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: RAHMAN (Surname) SM MUSTAFIZUR (First Name / Middle Initial) Sex: M Serial No:

Date of Birth: 01/01/1976 PP/CDC: C10/3273 Rank: MASTER

Vessel: RIGEL Type: Oil/Chemical Route: WORLD WIDE

Home Address: H/NO-417, R/NO.7, AVENUE-4, MIRPUR DOHS, MIRPUR DHAKA-1216, BANGLADESH.

Company Name : RAFFLES SHIPMANAGEMENT SERVICES Pte Ltd.

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 Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓
Hearing Impairment		✓		✓
Ear / Nose / Throat problems		✓		✓
Stomach / Bowel disorders		✓		✓
Gall stones / Kidney disorders		✓		✓
Jaundice / Liver Disease		✓		✓
Piles / Varicose veins		✓		✓
Blood Disorder		✓		✓
Female Disorder		✓		✓
Notes				

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		✓
High / Low blood pressure / Heart disease		✓		✓
Asthama / Bronchitis / Tuberculosis		✓		✓
Allergy / Skin disease		✓		✓
Infection / Contagious Disease		✓		✓
Addiction to alcohol / drugs / tobacco		✓		✓
Fracture / Dislocation / Injury / Amputation		✓		✓
Major / Minor Operation		✓		✓
Diabetes		✓		✓
Nervous / Mental disease / Sleep disorder		✓		✓
Mallignant disease (Cancer)		✓		✓
Signed off on medical grounds / Declared Unfit		✓		✓

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
172cm	72kg.	43-41 cms	120/81 mmHg	78/min	18/min	Good

Distant Vision	Uncorrected	Corrected
Right Eye		6/6
Left Eye		6/6

Field of Vision: Normal / Abnormal

Colour Vision		Normal	Abnormal
	Ishihara		
	Other	Normal	Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Hearing: Right Ear: N | Left ear: N

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

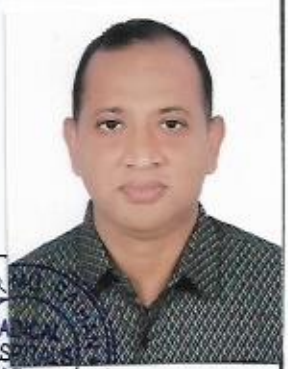
FIT FOR SEA SERVICE
AS
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	-	

Investigations

Blood	Result	Normal
Hemoglobin	14.1 gm%	14-16 gm %
Total WBC count	6,000 cu.mm	4000-11000 / cu.mm
Neu 60 % Lymp 35 % Eos 02 Ba 00 % Mo 02 %		
Malanal parasite	Not Found	
ESR	00 mm / 1st hour	1- - 15 mm / hr
SGPT	U/L	9--43 U / L
S.Cholesterol	mg/dl	145--260 mg / dl
S.Triglycerides	mg/dl	upto 200 mg /dl
Blood Sugar	RBS PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Negative	
Others		
Blood Group		GGTP U/L

Urine	
Colour	Sw
Specific Gravity	
pH	
Albumin	NIL
Sugar	NIL
Bile pigment	
Bile salts	
Occult blood	
RBC cells	NIL
Leucocytes	
Others	



ECG : Normal TMT: N/D

X-Ray Chest: Normal

Spirometry: N/D

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: 21 JAN 2026

Candidate's Signature

Date: 22 JAN 2024

Official Stamp

Radical Hospital Ltd. Shipping Bangladesh Approved As Per MLC-2006

Doctor's signature:

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

04.2024.5683

TUVALU SHIP REGISTRY

Medical Fitness Examination Certificate
(Form MED)
- CONFIDENTIAL-

Tuvalu Ship Registry
10 Anson Road #25-16
International Plaza
Singapore 079903
Tel: (65) 6224 2345
Fax: (65) 6227 2345
Email: info@tvship.com
Website: www.tvship.com

A. APPLICANT'S PARTICULARS

Name in Full (Block Capitals)		Passport No:
S M MUSTAFIZUR RAHMAN		B 00048614
Date of Birth: (DD-MM-YYYY) 01-01-1976	Nationality: BANGLADESHI	Examination for duty as*: (May select more than 1) ☑ Master ☐ Deck Officer ☐ Engineer Officer ☐ Radio Officer
Place of Birth: (City, Country) NARAIL BANGLADESH	Sex *: ☑ Male ☐ Female	
Address of Applicant: H/NO.417, R/NO.7, AVENUE-4 MIRPUR DOHS, MIRPUR DHAKA-1216, BANGLADESH	Tel no: +8801911173656 Email Address: mustafiz30th@yahoo.com	

B. DOCTOR'S EXAMINATION REPORT

1	Height/Weight	171	Metres	71	Kilos		
2	Hearing	Nil	Right	Nil	Left		
3a	Eyesight (with glasses)	6/6	Right	6/6	Left		
3b	Eyesight (without glasses)		Right		Left		
3c	Colour Vision Test Type	☑ Book		☑ Lantern			
3d	Colour Vision Test Result	☐ Yellow		☑ Red		☐ Green	☐ Blue
3e	Are glasses or any corrective aids necessary to meet the required Vision Standards?	☑ Yes		☐ No			
4	Urinanalysis	Nil	Sugar	Nil	Albumin	Nil	Microscopy
5	Full blood count	14.1	Hb	6900	WBC	198000	Platelets
6	VDRL	☑	Negative		Positive		
7	Chest X-Ray Report (Lungs) (last X Ray within a year)	☑	Normal		Abnormal		
8	Electrocardiogram (ECG) (EDG)	☑	Normal		Abnormal		
9	Pulse	78	Per min				
10	Blood Pressure	130/80 mm					

		Normal	Abnormal	If abnormal gives details
11	Cardiovascular system (heart)	☑	☐	
12	Central Nervous system	☑	☐	
13	Digestive System	☑	☐	

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

14	Locomotor system (spine/limbs)	☑	☐	
15	Head and Neck	☑	☐	
16	Skin (including varicosities)	☑	☐	
17	Physique –Deformities	☑	☐	
18	Respiratory system	☐	☐	
19	Intelligence, mental state	☑	☐	
20	Speech (Deck / Radio Officer) (Is speech impaired for normal voice communication?)	☑	☐	
21	Gastrointestinal system (eg Hernia)	☑	☐	
22	Urogenital system (eg Hydrocoele)	☑	☐	
23	Endocrine system (eg Thyroid)	☑	☐	
24	Eyes	☑	☐	
25	Ears/ Nose/Throat	☑	☐	
26	Mouth/Teeth	☑	☐	
27	Vaccinated in accordance to WHO requirements ?	☑ Yes	☐ No	
28	On any non-prescription or prescription medications ?	☐ Yes	☑ No	If yes, please specify:
29	Is the Applicant suffering from any illness or disease likely to be aggravated by working on board a vessel, or to render him/her unfit for service at sea, or likely to endanger the health of other persons on board?	Comments: FIT FOR DUTY ON BOARD SHIP		

Signature of Applicant	Date:
	22 JAN 2024

** Select as appropriate.*

C. PHYSICIAN'S REMARKS & DECLARATION

CERTIFICATE OF MEDICAL FITNESS

I certify that I have examined the applicant according to the medical standards of the Tuvalu Ship Registry (reference to Tuvalu Marine Guidance MG-2/2012/1) and found (him / her)* deemed to be (FIT / UNFIT)* for duty as:

☑ Master ☐ Deck Officer ☐ Engineer Officer ☐ Radio Officer ☐ Others, please state ____

Restrictions / Remarks (if any) ____

Official Stamp	Date of Examination	Date of Expiry*	Signature	Name of Medical Institute / Hospital
Radical Hospital Ltd. As Per MLC 2006	22 JAN 2024	21 JAN 2026		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.

*Normally 2 years from Date of Examination unless the Attending Physician requires otherwise

This form shall be treated as a valid Medical Certificate and is in compliance with the requirements of the Maritime Labour Convention, 2006

Id No	: 0396	**Date :** 22-Jan-2024	**D.Date :** 22-Jan-2024
Patient's Name :	S M MUSTAFIZUR RAHMAN	**Age :** 48Y 5M 15D	**Gender:** Male
Specimen	: Blood		
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/3273		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.1** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**09** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**6,900** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**60** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**35** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**03** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**138** /cumm	50-450/cumm
Total RBC Count	**4.74** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**37.5** %	M: 40-54%, F:37-47%
MCV	**79.1** fL	76 - 94 fL
MCH	**31.9** pg	27 - 32 pg
MCHC	**40.3** g/dL	29 - 34 g/dL
RDW	**13.6** %	11 - 16 %
PDW	**13.1** fL	35 - 56 fl
Total Platelete Count (PC)	**1,98,000** /cumm	150,000-450,000/cumm
MPV	**8.9** fL	7.0 - 11.0 fL
PCT	**0.174** %	0.1 - 0.%
Bledding 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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23120396	Received Date	22/01/2024
Patient's Name	S M MUSTAFIZUR RAHMAN		
Patient's Age	48Y 5M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3273
Sample	**BLOOD**		

SEROLOGICAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

Bill No	DIA23120396	Received Date	22/01/2024
Patient's Name	S M MUSTAFIZUR RAHMAN		
Patient's Age	48Y 5M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3273
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
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

Bill No	DIA23120396	Received Date	22/01/2024
Patient's Name	S M MUSTAFIZUR RAHMAN		
Patient's Age	48Y 5M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3273
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/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.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24010396	Receive:22/01/2024	Print: 22/01/2024
Patient's Name	:	**S M MUSTAFIZUR RAHMAN**		
Age	:	48 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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that S M MUSTAFIZUR RAHMAN date of birth 01.01.76 Sex MALE
JE Soussigne (e) certifie que no (e) le sexe

Whose signature follows
dont la signature suit

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

Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateur	Approved Stamp Cechet d'authentification
07 AUG 2020	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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
19 JUL 2021 20 MAR 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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

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, 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 perfomed.

Any amendment to 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 despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme 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 AGAINEST YELLOW FEVER

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that / JE Soussigne (e) certifie que } SM MUSTAFIZUR RAHMAN date of birth / no (e) le } 01.01.76 Sex / sexe } MALE

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 fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nunne' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
1 07 AUG 2020	DR. MIR. M.D. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A- 55144, MMC- BGD- 016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	YELLOW FEVER VACCINE L. NO DAKAR 2266	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated 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'evaccinatio.

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 certificate n' est valable que si le vaccin employe' a e' tc" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination e' te' habilite parl' adminstration sanitairc du territoire dans lequel ce cenite est siture'

La validite de ce certificat couvre une pe' riode de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificate do it etre signc' par un me' decin dc sa propre main. son cachet official ne pouvant ctre conside' rc' commc Icnant licu de signature.

Toute correction ou rature sur le certificate ou l'omission d'une quelconique des mentions qu' il comporle peut affecter sa validite.