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: KHAN (Surname) M RAABSAN JAMIL (First Name, Middle Initial) Sex: MALE Serial No:

Date of Birth: 15 / 02 / 1994 PP/CDC: C10179ED Rank: 2/OFF.

Vessel: GLORY TRADER. Type: BULK CARRIER. Route:

Home Address: 66/A, GHOPE, N.P NOWAPARA ROAD, JASHORE MAIN POST OFFICE, KOTWALI, JASHORE.

Company Name : DATO MARINE.

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		✓		✓
Addicition 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
170cm	57kg.	93-91 cms	120/80/mm	78/min	19/m	ok

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

Colour Vision			
Ishihara		Normal	Abnormal
Other		Normal	Abnormal

Field of Vision: Normal / Abnormal

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

Hearing: Right Ear / Left ear

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 2ND OFF
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	16.4 gm%	14-16 gm %
Total WBC count	5900 cu.mm	4000-11000 / cu.mm
Neu 50 % Lymp 35 % Eos 03 Ba 00 % Mo 08 %		
Malarial parasite	Not Found.	
ESR	05 mm / 1st hour	1- - 15 mm / hr
SGPT	32 U/L	9--43 U / L
S.Cholesterol	N/E mg/dl	145--260 mg / dl
S.Triglycerides	N/E mg/dl	upto 200 mg /dl
Blood Sugar	RBS 5.3 PPBS	upto 125 mg %
HbsAg	Nonreactive	
HIV I & II	Nonreactive.	
VDRI		
Others		GGTP U/L
Blood Group		

Urine	
Colour	Straw
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:

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, 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: 30 JUN 2026

Candidate's Signature

Date: 01 JUL 2024

Official Stamp

Doctor's signature:

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.

04.2024.6844

República de Panamá

Republic of Panama

Autoridad Marítima de Panamá

Panama Maritime Authority

CERTIFICADO MÉDICO DE LA GENTE DE MAR

Medical Fitness Standards Certificate for Seafarers

04.2024.6844

No. Certificado:
Certificate No.

Este certificado se emite en conformidad con las disposiciones de la regla I/9 del Convenio STCW, 1978, enmendado, y la norma A-I/2 del CTM, 2006, enmendado, y certifica que la gente de mar es apta para el servicio en el mar.

This certificate is issued in accordance with the provisions of the regulation I/9 of the 1978 STCW Convention, as amended and the standard A- I/2 of the MLC, 2006, as amended, and certifies that seafarers are fit for sea service.

Apellido: *Surname*	Nombre: *Given Name (s)*	Cédula / Pasaporte No. *Id. Number/ Passport No.*
KHAN	MD RAABSAN JAMIL	A15851764.
Fecha de Nacimiento: *Date of Birth* — Día *Day*: 15 — Mes *Month*: 02 — Año *Year*: 1994	**Nacionalidad:** *Nationality*: BANGLADESHI	**Sexo:** *Gender* — ☑ Masculino *Male* ☐ Femenino *Female*

	Yes	No
¿Confirmación de que se examinaron los documentos de identidad en el lugar del examen? *Confirmation that identification documents were checked at the point of examination?*	☑	☐
¿La audición cumple con el estándar? *Hearing meets the standard?*	☑	☐
¿La audición es satisfactoria sin ayuda? *Unaided hearing satisfactory?*	☑	☐
¿La agudeza visual cumple con el estándar? *Visual acuity meets standards?*	☑	☐
¿La visión cromática cumple con el estándar? *Colour vision meets standards?*	☑	☐
Fecha de la última prueba de visión cromática (Día/Mes/Año) *Date of the last color vision test (Day/Month/Year)*: 01 JUL 2024		
¿Apto para cometidos de vigía? *Fit for look out duties?*	☑	☐
¿Existen limitaciones o restricciones respecto de la aptitud física? Si la respuesta es "sí", dar detalles de las limitaciones o restricciones: *Limitations or restrictions on fitness ? If "Yes", specify limitations or restrictions*	☐	☑
¿Está el marino libre de cualquier condición médica que pueda verse agravada por el servicio en el mar o discapacitarle para el desempeño de tal servicio o poner en peligro la salud de otras personas a bordo? *Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other person on board?*	☑	☐

Confirmo que he sido informado sobre el contenido del presente certificado y sobre el derecho a solicitar una revisión del dictamen, con arreglo a lo dispuesto en el párrafo 6 de la Sección A-I/9.
I hereby, confirm that I have been informed about the content of this certificate and of the right to a review in accordance with the paragraph 6 of Section A-I/9.

Firma de la Gente de Mar
Seafarer's Signature

Fecha de emisión: *Date of issue:*	01 JUL 2024
Fecha de expiración: *Date of expiry:*	30 JUN 2026
Nombre del médico reconocido: *Name of the recognized medical practitioner*	DR. MIR MD RAIHAN MBBS(DU)

Firma y sello del médico reconocido/*Signature and stamp of the recognized medical practitioner.*

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

1. El original de este certificado deberá estar disponible durante el servicio a bordo.
2. En caso de pérdida de un certificado, el titular deberá notificar a los puertos y a la Autoridad Marítima de Panamá
3. La autenticidad de este certificado puede ser verificada contactando a la Autoridad Marítima de Panamá

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

RADICAL HOSPITAL LIMITED

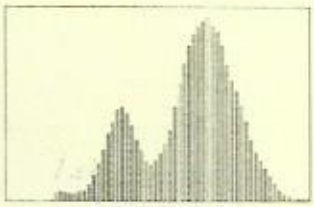
radical_hospitals@yahoo.com, www.radicalhospital.com

ID NO	: 24070014	Date	: 01/07/2024
Patient's Name	: M RAABSAN JAMIL KHAN	Age	: 30Y4M16D
Ref. By	: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/7900	Sex	: Male
Specimen	: Blood		

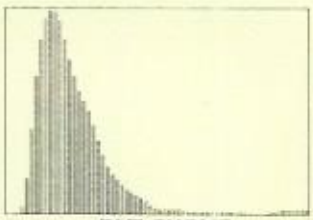
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

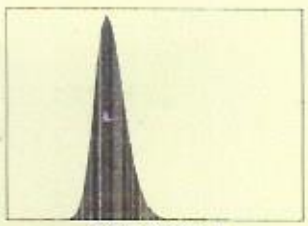
Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**16.4**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**05**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**3,900**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	59	%	(40 - 75)%	
Lymphocytes	33	%	(20-45)%	
Monocytes	05	%	(2-10)%	
Eosinophils	03	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**117**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**194,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	9.3	fL	7.0 -11.0 fL	
PDW-CV	16.3	%	10 - 18 %	
PCT	0.18	%	0.10 - 0.28	
P-LCR	23	%	9.00 - 45.00%	
P-LCC	45	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**5.31**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	51.9	%	M: 40-54%, F: 37-47%	
MCV	97.8	fL	76-94 fL	
MCH	31	pg	27-32 pg	
MCHC	31.7	g/dL	29-34 g/dL	
RDW SD	50	fL	30.0-57.0 fL	
RDW CV	15.8	%	10-16%	



WBC CURVE



PLT CURVE



RBC CURVE

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

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070014	Received Date	01/07/2024
Patient's Name	M RAABSAN JAMIL KHAN		
Patient's Age	30Y 4M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7900
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	34.0 U/L	Up to 40 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

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Patient's Name	M RAABSAN JAMIL KHAN		
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7900
Sample	BLOOD		

SEROLOGICAL REPORT

HBsAg (Method : (ICT)	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

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RADICAL HOSPITAL LIMITED

Bill No	DIA24070014	Received Date	01/07/2024
Patient's Name	M RAABSAN JAMIL KHAN		
Patient's Age	30Y 4M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7900
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.

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Bill No	DIA24070014	Received Date	01/07/2024
Patient's Name	M RAABSAN JAMIL KHAN		
Patient's Age	30Y 4M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7900
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	Sufficient
Color	Straw
Appearance	Clear
Sediment	Nil

MICROSCOPIC EXAMINATION

CELLS / HPF	
R B C	NIL
Pus Cells	1-3/HPF
Epithelial	1-2/HPF

CHEMICAL EXAMINATION

Reaction	Acidic
Albumin	Nil
Sugar	NIL
Ex.Phosphate	Nil

CASTS / LPF

R B C	Nil
W B C	Nil
Epithelial	Nil
Granular	Nil
Hyaline	Nil

ON REQUEST

Bile Salt	Not Done
Bile Pigment	Not Done
Ketones	Not Done
Urobilinogen	Not Done
B.J. Protein	Not Done

CRYSTALS & OTHERS

Urates	Nil
Uric Acid	Nil
Cal. Oxalate	Nil
Amor. Phos	Nil
Tripple Phos	Nil

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

RADICAL HOSPITAL LIMITED

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070014	Receive:01/07/2024	Print: 01/07/2024
Patient's Name	:	M RAABSAN JAMIL KHAN		
Age	:	30 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.

ID:

M Rakhsan Joomi / Khan.

Male 30. Years

/ mmHg

01-07-2024 15:11:33

HR	: 74	bpm	
P	: 110	ms	
PR	: 152	ms	
QRS	: 84	ms	
QT/QTc	: 338/375	ms	
P/QRS/T	: 71/66/37	°	
RV5/SV1	: 1.987/0.553	mV	

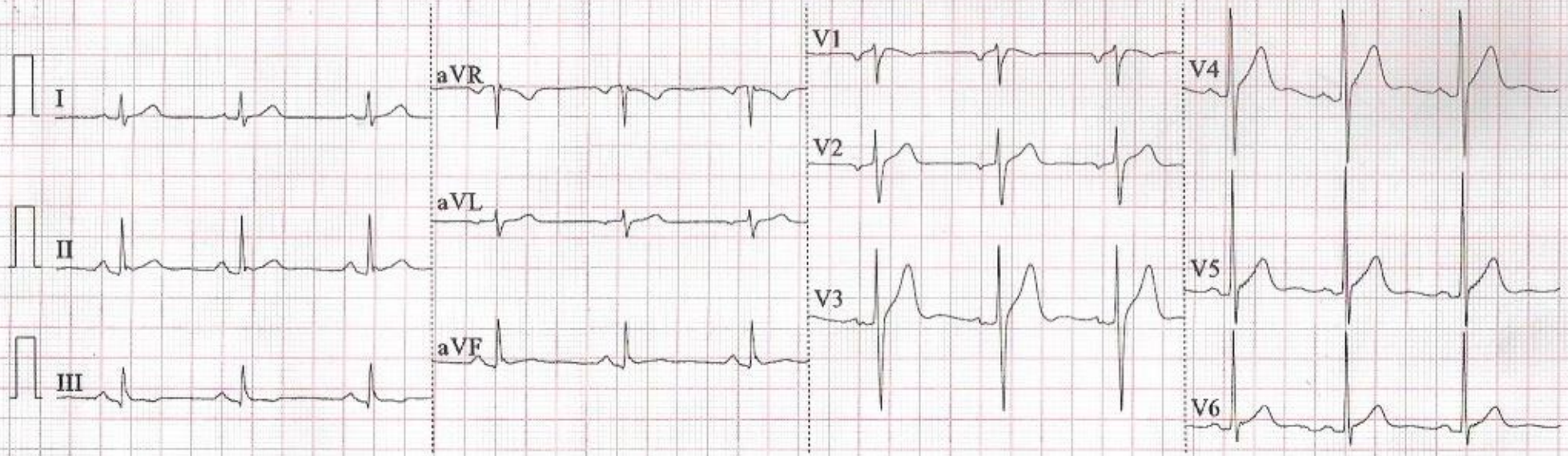
Diagnosis Information:

Sinus rhythm

Possible left atrial abnormality

Borderline ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥74 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070014	Receive: Print:01/07/2024		
Patient's Name	:	M RAABSAN JAMIL KHAN			
Age	:	30 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	74 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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

M RAABSAN JAMIL KHAN

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le 15/02/1994 | Sex / sexe MALE

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 fievre jaune a ia datc indiquee.

Date	Signature and professional Status of Vaccinator Signature et quatte profess- sionelle dacciinateur	Approved Stamp Cechet d'authentiftcation
1 24 NOV 2022	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
2		
3		
4 01 JUL 2024	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

The validity of this certificate shall commence after a period of two years, beginning six days after the first injection of vaccine or in the case of revaccination within a period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, tins 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 perfomed.

Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a'' une revaccination a, cour. d;:gtte period do six mois jour de cette revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour de la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per l. administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou l o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

M RAABGAN JAMIL KHAN

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le 15/02/1994 | Sex / sexe MALE.

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 datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
24 NOV 2022	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.	YELLOW FEVER VACCINE L.NO DAKAR	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
1			
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I lcalih 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 days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccinalion.

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 avalable que si Ic vaccina employe" a c-' tc,' a approve" par l' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif.aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans lcqucl'ce centre est siture,.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion u ou , a -cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

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

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