



HAQUE & SONS LTD.

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Accredited By: BMD
Accreditation No: A 55144

PATIENT CONTROL NUMBER
HSL-003185



MEDICAL EXAMINATION CERTIFICATE

SURNAME DEY	FIRST NAME AND KAMOL	MIDDLE NAME CHANDRA
PLACE AND DATE OF BIRTH BHOLA 15-Jan-1997	PASSPORT NUMBER A02802812	SEAMAN'S BOOK NUMBER CO10017
NATIONALITY: BANGLADESHI SEX: ☒ Male ☐ Female	VI. SSU TYPE: OIL/CHIM TANKER	TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS: HOLDING 645, ABHAWA OFFICE ROAD, BAPTA, WARD NO 01, BHOLA SADAR MODEL, BHOLA SADAR-8300, BHOLA, BANGLADESH		CONTACT NUMBER: 0088 01782405441
		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 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? ☐ YES ☒ NO

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.

Kamal

Signature of Seafarer

MEDICAL EXAMINATION

Weight: 72kg	Height (cm): 170	BMI: 24.5	Blood Pressure: Systolic: 120mm Diastolic: 80mm	PULSE: 78b/min	
Ear	Hearing by Audiometry	Audiometry			
Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000
Left	☐ Adequate ☐ Inadequate				
		Hearing by Whisper Test			
		☐ Adequate ☐ Inadequate			
		☐ Adequate ☐ Inadequate			

Hearing meets the standards as laid down in STCW Code Section A-1/9? YES ☐ NO ☐

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	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☐ Doubtful☐ Defective

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

19 JUL 2024

	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	☒	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	☒	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E	☒	SGPT	URINE R/E	☒	☐
DC (differential count)	☒	SGOT	OTHERS	☒	☐
HAEMOGLOBIN (HGB)	☒	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive
ESR (WESTERGRÉN)	☒	Morphine	☐ Positive	☒ Negative	HIV / AIDS Test
WBC	☒	Amphetamine	☐ Positive	☒ Negative	VDRL
BLOOD GLUCOSE LEVEL	☒	Phencyclidine	☐ Positive	☒ Negative	Blood Type
RANDOM	☒	Barbiturates	☐ Positive	☒ Negative	Psychological Exam
HBA1C	☒	Cocaine	☐ Positive	☒ Negative	Others (KUB Ultrasound)

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

Kamal

KAMOL CHANDRA DEY

19 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	☐

No	☐
Yes	☒

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

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

Fitness Date:

19 JUL 2024

Valid Until:

18 JUL 2026

Name and Signature of the Medical Examiner

MD. MIR RAHMAN

BMD, CMO, DPM, CCU (Birdem), PGT (Opht)

BMD, CMO, DPM, CCU (Birdem), PGT (Opht)

BMD, CMO, DPM, CCU (Birdem), PGT (Opht)

BMD, CMO, DPM, CCU (Birdem), PGT (Opht)

BMD, CMO, DPM, CCU (Birdem), PGT (Opht)

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

Revision : 5.1

BMD, CMO, DPM, CCU (Birdem), PGT (Opht)

BMD, CMO, DPM, CCU (Birdem), PGT (Opht)

BMD, CMO, DPM, CCU (Birdem), PGT (Opht)

BMD, CMO, DPM, CCU (Birdem), PGT (Opht)

Revision Date : 24th July 2022

Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name: CHANDRA DEY KAMOL

Passport No.: A02802812

Seaman's Book No.: C/O/10017

Date of Birth: 15 / 01 / 1997

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	
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	
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: 19 JUL 2024

Examined by (Name/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.





Medical Exam Form
CONFIDENTIAL FORM
Pre-sea Exam ☒ Periodic Exam ☐

Name (last,first,middle): CHANDRA DEY KAMOL

Date of birth (day/month/year): 15 /01 / 1997 Sex: male ☐ female ☒

Home address: HOLDING 645, ABHAWA OFFICE ROAD, BAPTA, WARD NO 01, BHOLA SADAR MODEL, BHOLA SADAR-8300, BHOLA, BANGLADESH

Passport No./Discharge Book No.: A02802812

Department (deck/engine/radio/food handling/other): ENGINE

Routine and emergency duties (if known): _____

Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): 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
1. Eye/vision problem	☐	☒	18. Sleeping 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 below.



Additional questions

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 35. Haveyou ever been signed offas sick or repatriated from a ship? | ☐ | ☒ |
| 36. Haveyou ever been hospitalized? | ☐ | ☒ |
| 37. Haveyou ever been declared unfit forseaduty? | ☐ | ☒ |
| 38. Has your medical certificate ever been restricted or revoked? | ☐ | ☒ |
| 39. Areyou awarethat you have anymedical problems, diseases or illnesses? | ☐ | ☒ |
| 40. Do you feel healthyand fit to perform theduties of your designated position/occupation? | ☒ | ☐ |
| 41. Areyou allergic to anymedications? | ☐ | ☒ |

Comments.

FIT FOR DUTY ON BOARD SHIP

42. Areyou takinganynon-prescription or prescription medications? ☐ ☒

If yes, pleaselist themedications taken and thepurpose(s) and dosage(s).

Iherebycertifythat the personal declaration aboveis a truestatement to thebest of myknowledge.

Signatureof examinee: Kamal

Date (day/month/year): 19 JUL 2024

Witnessed by: (Signature)

Name:(Typed or printed)

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

Iherebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofessionals,health institutions and public authorities to Dr. _____ (theapproved medical examiner).

Signatureof examinee: Kamal

Date (day/month/year): 19 JUL 2024

Witnessed by: (Signature)

Name:(Typed or printed)

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

Date & 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						
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
	Distant	6/6	6/6	☒		
Near			☒			

Visual fields		
	Normal	Defective
Right eye	☒	
Left eye	☒	

Colorvision:

☐ Not tested☒ Normal☐ Doubtful☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Height: 170 (cm) Weight: 72 (kg) Pulse rate: 78 (/minute) Rhythm: Regular.
Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Normal Abnormal

Head

Sinuses, nose, throat



Mouth/teeth



Ears (general)



Tympanic membrane



Eyes



Ophthalmoscopy



Pupils



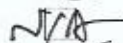
Eyemovement



Lungs and chest



Breast examination



Heart



Skin

Varicose veins



Vascular (inc. pedal pulses)



Abdomen and viscera



Hernia



Anus (not rectal exam.)



G-U system



Upper and lower extremities



Spine (C/S, T/S and L/S)



Neurologic (full brief)



Psychiatric



General appearance

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year):

19 JUL 2024

Results:

Normal chest X-ray



Urinalysis: Glucose: Nil Protein: Nil

Blood Analysis: Hepatitis B Test Not done V.D.R.L. Not done
Immunodeficiency Virus Anti bodies

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

Test

Result

Medical Examiners comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☒ Yes ☐ No

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 (eg. Specific positions, type of ship, trade area)

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

Medical certificate's date of expiration (day/month/year): 18 JUL 2026

Date of examination (day/month/year): 19 JUL 2024

Number of Medical Certificate:

Official stamp:

Signature of medical practitioner:

Name of medical examiner: (Typed or printed)

Address of medical practitioner:

Authorized by:

(competent authority)

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.



SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE
CONFIDENTIAL DOCUMENT

This certificate is issued by authority of the Maritime Administrator 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 CHANDRA DEY	GIVEN NAME(S) KAMOL
NATIONALITY BANGLADESHI	ID DOCUMENT NO: C/O/10017
DATE OF BIRTH 01 15 1997 MONTH DAY YEAR	PLACE OF BIRTH BHOLA CITY BANGLADESH COUNTRY SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING ☐ ☒ ☐ ☐ ☐	MAILING ADDRESS OF APPLICANT: HOLDING 645, ABHAWA OFFICE ROAD, BAPTA, WARD NO 01, BHOLA SADAR MODEL, BHOLA SADAR-8300, BHOLA, 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 170 cm	WEIGHT 72 kg	BLOOD PRESSURE 120/80 mmHg	PULSE 78 /min	RESPIRATION 19 /min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES	RIGHT EYE 6/6 LEFT EYE 6/6	HEARING: RT. EAR LT. EAR			

COLOR TEST TYPE: BOOK ☒ LANTERN ☒ CHECK IF COLOR TEST IS NORMAL: YELLOW ☒ RED ☒ GREEN ☐ BLUE ☐

19 JUL 2024

DATE OF LAST COLOR 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 ☒ No ☐
EXTREMITIES: UPPER LOWER	Normal 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 ☒

Kamal

SIGNATURE OF APPLICANT

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN



19 JUL 2024

DATE



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

KAMOL CHANDRA DEY

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: Yes ☒

No ☐

NAME OF APPLICANT

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 / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN

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

ADDRESS

RADICAL HOSPITAL LIMITED

Dhaka, Dhaka, Bangladesh

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY

DR SHIPING BD

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE

06 MAY 2014

SIGNATURE OF PHYSICIAN:

DATE OF EXAMINATION:

19 JUL 2024

EXPIRY DATE OF CERTIFICATE:

18 JUL 2026

SEAFARER ACKNOWLEDGMENT

I, KAMOL CHANDRA DEY (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT
OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.



MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months 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 specified 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 (4.57m) and in poorer ear at 5 feet (1.52m).
- (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. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes.
 - 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 colors red, yellow and green.
- (c) Dental
 - Seafarers must be free from infections of the mouth, teeth or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given a vaccine by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.
- (g) Diseases or Conditions
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or use of narcotics.
- (h) Physical Requirements
 - Applicants for Able Seaman, Boson, GP-1, Ordinary Seaman and Junior Ordinary Seaman must meet the physical requirements for a deck/navigation officer's certificate.
 - Applicants for fireman/water tender, 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)

19 JUL 2024



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

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: CHANDRA DEY	GIVEN NAME(S): KAMOL
NATIONALITY: BANGLADESHI	ID DOCUMENT NO:
DATE OF BIRTH (DD.MM.YY): 15 JAN 1997	SEX: ☒ MALE
PLACE OF BIRTH (CITY/COUNTRY): BHOILA	☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ CH. COOK/COOK ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: HOLDING 645, ABHAWA OFFICE ROAD, BAPTA, WARD NO 01, BHOILA SADAR MODEL, BHOILA SADAR 8300, BHOILA, 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 170 cm	WEIGHT 72 kg	BLOOD PRESSURE 120/80 mmHg	PULSE 78 1/2/min	RESPIRATION 19 1/2/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES	RIGHT EYE 6/6	LEFT EYE 6/6	HEARING: RT. EAR LT. EAR		
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? ☒		
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 ☒					

Kamal
SIGNATURE OF APPLICANT

19 JUL 2024
DATE

(THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.)

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

KAMOL CHANDRA DEY
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 CERTIFICATING AUTHORITY:

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE:

DATE OF EXAMINATION:

19 JUL 2024

SIGNATURE OF PHYSICIAN:

EXPIRY DATE OF CERTIFICATE:

18 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



All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months 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 BSM's 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).

19 JUL 2024

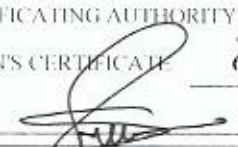


DR. MIR. MD. RAIHAN
 MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-01
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 General Physician
 Radical Hospitals Limited.

**PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS**

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT DEY			FIRST NAME KAMOL			MIDDLE INITIAL CHANDRA		
DATE OF BIRTH 1 MONTH 15 DAY 1997 YEAR			PLACE OF BIRTH CITY BANGLADESH COUNTRY			SEX MALE ☒ FEMALE ☐		
EXAMINATION FOR DUTY AS: MASTER ☐ RATING ☐ MATE ☐ MOUT DECK ☐ ENGINEER ☒ MOUT ENGINE ☐ RADIO OFF ☐ SUPERNUMERARY ☐						MAILING ADDRESS OF APPLICANT: HOLDING 645, ABHAWA OFFICE ROAD, BAPTA, WARD NO 01, BHOILA SADAR MODEL, BHOILA SADAR-8300, BHOILA, BANGLADESH.		
MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2								
HEIGHT 170cm	WEIGHT 72kg	BLOOD PRESSURE 120/80 mmHg	PULSE 78/min	RESPIRATION 19 /min	GENERAL APPEARANCE Good			
VISION WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6		LEFT EYE 6/6				
DATE OF LAST COLOR VISION TEST (Month/Day/Year) 19 JUL 2024				Testing Required every 6 years				
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9?				YES ☒ NO ☐				
COLOR TEST TYPE: BOOK LANTERN CHECK IF COLOR TEST IS NORMAL				YELLOW ☐ RED ☐ GREEN ☒ BLUE ☒				
HEARING RT EAR		Normal		LEFT EAR		Normal		
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 SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2 No.								
SIGNATURE OF APPLICANT Kamal			DATE OF EXAM 19 JUL 2024			EXPIRY DATE 18 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						KAMOL CHANDRA DEY		
FIT FOR DUTY ON BOARD SHIP						(NAME OF APPLICANT)		
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOUT DECK, MOUT ENGINE or SUPERNUMERARY)								
NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN; M.B.B.S.(D.U.),								
ADDRESS RADICAL HOSPITALS LIMITED, 35, SHAH MAKHIDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.								
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY REGISTRATION NO.: A-55144, B.M.D.C, DHAKA, BANGLADESH.								
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 6-May-15								
SIGNATURE OF PHYSICIAN 						DATE OF EXAMINATION: 19 JUL 2024		

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of 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 Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.



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 seafarer'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 seafaring 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.
- (b) 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.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and 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.

2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count, B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Surface Antigen Test (HbsAg),

E) Urinylsis 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

19 JUL 2024

RLM-105M ANNEX 2



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician NO - 09/01/2023
Radical Hospitals Limited

Personnel information

☒ Pre-sea exam☐ Periodic exam

Name (Last,First,Middle):	CHANDRA DEY KAMOL
Date of birth (DD.MM.YY):	15 / 01 / 1997
Sex:	Male / Female
Home address:	HOLDING 645, ABHAWA OFFICE ROAD, BAPTA, WARD NO 01, BHOLA SADAR MODEL, BHOLA SADAR-8300, BHOLA, BANGLADESH
Passport No./Discharge Book No.:	A02802812, C/O/10017
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/CHEMICAL 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:

Karnal

Date:
(DD.MM.YY)

19 JUL 2024

Witnessed by:
(Signature)

[Signature]

Name:
(Typed or printed)

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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:

Karnal

Date:
(DD.MM.YY)

19 JUL 2024

Witnessed by:
(Signature)

[Signature]

Name:
(Typed or printed)

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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	N5			/	
Left eye	6/6	N5			/	
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: 170 (cm)Weight: 72 (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)

19 JUL 2024

Results:

Normal chest xray

Urinalysis:

Glucose:

Nil

Protein:

Nil

Blood Analysis:

Hepatitis B Test:

Negative

V.D.R.I:

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:

18 JUL 2026

19 JUL 2024

DR. MIR. MD. RAIHAN
 MBBS (DU), DPM, CCD (Biom), PGT (Ophth)
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 General Physician
 Radical Hospitals Limited.



Drug and Alcohol Screening Affidavit

CSC 04A

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

Surname: CHANDRA DEY		First Name: KAMOL				
Date of Birth (DD/MM/YY): 15/01/1997		Address: HOLDING 645, ABHAWA OFFICE ROAD, BAPTA, WARD NO 01, BHOLA SADAR MODEL, BHOLA SADAR				
Place of Birth: BHOLA		Street City: BHOLA Postal Code: 8300 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) <i>Kamal</i>		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.

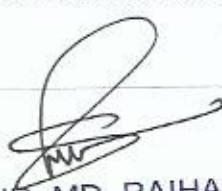
Name, Address of Physician:

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:

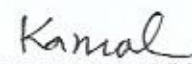
Date:

19 JUL 2024


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BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

Anti-Drug and Alcohol Abuse Affidavit

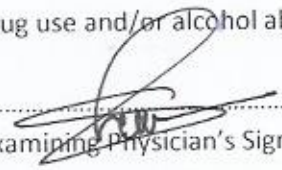
I hereby declare that I have not in the past or present used any prohibited substance, nor have I abused alcohol.


KAMOLCHANDRA DEY

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 Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited

ORIGINAL TO BE RETAINED BY CREWING AGENCY

ID NO : 24070501

Date : 19/07/2024

Patient's Name : KAMOL CHANDRA DEY

Age : 27Y 6M 4D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/10017

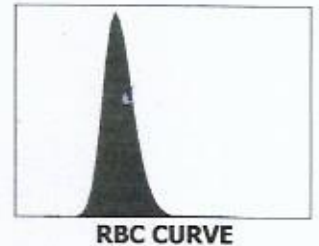
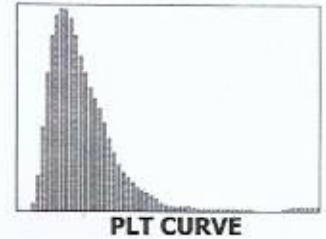
Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	12.9	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	05	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	7,800	/cumm	4,000 - 11,000 /cumm
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	54	%	(40 - 75)%
Lymphocytes	36	%	(20-45)%
Monocytes	06	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSINOPHIL COUNT	312	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	156,000	/cumm	1,50,000-4,50,000 /cumm
MPV	14.7	fL	7.0 -11.0 fL
PDW-CV	18.7	%	10 - 18 %
PCT	0.19	%	0.10 - 0.28
P-LCR	54.6	%	9.00 - 45.00%
P-LCC	72	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	4.75	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	45.9	%	M: 40-54%, F: 37-47%
MCV	96.6	fL	76-94 fL
MCH	27.1	pg	27-32 pg
MCHC	28	g/dL	29-34 g/dL
RDW SD	72	fL	30.0-57.0 fL
RDW CV	21.4	%	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 ID	DIA24070501	Received Date	19/07/2024
Patient Name	KAMOL CHANDRA DEY		
Patient Age	27Y 6M 4D	Sex	Male
Ref. By	DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/10017		
Sample	Blood		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
HbA1C	5.8 %	4 - 6 %
Serum Bilirubin (Total)	0.57 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	26.0 U/L	Up to 37 U/L

Checked By

Medical Technologist,
Radical Hospital Ltd.
Hospital.

Dr. Sumaiya Khatun

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

Bill ID	DIA24070501	Received Date	19/07/2024
Patient Name	KAMOL CHANDRA DEY		
Patient Age	27Y 6M 4D	Sex	Male
Ref. By	DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/10017		
Sample	Blood		

SEROLOGYCAL REPORTTest NameResult

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL Test	Non-reactive

BLOOD GROUPINGResult

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

Checked By

Medical Technologist.
Radical Hospital Ltd.
Hospital.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology
East West Medical College and

Bill ID	DIA24070501	Received Date	19/07/2024
Patient Name	KAMOL CHANDRA DEY		
Patient Age	27Y 6M 4D	Sex	Male
Ref. By	DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/10017		
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.
Hospital.


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

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Sample	Urine		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/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	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.
Hospital.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology
East West Medical College and



Patient's Name	:	KAMOL CHANDRA DEY		
Age	:	27 Yrs	Date	: 19/07/2024
Sex	:	Male	CDC NO:	C/O/10017
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM		

Psychometric Test

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

Poor: <6 ~~Good: 6-7~~ very good: 7-8 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

REF:

DATE: 19/07/2024

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

EYE EXAMINATION REPORT

NAME: KAMOL CHANDRA DEY

RANK: 4TH ENG

CDC NO: C/O/10017

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:

17-07-2024 13:05:16

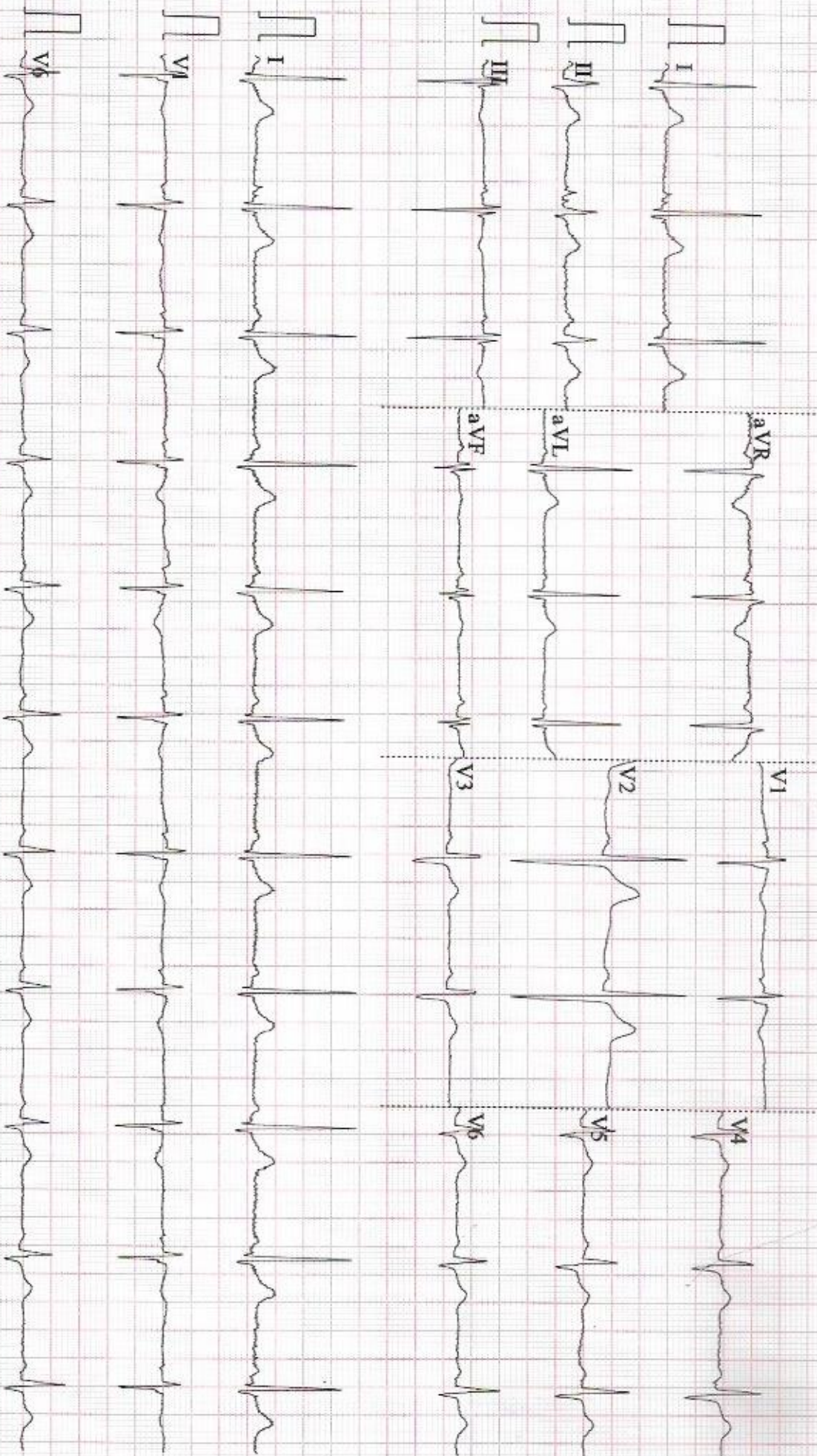
Male 77 Years
mmHg

Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 64	bpm
P	: 108	ms
PR	: 158	ms
QRS	: 96	ms
QT/QTc	: 384/397	ms
P/QRS/T	: 41/-9/15	°
RV5/SV1	: 0.686/0.821	mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 24070501	Receive: 19/07/2024	Print: 19/07/2024
Patient's Name	: KAMOL CHANDRA DEY		
Age	: 27 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

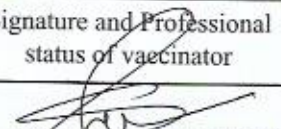
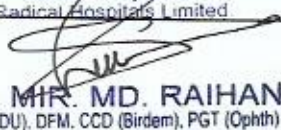
This is to certify that
whose signature follows

Kemal

Date of birth 15-JAN-1997 Sex MALE

KAMOL CHANDRA DEY (c/o/10017)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
13 AUG 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	
19 JUL 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng 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

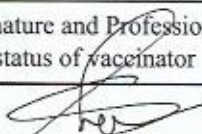
This is to certify that
whose signature follows

Date of birth 15-JAN-1997 Sex MALE

Kamal

KAMOL CHANDRA DEB (C/10/10017)

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
13 AUG 2023	 DR. MR. 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			
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.