood:	Nil
	Normal		Abnormal		Normal

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	Nil	☐	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
Parasitical 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

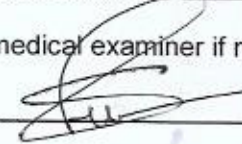
	Deck service	Engine service	Catering service	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

☒ 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 2023Medical certificate's date of expiration (day/month/year) 02 JAN 2025Date 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):

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MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME ARAFAT	GIVEN NAME(S) MD YEASIR
DATE OF BIRTH 12 MONTH 15 DAY 1976 YEAR	PLACE OF BIRTH SIRAZGANJ BANGLADESH COUNTRY SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: SHARIKOLA, PANCHOCROSHI, ULLAPARA, SIRAZGANJ

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 170cm	WEIGHT 88kg	BLOOD PRESSURE 120/80 mmHg	PULSE 78b/min	RESPIRATION 19b/min	GENERAL APPEARANCE aw
VISION: WITHOUT GLASSES WITH GLASSES 6/6 / 6/6		HEARING: RT. EAR aw LEFT EAR aw			
COLOR TEST TYPE: BOOK ☒ LANTERN ☐ IS COLOR TEST NORMAL? ☐ YES ☐ NO (If "NO" EXPLAIN ON PAGE 2)					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? ☒ YES ☐ NO					
HEAD AND NECK Normal			HEART (CARDIOVASCULAR) Normal		
LUNGS Normal			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes		
EXTREMITIES: UPPER Normal			LOWER Normal		
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? ☒ YES ☐ NO					
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? ☐ YES ☒ NO					
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2					
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? ☐ YES ☒ NO					

SIGNATURE OF APPLICANT **ARAFAT MD YEASIR** DATE OF EXAMINATION **03 JAN 2023** EXPIRY DATE **02 JAN 2025**

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO

FIT FOR DUTY ON BOARD SHIP

ARAFAT MD YEASIR

NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES ☒ NO ☐

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 RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD RAIHAN MBBS, DFM**
ADDRESS **RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230**
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY **DG SHIPPING BANGLADESH**
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **06 MAY 2014**
SIGNATURE OF PHYSICIAN **DR. MIR MD RAIHAN** DATE **03 JAN 2023**

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

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MI-105M

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 medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. 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 seafarer's 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 (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) **Eyesight**
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. 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 should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should 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.
- (h) **Physical Requirements**
 - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M 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/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 an equivalent form.
(See RMI MG 7-47-1, §3.3).

03 JAN 2023

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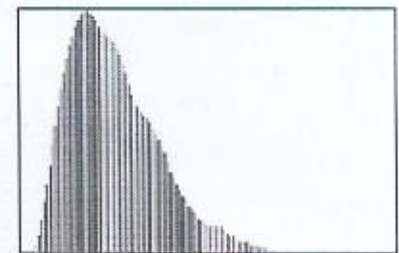
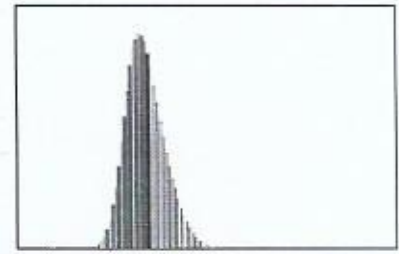
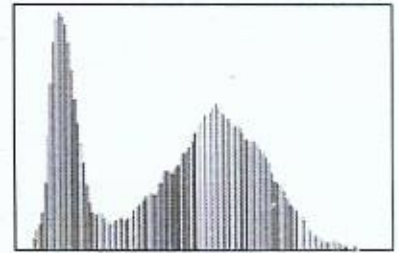


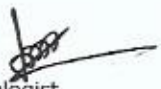
Id No : 0035 **Date** : 03-Jan-2024 **D.Date** : 03-Jan-2024
Patient's Name : MD YEASIR ARAFAT **Age** : 27Y 0M 19D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C/O/ 9784

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.8 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 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	68 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	26 %	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	128 /cumm	50-450/cumm
Total RBC Count	5.29 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42.0 %	M: 40-54%, F:37-47%
MCV	79.4 fL	76 - 94 fL
MCH	29.9 pg	27 - 32 pg
MCHC	37.6 g/dL	29 - 34 g/dL
RDW	13.3 %	11 - 16 %
PDW	14.1 fL	35 - 56 fL
Total Platelete Count (PC)	2,24,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.199 %	0.1 - 0.4 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By 
Medical Technologist

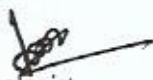

Dr. Sumaiya Khatun
MBBS,MD(Gold Medalist) (BSMMU)
Associate Professor
Dept. Of Microbiology
East West Medical College & Hospital.

Bill No	DIA24010035	Received Date	03/01/2024
Patient's Name	MD YEASIR ARAFAT		
Patient's Age	27Y 0M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM CDC NO: C/O/9784		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS)	5.6 mmol/l	4.2 – 6.4 mmol/l
Serum Creatinine	1.0 mg/dl	0.3 - 1.3 mg/dl
Serum (BUN)	29 mg/dl	7-23 mg/dl
Total Protein	7.1 g/dl	6.3-7.9 g/dl
HbA1C	5.0 %	4.2 - 6.7 %
Liver Function Test		
Serum Bilirubin (Total)	0.54 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	28 U/L	Up to 40 U/L
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	153 U/L	98 - 279 U/L
Lipid profile		
Serum Cholesterol	154 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	44 mg/dl	>35 mg/dl
Serum Triglyceride	136 mg/dl	upto 220 mg/dl
Serum LDL- Cholesterol	82 mg/dl	<130 mg/dl

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	DIA24010035	Received Date	03/01/2024
Patient's Name	MD YEASIR ARAFAT		
Patient's Age	27Y 0M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/9784
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HBsAg (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
HAV (Method : (ICT)	Negative
HCV (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING Result

ABO Blood Group	"O" (+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	DIA24010035	Received Date	03/01/2024
Patient's Name	MD YEASIR ARAFAT		
Patient's Age	27Y 0M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/9784
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.



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

Bill No	DIA24010035	Received Date	03/01/2024
Patient's Name	MD YEASIR ARAFAT		
Patient's Age	27Y 0M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/9784
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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East West Medical College and Hospital.

Bill No	DIA24010035	Received Date	03/01/2024
Patient's Name	MD YEASIR ARAFAT		
Patient's Age	27Y 0M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/9784
Sample	STOOL		

STOOL ANALYSIS

Physical Examination:

Color	: Brown
Consistency	: Soft
Worm	: Nil
Mucus	: Nil
Blood	: Nil

Chemical Examination:

Reaction	: Acid
Occult Blood Test (OBT)	: Not done
Reducing Substance (RS)	: Not done

Microscopic Examination:

Ova	: Not found	Mucus flakes	: Nil
Cyst	: Not found	Cyst of Giardia	: Not found
Protozoa (Trophozoite)	: Not found	Macrophage	: Not found
Larva	: Not found	Fat Globules	: (+)
Epithelial Cell	: Nil	Vegetable Cell	: Nil
Pus Cell	: Nil	Starch	: Nil
RBC	: Nil	Muscle fibre	: 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.



Patient's Name	:	MD YEASIR ARAFAT		
Age	:	27 Yrs	Date	: 03/01/2024
Sex	:	Male	CDC NO:	C/O/9784
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM		

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 /ESFP
4.Watson Glaser test(Critical Thinking Test)	
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 (ophth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24010035 Receive: Print: 01/01/2024
Patient's Name : MD YEASIR ARAFAT
Age : 27 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 82 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

Patient ID	24010035	Test Date	03/01/2024		
Patient Name	MD YEASIR ARAFAT	Age	27 YRS	Sex	Male
Ref. By	Dr. Mir Md. Raihan MBBS (DU),DFM				

BMI REPORT

$$\begin{aligned} \text{Body Mass Index} &= \frac{\text{Weight in kg}}{(\text{Height in Meter})^2} \\ &= \frac{88 \text{ kg}}{(1.70)^2} \\ &= 30.4 \end{aligned}$$

BMI Categories

- ❖ Under Weight in = <18.5
- ❖ Normal Weight= 18.5 - 24.9
- ❖ Over Weight=25 - 29.9
- ❖ Obeshyzz = BMI of 30 or greater.



Dr. Mir Md. Raihan

MBBS (DU,) CCD (Birdem), PGT (ophth)
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DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

Patient's Name	:	MD YEASIR ARAFAT	ID NO	:	24010035
Age	:	27 Yrs	Date	:	03/01/2024
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:				

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygiene : Normal

Comments : Normal



Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT(opth)

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Malaysian Medical Council Approved

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Radical Hospitals Limited

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24010035 Receive: 03/01/2024 Print: 03/01/2024
Patient's Name : MD YEASIR ARAFAT
Age : 27 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

ID: 109

Male 27 Years

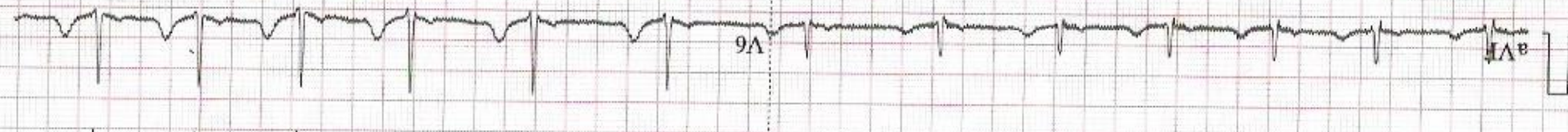
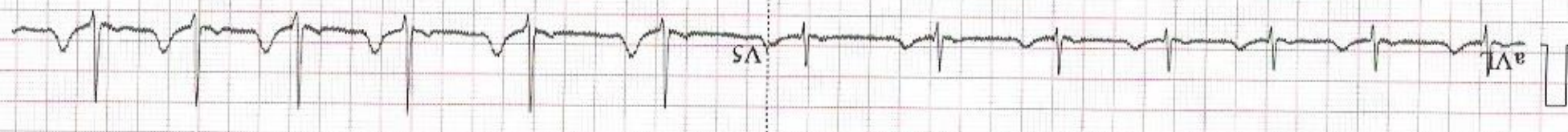
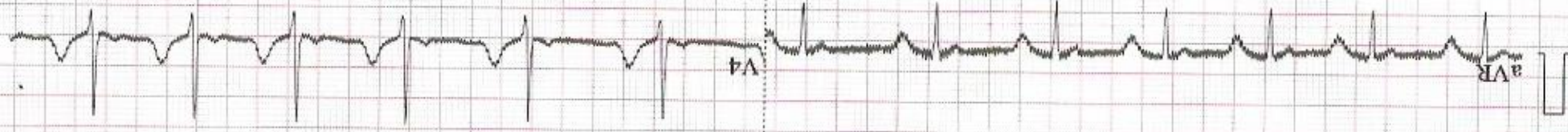
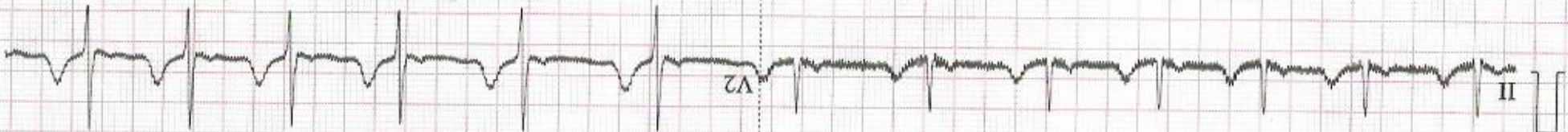
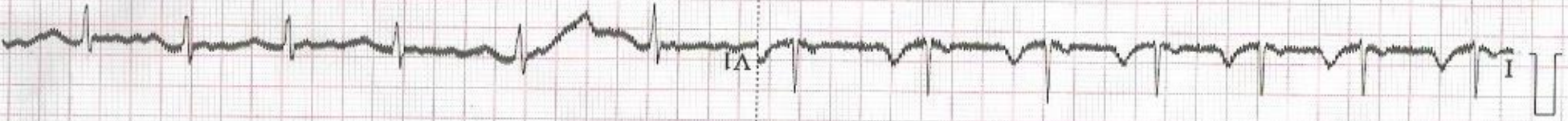
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Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:

HR	78	bpm
P	88	ms
PR	120	ms
QRS	90	ms
QT/QTc	350/399	ms
P/QRS/T	16/29/24	°
RV5/SV1	1.314/0.509	mV



Date: 03/01/2024

EYE EXAMINATION REPORT

NAME:	MD YEASIR ARAFAT		
AGE:	27 YRS	RANK: 4 TH ENG	CDC NO:C/O/9784

VISUAL ACUITY: RIGHT LEFT

UNAIDED

AIDED

6/6 6/6

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

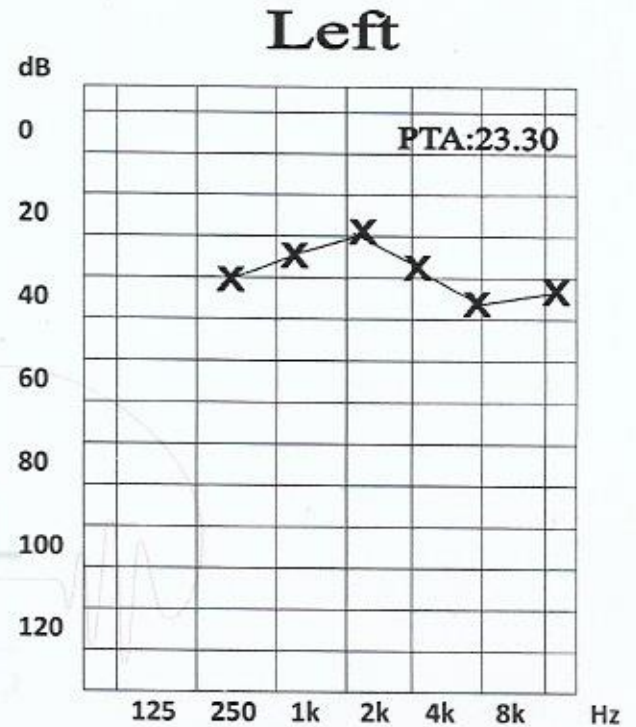
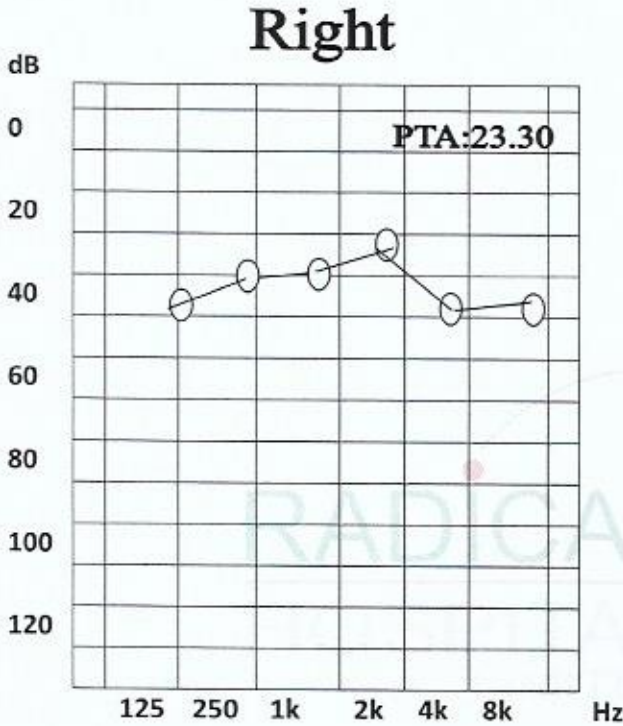
Patient Name : MD YEASIR ARAFAT

03/01/2024

Age : 27 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.

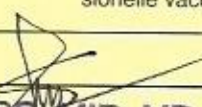
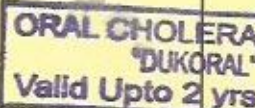
**INTERNATIONAL CERTIFICATES OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUASX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

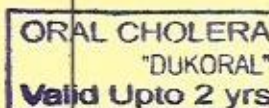
MD. YEASIR ARAFAT

This is to certify that
JE Soussigne' (e) certifie que _____ date of birth / 15.12.1996 Sex / MALE
no' (e) le _____ Sexe /

Whose signature follows
don't la signature suit _____

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Statut of Vaccinator Signature of qualite profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
13 JAN 2023	 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.	 

03 JAN 2023	 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.	 
-------------	---	--

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 revaccination within such period of two years, 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 form prescribed by the health administration 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 it invalid.

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent sur la présente, l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qui il comporte peut entraîner l'invalidité.

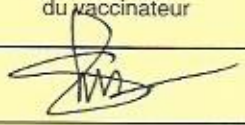
**INTERNATIONAL CERTIFICATES OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONALUASX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

MD. YEOSIR ARAFAT

This is to certify that JE Soussigne' (e) certifie que _____ date of birth / no' (e) le 15.12.1996 Sex / Sexe MALE

Whose signature follows / don't la signature suit *MBZ*

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature of titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numnc' ro du lot	Official sump of vaccinating centre Cachet officiel du centre de vaccination
1			
	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMD C A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited		 
3			
4			

This certificate is valid only if the vaccina used has been approved by the world l calih organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of his certificate shall extend for a period of ten years, beginning in day after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccination.

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

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

Ce certificate n' est avaiable que si lc vaccina employe" a c-' tc, 'a approve" par l' organisa tion Mondiale de la sanc" et sile centre a" uaiif, ailon ae" tc'tra6iiiiie pali-aminslracion sanitaire du (erriloire dans lcquel'ce centre est siture;

La validite' de ce certificat couvr c une pe'riode de dix ans comencant dix joursaorcs la date de, la vaccination ou, dans le cas dune reiaccination. u .ou., a -cittc lie, iio, i a" dix ans, lejour de centtc revaccination.

Ca certificate do it ctrc signc' uq1 un me'decin de sa propre main, son cachet officiar nc pouvant cue conside' commc lcanr lieu de signature.

Toute corection ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allector sa validite.

13 JAN 2023