

WD R

HAQUE & SONS LTD.

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

Accredited By BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER HSL-003185

MEDICAL EXAMINATION CERTIFICATE

11.65	(5)						Arresto Arresto de La		
SURNAME NO	3		FIRST N	AME AND			MIDDLE N	AME:	
	DEY			KAM	OL			CHANDRA	
PLACE AND DATE	OF BIRTH		PASSPO	RT NUMBER			SEAMAN'S	BOOK NUMBER	
BHOLA	15-Jan-	1997	1	A02802	2812			CO10017	
NATIONALITY: I	BANGLADESHI	SEX:	Male	☐ f-emale	VESSELT TY	PE: on	/CHEM TANKER	TRADING AREA:	WORLD WIDE
PERMANENT HOM	E ADDRESS :		-X		•	CONTA	ACT NUMBER	₹: 0088 0	1782405441
HOLDING 645, ABHA MODEL, BHOLA SAI					A SADAR	RANK	3	4TH 6	ENGINEER

BHOLA 15-Jan-1997	15-Jan-1997	DEY		KAN	MOL		CHANDRA	
Condition	BANGLADESHI SEX: Male Female VESSIL TYPE OBLIGHTM TANAMER TRADING AREA: WORLD WILL AND A CONTROL SSIL TYPE OBLIGHTM TANAMER TRADING AREA: WORLD WILL AND A CONTROL NUMBER: 0088 01782405441 RANK: 4TH ENGINEER BANK BAN	ACE AND DATE OF BIRTH	PASSPOR		2040	SEAN		
RMANLINT HOME ADDRESS: DING 645, ABHAWA OFFICE ROAD, BAPTA, WARD NO 01, BHOLA SADAR DEL, BHOLA SADAR-8300, BHOLA, BANGLADESH Have you ever had any of the following conditions? Condition YES NO Condition YES NO Liptovision problem Liptovision problem Heart surgery Liptovision grows a liptovision	AF ADDRUSS: IAWA OFFICE ROAD, BAPTA, WARD NO 01, BHOLA SADAR IARAS300, BHOLA, BANGLADESH ANK: 4TH ENGINEER ATH ENGINE ATH ENGINEER ATH ENGINE ATH ENGINEER ATH ENGINE A							
ATH ENG PEL, BHOLA SADAR-8300, BHOLA, BANGLADESH Part	AWA OFFICE ROAD, BAPTA, WARD NO 01, BHOLA SADAR RANK: ### ATH ENGINEER** ### ATH ENG		Male	L.I. I-emale	VESSEL TY		The state of the s	
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12 Skin problem	Severe headaches Severe heada	The second secon	[1]	21.000				14
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17 Pregnancy 34 Fractures/dislocations fany of the above questions were answered 'yes'', please give details. Additional questions YES 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?	requestions were answered "yes", please give details. Testions YES NO Due ver been signed off as sick or repatriated from a ship? Due ver been hospitalised? Due ver been declared unfit for sea duty? Due ver been declared unfit for sea duty? Due ver been restricted or revoked? Due ver that you have any medical problems, diseases or illnesses? The feel healthy and fit to perform the duties of your designated position/occupation? Due ver been declared.	15 Hemia		0	32 Back pr	oblems		
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Revision: 5.1 104.2024.7031 To be cont'd on page 2

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	BLOOD R	101-	SGPT		7	116	URINE R/E	1	1	BO
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ESR (WEST	CROKEN)	2000		-			VDRL			Nonreactiv
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ereby I declare	that I am in	knowledge of t	he contents of the	ne Phys	sical examin	ations.			19	JUL 2024
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Revision: 5.1

Gangladesh Approved
General Physician
Radical Hospitals Limited

Revision Date: 24th July 2022



Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name:

Passport No.:

Seaman's Book No.:

Date of Birth:

Medical Center Name:

Full Address:

Doctor's Name:

CHANDRA DEY KAMOL

A02802812

C/O/10017

15 / 01 / 1997

REDICAL HOSPITALS LIMITED

35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA,

DHAKA-1230, BANGLADESH.

DR. MIR MD. RAIHAN

Drug and Alcohol Screening Limits and Results

Drug	Threshold Limit	Results
Marijuana	< 15 NG/ML	repor
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	regile

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-



Rev. 03

Form No: QHSE PSRM 18

Medical Exam Form CONFIDENTIALFORM Pre-scaExam PeriodicExam

Date	of birth (day/month/year): 15 /01 /	1997	Sex:	ma	ile female	П	
Hon	ne address: HOLDING 645, ABHA	WA O	FFICE RC	DAD.	BAPTA, WARD NO 01, BHO	LA SA	DAR
	DEL, BHOLA SADAR-8300, BHO						- +
Pass	port No./Discharge Book No.: A02	80281	2.				
Dep	artment (deck/engine/radio/food har	ndling/	other): El	VGIN	F.		
Rou	tine and emergency duties (if know	n):					
Турс	e of ship (eg. Bulkcarrier, chem	ical/oil	/gas tank	er, c	ontainer, other cargo ships):	OIL/C	НЕМ
TAN	KER_Trade area (e.g., coastal, trop	ical, w	orldwide):	WO	RLDWIDE		
(Ass	mince's personal declaration sistanceshould beoffered bymedic veyou ever had anyof thefollowi		PERSONAL PROPERTY AND ADDRESS OF THE PERSON				
	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem		1	18.	Sleepingproblems		
2.	High blood pressure			19.	Do you smoke?		-
3.	Heart/vasculardisease			20.	Operation/surgery		
4.	Heart surgery		-	21.	Epilepsy/seizures		
	Varicose veins			22.	Dizziness/fainting		
5.		1 1		23,	Loss of consciousness	Н	-
	Asthma/bronchitis						
6.	Asthma/bronchitis Blood disorder			24.	Psychiatricproblems		
6. 7.				24. 25.	Psychiatricproblems Depression		
6. 7. 8.	Blood disorder						
6. 7. 8. 9.	Blood disorder Diabetes			25.	Depression		
6. 7. 8.	Blood disorder Diabetes Thyroid problem			25. 26.	Depression Attempted suicide		
6. 7. 8. 9. 10.	Blood disorder Diabetes Thyroid problem Digestivedisorder			25. 26. 27.	Depression Attempted suicide Loss of memory		
6. 7. 8. 9. 10.	Blood disorder Diabetes Thyroid problem Digestivedisorder Kidneyproblem Skin problem			25. 26. 27. 28.	Depression Attempted suicide Loss of memory Balanceproblem		
6. 7. 8. 9. 10. 11.	Blood disorder Diabetes Thyroid problem Digestivedisorder Kidneyproblem Skin problem			25. 26. 27. 28. 29.	Depression Attempted suicide Loss of memory Balanceproblem Severeheadaches Ear/nose/throat problems		
6. 7. 8. 9. 10. 11. 12.	Blood disorder Diabetes Thyroid problem Digestivedisorder Kidneyproblem Skin problem Allergies			25. 26. 27. 28. 29. 30.	Depression Attempted suicide Loss of memory Balanceproblem Severeheadaches Ear/nose/throat problems		
11. 12. 13. 14.	Blood disorder Diabetes Thyroid problem Digestivedisorder Kidneyproblem Skin problem Allergies Infectious/contagious diseases			25. 26. 27. 28. 29. 30.	Depression Attempted suicide Loss of memory Balanceproblem Severeheadaches Ear/nose/throat problems Restricted mobility Back problems		

Page 1 of 7



Add	litional questions	Yes	No
35.	Haveyou ever been signed offas sick or repatriated from a ship?		
36.	Haveyou ever been hospitalized?		1
37.	Haveyou ever been declared unfit forseaduty?		1
38.	Has your medical certificate ever been restricted or revoked?		LY
39.	Areyou awarethat you have anymedical problems, diseases or illnesses?		1
40.	Do you feel healthyand fit to perform theduties of your designated position/occupation?		
41.	Areyou allergic to anymedications?		1
Cor	FIT FOR DUTY ON BOARD SHIP		
42.	Areyou takinganynon-prescription or prescription medications?		4
lhe	rebycertifythat the personal declaration aboveis a truestatement to thebest of n	nyknowled	ge.
Sig	natureof examinee: Kamal		
Da Wi	te (day/month/year): 19 JUL 2024 tnessed by: (Signature) me:(Typed or printed) 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		é
lho ins	erebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofessi stitutions and public authorities to Dr.	onals,healtl (theapp	n roved
	edical examiner). enatureof examinee: Kamal	1 1 10 50	
	te (day/month/year): 19 JUL/2024 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) MBC-BGD-016		
	itnessed by: (Signature) DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
		-	

Date & Contact details for previous medical examination (if known):)

Page 2 of 7





MEDICAL EXAMINATION

Sight

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

			Visual Acui	ty				Visua	al fields
	Unaided			Aided				Normal	Defective
	Right eye	Left eye	Binocular*	Right eye	Left eye	Binocular	Right eye	_	
Distant	616	blb	//				Left eye		15
Near									
						,			
Colo	rvision:	□ No	ot tested	[] No	rmal	Doubti	ul [Defectiv	/e
Hea	ring								
							Speech and	whisper te	est
			o metry (thre:			111	(metres)		
Right	500 Hz	1,000 Hz		z 3,00	0 Hz			Normal	Whisper
ear	20	ಒ	20				Right ear	4	4
Left ear	20	20	20				Left ear	n	4
Head Sinu	l ses, nose, th	nroat l		1	Skin Varicose	veins	٦	mal Abn	
				,			_	_	
	th/teeth	sanata I	J	1	Santage and	(inc. pedal pu	lses) E	3	
Ears	(general)	1		I		and viscera		1	H
	paniememb	rane f		1	Hernia		E	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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Eyes		1				t rectal exam.) -		Ħ
	almoscopy		1		G-U syste	t rectal exam. em	, E	1	
	Car control en calenda		1				E	t	
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Opth Pupi Eyer Lung	ls novement gs and chest st examinat]] آ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1]]]	Upper an Spine (Ca Neurolog Psychiatr	em d lower extre /S, T/S and L/ gic (full brief)	mities [ナントンしし	
Opth Pupi Eyer Lung Brea Hear	ls novement gs and chest st examinat	ion 시	T L L L L L L L L L L L L L L L L L L L]]]]	Upper an Spine (Ca Neurolog Psychiatr General a	em d lower extrents, T/S and L/ sic (full brief) ic	mities [1 1 1 1 1 201 9 JUL 201	
Opth Pupi Eyer Lung Brea Hear	ls novement gs and chest st examinat t	ion 7	t]]]]	Upper an Spine (Ca Neurolog Psychiatr General a	em d lower extrem S, T/S and L/ tic (full brief) ic appearance	mities [1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

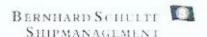


Urinalysis: Glucose: Nil Protein: Nil	
Blood Analysis: Hepatitis B Test Acycle V.D.R.I Immunodeficiency Virus Anti bodies	Non Regula
Other diagnostic test(s) and result(s): Test Result	
Medical Examiners comments: FIT FOR DUTY ON BOARD	SHIP
Vaccination status recorded: Yes No	
Assessment of fitness forservi	ceat sea
On thebasis of theexaminee's personal declaration, myclinic results recorded above, Ideclarethe examineemedically:	
Fit for lookout duty Not fit for lo	500 Heli (1990 1990 1990 1990 1990 1990 1990 199
Deck service Engine service Cateringser	vice Other services
Unfit	
Without restrictions W	ith restrictions
Visual aid required: Yes o	
Describe restrictions (eg. Specific positions, type of ship, trade area)	4
Action taken bymedical examiner (e.g., referral):	
Medical certificate's dateof expiration (day/month/year);	, 18 JUL 2026 ,
Date of examination (day/month/year): / 19 JUL 2024 /	- and
Number of Medical Certificate: Official stamp:	SIVL:
Signature of medical practitioner:	DR. MIR. MD. RAIHAN
Name of medical examiner: (Typed or printed)	MBB8 (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved
Address of medical practitioner::	General Physician Radical Hospitals Limited
Authorized by:	(competent authority)





SEAFARER'S ME	DICAL EXAMINA	TION REPORT/	CERTIFICATE			
This certificate/sissuedbyauthorityoftheMaritimeAdministrato LONo.73),asamended, STCW Convention, 1978 as ameni		herequirementsofthe		Seafarers)Conve	ntion1946(I	
SURNAME CHANDRA DEY	T.	GIVEN NAME(S)				
NATIONALITY BANGLADESHI	ID DOCUME C/O/100	DOCUMENT NO: /O/10017				
DATE OF BIRTH 01 15 1997 MONTH DAY YEAR	PLACE OF B BHOLA CITY	IRTH	BANGLADESH COUNTRY	SEX MALE	FEMA	
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING DECLARATION OF APPROVED MEDICAL PRACTIONER: I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE	HOLDING 01, BHO BANGLA	LA SADAR MOD	or: A OFFICE ROAD, DEL, BHOLA SAD			
MEDICAL EXAMINATION (SEE LAST		OUNDER APPARENCE STA	EL DETAILS ON DI	VERSE SIDE		
HEIGHT WEIGHT BLOOD PRESSURE	PULSE 1 =	RESPIRATION /	GENERAL APPEAR			
WITHOUT GLASSES / / WITH GLASSES / COLOR TEST TYPE: BOOK LANTERN	TOTHECK IF COLOR TES	HEARING: RT. FAR OT IS NORMAL - YELL	OW TRED		My_	
ARE GLASSES OR CONTACT LENSES NECESSARY T	O MEET THE REQUIE	RED VISION STAND	ARD? YES	No 🖯		
HEAD AND NECK	w	HEART (CARDI	ovascular) Nonm	1		
LUNGS			NAVIGATIONAL OFFIC D FOR NORMAL VOICE CO		OFFICER)	
EXTREMITIES:	m 1	LOWER	N	onm		
IS APPLICANT VACCINATED IN ACCORDANCE WIT	н WHO RECOMME	NDATIONS?	YES	No 🗌		
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY FOR SEA OR LIKELY FOR SERVICE AT SEA OR LIKELY FOR SEA OR LIKELY FOR SEA OR LIKELY FOR SERVICE AT SEA OR LIKELY FOR SEA OR LIKELY F				경기 없는 하시가 중심하시면서 이 되어	ER	
IS APPLICANT TAKING ANY NON-PRESCRIPTION O	OR PRESCRIPTION M	EDICATIONS?	YES [No		
Kamal SIGNATURE OF APPLICAN		Gal Hospital	1 S	9 JUL 2024		
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF		N (AS PS-MICOTOS)	PAI			



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 / RADIO OFFICER / RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN

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

ADDRESS

RADICAL HOSPITAL LIMITED

Udura, Dhaka, Bangladesh

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY __

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE

SIGNATURE OF PHYSICIAN:

DATE OF EXAMINATION: 19 JUL 2024

EXPIRY DATE OF CERTIFICATE: 18 JUL 2026

SEAFARER ACKNOWLEDGMENT

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



MEDICALREQUIREMENTS

Allapplicants for an office reer tificate. Scafarer's Identification and Record Book or certification of special qualifications shall be required tohaveaphysical formmust certificated physician The completedmedical Medical Formcompleted bya onthis examinationreported accompanytheapplication for office reertificate, application for seafarer's identity document, or application for certification of special qualifications. Thisphysical examination must be carried out not more than months immediately preceding applicationsforanofficer certificate certification of special qualifications or a sea farer's book. The examination shall be conducted in accordance with the HealthOrganization,GuidelinesforConductingPre-seaandPeriodicMedicalFitness InternationalLaborOrganizationWorld ExaminationsforSeafarers(ILO WHO D.2 1997 Suchproofofexaminationmustestablishthatthe applicantisinsatisfactoryphysicaland mental condition for the specified uty assignment undertaken and is generally in possession of all body faculties necessary inful filling the requirements of the scalar ing profession.

Inconducting the examination, the certified physician should, where appropriate examine the scalarer's previous medical records (including vaccinations kind information on occupational history, noting any diseases, including alcoholor drug related problems and/or injuries. In addition, the following minimum requirements shall apply

- (a) Hearing
 - Allapplicantsmusthavehearingunimpairedfornormalsoundsandbecapableofhearingawhisperedvoiceinbetterearat15 feet (4.57m) andin poorer ear at 5feet (1.52m).
- (b) Eyesight
 - Deckofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/20(1.00)visioninonecycandatleast20/40 (0.50)intheother. If the applicant wears glasses, hemost havevisionwithoutglasses of at least 20/160(0.13) in botheyes. Deckofficerapplicantsmustalsohavenormaleolorperceptionandbecapableofdistinguishingtheolorsred.green.blueand yellow.
 - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninonecycandat least20/30(0.40)intheother Hitheapplicantwearsglasses, hemusthavevisionivathoutglasses of atleast20/200(0.10) in botheyes.
 Engineer andradio officer applicants must also be ableto perceivethe colors red, yellowandgreen.
- (c) Dental
 - Seafarers must befreefrominfections ofthemouthcavityor guins.
- (d) BloodPressure
 - Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration.
- (e) Voice
 - Deck/Navigational officer applicants and Radio officer applicants must have speech which is an impaired for normal voice communication.
- (f) Vaccinations
 - Allapplicantsshallbevaccinatedaccordingtotherequirementsindicated in the WHO publication, International Traveland Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations, are given, these shall be recorded.
- (g) Diseases or Conditions
 - Applicantsafflicted with any of the following diseases or conditions shall be disqualified epilepsy, insanity, sentity, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/orthouse of narcotics.
- (h) Physical Requirements
 - Applicantsforableseaman, boson, GP-Lordinary seaman and junior ordinary seaman must meet the physical requirements for officer's certificate
 - Applicants for fireman/watertender,oiler/motor pumpman,electrician wiper,tanker rating andsurvivaleraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate

IMPORTANTNOTE.

The scalarer 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 scafarer 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

Seafarer's Medical Examination Certificate

CSC 03

This certificate is issued by authority of the Maritime Adminis (Seafagers) Convention 1946 (ILO No. 72), as amended, STCW	strator and in compliance with the requirements of the Medical Examination / Convention, 1978 as amended and the Maritime Labour Convention, 2006.
SURNAME: CHANDRA DEY	GIVEN NAME(S): KAMOL
NATIONALITY: BANGLADESHI	ID DOCUMENT NO?
	SEX: DMALE
DATE OF BIRTH (DD.MM.YY): 15 JAN 1997	Dremale
PLACE OF BIRTH (CITY/COUNTRY): BHOLA	MAILING ADDRESS OF APPLICANT:
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER CH.COOK/COOK RATING	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 CHEC	CKED: FIS/NO
	MEDICAL EXAMINATION
	REQUIREMENTS, STATE DETAILS ON REVERSE SIDE)
HEIGHT WEIGHT BLOOD PRESSURE 120 80000000000000000000000000000000000	7 PUISE RESPIRATION GENERAL APPEARANCE
VISION: RIGHT FYE SEET EYE SUG.	HEARING: DT FAR LEFT FAR LEFT FAR M
WITH GLASSES	KI. LAN
COLOUR TEST TYPE: BOOK LANTERN COLOUR TEST	
Are glasses or contact lenses necessary to meet the require	
HEAD AND NECK	HEART (CARDIOVASCULAR)
TUNGS Yound	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) Is speech unimpaired for normal voice communication?
EXTREMITIES: UPPER Numul	
Is applicant vaccinated in accordance with WHO recomme	endations? Yes No
Is applicant suffering from any disease likely to be aggrava likely to endanger the health of other persons on board?	ited by working aboard a vessel, or to render him/her unfit for service at sea or Yes \to No
Is applicant taking any non-prescription or prescription me	edications? Yes No No
Komal	1 9 JUL 2024
SIGNATURE OF APPLICANT	DATE
(THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE	E OF THE EXAMINING PHYSICIAN.)
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WA	AS GIVEN TO: KAMOL CHANDRA DEY
This applicant is certified free of communicable disease	Yes No No
Seafarer is found to be: F/T / NOT FIT for dut cook/ Cook, without any / with the following	ty as a: Master / Deck Officer / Engineering Officer / Rating/Chief
NAME AND DEGREE OF PHYSICIAN:	
ADDRESS:	16.
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY:	TO MANY
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE:	SIGNATURE OF PHYSICIAN:
DATE OF EXAMINATION: 19 JUL 20	124 EXPIRY DATE OF CERTIFICATE: 18 JUL 2026
SEAFARER ACKNOWLEDGMENT I, (NAME OF SEAFARE	ER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE
AND THE RIGHT TO GET A REVIEW.	MEDICAL REQUIREMENTS DR. MIR. MD. RAIHAN MEDICAL REQUIREMENTS DR. MIR. MD. RAIHAN MEDICAL REQUIREMENTS

As Po-MILC-2008

DR. MIR. MD. RATRA MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp,ng Bangladesh Apprays of 2 General Physician Radical Hospitals Limited.

Seafarer's Medical Examination Certificate

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:

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).

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. Deck officer applicants must also have normal colour perception and be capable of distinguishing the colours red, green, blue and yellow.
- 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.

Dental

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

Blood Pressure

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

Voice

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

Vaccinations

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

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.

Physical Requirements

- 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.
- Applicants for fireman/watertender, oiler/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers. Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment, Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided -Medical Fxam Form).

19 JUI 2024



MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-01Page 2 of 2 DG Shipping Bangladesh Approved

General Physician Radical Hospitals Limited

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

LAST NAME OF 7	APPLICANT		FIRST NAM	PUBLIC OF LIBI		MIDDLE INITIAL
DEY			KAMOL			CHANDRA
DATE OF BIRTH			PLACE OF B	IRTH		SEX
1	15	1997		BANGLADESH		J
MONTH	DAY	YEAR	CITY	COUNTRY		MALE FEMALE
EXAMINATION E	200.100		L. I.	MAILING ADDRES	SS OF ADDITIO	
MASTER		RATING	E			ANT. CE ROAD, BAPTA, WARD NO 0
MATE	H	MOU DECK	L			A SADAR-8300, BHOLA,
ENGINEER	13/	MOU ENGINE	L	BANGLADESIL	IODEL, BHOL	A SADAR-8300, BHOLA,
RADIO OFF		SUPERNUME:	Biography =	BASGLADESII.		
	MINIATION	the state of the s	777/2/2013	FAILS ON PAGE 2		
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VISION. * WITHOUT GLASS	-	GILEAE	61			
WITH GLASSES	11.3	-0-	30	<u> </u>		
DATE OF LAST C	OLOR VISIO	N TEST (Month	/Day/Vear) 1	0 1111 2024 Too	sting Required	man 6 man
COLOR VISION N					SE	NO
COLOR TEST TYPE	BOOK LAN	TERN CHECK	IF COLOR TEST	IS NORMAL YELLOW	LJ RI	D GREEN BLU
HEARING	RT EAR	M	2	LEFT YEAR		M
HEAD AND NECK	Č.	ماديد		HEART (CARDIOVASCU	ULAR)	Va. 1
LUNGS		MONIN	4	PREFERENCES NAME	A THOMAS AS CORD	Normy
		Nonr	nel			ICER AND RADIO OFFICER) AL VOICE COMMUNICATION
EXTREMITIES		you	1			1
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IS APPLICANT SU OR LIKELY TO EI EXAMINATION C	NDANGER TI	ROM ANY DISE HE HEALTH O	EASE LIKELY FOTHER PER	TO BE AGGRAVATED BY. SONS ON BOARD! IF YES.	OR TO REND EXPLAIN IN I	ER HIM UNFIT FOR SERVICE AT DETAILS OF MEDICAL
Ko	rmal			19 JUL 2024		18 JUL 2026
SIGNA	TURE OF AP	PLICANT		DATE OF EXAM		EXPIRY DATE
т	HIS SIGNAT	URE SHOULD	BE AFFIXED I	N THE PRESENCE OF THE	EXAMINING	PHYSICIAN
THIS IS TO CERTI	IFY THAT A	PHYSICAL EX	AMINATION 3	VAS GIVEN TO	KAMO	I. CHANDRA DEY
				man a company of the second	NAMED APP	LICANT)
(IHE) (SHE) IS FOU	JND TO BE (I			The second secon	GINEER, RADIO	OFFICER, RATING, MOU DECK
MOU ENGINE or S	SUPERNUME	RARY)				
NAME AND DE	GREE OF PI	HYSICIAN	DR. MIR N	ID. RAIHAN; M.B.B.S.(I).U.),	
ADDRESS RI	EDICAL HOS	PITALS LIMIT	ED 35 SHAU	MAKHDEM AVENUE SUC	TOP IS LITT	ARA, DHAKA-1230, BANGLADESI
	er et en en en langer d'an					
and the second second	SICIAN'S CI	RTIFICATING	G AUTHORF	TY REGISTRATION NO	.: A-55144, B	.M.D.C, DHAKA, BANGLAD
NAME OF PHYS			/	() 4 15		
NAME OF PHYS	OF PHYSIC	CIAN'S CERT	KICAJE	6-May-15		
		(HICAIK _	2000/2017	OF EXAMINA	ATION: 19 JUL 2024

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

RLM-I05M 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 Radical Hospitals Limited

Rev0 - 09/01/2023

MEDICAL REQUIREMENT

All applicants for an officer certificate. Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a 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 car at 15 feet and in the poorer car at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and 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 HI	ARING TEST.
---	-------------------	--------------------------	-------------

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

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

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

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

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

19 JUL 2024

RLM-I05M ANNEX 2



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

Seafarer's Medical Examination Report CONFIDENTIAL

************************************	*** **********************************	CONTRACTOR STATE
Personnel	inform	ation

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		2
Diabetes		_	Depression		1
Thyroid problem			Attempted suicide		-
Digestive disorder		_	Loss of memory		_
Kidney problem		1	Balance problem		
Skin problem		ン	Severe headaches		_
Allergies		1	Ear/nose/throat problems		
Infectious/contagious diseases		1	Restricted mobility		4.40
Hernia		_	Back problems		
Genital disorders		_	Amputation		
Pregnancy	12/	~	Fractures/dislocations		



Seafarer's Medical Examination Report CONFIDENTIAL

Additional questions:	Yes	No
Have you ever been signed off as sick or repatriated from a ship?		
lave 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 beli	J.vv.	
	Yes	No

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

Signature of examinee: Witnessed by: (Signature) Date:
(DD.MM.YY)
Name:
(Typed or printed)

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

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

19 JUL 2024

BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
by healthdarphressionals, inted.

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

Date:

Signature of examinee: Witnessed by: (Signature)

_(DD.MM.YY) Name: _(Typed or printed)

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

Date and contact details for previous medical examination (if known):



Seafarer's Medical Examination Report CONFIDENTIAL

Medical examination

S	ig	h	t
---	----	---	---

Use of glasses or contact lenses:

Yes/No

If yes, specify which type and for what purpose:

		Visua	l Acuity		Visua	l fields
	Unaid	ded	Aid	ed		
	Distant	Near	Distant	Near	Normal	Defective
Right eye	616	NS				
Left eye	64	NY				
Binocular						

Omocular								
Colour vision	: 1	Not tested	N	ormal	Do	oubtful] (Defective
Hearing								
			one and aud		У	Speed	ch and wh	
	500 Hz	1,000	Hz 2,00	0 Hz	3,000 Hz	Norma	I V	Vhisper
Right ear	20	20	2	ھر		4		4
Left ear	2	20	2	N		i	1	4
Height: Pulse rate: Blood pressur Systolic:	re	78		(cm) ninute m Hg)	Weight: Rhythm: Diastolic:	- 7 R 8		✓ , (kg
Head		Normal	Abnormal	Skin			Normal	Abnormal
Sinuses, nos	e, throat			Varico	ose veins		_	
Mouth/teet	h	_		Vascu	lar (inc. pedal	pulses)	~	
Ears (genera	ıl)	1111		Abdo	men and viscer	ra	_	ú
Tympanic m	embrane			Herni	a		-	
Eyes				Anus	(not rectal exa	m.)	_	
Opthalmoso	ору	_		G-U s	ystem			
Pupils		<i>-</i>		Upper	r and lower ext	tremities	-	
Eye moveme	ent	_		Spine	(C/S, T/S and I	_/S)	1	
Lungs and ch	nest			Neuro	ologic (full brie	f)	1	
Breast exam	ination	MIS		Psych	iatric	Tes	-	*** 4.35.4
Heart				Gener	ral appearance			

Chest xray: Not performed Performed on: (DD.MM.YY) 19 JUL 2024

Results: Chest Chest



BSM

Seafarer's Medical Examination Report CONFIDENTIAL

CSC 03A

ccination status recorded:	Yes		
Other diagnostic test(s) and re		esult	
est	N.C.	esuit	
Medical Examiners comments	5:		
A CONTRACTOR OF THE CONTRACTOR	FIT FOR DUTY ON B	DARD SHIP	
	FIT FUR DUTT ON B	37.11.11	
j j	Assessment of fitness	for service at sea	
		tisted amonimution	o and the diagnostic test
on the basis of the examinee's	personal declaration,	my clinical examination	n and the diagnostic test
esults recorded above, I decla	re the examinee medi	cally:	
Fit for lookout duty		Not fit for look-out	duty
- FIL IOI IOOKOGE GGEY			
Deck service	Engine service	Catering service	Other services
Fit			
Unfit			
Olini,	1	•	
Without restrictions		With restrictions	
_			
Visual aid required:	Yes	No	
	_		
Describe restrictions (e.g. Spe	ecific positions, type o	f ship, trade area):	4
Action taken by medical exan		1.0	1111 2020
	expiration (DD.MM.YY	/ -	JUL 2026
Medical certificate's date of e		10	
Medical certificate's date of e Date of examination (DD.MN		19	JUL 2024
	1.YY):	19	JUL 2024
Date of examination (DD.MN Number of Medical Certificat Signature of medical practition	1.YY): e: oner:	19	JUL ZUZ4
Date of examination (DD.MN Number of Medical Certificat Signature of medical practition	1.YY): e: oner:	19	JUL ZUZ4
Date of examination (DD.MM Number of Medical Certificat	1.YY); e: oner; Typed or printed)	19	Culu Culu
Date of examination (DD.MM Number of Medical Certificat Signature of medical practition Name of medical examiner: (Address of medical practition	I.YY): e: oner: Typed or printed) ner:	DR. MI	R. MD. RAIHAN
Date of examination (DD.MM Number of Medical Certificat Signature of medical practitio Name of medical examiner: (Address of medical practition Authorized by: (competent of	I.YY): e: oner: Typed or printed) ner:	DR. MIR MBBS (DU) DF BMDC A-5	R. MD. RAIHAN M. CCD (Birdem). PGT (Ophth) 5144, MMC-BGD-016 o. Bengladesh Approved
Date of examination (DD.MM Number of Medical Certificat Signature of medical practition Name of medical examiner: (Address of medical practition	I.YY): e: oner: Typed or printed) ner:	DR. MIF	R. MD. RAIHAN M. CCD (Birdem), PGT (Ophin) 5144, MMC-BGD-016 g Bangladesh Approved geral Physician
Date of examination (DD.MM Number of Medical Certificat Signature of medical practitio Name of medical examiner: (Address of medical practition Authorized by: (competent of	I.YY): e: oner: Typed or printed) ner:	DR. MIF	R. MD. RAIHAN M. CCD (Birdem), PGT (Ophth) 5144, MMC-BGD-016 o. Bengladesh Approved
Date of examination (DD.MM Number of Medical Certificat Signature of medical practition Name of medical examiner: (Address of medical practition Authorized by: (competent of	I.YY): e: oner: Typed or printed) ner:	DR. MIF	R. MD. RAIHAN M. CCD (Birdem), PGT (Ophth) 5144, MMC-BGD-016 g Bangladesh Approved



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 Place of Birth: BHOLA		BAPTA, WARD BHOLA SADAR Street City: BHOLA Postal Code: 83	800		
Examination for duty as	Master	Country: BANC	Engineer	Rating	Cadet
Please indicate the quantity of alcohol you consume weekly	Beer (litre) Wine (litre Spirits (me				
Do you regularly take any medically prescribed drugs? Please list. Note: Give a copy of this list to the Master upon joining the vessel.					é
Have you ever been convicted of a charge involving illegal drugs?	Yes	No	(If Yes please	detail on th	e reverse)
Have you ever been convicted of a drinking related incident?	Yes	M6	(If Yes please	detail on th	e reverse)
Have you ever received treatment for alcohol or drug dependence?	Yes	No	(If Yes please	detail on th	e reverse)
Signed and Dated (by Seafarer)	1	cumstances ch s, inform the co			



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 exam of drug use and alcohol abuse or addiction.	nination, the examinee has no visible or clinical signs
Name, Address of Physician:	Signature of Physician:
DR. MIR MD. RAIHAN; M.B.B.S.(D.U.) REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE,	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016
SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.	Date: BMDC A-55144, Million DG Shipping 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 for alcohol abuse.

Examining Physician's Signature

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

ORIGINAL TO BE RETAINED BY CREWING AGENCY





ID NO : 24070501

Patient's Name: KAMOL CHANDRA DEY

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

; Blood Specimen

Ref. By

Date : 19/07/2024 Age 27Y 6M 4D

> Sex Male

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

Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	12.9 05	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A
TOTAL WBC COUNT	7,800	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	54	%	(40 - 75)%	
Lymphocytes	36	%	(20-45)%	WBC CURVE
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	tills
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL 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 %	PLT CURVE
PCT	0.19	%	0.10 - 0.28	PEI CORVE
P-LCŘ	54.6	%	9.00 - 45.00%	A
P-LCC	72	x10^3/uL	13 - 129 x10^3/uL	A
RBC COUNT	4.75	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	4
HCT/PCV	45.9	%	M: 40-54%, F: 37-47%	
MCV	96.6	fL	76-94 fL	
MCH	27.1	pg	27-32 pg	DDC CUDYE
MCHC	28	g/dL	29-34 g/dL	RBC CURVE
RDW SD	72	fL	30.0-57.0 fL	
RDW CV	21.4	%	10-16%	

Checked By. Medical Technologist. Redical 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),DFN	M-C/O/10017
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
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.



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),DFN	M-C/O/10017
Sample	Blood		

SEROLOGYCAL REPORT

Test Name

Result

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

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

Checked By

Medical Technologist. Radical Hospital Ltd. Hospital.



Bill ID	DIA24070501	Received Date	19/07/2024
Patient Name	KAMOL CHANDRA DEY		1
Patient Age	27Y 6M 4D	Sex	Male
Ref. By	DR.MIR MD.RAIHAN MBBS,(DU),	CCD(BIRDEM),PGT(EYE),DFN	M-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	

Checker By

Medical Technologist. Radical Hospital Ltd. 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),DFN	M-C/O/10017
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	16
Albumin	Nil	WBC	Nil	
Sugar	Nil	Epithelial	Nil	
Ex.Phosphate	Nil	Granular	Nil	
	128 3 125	Hyaline	Nil	

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil	7
Bile Pigment	Not Done	Uric Acid	Nil	
Ketones	Not Done	Calcium oxalate	Nil	É
Urobilinogen	Not Done	Amor. Phos	Nil	
B.J. Protein	Not Done	Hippurate crystal	Nil	

Checked By

Medical Technologist. Radical Hospital Ltd. Hospital.

Patient's Name	:	KAMOL CHANDRA DEY			
Age	:	27 Yrs	Date	1:	19/07/2024
Sex	:	Male	CDC N	0:0	C/O/10017
Referred by		Dr. Mir Md. Raihan - MBBS, (DU), D	ELONG DECLESION		

Psychometric Test

Test Name	Remarks		
1.APTITUDE TEST			
Numerical Reasoning test	Poor /Good /very good /excellent		
Verbal Reasoning test	Poor /Good /very good /exceller		
Inductive reasoning test	Poor /Good /very good /excellent		
Diagrammatic Reasoning test	Poor /Good /very good /excellent		
Logical Reasoning test.	Poor /Good /wery 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 /ESFF		
4. Watson Glaser test(Critical Thinking Test)			
Arguments	Poor /Good /very good /excellent		
Assumptions	Poor /Good /very good /excellen		
Deductions	Poor /Good /very good /excellen		
Interpreting Information's	Poor /Good /very good /excellen		
Inferences	Poor /Good /very good /excellent		
	A 6		
5. Situational Judgment Test.	Poor /Good /very good /excellent		

Poor: <6

600d: 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 (opth)

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

616

666

AIDED

COLOUR VISION:

NORMAL/BLIND

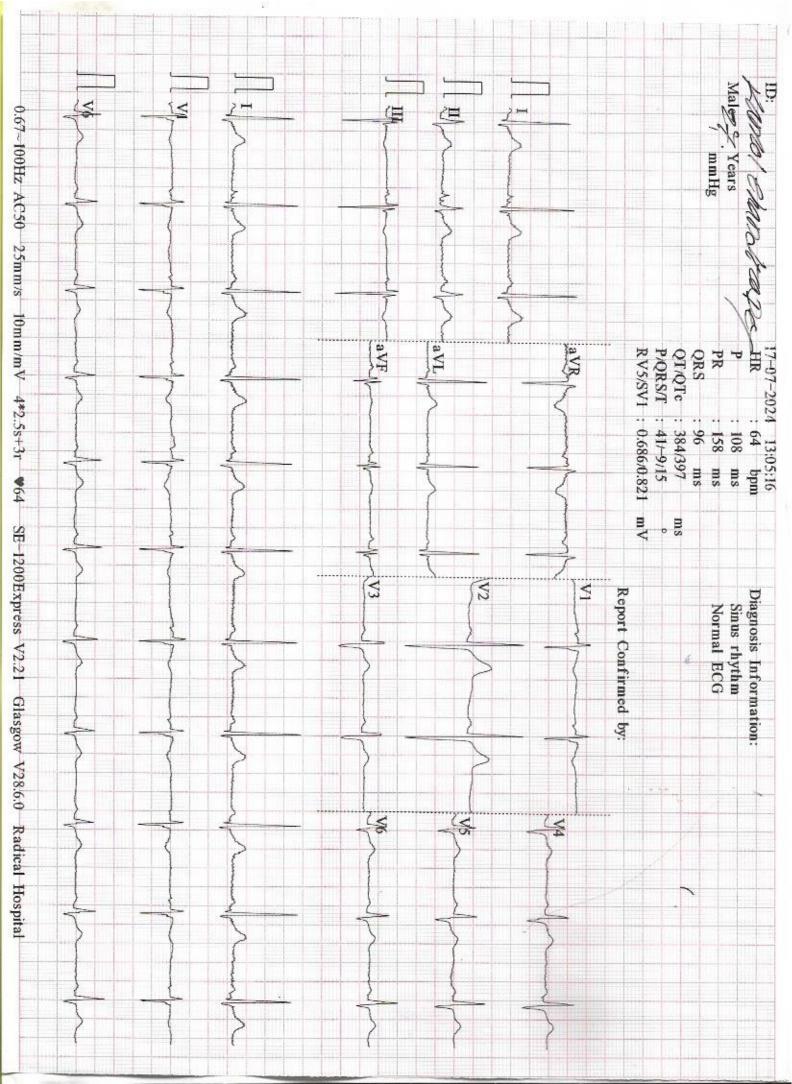
OPINION

*UNFIT:/ FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital





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 ields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

MBBS. DMRD (Radiology & Imaging) Head of the Department (Radiology & Imaging) Sylhet Women's Medical COllege Hospital

This report has been electronically signed.

Page of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

Date of birth 15-JAN-1997 Sex MALE KAMOL CHANDRA DEY (c/0/10017) This is to certify that whose signature follows Komeel

has on the date indicated been vaccinated or revaccinated against Cholera

Date Signature and Professional Approved Stamp 13 418 1978 status of vaecinator - WID. RAIHAN Avenue MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) Uttara, Dhaka BMDC A-55144, MMC-BGD-016 DG Shipping Bangtadesh Approved General Physician ANGLADE Radical Hospitals Limited FOR VACCA DR. MIR. MD. RAIHAN 35, Shah Makhdum MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) Амелия BMDC A-55144, MMC-BGD-016 Uttara, Ohako DG Shipping Bangladesh Approved General Physician SANGLAD 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 MACE

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
Ship	DR. M4R. 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.	TEVER L. NO TO THE TOTAL	35, Sheh Maldhdum Avenus Uttorn, Dheka
2			
3	The same of the sa		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.