



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMDC
Accreditation No A 55144

PATIENT CONTROL NUMBER
H559

MEDICAL EXAMINATION CERTIFICATE

SURNAME TANVEER	FIRST NAME AND A J M	MIDDLE NAME
PLACE AND DATE OF BIRTH DHAKA 9-Mar-1991	PASSPORT NUMBER A15818828	SEAMAN'S BOOK NUMBER CO6376
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : IL/CHEM TANKE	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : CHINAIMURI, PADUA, CHAUDDAGRAM, CUMILLA, BANGLADESH		CONTACT NUMBER : 0088 01674961896
		RANK : RAINEE CHIEF ENGINEER

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

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

Additional questions

	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
---	--------------------------	-------------------------------------

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Mir Md. Raihan** (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 78 kg	Height (cm) 173	BMI 26.0	Blood Pressure: Systolic 120 mmHg	Diastolic 80 mmHg	PULSE: 78 bpm
Ear	Hearing by Audiometry	Audiometry		Hearing by Whisper Test	
Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000
Left	☐ Adequate ☐ Inadequate	N/A		☒ Adequate ☐ Inadequate	
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐					

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

26 JUL 2024

Date of last colour vision test: Date (day/month/year) / /

	Visual fields	
	Normal	Defective
	Right eye	Left eye
Right eye	☒	
Left eye	☒	

YES / NO

☐ Doubtful☐ Defective

	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	N/A	BIO CHEMICAL (LIVER FUNCTION TEST)	Manjuana	☐ Positive	☒ Negative
ECG	N/A	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	URINE R/E	N/A	
DC(differential count)	N/A	SGOT	OTHERS		
HAEMOGLOBIN (HGB)	13.4	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	0.8	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	5300	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	B+(VE)
RANDOM	5.4	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	N/A
HBA1C	5.0%	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)	N/A

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Signature of Seafarer

A J M TANVEER

Name of Seafarer

26 JUL 2024

Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:



Fit for lookout duties



Not fit for lookout duties

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



Without restrictions



With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

☒ Yes

☐ No

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

Action taken by medical examiner (e.g., referral):

Fitness Date:

26 JUL 2024

Valid Until:

25 JUL 2026

Name and Signature of Authorizing Physician

DR. MIR. MD. RAHAN

MBBS (DU), DPM, CCG (Birden), PGT (Ophth)

BMD A-55144, MMC-BGB-016

DG Shipping Bangladesh Approved

General Physician
Radical Hospital Limited

In Accordance with Medical Examination (Seafarers) Code of Practice and STCW 1978/1996 as Amended, MLC 2006

Drug and Alcohol Screening Affidavit

CSC 04A

PART A - To be completed by Seafarer prior to Medical Examination and hand to Physician

Surname: TANVEER		First Name: A J M					
Date of Birth (DD/MM/YY): 09/03/1991		Address: AMBIT GREEN HOMES, 3/3-A,B,C, FLAT-5/E, SOUTH MUGDA					
Place of Birth: CUMILLA		Street City: DHAKA Postal Code: Country: BANGLADESH					
Examination for duty as	Master	Officer	Engineer	Rating	Cadet		
Please indicate the quantity of alcohol you consume weekly		Beer (litre)..... Wine (litre)..... Spirits (measures).....					
Do you regularly take any medically prescribed drugs? Please list. Note: Give a copy of this list to the Master upon joining the vessel.							
Have you ever been convicted of a charge involving illegal drugs?		Yes.....No.....(If Yes please detail on the reverse)					
Have you ever been convicted of a drinking related incident?		Yes.....No.....(If Yes please detail on the reverse)					
Have you ever received treatment for alcohol or drug dependence?		Yes.....No.....(If Yes please detail on the reverse)					
Signed and Dated (by Seafarer) 		Note: If circumstances change with respect to the above statements, inform the company of such changes immediately.					



Drug and Alcohol Screening Affidavit**CSC 04A****PART B - To be completed by Physician and Seafarer during Medical Examination**

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Name, Address of Physician:

DR. MIR MD. RAIHAN; M.B.B.S.(D.U.)
REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE,
SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.

Signature of Physician:



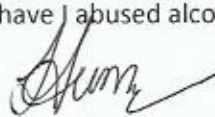
Date:

26 JUL 2024

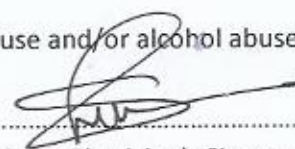
DR. MIR. MD. RAIHAN
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Radical Hospitals Limited

Anti-Drug and Alcohol Abuse Affidavit

I hereby declare that I have not in the past or present used any prohibited substance, nor have I abused alcohol.

**A J M TANVEER**.....
Examinee's Name & Signature

I hereby certify that the above examinee does not have any signs and symptoms of drug use and/or alcohol abuse.

.....
Examining Physician'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

ORIGINAL TO BE RETAINED BY CREWING AGENCY

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME: TANVEER	GIVEN NAME(S): A J M
NATIONALITY: BANGLADESHI	ID DOCUMENT NO:
DATE OF BIRTH (DD.MM.YY): 09-03-1991	SEX: ☒ MALE ☐ FEMALE
PLACE OF BIRTH (CITY/COUNTRY): CUMILLA	
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ CH.COOK/COOK ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: AMBIT GREEN HOMES, 3/3-A,B,C, FLAT-5/E, SOUTH MUGDA, DHAKA, BANGLADESH

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 173cm	WEIGHT 78kg	BLOOD PRESSURE 120/80mmHg	PULSE 78 b/min	RESPIRATION 19 b/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR my LEFT EAR my			
WITH GLASSES		COLOUR TEST TYPE: BOOK ☒ LANTERN ☐ COLOUR TEST IS NORMAL: YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒			
DATE OF LAST COLOUR VISION TEST:		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 ☒		Is applicant taking any non-prescription or prescription medications? Yes ☐ No ☒			

SIGNATURE OF APPLICANT

DATE 26 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:

A J M TANVEER

NAME OF APPLICANT

This applicant is certified free of communicable disease: Yes ☒ No ☐

Seafarer is found to be: **FIT / NOT FIT** for duty as a: Master / Deck Officer / Engineering Officer / Rating/Chief cook/ Cook, without any / with the following restrictions: **FIT FOR DUTY ON BOARD SHIP**

NAME AND DEGREE OF PHYSICIAN:	
ADDRESS:	
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY:	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE:	SIGNATURE OF PHYSICIAN:
DATE OF EXAMINATION: 26 JUL 2024	EXPIRY DATE OF CERTIFICATE: 25 JUL 2026
SEAFARER ACKNOWLEDGMENT	
I, _____ (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.	

MEDICAL REQUIREMENTS

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Bldem), PGT (Opht)
BMDC A-55144, MMC-BGD-016
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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 certified 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 immediately preceding applications 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.2/1997)*. 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:

1. Hearing
 - a. 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).
2. Eyesight
 - a. 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 colour perception and be capable of distinguishing the colours red, green, blue and yellow.
 - b. 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 colours red, yellow and green.
3. Dental
 - a. Seafarers must be free from infections of the mouth cavity or gums.
4. Blood Pressure
 - a. An applicant's blood pressure must fall within an average range, taking age into consideration.
5. Voice
 - a. Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
6. Vaccinations
 - a. 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.
7. Diseases or Conditions
 - a. 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.
8. Physical Requirements
 - a. 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.
 - b. Applicants for fireman/watertender, oiler/motor, pumpman, electrician, wiper, tanker rating 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. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

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).

26 JUL 2024



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

Personnel information



Pre-sea exam



Periodic exam

Name (Last,First,Middle):	TANVEER, A J M
Date of birth (DD.MM.YY):	09 / 03 / 1991
Sex:	Male / Female
Home address:	AMBIT GREEN HOMES, 3/3-A,B,C, FLAT-5/E, SOUTH MUGDA, DHAKA, BANGLADESH
Passport No./Discharge Book No.:	A15818828, C/O/6376
Department: (deck/engine/radio/food handling/other)	ENGINE
Routine and emergency duties: (if known):	
Type of ship: (e.g. Bulk carrier, chemical/oil/gas tanker, container, other cargo)	OIL/CHEM TANKER
Trade area: (e.g., coastal, tropical, worldwide)	WORLDWIDE

Examinee's personal declaration (Assistance should be offered by medical staff)

Have you ever had any of the following conditions:

Condition	Yes	No	Condition	Yes	No
Eye/vision problem		/	Sleeping problems		/
High blood pressure		/	Do you smoke?		/
Heart/vascular disease		/	Operation/surgery		/
Heart surgery		/	Epilepsy/seizures		/
Varicose veins		/	Dizziness/fainting		/
Asthma/bronchitis		/	Loss of consciousness		/
Blood disorder		/	Psychiatric problems		/
Diabetes		/	Depression		/
Thyroid problem		/	Attempted suicide		/
Digestive disorder		/	Loss of memory		/
Kidney problem		/	Balance problem		/
Skin problem		/	Severe headaches		/
Allergies		/	Ear/nose/throat problems		/
Infectious/contagious diseases		/	Restricted mobility		/
Hernia		/	Back problems		/
Genital disorders		/	Amputation		/
Pregnancy		/	Fractures/dislocations		/

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

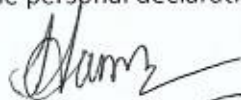


Additional questions:	Yes	No
Have you ever been signed off as sick or repatriated from a ship?		☒
Have you ever been hospitalized?		☒
Have you ever been declared unfit for sea duty?		☒
Has your medical certificate ever been restricted or revoked?		☒
Are you aware that you have any medical problems, diseases or illnesses?		☒
Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	
Are you allergic to any medications?		☒
Are you taking any non-prescription or prescription medications?		☒
If any of the above questions were answered "yes," please give details below:		

	Yes	No
Are you taking any non-prescription or prescription medications?		☒
If yes, please list the medications taken and the purpose(s) and dosage(s).		

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

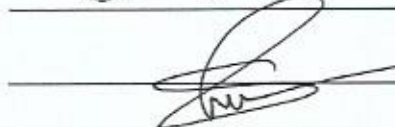
Signature of
examinee:



Date:
(DD.MM.YY)

26 JUL 2024

Witnessed by:
(Signature)



Name:
(Typed or printed)

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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Radical Hospitals Limited

I hereby authorize the release of all my previous medical records from any health institutions and public authorities to Dr. _____ (the approved medical examiner).

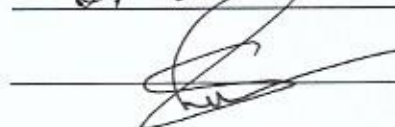
Signature of
examinee:



Date:
(DD.MM.YY)

26 JUL 2024

Witnessed by:
(Signature)



Name:
(Typed or printed)

DR. MIR. MD. RAIHAN
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Date and contact details for previous medical examination (if known):



Medical Examination

Sight

Use of glasses or contact lenses:

Yes/No ☒

If yes, specify which type and for what purpose: _____

	Visual Acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Distant	Near	Distant	Near		
Right eye	6/6	6/6			—	
Left eye					—	
Binocular						

Colour vision:

Not tested ☐Normal ☒Doubtful ☐Defective ☐

Hearing

	Pure tone and audio metry (threshold values in dB)				Speech and whisper test (metres)	
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	Normal	Whisper
Right ear	20	20	20		4	4
Left ear	20	20	20		4	4

Height: 173 (cm)Weight: 78 (kg)Pulse rate: 78 /minuteRhythm: Regular

Blood pressure

Systolic: 120 (mm Hg)Diastolic: 80 (mm Hg)

Head	Normal	Abnormal	Skin	Normal	Abnormal
Sinuses, nose, throat	—		Varicose veins	—	
Mouth/teeth	—		Vascular (inc. pedal pulses)	—	
Ears (general)	—		Abdomen and viscera	—	
Tympanic membrane	—		Hernia	—	
Eyes	—		Anus (not rectal exam.)	—	
Ophthalmoscopy	—		G-U system	—	
Pupils	—		Upper and lower extremities	—	
Eye movement	—		Spine (C/S, T/S and L/S)	—	
Lungs and chest	—		Neurologic (full brief)	—	
Breast examination	N/A		Psychiatric	—	
Heart	—		General appearance	—	

Chest xray:

Not performed ☒

Performed on: (DD.MM.YY)

26 JUL 2024

Results: Normal chest xray

Urinalysis:

Glucose:

Nil

Protein:

Nil

Blood Analysis:

Hepatitis B Test:

Negative

V.D.R.L:

Non Reactive

Immunodeficiency Virus Anti bodies:

Vaccination status recorded:

☒ Yes☐ No

Other diagnostic test(s) and result(s): _____



Test	Result

Medical Examiners comments:

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for lookout duty☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit				
Unfit				

☒ Without restrictions☐ With restrictions

Visual aid required:

☐ Yes☒ No

Describe restrictions (e.g. Specific positions, type of ship, trade area):

Action taken by medical examiner (e.g. referral):

Medical certificate's date of expiration (DD.MM.YY):

Date of examination (DD.MM.YY):

Number of Medical Certificate:

Signature of medical practitioner:

Name of medical examiner: (Typed or printed)

Address of medical practitioner:

Authorized by: (competent authority)

Official stamp:

25 JUL 2026

26 JUL 2024

DR. MIR. MD. RAIHAN

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

BMDC A-55144, MMG-BGD-016

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General Physician
Radical Hospitals Limited.

Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name: TANVEER A J M

Passport No.: A15818828

Seaman's Book No.: C/O/6376

Date of Birth: 09 / 03 / 1991

Medical Center Name: REDICAL HOSPITALS LIMITED

Full Address: 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA,
DHAKA-1230, BANGLADESH.

Doctor's Name: DR. MIR MD. RAIHAN

Drug and Alcohol Screening Limits and Results

Drug	Threshold Limit	Results
Marijuana	< 15 NG/ML	negative
Cocaine	< 150 NG/ML	
Opiates	< 300 NG / ML	
Phencyclidine	< 25 NG / ML	
Amphetamines	< 300 NG / ML	
Benzodiazepine	< 200 NG/ML	
Methaqualone	< 300 NG/ML	
Barbiturates	< 200 NG/ML	negative
Alcohol	< 0.04% BAC	

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Date

26 JUL 2024

Examined By (Name/Signature)

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



MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME TANVEER			GIVEN NAME(S) A J M		
DATE OF BIRTH 3 9 1991 MONTH DAY YEAR			PLACE OF BIRTH DHAKA BANGLADESH CITY COUNTRY		SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☐			MAILING ADDRESS OF APPLICANT: AMBIT GREEN HOMES, 3/3-A,B,C, FLAT-5/E, SOUTH MUGDA, DHAKA. BANGLADESH.		
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE					
HEIGHT 173cm	WEIGHT 78kg	BLOOD PRESSURE 120/80 mmHg	PULSE 78b/min	RESPIRATION 19 b/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR mm LEFT EAR mm	
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 			DATE OF EXAMINATION 26 JUL 2024		EXPIRY DATE 25 JUL 2026
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.					
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:			A J M TANVEER		
FIT FOR DUTY ON BOARD SHIP			NAME OF APPLICANT		
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 / ☐ LOOK ☐ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:					
NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN; M.B.B.S.(D.U.), REG. NO. A-55144					
ADDRESS REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.					
NAME OF PHYSICIAN'S CERTIFYING DG SHIPPING BANGLADESH					
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 6-May-2014					
SIGNATURE OF PHYSICIAN 			DATE 26 JUL 2024		

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training,

Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

DR. MIR. MD. RAIHAN

MBBS (D.U.), DFM, CCG (Birmen), PCT (Gphn)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

MEDICAL REQUIREMENTS



MI-105M

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).

(b) Eyesight

- Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental

- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations

- All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.

(g) Diseases or Conditions

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.

(h) Physical Requirements

- Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

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

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

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form.

(See RMI MG 7-47-1, §3.3).

1. COMPLETE PHYSICAL EXAMINATION, INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION A) Complete Blood Count B) Blood Sugar Estimation C) Serological Test (VDRL)

D) Hepatitis B Surface Antigen Test (HbsAg), E) Urinysis 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



DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCB (Diploma), FGT (Ophthalm)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

ID NO : 24070661

Date : 26/07/2024

Patient's Name : A J M TANVEER

Age : 33Y4M17D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/6376

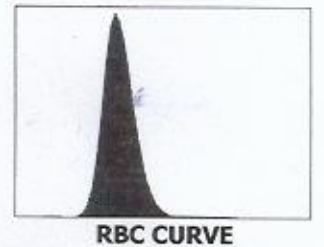
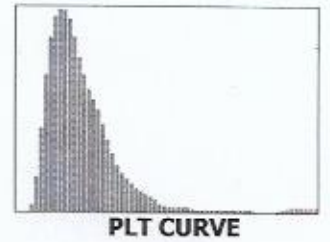
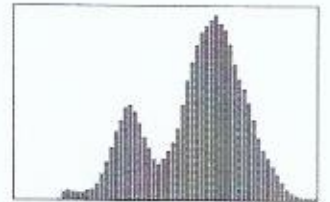
Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	13.4	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	08	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	5,300	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	62	%	(40 - 75)%
Lymphocytes	29	%	(20-45)%
Monocytes	05	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSINOPHIL COUNT	212	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	181,000	/cumm	1,50,000-4,50,000 /cumm
MPV	12.7	fL	7.0 -11.0 fL
PDW-CV	17.3	%	10 - 18 %
PCT	0.23	%	0.10 - 0.28
P-LCR	43.8	%	9.00 - 45.00%
P-LCC	79	x10 ³ /uL	13 - 129 x10 ³ /uL
RBC COUNT	4.95	m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL
HCT/PCV	44.4	%	M: 40-54%, F: 37-47%
MCV	89.8	fL	76-94 fL
MCH	27	pg	27-32 pg
MCHC	30.1	g/dL	29-34 g/dL
RDW SD	52	fL	30.0-57.0 fL
RDW CV	17.1	%	10-16%



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	DIA24070661	Received Date	26/07/2024
Patient's Name	A J M TANVEER		
Patient's Age	33Y 4M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6376
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.4 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.46 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	26.0 U/L	Up to 37 U/L
HbA1C	5.0 %	4.2 - 6.7 %

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.

Bill No	DIA24070661	Received Date	26/07/2024
Patient's Name	A J M TANVEER		
Patient's Age	33Y 4M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM	CDC NO	C/O/6376
Sample	BLOOD		

SEROLOGICAL REPORT

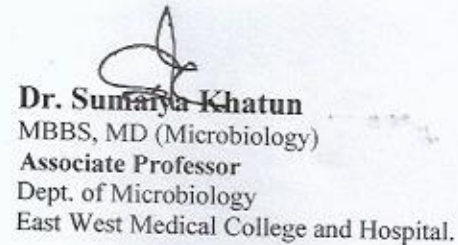
Test Name	Result
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive


RADICAL
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 LIMITED



Checked By

Medical Technologist.
Radical Hospital Ltd.



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

Bill No	DIA24070661	Received Date	26/07/2024
Patient's Name	A J M TANVEER		
Patient's Age	33Y 4M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6376
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	0-2/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.

Bill No	DIA24070661	Received Date	26/07/2024
Patient's Name	A J M TANVEER		
Patient's Age	33Y 4M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6376
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.

REF: MT. NORD MIRAI

DATE: 26/07/2024

M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: A J M TANVEER

RANK: 2ND ENG

CDC NO: C/O/6376

VISUAL ACUITY:

RIGHT

LEFT

6/6

6/6

UNAIDED

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	: A J M TANVEER	Date	: 26/07/2024
Age	: 33 Yrs	CDC NO:	C/O/6376
Sex	: Male		
Referred by	: Dr. Mir Md. Raihan - MBBS, (DU), DFM		

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor / <u>Good</u> / very good / excellent
Verbal Reasoning test	Poor / <u>Good</u> / very good / excellent
Inductive reasoning test	Poor / <u>Good</u> / very good / excellent
Diagrammatic Reasoning test	Poor / <u>Good</u> / very good / excellent
Logical Reasoning test.	Poor / <u>Good</u> / very good / excellent
Error checking test	Poor / <u>Good</u> / very good / excellent
2.Skill Test	Poor / <u>Good</u> / very good / excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP / ESFJ / ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor / <u>Good</u> / very good / excellent
Assumptions	Poor / <u>Good</u> / very good / excellent
Deductions	Poor / <u>Good</u> / very good / excellent
Interpreting Information's	Poor / <u>Good</u> / very good / excellent
Inferences	Poor / <u>Good</u> / very good / excellent
5.Situational Judgment Test.	Poor / <u>Good</u> / very good / excellent
Poor: <6 Good: 6-7 <u>very good: 7-8</u> excellent: 8-10	

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB



Dr. Mir Md. Raihan

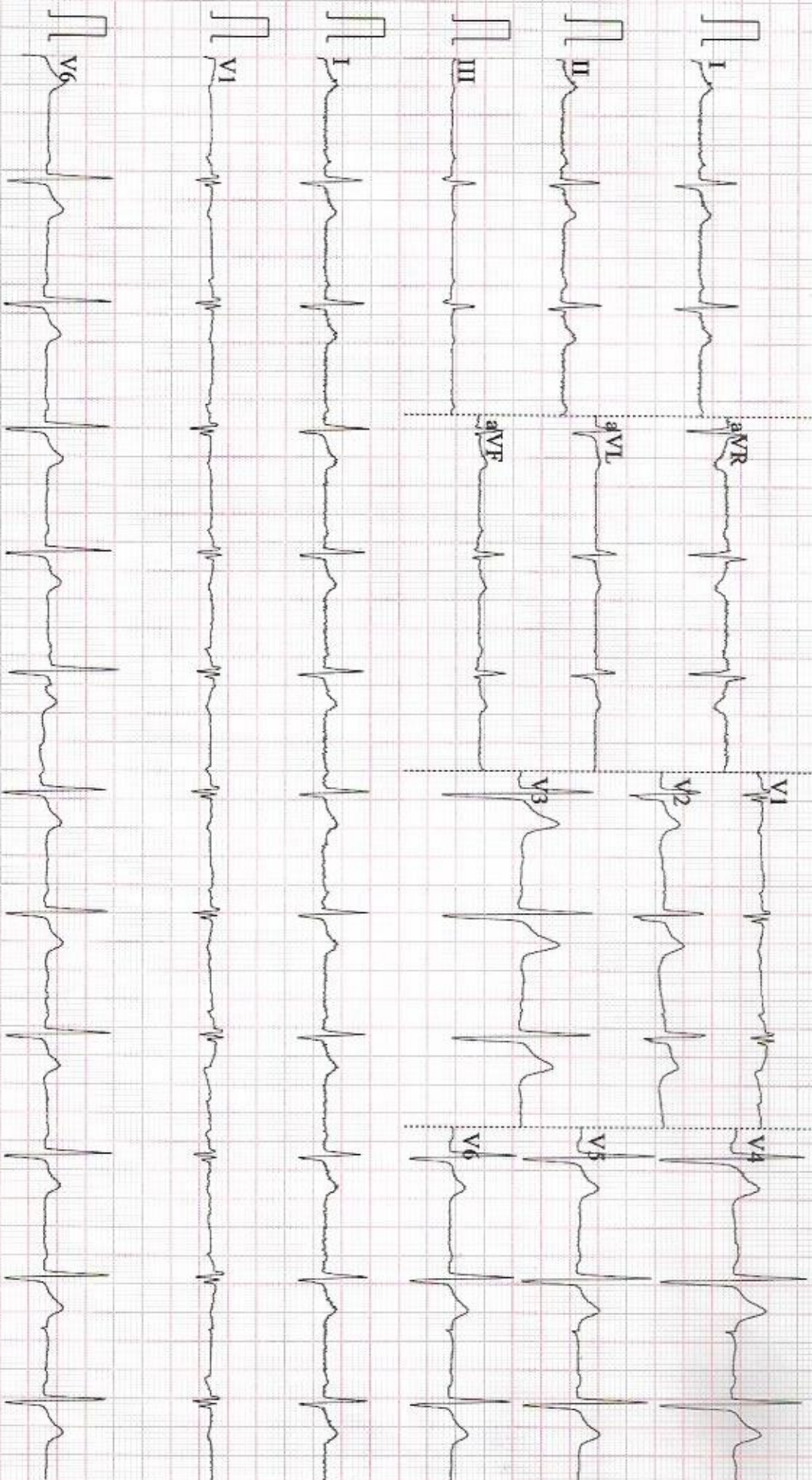
MBBS (DU), DFM, CCD (Birdem), PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

ID: *25m Turner*
Male 33 Years
mmHg

26-07-2024 13:11:03
HR : 70 bpm
P : 108 ms
PR : 164 ms
QRS : 98 ms
QT/QTc : 360/389 ms
P/QRS/T : 58/59/41 °
RV5/SVI : 1.304/0.297 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070661 Receive: 26/07/2024 Print: 26/07/2024
Patient's Name : A J M TANVEER
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

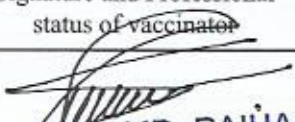
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

Date of birth 09-MAR-1991 Sex MALE

AJM TANVEER (C/O 6376)

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no. of vaccine	Official stamp of vaccination centre
1 09 NOV 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.		2 
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated 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 date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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