

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: ALIMUZZAMAN ABUTAIYEB MD Sex: M Serial No: _____

Date of Birth: 25 / 11 / 1990 PP/CDC: C/0/5963 Rank: CHIEF OFFICER

Vessel: LAUSU Type: OILTANKER Route: WORLDWIDE

Home Address: VIL+PO: BAGZANA, PS: PANCHBIRI

Company Name: ATLANTAS SHIP MANAGEMENT

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							
176cm	60kg	43-41	120/80mmHg	78/min	19/min	Good							
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										

Systemic Examination

	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	/		FIT FOR SEA SERVICE AS CH. OFF 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	12.6 gm%	14-16 gm %	Colour	SW
Total WBC count	7300 cu.mm	4000-11000 / cu.mm	Specific Gravity	
Neu %	59		pH	
% Lymph	31		Albumin	NIL
% Eos	04		Sugar	NIL
% Mono	06		Bile pigment	
Malarial parasite	Not Found		Bile salts	
ESR	09 mm / 1st hour	1-15 mm / hr	Occult blood	
SGPT	20 U/L	9-43 U / L	RBC cells	
S. Cholesterol	NIL mg/dl	145-260 mg / dl	Leucocytes	
S. Triglycerides	NIL mg/dl	upto 200 mg / dl	Others	
Blood Sugar	85 mg/dl	upto 125 mg %		
HbsAg				
HIV I & II				
VDRL				
Others				
Blood Group				
ECG: Normal	TMT: N/D		Spirometry: N/D	
X-Ray Chest: Normal			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, _____ 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: 01 JUL 2026

Candidate's Signature

Official Stamp

Doctor's signature:

Date: 02 JUL 2024



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

04.2024.6845

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME ALIMUZZAMAN	GIVEN NAME(S) ABU TAYEB MD
DATE OF BIRTH 11 25 1990 MONTH DAY YEAR	PLACE OF BIRTH JOYPOURHAT CITY BANGLADESH COUNTRY SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: FLAT 3B, HOUSE NO: 8, ROAD NO 18 PALLABI RESIDENTIAL AREA MIRPUR-12, DHAKA

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

HEIGHT 176 cm	WEIGHT 69 kg	BLOOD PRESSURE 120/80 mmHg	PULSE 78 3/min	RESPIRATION 19 3/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES	RIGHT EYE 6/6 LEFT EYE 6/6	HEARING: RT. EAR my LEFT EAR my			

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

02 JUL 2024

DATE OF EXAMINATION

01 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:

ALIMUZZAMAN, ABU TAYEB MD

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

FIT FOR DUTY ON BOARD SHIP

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

02 JUL 2024

DATE

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.



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-I, 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.

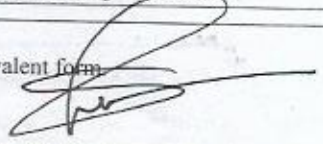
An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners 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).

02 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





ATLANTAS CREW MANAGEMENT

Form No – FP 02D

Revision – 2

Seafarer's declaration of medicines being carried on board

Date – 15 Oct 23

Date: **02 JUL 2024**

To,
The Company appointed Doctor,
XXXX (Management Company)

Dear Sir,

I hereby declare that I will be carrying the following medicines for usage onboard. These have been prescribed by my family doctor and/or by company appointed doctor. I have been taking these prescribed medicines for lastdays/months/year.

List/qty. of prescribed medicines, which will be carried by me on board. The period of medicine course is prescribed for - weeks/months

Sr. No	Name of Medicine(S) Onboard	Quantity	Dosages	Ailment
	(Allopathic medicines to be mentioned here)			
1				
2				
3				
4				

Note: As a rule, not more than 4 medicines or combinations as allowed,

- I agree to carry the original prescription on board for the above-mentioned medication.
- I agree to inform the Master, all details of my medication immediately upon joining the vessel.
- I also confirm that at no time any other drugs/medicines shall be found with me or in my cabin.
- I am also aware of my responsibility for self-medication.
- Subject to obtaining approval from Company and Company appointed Doctor for the above mentioned medicines, I will ensure to carry sufficient medication with me to cover the period of my onboard tenure and extra supply for an additional month. I will be responsible for maintaining sufficient stock of my prescription medicine & will be also responsible for informing the master with reasonable notice if due to any reason I am in need of replenishment of my prescription medicine. The company will assist as far as possible for replenishing my prescription medicine in case of emergency only.
- I hereby consent that the above medical information may be shared as necessary.

I have read and understood the above terms. Should I fail to follow the above terms, I agree that I will not be eligible for the sick, injury, and death pay/compensation as per the company's standard terms and condition and/or the respective collective bargaining agreement of the applicable vessel.

Name & Rank of the seafarer: ABU TAITBB MD. ALIMUZZAMAN	Signature:
Vessel Name: MT LAUSU	Date: 02/07/2024
Confirmed by a company appointed doctor (signature & date): 02 JUL 2024	
The company appointed doctor's name & city:	DR. MIR. MD. RAIHAN
The company appointed doctor's remarks, if any:	MBBS (D.U.) DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-616 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

Note: Doctors are requested to send the original form along with the medical report to the company.



ID NO : 24070031

Date : 02/07/2024

Patient's Name : ABU TAIYEB MD ALIMUZZAMAN

Age : 33Y 7M 3D

Ref. By : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DMF -C/O/ 5963

Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	13.6 g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	09 mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	7,300 /cumm	4,000 - 11,000 /cumm	
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	59 %	(40 - 75)%	
Lymphocytes	31 %	(20-45)%	
Monocytes	06 %	(2-10)%	
Eosinophils	04 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	292 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	187,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	13 fL	7.0 -11.0 fL	
PDW-CV	17.9 %	10 - 18 %	
PCT	0.24 %	0.10 - 0.28	
P-LCR	48 %	9.00 - 45.00%	
P-LCC	90 x10 ³ /ul	13 - 129 x10 ³ /uL	
RBC COUNT	5.05 m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	42.4 %	M: 40-54%, F: 37-47%	
MCV	84 fL	76-94 fL	
MCH	26.9 pg	27-32 pg	
MCHC	32.1 g/dL	29-34 g/dL	
RDW SD	46 fL	30.0-57.0 fL	
RDW CV	16.1 %	10-16%	

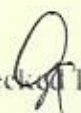
Checked By:
Medical Technologist
Radical Hospital Ltd.
Uttara,Dhaka.

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

Bill No	DIA24070031	Received Date	02/07/2024
Patient's Name	ABU TAIYEB MD ALIMUZZAMAN		
Patient's Age	33Y 7M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5963
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.2 mmol/L	4.2 – 6.4 mmol/L
Serum Creatinine	0.89 mg/dl	0.3 - 1.3 mg/dl
Serum ALT (SGPT)	28.0 U/L	Up to 40 U/L
Serum AST (SGOT)	22.0 U/L	Up to 37 U/L
Uric Acid	4.1 mg/dl	3.8 - 8.0 mg/dl
GGT	38 U/L	Adult Male : <55


 Checked By

 Medical Technologist,
 Radical Hospital Ltd.


 Dr. Sumaiya Khatun

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

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070031	Received Date	02/07/2024
Patient's Name	ABU TAIYEB MD ALIMUZZAMAN		
Patient's Age	33Y 7M 3D	Patient's Sex	Male
Ref by	Dr. Mir Md. Raihan MBBS, (DU), CCD (BIRDEM), PGT (Eye), DFM	CDC NO	C/O/5963
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
HCV (Method : (ICT)	Negative
HAV (Method : (ICT)	Negative
Malarial Parasite (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING Result

ABO Blood Group	"B" (+ve)
Rh(D) Factor	Positive

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA24070031	Received Date	02/07/2024
Patient's Name	ABU TAIYEB MD ALIMUZZAMAN		
Patient's Age	33Y 7M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5963
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	DIA24070031	Received Date	02/07/2024
Patient's Name	ABU TAIYEB MD ALIMUZZAMAN		
Patient's Age	33Y 7M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5963
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	1-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	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 Hospitals Ltd.

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

Patient ID	24070031	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	02/07/2024
Patient Name	ABU TAIYEB MD. ALIMUZZAN		
Age	30 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.3cm shape and position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER :- Absent (H/o operation)

CBD is not dilated 5.2mm.

PANCREASE :- Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN :- Is normal in size (9.6X4.5)cm and shape uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size regular in shape. RK-10.5cm, LK-11.4cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

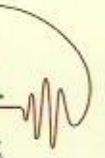
URINARY BLADDER : Is well filled. Wall thickness is within normal limit. No intravesicle lesion is seen

Prostate: Normal in size volume is 10.6cc & regular in shape.

Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Suggestive of – Normal study.

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training on TVS
Consultant Sonologist



Patient's Name	:	ABU TAIYEB MD ALIMUZZAMAN	ID NO	:	24070031
Age	:	33 Yrs	Date	:	02/07/2024
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

Patient's Name	: ABU TAIYEB MD ALIMUZZAMAN	ID NO	: 24070031
Age	: 33 Yrs	Date	: 02/07/2024
Sex	: Male		
Referred by	: Dr. Mir Md. Raihan MBBS,(DU), DFM		
Nature of Specimen	:		

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6
FEV = 5
FEV/FVC = 80%

Comments: Normal Lung Function



Dr. Mir Md. Raihan

MBBS (DU) CCD(Birdem),PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

Date: 02/07/2024

EYE EXAMINATION REPORT

NAME:	ABU TAIYEB MD ALIMUZZAMAN		
AGE:	33 YRS	RANK: MASTER	CDC NO:C/O/5963

VISUAL ACUTTY:

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

Diagnosis Information:

Sinus rhythm

Normal ECG



2



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070031 Receive: 02/07/2024 Print: 02/07/2024
Patient's Name : ABU TAIYEB MD ALIMUZZAMAN
Age : 33 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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070031 Receive: Print:02/07/2024
Patient's Name : ABU TAIYEB MD ALIMUZZAMAN
Age : 33 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 83 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

AUDIOLOGICAL REPORT

Patient Name : ABU TAIYEB MD ALIMUZZAMAN

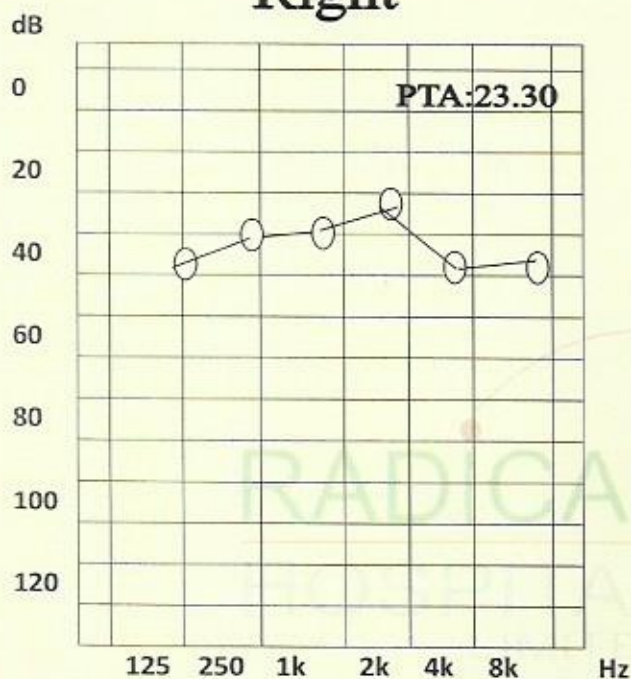
02/07/2024

Age : 33 Yrs

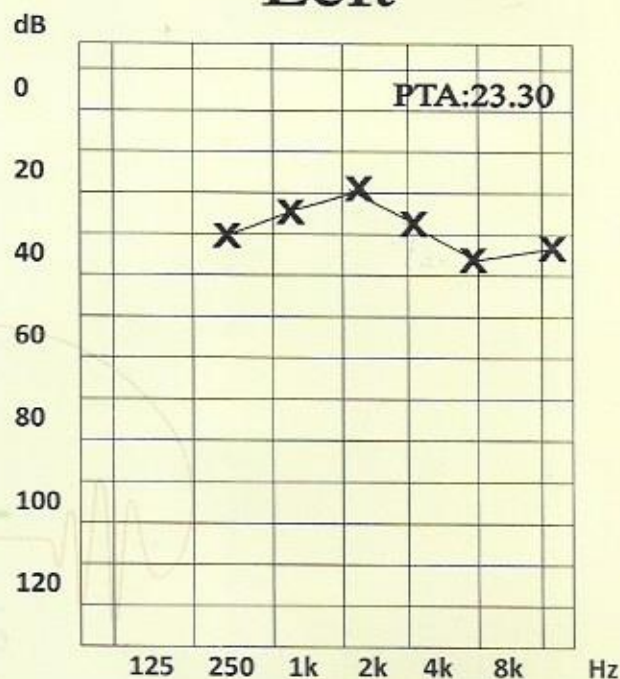
Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM

Right



Left



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.

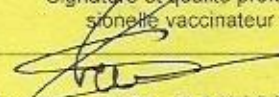
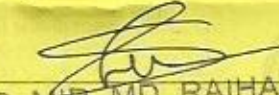
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAUX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

ABU TAIEB MD. ALIMUZZAMAN

This is to certify that _____ date of birth 25.11.1990 Sex M
JE Soussigne' (e) certifie que _____ no' (e) le _____ sexe _____

Whose signature follows _____
dont la signature suit Alimuazzaman

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 qualité professionnelle vaccinateur	Approved Stamp Cachet d'authentification
22 JUL 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
02 JUL 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	 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 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, au cours de cette période de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat 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 certificat ou l'omission d'une quelconque des mentions requises comporte peut entraîner la perte de sa validité.

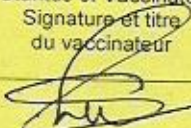
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

ABU TAYEB MD. ALIMUZZAMAN

This is to certify that
JE Soussigne' (e) certifie que _____ date of birth 25.11.1990 Sex M
no' (e) le _____ sexe _____

Whose signature follows
don't la signature suit Alimuzzaman

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 et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numc' ro du lot	Official sump of vaccinating centre Cachet officiel du centre de vaccination
22 JUL 2023 1	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDA-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospital Limited		
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 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 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 employe a ete approuve par l'organisation Mondiale de la sante et si le centre a ete designe par l'administration sanitaire du territoire dans lequel ce centre est situe.

La validite de ce certificat couvre une periode de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, à compter de dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant le lieu de signature.

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

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Form No: SMC

SL NO.

04.2024.6845

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last ALIMUZZAMAN First ABU TAYEB MD Middle
Gender: (Male/Female)..... Nationality: BANGLADESHI Date: 02 JUL 2024
Occupation: Deck/Engine/Catering/Other (specify) Rank: MASTER
Father's/ Husband's name: MD. ABDUL MANNAN MONDAL C.D.C No. C/0/5963
Mother's Name: MOSSA. TAHEBA KHATUN Seaman ID No. 050002415
Address: House No:..... Street/ Road No:..... Passport No. A07503477
Locality/Village: BAGZANA NID No. 4187812443
P.O.: BAGZANA Date of Birth: 25/11/1990
P.S.: PANCHBIBI (DD/MM/YYYY)
District: JOYDURHAT

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination : YES/NO
 - Hearing meets the standards in section A-I/9 : YES/NO
 - Unaided hearing satisfactory? : YES/NO
 - Visual acuity meets standards in section A-I/9? : YES/NO
 - Colour vision meets standards in section A-I/9? : YES/NO
Date of last colour vision test : 02 JUL 2024
 - Fit for lookout duties? : YES/NO
 - Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? : YES/NO
 - Any limitations or restrictions on fitness? : YES/NO
- If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

9. Medical fitness category :

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY) : 02 JUL 2024

11. Date of expiry (DD/MM/YYYY) : 01 JUL 2026 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Alimuzzaman

Seafarer's Signature



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

Name & Signature of the practitioner:

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 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 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. 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/WHO/D.211997)*. 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 seafarers 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 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (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 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [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/Navigation 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 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. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible 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/navigation officer's certificate.
- Applicants for fireman/watertender, 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:

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 a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

02 JUL 2024

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