

HAQUE & SONS LTD.

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



Accredited By : BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER: H1923

MEDICAL EXAMINATION CERTIFICATE

RNAME	FIRST NA	ME AND		MIDDLE	NAME
MAHMUD	100000000000000000000000000000000000000		SHIK		
CE AND DATE OF BIRTH	PASSPOR	RT NUMBE	Silderan	SEAMAN'	S BOOK NUMBER
PATUAKHALI 2-Jul-1996			0053576		CO9888
TONALITY: BANGLADESHI SEX:	₩ Male	☐ Female	e VESSEL T	YPE : BULK CARRIER	TRADING AREA: WORLD W
-393, FARM ROAD, MIDDLE KOLABAG	AN DATHA	KUNIIO	DAR	CONTACT NUMBE	R: 0088 01841085090
JAKHALI SADAR-8600, PATUAKHALI, E	BANGI ADES	KHALI SAL	JAK,	RANK:	3RD ASST ENGINE
The state of the s	PARTOLINE	,,,			
ave you ever had any of the following con	ditions?				
Condition	YES	NO	Condit	ian	VEC. NO.
1 Eye/vision problem			100000	problems	YES NO
2 High blood pressure			0.000	smoke?	
3 Heart/vascular disease		19	7.00	ion/surgery	n 0
4 Heart surgery				sy/seizures	
5 Varicose veins		RAPAR	100 TO 10	ss/fainting	
6 Asthma/bronchitis		ď.	100 100 100 100 100 100 100 100 100 100	consciousness	(0, 0)
7 Blood disorder		ď.		atric problems	~ 6/6
8 Diabetes		DV	25 Depres		
9 Thyroid problem		DV	10000	ted suicide	の一門の一部
10 Digestive disorder			\$100 PATRICES	memory	
11 Kidney problem			3000 SERVER	e problem	
12 Skin problem	C)	D/	2000	headaches	700000
13 Allergies	П	G/		se/throat problems	
14 Infectious/contagious diseases		B'	31 Restric	ted mobility	
15 Hernia		N.	(100 to 100 to 1	roblems	i i.
16 Genital disorders		Jan	33 Amputa		
17 Pregnancy		MA		es/dislocations	
35 Have you ever been signed off as			a ship?		
36 Have you ever been hospitalised?					-0 0
 36 Have you ever been hospitalised? 37 Have you ever been declared unfit 	for sea duty				
 36 Have you ever been hospitalised? 37 Have you ever been declared unfit 38 Has your medical certificate ever to 	for sea duty been restricte	d or revoke			0/0
36 Have you ever been hospitalised? 37 Have you ever been declared unfit 38 Has your medical certificate ever to 39 Are you aware that you have any re	for sea duty been restricte medical probl	ed or revoke lems, disea	ses or illnesses?		
36 Have you ever been hospitalised? 37 Have you ever been declared unfit 38 Has your medical certificate ever t 39 Are you aware that you have any t 40 Do you feel healthy and fit to p	for sea duty been restricte medical proble erform the d	ed or revoke lems, disea	ses or illnesses?		
36 Have you ever been hospitalised? 37 Have you ever been declared unfit 38 Has your medical certificate ever t 39 Are you aware that you have any t 40 Do you feel healthy and fit to p 41 Are you allergic to any medication.	for sea duty been restricte medical proble erform the d	ed or revoke lems, disea	ses or illnesses?		
36 Have you ever been hospitalised? 37 Have you ever been declared unfir 38 Has your medical certificate ever to 39 Are you aware that you have any r 40 Do you feel healthy and fit to p 41 Are you allergic to any medication	for sea duty been restricte medical proble erform the d s?	ed or revoke lems, disea luties of yo	ses or illnesses?		
36 Have you ever been hospitalised? 37 Have you ever been declared unfit 38 Has your medical certificate ever t 39 Are you aware that you have any r 40 Do you feel healthy and fit to p 41 Are you allergic to any medication.	r for sea duty been restricte medical proble orform the dis?	ed or revoke lems, disea luties of you	ses or illnesses? ur designated po DARD SHIP		
36 Have you ever been hospitalised? 37 Have you ever been declared unfit 38 Has your medical certificate ever t 39 Are you aware that you have any r 40 Do you feel healthy and fit to p 41 Are you allergic to any medication comments: FIT 42 Are you taking any non-prescription	r for sea duty been restricte medical proble orform the dis? FOR DUT	ed or revoke lems, disea luties of you Y CN BC	ses or illnesses? ur designated po DARD SHIP		
36 Have you ever been hospitalised? 37 Have you ever been declared unfit 38 Has your medical certificate ever t 39 Are you aware that you have any t 40 Do you feel healthy and fit to p 41 Are you allergic to any medication comments: FIT 42 Are you taking any non-prescription	r for sea duty been restricte medical proble orform the dis? FOR DUT	ed or revoke lems, disea luties of you Y CN BC	ses or illnesses? ur designated po DARD SHIP		
36 Have you ever been hospitalised? 37 Have you ever been declared unfit 38 Has your medical certificate ever t 39 Are you aware that you have any t 40 Do you feel healthy and fit to p 41 Are you allergic to any medication. 50 mments: FIT	r for sea duty been restricte medical proble orform the dis? FOR DUT	ed or revoke lems, disea luties of you Y CN BC	ses or illnesses? ur designated po DARD SHIP		
36 Have you ever been hospitalised? 37 Have you ever been declared unfit 38 Has your medical certificate ever t 39 Are you aware that you have any r 40 Do you feel healthy and fit to p 41 Are you allergic to any medication 50 mments: FIT	r for sea duty been restricte medical proble orform the dis? FOR DUT	ed or revoke lems, disea luties of you Y CN BC	ses or illnesses? ur designated po DARD SHIP		
36 Have you ever been hospitalised? 37 Have you ever been declared unfit 38 Has your medical certificate ever t 39 Are you aware that you have any r 40 Do you feel healthy and fit to p 41 Are you allergic to any medication. 42 Are you taking any non-prescription yes, please list the medications taken and	r for sea duty been restricte medical proble erform the dis? FOR DUT n or prescrip I the purpose	ed or revoke lems, disea luties of you 'Y ON BO tion medica e(s) and dos	DARD SHIP attons?	sition/occupation?	
36 Have you ever been hospitalised? 37 Have you ever been declared unfit 38 Has your medical certificate ever to the service of the service o	r for sea duty been restricte medical proble erform the dis? FOR DUT n or prescrip the purpose	ed or revoke lems, disea luties of you 'Y ON BO tion medica e(s) and dos	DARD SHIP ations? sage(s)	osition/occupation?	titutions and public authorities
Have you ever been hospitalised? Have you ever been declared unfit Have you ever been declared unfit Have you ever been declared unfit Have you aware that you have any r On you feel healthy and fit to p Are you allergic to any medication. The you allergic to any medication. The you taking any non-prescription yes, please list the medications taken and the you authorize the release of all my prev Dr. Mir Md. Raihan (approved medical p	FOR DUT n or prescrip I the purpose	ed or revoke lems, disea luties of you "Y ON BC tion medica e(s) and dos	DARD SHIP ations? sage(s)	osition/occupation?	titutions and public authorities
Have you ever been hospitalised? Have you ever been declared unfa Has your medical certificate ever to the second of the second	FOR DUT n or prescrip I the purpose	ed or revoke lems, disea luties of you "Y ON BC tion medica e(s) and dos	DARD SHIP ations? sage(s)	osition/occupation?	titutions and public authorities
Have you ever been hospitalised? Have you ever been declared unfit Have you ever been declared unfit Has your medical certificate ever to Are you aware that you have any ro On you feel healthy and fit to po Are you allergic to any medication. The you taking any non-prescription The yes, please list the medications taken and The you taking any non-prescription The yes, please list the medications taken and The you taking any non-prescription The your t	FOR DUT n or prescrip I the purpose	ed or revoke lems, disea luties of you "Y ON BC tion medica e(s) and dos	DARD SHIP ations? sage(s)	osition/occupation?	titutions and public authorities
Have you ever been hospitalised? Have you ever been declared unfrage. Have you ever been declared unfrage. Has your medical certificate ever to see that you have any report of the you aware that you have any report of the you allergic to any medication. FIT Are you taking any non-prescription yes, please list the medications taken and the younger of the younger. FIT Green with the younger of the younger of the younger of the younger of the younger. FIT Green with the younger of the younger	FOR DUT n or prescrip I the purpose	ed or revoke lems, disea luties of you "Y ON BC tion medica e(s) and dos	DARD SHIP ations? sage(s)	osition/occupation?	titutions and public authorities
Have you ever been hospitalised? Have you ever been declared unfrage. Have you ever been declared unfrage. Has your medical certificate ever to see that you have any report of the you aware that you have any report of the you allergic to any medication. FIT Are you taking any non-prescription yes, please list the medications taken and the younger of the younger. FIT Green with the younger of the younger of the younger of the younger of the younger. FIT Green with the younger of the younger	FOR DUT n or prescrip I the purpose	ed or revoke lems, disea luties of you "Y ON BC tion medica e(s) and dos	DARD SHIP ations? sage(s)	osition/occupation?	titutions and public authorities
Have you ever been hospitalised? Have you ever been declared unfit Have you ever been declared unfit Has your medical certificate ever to the service of the service ever to the service of the service o	rfor sea duty been restricte medical probler form the dis? FOR DUT In or prescription or pre	ed or revoke lems, disea luties of you Y GN BC tion medica e(s) and dos	DARD SHIP ations? sage(s) om any health prohat my history co	ofessionals, health ins	titutions and public authorities and any false statement will
Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever to the sound ware that you have any rough to you feel healthy and fit to poly and to the sound ware that you have any rough to you feel healthy and fit to poly and to the sound ware that you have any rough to you allergic to any medication. FIT Are you taking any non-prescription yes, please list the medications taken and the sound ware the release of all my presonant to the sound ware the sound ware the release of all my presonant to the sound ware that you have any to present the sound ware the sound ware that you have any to present the sound ware that you have any to present the sound ware that you have any to present the sound ware that you have any to present the sound ware that you have any to present the sound ware that you have any to present the sound ware that you have any to present the sound ware that you have any to present the sound ware that you have any that you have	rfor sea duty been restricte medical probler form the dis? FOR DUT In or prescription or pre	ed or revoke lems, disea luties of you Y GN BC tion medica e(s) and dos	DARD SHIP ations? sage(s) om any health prohat my history co	osition/occupation?	titutions and public authorities and any false statement will
Have you ever been hospitalised? Have you ever been declared unfrage. Have you ever been declared unfrage. Has your medical certificate ever to all the your aware that you have any recomments. FIT Are you allergic to any medication. The you allergic to any medication. FIT Are you taking any non-prescription. Yes, please list the medications taken and the yes, please list the yes, please list the medications taken and the yes, please list the y	rfor sea duty been restricte medical probler form the dis? FOR DUT In or prescription or pre	ed or revoke lems, disea luties of your Y GN BC tion medical e(s) and dos	DARD SHIP ations? sage(s) om any health prohat my history consumptions.	ofessionals, health insontained above is true	titutions and public authorities and any false statement will
Have you ever been hospitalised? Have you ever been declared unfit 38 Has your medical certificate ever to 39 Are you aware that you have any rough 100 you feel healthy and fit to possible to any medication omments: FIT Are you taking any non-prescription yes, please list the medications taken and the possible to any medication of the possibl	FOR DUT n or prescrip I the purpose	ed or revoke elems, disea luties of your Y CN BC tion medical etc.) and dos	Ses or illnesses' ur designated po OARD SHIP ations? sage(s) om any health pr hat my history co sure: Systolic	ofessionals, health insontained above is true	titutions and public authorities and any false statement will
Have you ever been hospitalised? Have you ever been declared unificate and the sour medical certificate ever the sour medical certificate ever the sour medical certificate ever the sour medicate ever the sour medication and the sour medication and the source and the source ever the sou	rfor sea duty been restricte medical probler form the dis? FOR DUT In or prescription or pre	ed or revoke elems, disea luties of your Y CN BC tion medical etc.) and dos	DARD SHIP ations? sage(s) om any health prohat my history consumptions.	ofessionals, health insontained above is true	titutions and public authorities and any false statement will

			Visual a							,	Visual fi	elds
		Unaided			ided	1 - 6	7		No	ormal		Defective
Distant	Right ey		eye	Right eye	-	Left eye	-	Right e		_		
Near	-16	, 01			_		-	Left-eye		_	-	
Visual acuity	meets the s	standard laid	down in 5	STCW Code	Sect	ion A-1/9		YES /I		-		
Colour vision					Nor			Doubtfu		Defe	ctive	
	M0442-0-1474-0-0				: 111	L 2024						
Date of last of	colour vision	test: Date (d	day/month	n/year)	1,30	LILLY						
			Nor	mal Abno	rmal						Nor	mal Abnormal
Head							ose ve	ins			1985	T D
Sinuses, nos	e throat		4					c. pedal p	oulses)		1.75	
Mouth/teeth			E					nd viscera			1	
Ears (genera	al)		1		Ü	Herni	а				1	Y 0
Tympanic me	12.000		I.		1	Anus	(not re	ctal exan	n)		1	1 , 0
Eyes			T.	7 0	1	G-U	system				- 1	Y 11
Opthalmosco	эру			× 0				ower extr			1	1777
Pupils			-	<i>y</i> 0		100000000000000000000000000000000000000		T/S and	GC TON THE		(٥ (١
Eye moveme			[4 [full brief)			- (
Lungs and ch				x _ [149040000000	hiatric				1	Z(!
Breast exami	ination		2	0			ral app	earance			- my	7 //0
Heart			1	1 -	E)	Skin				77	1 V	1/6
77-20-		= 1,000000	Millione		-					1	16	2/6
ESULTS OF A	ANCILLARY	EXAMINAT	IONS		_				-5-1	1	110	
Chest X-Ray		NAS		CHEMICA	L (LIV	ZER FUNC	CTION	TEST)	Marijuana	1	□ Posit	ive Negative
ECG	,	NA	BILIF	RUBIN	Ť	0.	5	P	Alcohol Test			ive Negative
	BLOOD R	/E.	SGP	T		-	7		URINE R/E			mo
DC(differenti	al count)	m	SGO	T		9	2/2	3 11		0	THERS	
HAEMOGLO		15-0	7	DRUG A	140	ALCOHOL	0	and the same of the same of	HBsAg		☐ Read	tiv / Nonreactiv
ESR (WEST	ERGREN)	26	Morp		No. of Concession,	Positive I	THE RESERVE TO SHARE	and the same of the same of the same of	HIV / AIDS Test	7.4		tiv II Nonreactiv
WBC		SCAC		hetamine	11 11 11 11	Positive I	7000	ative	VDRL		□ Read	tiv 🗆 Monreactiv
	D GLUCOS	E LEVEL	Annual Control of the	cyclidine		Positive			Blood Type	_		B+(VE)
RANDOM		2.6		iturates	_	Positive			Psychological Ex		_/	112
HBA1C		150	Coca	ine /	Ju	Positive	Neg	ative	Others(KUB Ultraso	iund)	- 0	11/6
reby I declare	that I am in	Rnowledge	of the car	tents of the	Phys	ical evami	inations	81		5000		
coy i deciale	The same	Kilowieuge	of the con	itenta oi tric	iliyo	icai cxaiiii	in Buon					2 5 JUL 2024
927	11	111				ASHIK I	MHAN	UD				7.1 302 2021
nature of Sea	farer	77 "	-			Name of					- number	Date 🔏
11	10 miles	-				************					The last	
sessment of	fitness for	service at s	ea:	7			0.000		AND THE PARTY			
		e's personal	declarati	on, my clinic	al exa	amination	and the	e diagnos	stic test results re-	corde	ed above	, I declare the
the basis of t	- 11											
the basis of t	any:	P62102 P4357	Fit for loc	kout duties				D	Not fit for lo	okou	t duties	
the basis of t	ally:	ملل	THE TOT TOO	Zitout datios							Carried Services	
the basis of t	ally:		Charles Con		Line .	Engine of	1		Catalan cana			Other sendens
the basis of t	ally:		Deck serv			Engine se	rvice	1	Catering servi	ce		Other services
the basis of t aminee medic	ally:		Deck serv			4	rvice		Ò	ce		
the basis of t aminee medic	ally:		Deck serv				rvice			ce		
			Deck serv			4	restric	tions	Ò	ce		
the basis of t aminee medic		at restrictions	Deck serv	rice		4		tions	Ò	ce		
the basis of t	Withou	at restrictions	Deck serv	ice	1	With	restric		Ò		unfit for s	
the basis of t	Withou	ut restrictions	Deck serv	ice	1	With	restric		0		unfit for s	
the basis of to	Withou	ut restrictions	Deck serv	ice	1	With	restric		0		unfit for s	
the basis of to	Withou	ut restrictions	Deck serv	ice	1	With	restric		0		unfit for s	
fit he Seafarer fr	Withou ree from an aith of othe	at restrictions by medical co r persons on	Deck serv	ice] ggrav	With	restric		0		unfit for s	
fit he Seafarer fr	Withou ree from an alth of othe	at restrictions by medical co r persons on	Deck serv	ice] ggrav	With	restric		0		unfit for s	
fit the Seafarer fridanger the he	Withou ree from an ealth of othe	at restrictions by medical co or persons on specific positi	Deck serv	ice] ggrav	With	restric		0		unfit for s	
fit the Seafarer fridanger the he	Withou ree from an ealth of othe	at restrictions by medical co or persons on specific positi	Deck serv	ice] ggrav	With	restric		0		unfit for s	
fit the Seafarer fridanger the he	Withou ree from an ealth of othe tions (e.g., s medical exa	at restrictions by medical co r persons on specific position	Deck serv	ice] ggrav	With ated by se	restrice a		0	arer		
the basis of tominee medic	Withou ree from an ealth of othe tions (e.g., s medical exa	at restrictions by medical co or persons on specific positi	Deck serv	ice] ggrav	With ated by se	restric		0			
it Langer the he scribe restrict ion taken by	Withou ree from an ealth of othe tions (e.g., s medical exa	at restrictions by medical co r persons on specific position	Deck serv	ice] ggrav	With ated by se	restrice a	it sea or t	0	arer		

In Accordance with Medical Examination (Single Ship) in Benefit (Shi

Revision: 5.1

Revision Date: 24th July 2022

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

LAST NAME OF	APPLICANT		FIRST NAME		MIDDLE INITIAL
MAHMUD			ASHIK		11111111
DATE OF BIRTH	1		PLACE OF BIR	TH	SEX
7	2	1996	PATUAKHALI		3124
MONTH	DAY	YEAR	CITY	COUNTRY	MALE FEMALE
EXAMINATION	A-1,		CITT	MAILING ADDRESS OF A	
MASTER		RATING			
MATE		SET DOLLARDO		H NO-393, FARM ROAD,	
1 10 10 10 10 10 10 10 10 10 10 10 10 10		MOU DECK	. H		ATUAKHALI SADAR-8600, PATUAKHALI
ENGINEER		MOU ENGIN		BANGLADESH.	
RADIO OFF	L L ID L L ID LOS L	SUPERNUME			
			2) STATE DETA		
HEIGHT	WEIGHT	1.20/00 PE	RESSURE	PLISE 7. RESPIRATION	N GENERAL APPEARANCE
16900	79B.	100/11	0	10/Mm () 5/	m au
VISION:		GHT ILYE	LEFTE	1970 PM	
WITHOUT GLA:		66	1 _ 60	<u> </u>	
WITH GLASSES	-		/		
DATE OF LAST	COLOR VISIO	N TEST (Mont)	h/Day/Year) _25	JUL 2024 Testing Re	quired every 6 years
COLOR VISION	MEETS STAN	DARDS IN STO	CW CODE, TABLE	Ε Λ-1/9? YES 🖵	NO [
COLOR TEST TYP	PE: BOOK - LAN	TERN CHECK	IF COLOR TEST IS	NORMAL YELLOW	RED GREEN BLUF
HEARING	RT. EAR		1	LEFT YEAR	m
HEAD AND NEC	K.	Nim.	m	HEART (CARDIOVASCULAR)	Lonny
LUNGS		Jonn			L OFFICER AND RADIO OFFICER)
EXTREMITIES		1			1 04
UPPER		200	m	LOWER	Norm
IS APPLICANT S OR LIKELY TO I EXAMINATION	ENDANGER T	ROM ANY DISI HE HEALTH O	EASE LIKELY TO FOTHER PERSON	BE AGGRAVATED BY, OR TO I	RENDER HIM UNFIT FOR SERVICE AT SEA N IN DETAILS OF MEDICAL
	at the			2 5 JUL 2024	2 4 JUL 2026
SIGN	ATURE OF AL	PPLICANT		DATE OF EXAM	
			DE ACCIVED IN T	THE PRESENCE OF THE EXAMIN	EXPIRY DATE
			AMINATION WA		
THIS IS TO CER	HET HIMLA			M DOARD GUES	ASHIK MAHMUD
					OF APPLICANT)
MOU ENGINE or	SUPERNUME	FTI) (NOT FII) Frary)	FOR DUTY AS A	: (MASTER, MATE, ENGINEER,	RADIO OFFICER, RATING, MOU DECK,
		and the state of the state of	-12 712	145.000.000.000	
NAME AND D	EGREE OF P	HYSICIAN	DR. MIR MD.	RAIHAN; M.B.B.S.(D.U.),	
ADDRESS F	REDICAL HOS	SPITALS LIMIT	TED, 35, SHAH MA	AKHDUM AVENUE, SECTOR-12,	UTTARA, DHAKA-1230, BANGLADESH.
- NAME OF PHY	SICIAN'S CI	ERTIFICATIN	G ANTHORNY	REGISTRATION NO.: A-551	144, B.M.D.C, DHAKA, BANGLADESH
DATE OF ISSU			/ / .	5-May-14	
eles is arrest o	E BLIVEIOLA	· 1	Z ==	DATEORENA	0.F IIII 9001
SIGNATURE O	IL LILLY SICIA	N	. 7	DATE OF EXA	MINATION: 25 JUL 2024

the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

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

RLM-I05M ANNEX DR. MIR. MD. RAIHAN

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

BMDC A-55144 MMC 8GD-018

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

Rev0 - 09/01/2023

MEDICAL REQUIREMENT

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

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow,
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and (c) at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) 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.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

- 1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.
- PATHOLOGICAL EXAMINATION: A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg),

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

25 JUL 2024

RLM-I05M ANNEX 2



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

Rev0 - 09/01/2023



Sex

Male

radical_hospitals@yahoo.com, www.radicalhospital.com

ID NO : 24070622

Date : 25/07/2024

Patient's Name: ASHIK MAHMUD 28Y 0M 23D Age : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/9888

: Blood Specimen

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

HAEMATOLOGY REPORT

Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	15.0 06	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	1
TOTAL WBC COUNT	8,100	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT			201 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Neutrophils Lymphocytes Monocytes Eosinophils Basophil	63 28 05 04 00	% % % %	(40 - 75)% (20-45)% (2-10)% (1-6)% 0-1 %	WBC CURVE
TOTAL CIR. EOSIONOPHIL COUNT TOTAL PLATELET COUNT(PC)	218,000	/cumm /cumm	40 - 450 /cumm 1,50,000-4,50,000 /cumm	
MPV PDW-CV PCT	11.5 16.6 0.25	fL % %	7.0 -11.0 fL 10 - 18 % 0.10 - 0.28	PLT CURVE
P-LCR P-LCC	38.3 84	% x10^3/uL	9.00 - 45.00% 13 - 129 x10^3/uL	
RBC COUNT HCT/PCV MCV	6.5 49.5 76.2	m/ul % fL	M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 fL	
MCH MCHC RDW SD RDW CV	23 30.2 44 17.1	pg g/dL fL %	27-32 pg 29-34 g/dL 30.0-57.0 fL 10-16%	RBC CURVE

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

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070622	Received	Received Date 25/07/		2024	
Patient's Name	ASHIK MAHMUD		W. W. S. W. S. C.			
Patient's Age	28Y 0M 23D		Patient's	Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	С	DC NO	C/O/9888	
Sample	BLOOD				1 - 0.5000	

BIOCHEMISTRY REPORT

Test Name		Result	Reference Range
Random Blood Sugar (RBS)		5.4 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)		0.58 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	353	23.0U/L	Up to 37 U/L
HbA1C		5.2 %	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. Sumarya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070622	Received [Date 25/07	7/2024
Patient's Name	ASHIK MAHMUD			
Patient's Age	28Y 0M 23D	Pa	tient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCI	D(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9888
Sample	BLOOD	ST COLUMN WEST SWAY	21	

SEROLOGICAL REPORT

Test Name

Result

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

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Surraiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070622	Received	Date	25/07/2024		
Patient's Name	ASHIK MAHMUD					
Patient's Age	28Y 0M 23D	P	Patient's Sex		Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	С	DC NO	C/O/9888	
Sample	URINE			-	100000000000000000000000000000000000000	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION CASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil	
Bile Pigment	Not Done	Uric Acid	Nil	4
Ketones	Not Done	Calcium oxalate	Nil	y a Bu
Urobilinogen	Not Done	Amor. Phos	Nil	E
B.J. Protein	Not Done	Hippurate crystal	Nil	

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumanya Khatun MBBS, MI (Microbiology)

Associate Professor Dept. of Microbiology

East West Medical College and Hospital.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. WAKAYAMA MARU

DATE: 25/07/2024

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

EYE EXAMINATION REPORT

NAME: ASHIK MAHMUD RANK: 3A/ENG CDC NO: C/O/9888

VISUAL ACUITY:

RIGHT

LEFT

616

UNAIDED

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

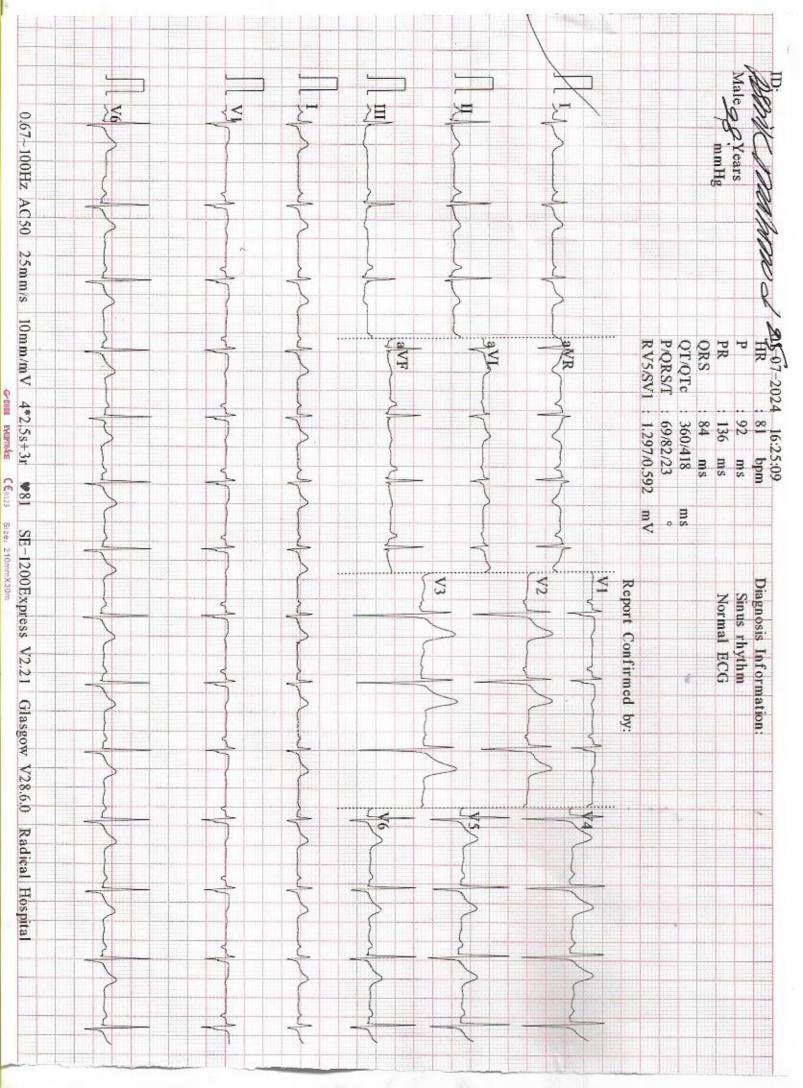
UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital



radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

Print: 25/07/2024

ID. No. 24070622 Receive: 25/07/2024

ASHIK MAHMUD

Patient's Name

Age **28 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.

Page of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows

Date of birth 2 Jul 1996 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
15 18 4U6 202	DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka DR. MTR. MD. RAIHAN MBBS (D.U) DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	AGRABAD CIA CTG ANGLADES ASS. Shah Makhdum Avenue Uldera. Dhak: ANGLADES	
3		3	4
4			or a service s
5		5	6
6			
7		7	8
8		.*.	, 10
		C + 1	1 60 %

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows

Date of birth 2 Jul 1996 Sex MALE

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
~8 AUG 3	DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka	1313 DAKAR	AGRABAD CA CTG.
	5-2	3-5	
2			
3		00-10	3 4
4		(marce) 3	

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.