

SEAFARER'S MEDICAL EXAMINATION REPORT/ CERTIFICATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1945, (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labor Convention, 2006.

vention 1945

SURNAME: ISLAM	GIVEN NAME (S): MAINUL	
NATIONALITY: BANGLADESHI	ID DOCUMENT NO: CDC - 4/08683 PASSPORT - A06210586	
DATE OF BIRTH:	PLACE OF BIRTH: NETROKONA	SEX: ☒ MALE
MONTH 10 DAY 11 YEAR 1995	CITY	COUNTRY: BANGLADESH
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: - mainul3682@gmail.com - 1995 mainul@gmail.com	



DECLARATION OF APPROVED MEDICAL PRACTITIONER:

I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED:

☒ YES ☐ NO

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

HEIGHT 172cm	WEIGHT 85kg	BLOOD PRESSURE 100/70mm	PULSE 78b/min	RESPIRATION 14b/min	GENERAL APPEARANCE Good
VISION:		HEARING			
WITHOUT GLASSES	RIGHT EYE 6/6	LEFT EYE 6/6	RIGHT EAR NAD	LEFT EAR NAD	
WITH GLASSES					

COLOR TEST TYPE: BOOK ☒ LANTERN ☒ CHECK IF COLOR TEST IS ☒ YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒

DATE OF LAST COLOR VISION TEST: **30 JUL 2024**

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 REQUIREMENTS? 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 ☒

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☒

SIGNATURE OF APPLICANT:  DATE: **30 JUL 2024**

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



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

MAINUL ISLAM

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE:

YES ☒ NO ☐

HEARING MEETS THE STANDARDS IN SECTION A - 1/9:

YES ☒ NO ☐

UNAIDED HEARING SATISFACTORY:

YES ☒ NO ☐

VISUAL ACUITY MEETS STANDARDS IN SECTION A - 1/9:

YES ☒ NO ☐

COLOUR VISION MEETS STANDARDS IN SECTION A - 1/9:

YES ☒ NO ☐

TICK APPROPRIATE CHOICE: ☒ HE / ☐ SHE IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☒ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ ELECTRICAL ENGINEER (ELECTRICIAN) / ☐ RATING ☐ WITHOUT ANY / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS.(DU), DFM, Reg: A-55144

ADDRESS OF MEDICAL CENTER: RADICAL HOSPITALS LIMITED, 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
MBBS (DU), DFM, CCD (Bircem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

DATE OF EXAMINATION:

30 JUL 2024

EXPIRY DATE OF CERTIFICATE:

29 JUL 2026

SEAFARER ACKNOWLEDGEMENT:

MAINUL ISLAM

(NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.



MEDICAL REQUIREMENTS

This physical examination must be carried out not more than 24 months prior next medical check for a seafarer older than 18 years old and considered to be fit for duty without any restrictions. In case of any restriction found not preventing seafarer to fulfill his duties this physical examination should be carried out not more than 12 months prior next medical check. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO 73/WHO/D.2/1997, STCW Convention, 1978 as amended and the Maritime Labor Convention, 2006. 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 (4.57m) and in poorer ear at 5 feet (1.52m).
- 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. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- e) Voice
 - Deck/ Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- f) Vaccinations
 - All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.
- g) Diseases and Conditions
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acenereal disease or neurosyphilis, AIDS, and/or the use of narcotic. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable by food shall be restricted from working with food or in food-related areas until symptom-free for at least 48 hours.
- h) Physical Requirements
 - Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/ navigational officer's certificate.
 - Applicants for fireman/ water tender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE

The seafarer must retain the original of the "Medical Examination Report/ Certificate" 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.

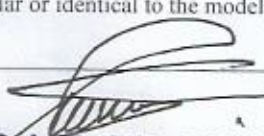
Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided - Medical Exam Form).

30 JUL 2024




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

pg. 3

PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT <u>ISLAM</u>		FIRST NAME <u>MAINUL</u>	MIDDLE INITIAL <u>MC</u>
DATE OF BIRTH MONTH <u>10</u> DAY <u>11</u> YEAR <u>1995</u>		PLACE OF BIRTH <u>NETROKONA</u>	SEX MALE ☒ FEMALE ☐
CITY		COUNTRY	
EXAMINATION FOR DUTY AS: MASTER ☐ RATING ☐ MATE ☐ MOU DECK ☐ ENGINEER ☒ MOU ENGINE ☐ RADIO OFF ☐ SUPERNUMERARY ☐		MAILING ADDRESS OF APPLICANT: <u>VILL: + P.O: PAMOI</u> <u>P.S: KEMBUIA</u> <u>DIST: NETROKONA,</u>	

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT <u>172cm</u>	WEIGHT <u>85kg</u>	BLOOD PRESSURE <u>100/70mm</u>	PULSE <u>78/min</u>	RESPIRATION <u>14/min</u>	GENERAL APPEARANCE <u>Good</u>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <u>6/6</u>	LEFT EYE <u>6/6</u>		
DATE OF LAST COLOR VISION TEST (Month/Day/Year) <u>30 JUL 2024</u> Testing Required every 6 years					
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? YES ☒ NO ☐					
COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST IS NORMAL YELLOW ☐ RED ☐ GREEN ☒ BLUE ☒					
HEARING: RT. EAR <u>Normal</u> LEFT EAR <u>Normal</u>					
HEAD AND NECK <u>Normal</u>			HEART (CARDIOVASCULAR) <u>Normal</u>		
LUNGS <u>Normal</u>			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>Yes</u>		
EXTREMITIES: UPPER <u>Normal</u> LOWER <u>Normal</u>					
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2. <u>No.</u>					

[Signature]
SIGNATURE OF APPLICANT

30 JUL 2024
DATE OF EXAM

29 JUL 2026
EXPIRY DATE

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

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MAINUL ISLAM
(NAME OF APPLICANT)

FIT FOR DUTY ON BOARD SHIP

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER/MATE/ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN MBBS(DU), DFM REG:A-55144

ADDRESS RADICAL HOSPITAL LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2014

SIGNATURE OF PHYSICIAN [Signature]

DATE OF EXAMINATION: 30 JUL 2024

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

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



Rev0 - 09/01/2023

MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seafarer deck, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION (To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.
2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count
B) Blood Sugar Estimation
C) Serological Test(VDR) D) Hepatitis B Surface Antigen Test (HbsAg)
E) Urinlysis F) Drug Test G) Alcohol Test
3. X - RAY EXR PA VIEW
4. E.C.G. TEST
5. EYE EXAMINATION FOR V/A & C/V

30 JUL 2024




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

CHEMICAL BLOOD SCREENING CERTIFICATE

Seafarer's Information	
Seafarer's Name (Last, First, Middle) MAINUL ISLAM	Sex (Male/Female) Male
Date of Birth (Day/Month/Year) 11.10.1995	Nationality BANGLADESHI

This is to confirm that the above-mentioned seafarer will be sailing / have sailed* onboard ASP Ship's Group managed chemical Carriers has undergone a complete chemical blood screening to provide any signs on chemical exposure either,

☒ Prior to joining vessel

☐ After signing off from chemical cargoes carried onboard (see attached form V-CCH-003 – Blood Test for Chemicals)

Declaration of the recognized medical practitioner				
1	Identification documents were checked at the point of examination?	Yes	No	N/A
2	All values within reference level?			
	If "No", please specify.			
3	Is the seafarer free from any medical condition (Based only on the Chemical Blood Screening) likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person on-board?			
4	Date of chemical blood test (Day/Month/Year)	30 JUL 2024		
5	Expiry of certificate (Day/Month/Year)**	29 JUL 2025		
** Maximum one year validity from date when tests have been taken				

Seafarer has been found fit / unfit* for service at sea:

30 JUL 2024

(Specify Rank)

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

Date/ Place

Signature of Authorised Person

Official Stamp of Issuing Authority
(Name, Address etc.)

FOR SEAFARER

I have been informed of the content of the certificate and of the right to a review.



Signature of Seafarer

A medical examination report containing the medical history, clinical findings and other diagnostic tests and results of the seafarer is contained in a separate document.

If you are sick for more than 30 days or your medical fitness changes significantly during your leave, you should contact an approved doctor (preferably the one who issued the certificate) for medical review and inform your local crewing office.



ID NO : 24070797

Patient's Name : MAINUL ISLAM

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/8683

Specimen : Blood

Date : 30/07/2024

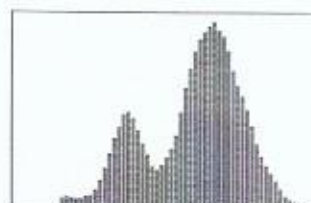
Age : 28 Y 9M 19 D

Sex : Male

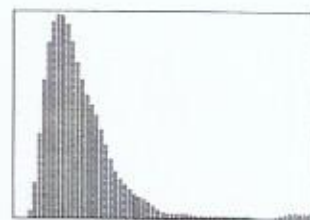
(Relevant estimations were carried out by KT-44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	14.5	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	05	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	8,400	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	61	%	(40 - 75)%
Lymphocytes	30	%	(20-45)%
Monocytes	05	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	336	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	291,000	/cumm	1,50,000-4,50,000 /cumm
MPV	10.4	fL	7.0 -11.0 fL
PDW-CV	16.7	%	10 - 18 %
PCT	0.3	%	0.10 - 0.28
P-LCR	30.7	%	9.00 - 45.00%
P-LCC	89	x10 ³ /uL	13 - 129 x10 ³ /uL
RBC COUNT	5.12	m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL
HCT/PCV	45.9	%	M: 40-54%, F: 37-47%
MCV	89.7	fL	76-94 fL
MCH	28.4	pg	27-32 pg
MCHC	31.6	g/dL	29-34 g/dL
RDW SD	40	fL	30.0-57.0 fL
RDW CV	13.8	%	10-16%



WBC CURVE



PLT CURVE



RBC CURVE

Checked By...
Medical Technologist
Radical Hospital Ltd.
Uttara,Dhaka.

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

Bill No	DIA24070797	Received Date	30/07/2024
Patient's Name	MAINUL ISLAM		
Patient's Age	28Y 9M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8683
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
VDRL	Non-reactive

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	DIA24070797	Received Date	30/07/2024
Patient's Name	MAINUL ISLAM		
Patient's Age	28Y 9M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8683
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic 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	DIA24070797	Received Date	30/07/2024
Patient's Name	MAINUL ISLAM		
Patient's Age	28Y 9M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8683
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

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

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By


 Medical Technologist
 Radical Hospital Ltd.


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

Patient's Name	:	MAINUL ISLAM	ID NO	:	24070797
Age	:	29 Yrs	Date	:	30/07/2024
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM			

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)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

Date: 29/07/2024

EYE EXAMINATION REPORT

NAME:	MAINUL ISLAM		
AGE:	29 YRS	RANK: 3 RD ENG	CDC NO: C/O/8683

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, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

Patient's Name	: MAINUL ISLAM	Date	: 29/07/2024
Age	: 29 Yrs	CDC NO:	C/O/8683
Sex	: Male		
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. : 24070797 Receive: Print:30/07/2024
Patient's Name : MAINUL ISLAM
Age : 29 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 67 b/min
Rhythm : Regular
P-Wave : Normal
P-R Interval : Normal
QRS Complex : Normal
ST. Segment : Is electric
T. Wave : Normal
Impression : Findings are within normal limit.



Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1

ID: *Marine Khan*

30-07-2024 15:57:18

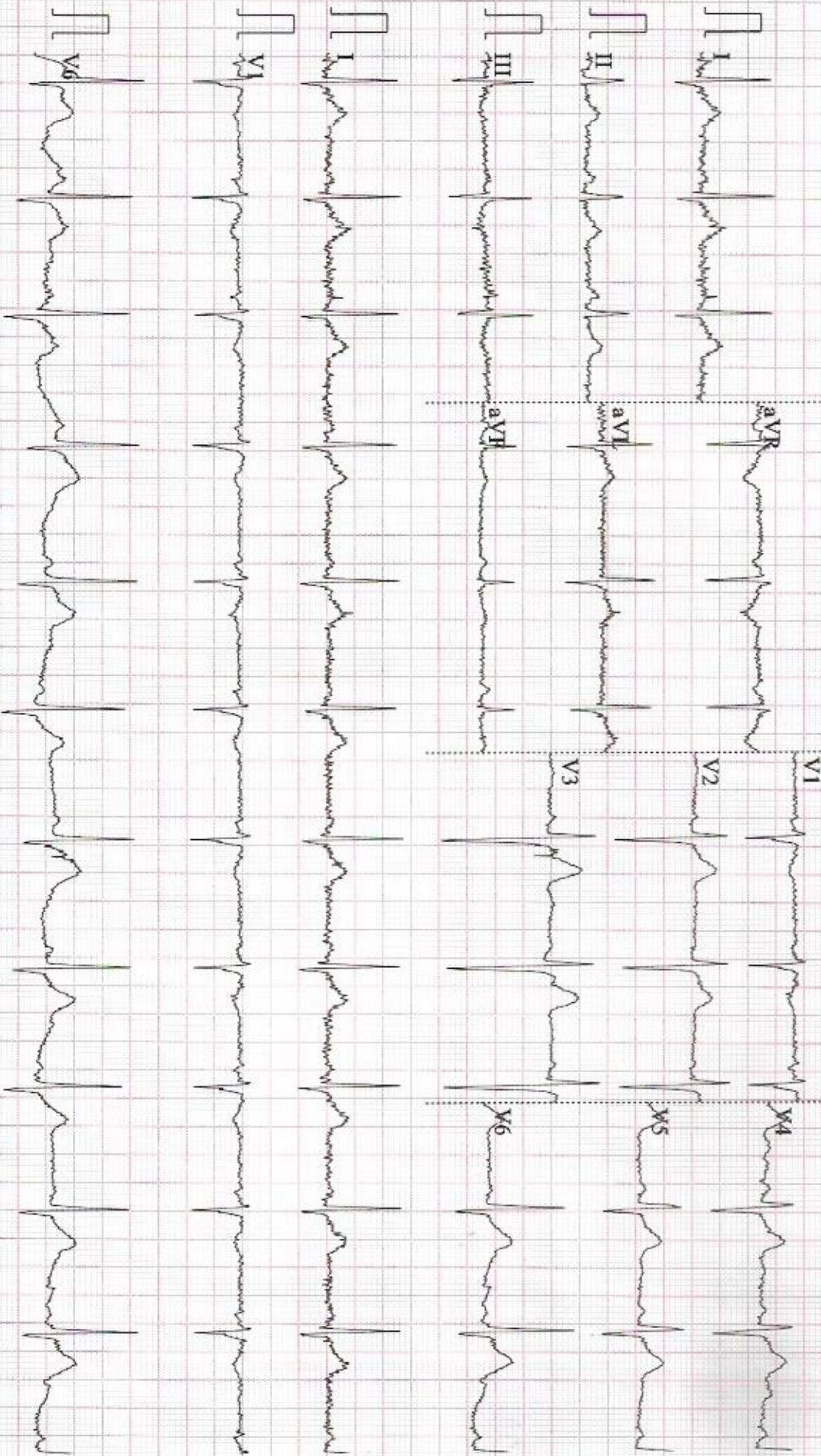
Diagnosis Information:

Male *69* Years
mmHg

Sinus rhythm
Normal ECG

HR : 67 bpm
P : 112 ms
PR : 140 ms
QRS : 94 ms
QT/QTc : 396/418 ms
PQRST : 73/50/24 °
RV5/SV1 : 0.786/0.818 mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070797 Receive: 30/07/2024 Print: 30/07/2024
Patient's Name : MAINUL ISLAM
Age : 29 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.

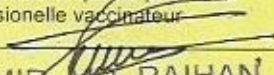
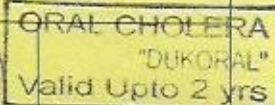
Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAUX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

This is to certify that JE Soussigne' (e) certifie que MAINUL ISLAM Date of birth 11.10.1995 Sex M
no' (e) le sexe

Whose signature follows dont 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 Status of Vaccinator Signature et qualite professionnelle vaccinateur	Approved Stamp Cechet d'authentification
1	 DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Bircem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	 
2		
3		
4		

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 validite de ce certificate couvre une periode de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, au cours de la période de six mois suivant la date de cette revaccination.

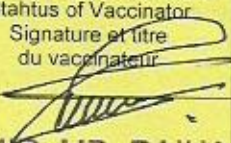
Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificate doit faire mention de deux injections partielles à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

De cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui il comporte peut en affecter la validité.

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

This is to certify that MAINUL ISLAM date of birth 11.10.1995 Sex M
JE Soussigne (e) certifie que _____ 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 fievre jaune a ia date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
30 JUL 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Borden), PGT (Optim) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
1			
2			
3			
4			

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

The validity of this certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within such 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 the signature.

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre a été désigné par l'administration de santé publique 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 réinoculation, à dix ans, le jour de cette réinoculation.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant que servir de complément à la signature.

Toute altération ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il