



HAQUE & SONS LTD.



Accredited By - BMDX
Accreditation No. A 55144

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

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

PATIENT CONTROL NUMBER
HSL-002684

MEDICAL EXAMINATION CERTIFICATE

SURNAME: SHAON	FIRST NAME AND FAHMIDUL	MIDDLE NAME KABIR
PLACE AND DATE OF BIRTH DINAJPUR 21-Sep-1997	PASSPORT NUMBER B00680343	SEAMAN'S BOOK NUMBER CO10066
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSSEL TYPE : OIL/CHEM TANKE	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : RAGHUNATHPUR DOLAPARA, PARBATIPUR, NURULMAZID-5251, DINAJPUR, BANGLADESH		CONTACT NUMBER : 0088 01738586248
		RANK : 4TH 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 I 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?	☐	☒
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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.

FAHMIDUL KABIR SHAON

Signature of Seafarer

MEDICAL EXAMINATION

Weight 70 kg	Height (cm) 168	BMI 24.8	Blood Pressure: Systolic 120 mm Diastolic 80 mm	PULSE: 78 bpm																														
<table><tr><td colspan="2">Ear</td><td colspan="2">Hearing by Audiometry</td><td colspan="4">Audiometry</td><td colspan="2">Hearing by Whisper Test</td></tr><tr><td>Right</td><td>☐ Adequate ☐ Inadequate</td><td>Left</td><td>☐ Adequate ☐ Inadequate</td><td>500</td><td>1000</td><td>2000</td><td>3000</td><td>☐ Adequate ☐ Inadequate</td><td>☐ Adequate ☐ Inadequate</td></tr><tr><td colspan="4"></td><td colspan="4">70</td><td colspan="2">☒ Adequate ☐ Inadequate</td></tr></table>					Ear		Hearing by Audiometry		Audiometry				Hearing by Whisper Test		Right	☐ Adequate ☐ Inadequate	Left	☐ Adequate ☐ Inadequate	500	1000	2000	3000	☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate					70				☒ Adequate ☐ Inadequate	
Ear		Hearing by Audiometry		Audiometry				Hearing by Whisper Test																										
Right	☐ Adequate ☐ Inadequate	Left	☐ Adequate ☐ Inadequate	500	1000	2000	3000	☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate																									
				70				☒ 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: ☒ Normal☒ YES / NO☐ Doubtful☐ DefectiveDate of last colour vision test: Date (day/month/year) **15 JUL 2024**

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

	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	<i>NAD</i>	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☒ Negative
ECG	<i>NAD</i>	BILIRUBIN	<i>0.45</i>	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	<i>24</i>	URINE R/E	<i>NAD</i>
DC(differential count)	<i>NAD</i>	SGOT	<i>98</i>	OTHERS	
HAEMOGLOBIN (HGB)	<i>15.9</i>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	<i>26</i>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	<i>9200</i>	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	B+(VE)
RANDOM	<i>5.2</i>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	<i>NAD</i>
HBA1C	<i>5.8%</i>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)	<i>NAD</i>

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

FAHMIDUL KABIR SHAON**FAHMIDUL KABIR SHAON****15 JUL 2024**

Signature of Seafarer

Name of Seafarer

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

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

Fitness Date: **15 JUL 2024**

Valid Until:

14 JUL 2026

Name and Signature of Authorized Physician

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME SHAON	GIVEN NAME(S) FAHMIDUL KABIR
DATE OF BIRTH 9 21 1997 MONTH DAY YEAR	PLACE OF BIRTH DINAJPUR BANGLADESH CITY COUNTRY SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: RAGHUNATHPUR DOLAPARA, PARBATIPUR, NURULMAZID-5251, DINAJPUR, BANGLADESH

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

HEIGHT 168cm	WEIGHT 70kg	BLOOD PRESSURE 120/80mm	PULSE 78bpm	RESPIRATION 19bpm	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
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LUNGS Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes
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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 ☒

FAHMIDUL KABIR SHAON SIGNATURE OF APPLICANT	15 JUL 2024 DATE OF EXAMINATION	14 JUL 2026 EXPIRY DATE
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THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

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

FAHMIDUL KABIR SHAON

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 / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN; M.B.B.S(D.U.), DFM, REG. NO. A-55144	
ADDRESS MEDICAL HOSPITALS LIMITED 35, SHAH MAKHUM AVENUE SECTOR -12 UTTARA, DHAKA-1230.	
NAME OF PHYSICIAN'S CERTIFYING DG SHIPPING BANGLADESH	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 6-May-2014	
SIGNATURE OF PHYSICIAN 	15 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.

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

Rev. Mar/2022

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



MI-105M

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-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) Urinalysis 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. MR. MD. RAIHAN
MBBS (DU), DPM, CCD (Birm), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DC Chipping Bangladesh Approved
General Physician
Radical Hospitals Limited

SIGHT TEST CERTIFICATE

New Entry*/Periodic*

Reference No. _____

Form B :

Full Name FAHIMIDUL KABIR SHAON

Rank 4TH ENGINEER

PP/CDC/ ID No. B00680343, C/O/10066

Date & Place of Birth 21-SEP-1997 & DINAJPUR

Colour of Eyes

Identification Notes _____



		Right Eye	Left Eye	Both Eyes	Result
Distance Vision	Unaided	6/6	6/6		
	Aided				
Near Vision	Unaided	NS	NS		
	Aided				
Field of Vision	Horizontal Plan	MD	MD		
	Vertical Plan	MD	MD		
Colour Vision	Ishihara	Normal			
	Lantern / Others	Normal			

I, Dr. DR. MIR MD. RAHAN hereby certify that the above mentioned candidate has met/not met*, the eye sight standard for his/her designated rank / position as set out in Annex-II* / Annex-III* for seafaring occupation.

FAHIMIDUL KABIR SHAON

Candidate's Signature

Signature of the Medical Examiner

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

Date 15-JUL-2024 at DHAKA

Note:

- 1) This certificate is valid for two years from the above date. New entry sight test certificates should be retained by the candidate till his active sea career.
- 2) Seafarer aggrieved by the decision of the Medical Examiner may appeal as per the provision of the M.S. (Medical Examination) Rules, 2000 as amended.

* Delete if not applicable.



Medical Certificate for Service at Sea

SHAON, FAHMIDUL KABIR

(Seafarer's Last name, First name and Middle name)

C/0/10066

(Number of: CDC/ Passport/other valid identification document – with type of document)

has been examined by DR. MIR. MD. RAIHAN
(Name of Medical Examiner)and has been found fit for service at sea in the job of 4/E

- (a) The hearing and sight of the seafarer concerned, and the colour vision in the case of a seafarer to be employed in capacities where fitness for the work to be performed is liable to be affected by defective colour vision, are all satisfactory; and
- (b) The seafarer concerned is not suffering from any medical condition 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.
- (c) The Seafarer complies with the requirements specified in Table A-I/9 of STCW Code (i.e. Minimum in service eyesight standards for seafarers), Table B-I/9 of the STCW Code (i.e. Assessment of minimum entry level and in-service physical abilities for seafarers) and Regulation 1.2, Standard A-1.2 & Guideline B-1.2 of the Maritime Labour Convention 2006.

15 JUL 2024

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

(Date & Place of Medical Examination)

04.2024.7005

(Serial number of the Certificate)

(Signature of the Medical Examiner)

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Biom), PGT (Ophth)
BMDG-A-55444, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

(Address with E-mail ID & Contact No.
of Medical Examiner)

This Certificate expires on*

14 JUL 2026

(Day, Month, Year)*

Official Stamp of the Medical Examiner

(* Not more than 2 years from the date of issue, unless the seafarer is under the age of 18, in which case the maximum period of validity of the Medical Certificate shall be 1 year).

If the period of validity of the medical certificate expires in the course of voyage, the medical certificate shall continue in force until the next port of call where an approved Medical Examiner is available and the seafarer can obtain a medical certificate, provided that period of such extension shall not exceed 3 months.

Certificate No: 04.2024.7005

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 MLC 2006 – Reg 1.2 And
ILO/IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12



Family Name	SHAON		
Given Names	FAHMIDUL	KABIR	
Date of birth (day/month/year)	21-SEP-1997	Sex: ☒ Male ☐ Female	
Nationality	BANGLADESHI		

	Yes	No	NA
Confirmation that identification documents were checked at the point of examination	☒		
Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a):	☒		
Unaided hearing satisfactory?	☒		
Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	☒		
Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	☒		

I have evaluated the above named examinee according to _____
(National law, regulation or other requirement)

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☒ Fit for look-out 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			
Chest X-ray	☒ normal	☐ not performed		
Bacteriological stool test	☒ negative	☐ not performed		
Parasitological stool test	☒ negative	☐ not performed		
Vaccination records	☒ satisfactory	☐ to be renewed		

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

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

Place of examination: _____ Date (day/month/year) 15 JUL 2024

Medical certificate's date of expiration (day/month/year) 14 JUL 2026

Official stamp (also print name of medical examiner if not legible) DR. MIR, MD. RAIHAN

Signature of medical examiner: _____

Authorised by: _____ (competent authority)

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature: FAHMIDUL KABIR SHAON
(To be signed in the presence of the medical examiner)



04.2024.7005

Certificate No: _____

GUIDELINES AND MINIMUM REQUIREMENTS FOR:

PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
OF SEAFARERS

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 and MLC 2006 – Reg 1.2 And
II.O/ IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12



Family Name	SHAON	
Given Names	FAHMIDUL KABIR	
Rank and department	4 TH ENGINEER, ENGINE	
Date of birth (day/month/year)	21-SEP-1997	Sex: ☒ Male ☐ Female
Nationality	BANGLADESHI	
Home address	RAGHUNATHPUR DOLAPARA, PARBATIPUR, NURULMAZID-5251, DINAJPUR, BANGLADESH	
Residence & Mobile No:	0088 01738586248	
Passport No./Discharge Book No.	B00680343, C/O/10066	
Type of ship (container, tanker, passenger, fishing)	OIL/CHEMICAL TANKER	
Trade area (e.g., coastal, tropical, worldwide)	WORLDWIDE	

A. 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
1. Eye/vision problem	☐	☒	18. Sleep problems	☐	☒
2. High blood pressure	☐	☒	19. Do you smoke; use alcohol or drugs?	☐	☒
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 or joint 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 FAHMIDUL KABIR SHAON holding Passport/Seaman Book No B00680343 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

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

Signature of examinee: FAHMIDUL KABIR SHAON

Date (day/month/year) 15 JUL 2024

Witnessed by: (Signature) _____

Name: (typed or printed)

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

I hereby authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).



B. MEDICAL EXAMINATION

Sight:

Use of glasses or contact lenses: Yes ☐ / No ☒ (if yes, specify which type and for what purpose)

Visual acuity					
Unaided			Aided		
Right eye	Left eye	Bino-cular	Right eye	Left eye	Bino-cular
Distant	6/6	6/6	✓		
Near	15	15	✓		

Visual fields	
Normal	Defective
Right eye	✓
Left eye	✓

Method of Testing Colour vision:

☒ Ishihara Plates ☒ Lantern Test ☐ Others

Colour vision: ☐ Not tested

☒ Normal

☐ Doubtful ☐ Defective

Hearing:

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 Hz
Right ear	2	2	2	
Left ear	2	2	2	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings:

Height in cm	168	Weight in kg	70
Pulse rate	78 (/ minute)	Rhythm	Regm.
Blood pressure	120 mm Hg	Diastolic	80 mm Hg

Urinalysis

Glucose:	Nil	Protein:	Nil	Blood:	Nil
----------	-----	----------	-----	--------	-----

	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	☒	☐	Piles	☒	☐
Heart	☒	☐	Skin	☒	☐
Hydrocele	☒	☐	General appearance	☒	☐

Chest X-ray

☐ Not performed

☒ Performed on (day/month/year):

15 JUL 2024

Results:

Normal Chest X-ray



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

Test	Result
Blood Tests – tick in box if done- readings separately issued*1	CBC ☒ , Blood VDRL test ☒ , Blood ESR ☒ , Blood Sugar – Random ☒
Haemoglobin "Hb" *1	g/dl
Hepatitis B *3	HB (ab) ☐ +ve ☒ -ve HB (ag) ☐ +ve ☒ -ve
Bacteriological stool test*4	☒ not performed ☐ negative ☐ positive
Parasitical stool test*5	☒ not performed ☐ negative ☐ positive
ECG (only for crew above 40 years)	
HIV *2 (+ve or -ve)	
Medical examiner's comments:	<i>Fit for duty</i> FIT FOR DUTY ON BOARD SHIP

*1 compulsory

*2 not compulsory

*3 required by the Company for all crew from endemic areas

*4 required by the Company for all food handlers

*5 required by the Company for all food handlers from tropical climates

Assessment of fitness for service at sea including physical capabilities:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

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

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

☒ Without restrictions ☐ With restrictions

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

Place of examination: REDICAL HOSPITALS LIMITED

Date (day/month/year) 15 JUL 2024

Medical certificate's date of expiration (day/month/year) 14 JUL 2026

Date medical certificate issued (day/month/year) 15 JUL 2024

Official stamp (also print name of medical examiner if not legible):

Signature of medical examiner:

Medical practitioner information (name, license number, address):

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

NAME: 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



CRW15 – CHEMICAL BLOOD TEST REPORT

LAST NAME SHAON	FIRST NAME FAHMIDUL KABIR	POSITION ON BOARD 4TH ENGINEER
DATE OF BIRTH 21-SEP-1997	PLACE OF BIRTH DINAJPUR	SEX MALE
		ID DOCUMENT NO C/O/10066

(PLEASE INDICATE BELOW IF THE LISTED TESTS ARE WITHIN THE REFERENCE LEVEL)

TEST	YES	NO	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	☒	☐	LYMPHOCYTE COUNT	☒	☐
RED BLOOD CELL COUNT (RBC)	☒	☐	MONOCYTE COUNT	☒	☐
PLATELET COUNT (PLT)	☒	☐	EOSINOPHIL COUNT	☒	☐
HAEMOGLOBIN (HGB)	☒	☐	BASOPHIL COUNT	☒	☐
HAEMATOCRIT (HCT)	☒	☐	GRANULOCYTE COUNT	☒	☐
MEAN CORPUSCULAR VOLUME (MCV)	☒	☐	THROMBOCYTE COUNT	☒	☐
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	☒	☐	BIOCHEMISTRY	YES	NO
MEAN CORPUSCULAR HB CONC (MCHC)	☒	☐	ASPARTATE AMINOTRANSFERASE (AST, SGOT)	☒	☐
MEAN PLATELET VOLUME (MPV)	☒	☐	ALANINE AMINOTRANSFERASE (ALT, SGPT)	☒	☐
RED BLOOD CELL DISTRIBUTION WIDTH (RDW)	☒	☐	TOTAL BILIRUBIN	☒	☐
NEUTROPHIL COUNT	☒	☐		☐	☐

IF ANY OF THE ABOVE CHEMICAL-SPECIFIC BLOOD TEST INDICATES NEGATIVE RESPONSE TO CLINICAL TEST PARAMETERS, PLEASE GIVE DETAILS BELOW.
COMMENTS (for abnormal result):

Doctors Comments:

No Abnormality.



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

15 JUL 2024

MEDICAL EXAMINER
(SIGNATURE & PRINTED NAME)

DATE OF EXAMINATION

ID NO : 24070392

Date : 15/07/2024

Patient's Name : FAHMIDUL KABIR SHAON

Age : 26Y9M24D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/10066

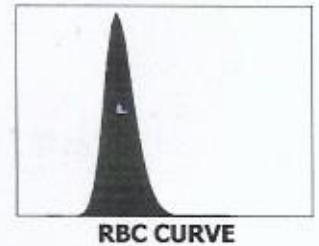
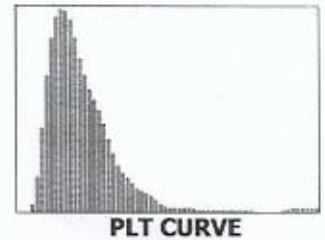
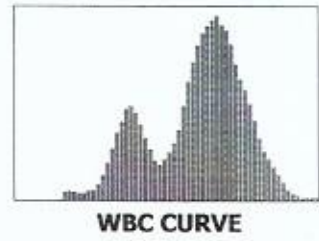
Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	15.9	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	06	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	7,300	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	63	%	(40 - 75)%
Lymphocytes	29	%	(20-45)%
Monocytes	05	%	(2-10)%
Eosinophils	03	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	219	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	186,000	/cumm	1,50,000-4,50,000 /cumm
MPV	13.1	fL	7.0 -11.0 fL
PDW-CV	17.7	%	10 - 18 %
PCT	0.24	%	0.10 - 0.28
P-LCR	48.7	%	9.00 - 45.00%
P-LCC	90	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	5.78	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	49.3	%	M: 40-54%, F: 37-47%
MCV	85.3	fL	76-94 fL
MCH	27.4	pg	27-32 pg
MCHC	32.2	g/dL	29-34 g/dL
RDW SD	48	fL	30.0-57.0 fL
RDW CV	16.8	%	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	DIA24070392	Received Date	15/07/2024
Patient's Name	FAHMIDUL KABIR SHAON		
Patient's Age	26Y 9M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10066
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.2 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.48 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	24.0 U/L	Up to 40 U/L
Serum AST (SGOT)	20.0U/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	DIA24070392	Received Date	15/07/2024
Patient's Name	FAHMIDUL KABIR SHAON		
Patient's Age	26Y 9M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10066
Sample	BLOOD		

SEROLOGICAL REPORT

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

BLOOD GROUPING RESULT

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

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	DIA24070392	Received Date	15/07/2024
Patient's Name	FAHMIDUL KABIR SHAON		
Patient's Age	26Y 9M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10066
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

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

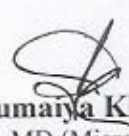
CHEMICAL EXAMINATION CASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

Bill No	DIA24070392	Received Date	15/07/2024
Patient's Name	FAHMIDUL KABIR SHAON		
Patient's Age	26Y 9M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10066
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. DANK SILVER

DATE: 15/07/2024

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

EYE EXAMINATION REPORT

NAME: FAHMIDUL KABIR SHAON

RANK: 4TH ENG

CDC NO: C/O/10066

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

: UNFIT / FIT FOR EMPLOYMENT ON BOARD

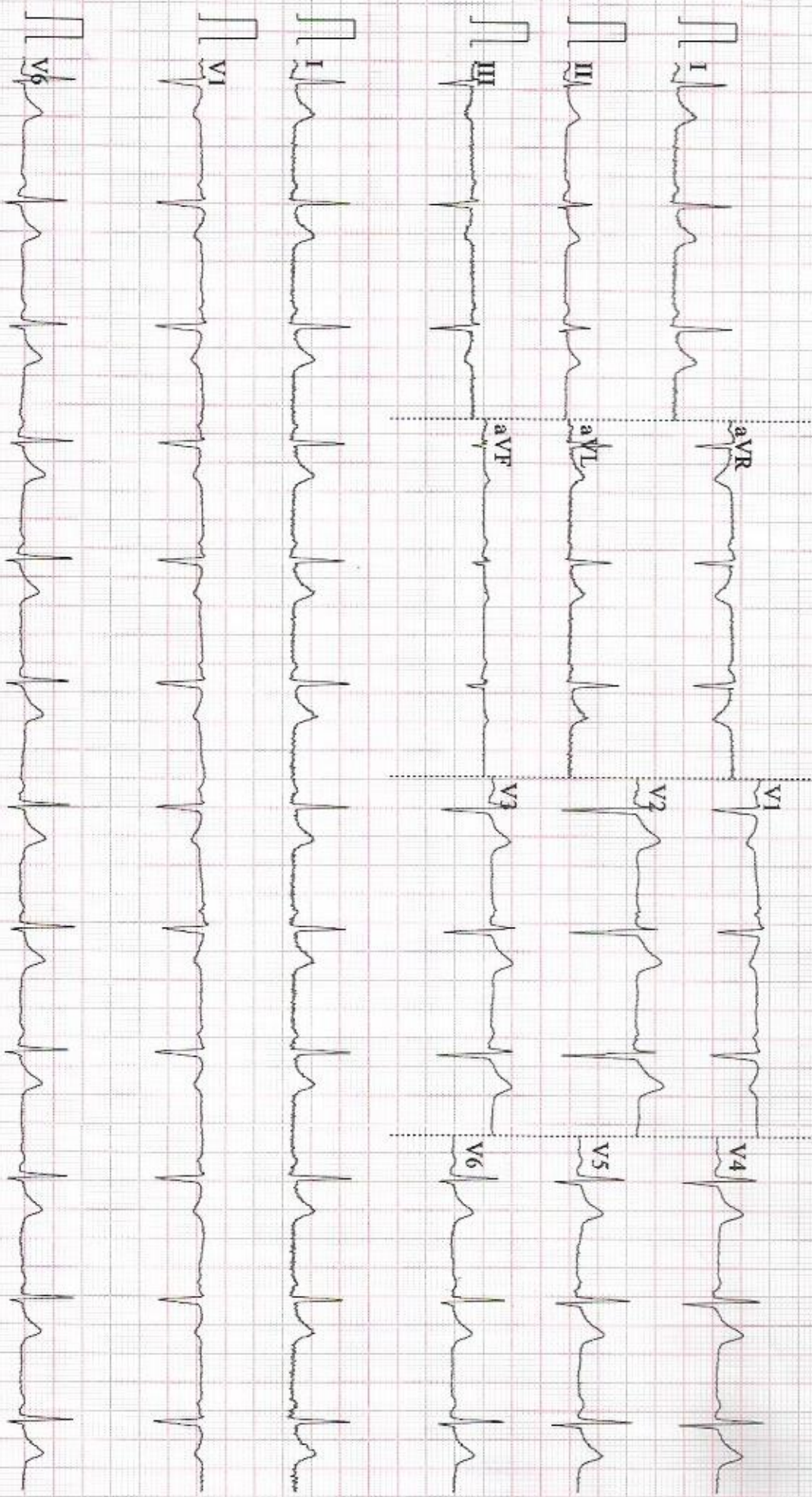

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID: *Fahimul Kabir*
Male *36* Years *Sharon*
mmHg

15-07-2024 12:45:48
HR : 70 bpm
P : 114 ms
PR : 148 ms
QRS : 80 ms
QT/QTc : 360/389 ms
P/QRS/T : 48/-4/13 °
RV5/SV1 : 0.862/0.790 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070392 Receive: 15/07/2024 Print: 15/07/2024
Patient's Name : FAHMIDUL KABIR SHAON
Age : 26 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.



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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

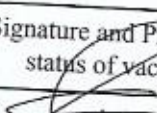
FAHMIDUL KABIR SHAON

This is to certify that
whose signature follows

Date of birth 21-SEP-1997 Sex MALE

FAHMIDUL KABIR SHAON (40/10066)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
23 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	
15 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	

3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

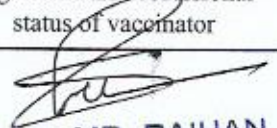
FAHMIDUL KABIR SHAON

This is to certify that
whose signature follows

Date of birth 21-SEP-1997 Sex MALE

FAHMIDUL KABIR SHAON (C/0/10066)

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
23 NOV 2003	 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.		
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.