



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530



Accredited By - BMDC
Accreditation No A55144

PATIENT CONTROL NUMBER
HS1817FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME SUFIAN		FIRST NAME AND MD		MIDDLE NAME ABU	
PLACE AND DATE OF BIRTH FENI 29-Jul-1969		PASSPORT NUMBER A07136799		SEAMAN'S BOOK NUMBER CO1817	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female		VESSEL TYPE : CONTAINER	
PERMANENT HOME ADDRESS : SEKANDERPUR, DAGONBHUIYAN, SEKANDARPUR-3920, FENI, BANGLADESH		CONTACT NUMBER : 0088 01724919152		TRADING AREA : WORLD WIDE	
		RANK :		2ND 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

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

Comments:

FIT FOR DUTY ON BOARD SHIP

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

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

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

M. S. Han

Signature of Seafarer

MEDICAL EXAMINATION

Weight 54kg	Height (cm) 162	BMI 24.2	Blood Pressure: Systolic 130 mmHg	Diastolic 80 mmHg	PULSE: 78 bpm																								
<table border="1"> <tr> <th colspan="2">Hearing by Audiometry</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>☒ Adequate</td> <td>☐ Inadequate</td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate</td> <td>☐ Inadequate</td> </tr> </table>						Hearing by Audiometry		Audiometry				Hearing by Whisper Test		Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000	☒ Adequate	☐ Inadequate	Left	☐ Adequate ☐ Inadequate					☒ Adequate	☐ Inadequate
Hearing by Audiometry		Audiometry				Hearing by Whisper Test																							
Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000	☒ Adequate	☐ Inadequate																						
Left	☐ 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☐ DefectiveDate of last colour vision test: Date (day/month/year) **15 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	MD	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECC	MD	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	URINE R/E	MD	
DC(differential count)	MD	SGOT	OTHERS		
HAEMOGLOBIN (HGB)	12.2	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive
ESR (WESTERGREN)	8.8	Morphine	☐ Positive	☒ Negative	☒ Nonreactive
WBC	9200	Amphetamine	☐ Positive	☒ Negative	☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☒ Negative	☒ Nonreactive
RANDOM	6.2	Barbiturates	☐ Positive	☒ Negative	☒ Nonreactive
HBA1C	5.5%	Cocaine	☐ Positive	☒ Negative	☒ Nonreactive
				Blood Type	O+(VE)
				Psychological Exam	MD
				Others(KUB Ultraso	MD

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

Signature of Seafarer

MD ABU SUFIAN

Name of Seafarer

15 JUL 2024

Date

Assessment of fitness for service at sea:

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

☒ Fit for lookout duties☐ Not fit for lookout duties

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

☒ Without restrictions ☐ With restrictions

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

Yes ☒No ☐

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

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

Fitness Date: 15 JUL 2024

Valid Until:

14 JUL 2026

DR. MIR. MD. RAIHAN

Name of Medical Officer (Seafarer) or General Practitioner

MMC A-55144, MMC-BGD-016

PG Shiping Bangladesh Approved

General Physician

Radical Hospitals Limited.

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

Drug and Alcohol Screening Affidavit

CSC 04A

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

Surname: SUFIAN		First Name: MD ABU				
Date of Birth (DD/MM/YY): 29-07-1969		Address: HOUSE-11/1, ROAD-01, KALLYANPUR, MIRPUR, MOHAMMADPUR, Street: 01 City: DHAKA Postal Code: 1207 Country: BANGLADESH				
Place of Birth: FENI						
Examination for duty as	Master	Officer	Engineer	Rating	Cadet	
Please indicate the quantity of alcohol you consume weekly		Beer (litre)..... Wine (litre)..... Spirits (measures).....				
Do you regularly take any medically prescribed drugs? Please list. Note: Give a copy of this list to the Master upon joining the vessel.						
Have you ever been convicted of a charge involving illegal drugs?		Yes.....No.....(If Yes please detail on the reverse)				
Have you ever been convicted of a drinking related incident?		Yes.....No.....(If Yes please detail on the reverse)				
Have you ever received treatment for alcohol or drug dependence?		Yes.....No.....(If Yes please detail on the reverse)				
Signed and Dated (by Seafarer)		Note: If circumstances change with respect to the above statements, inform the company of such changes immediately.				



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

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

Name, Address of Physician:

DR. MIR MD. RAIHAN; M.B.B.S.(D.U.)

REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE,
SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.

Signature of Physician:

**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

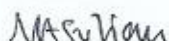
Date:

15 JUL 2024**Anti-Drug and Alcohol Abuse Affidavit**

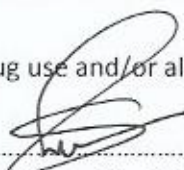
I hereby declare that I have not in the past or present used any prohibited substance, nor have I abused alcohol.

SUFIAN

MD ABU


Examinee's Name & Signature

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


Examining Physician's Signature**DR. MIR. MD. RAIHAN**
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited**ORIGINAL TO BE RETAINED BY CREWING AGENCY**



Medical Exam Form
CONFIDENTIAL FORM

Pre-sea Exam ☒ Periodic Exam ☐

Name (last, first, middle): SUFIAN MD ABU

Date of birth (day/month/year): 29 / 07 / 1969 Sex: male ☐ female ☒

Home address: HOUSE-11/1, ROAD-01, KALLYANPUR, MIRPUR, MOHAMMADPUR-1207,
DHAKA, BANGLADESH

Passport No./Discharge Book No.: A07136799

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): CONTAINER 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. Have you ever been signed off as sick or repatriated from a ship? | ☐ | ☒ |
| 36. Have you ever been hospitalized? | ☐ | ☒ |
| 37. Have you ever been declared unfit for sea duty? | ☐ | ☒ |
| 38. Has your medical certificate ever been restricted or revoked? | ☐ | ☒ |
| 39. Are you aware that you have any medical problems, diseases or illnesses? | ☐ | ☒ |
| 40. Do you feel healthy and fit to perform the duties of your designated position/occupation? | ☒ | ☐ |
| 41. Are you allergic to any medications? | ☐ | ☒ |

Comments.

FIT FOR DUTY ON BOARD SHIP

42. Are you taking any non-prescription or prescription medications?

☐ ☒

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

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

Signature of examinee: MA Su Mon.

Date (day/month/year): 15 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 Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

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

Signature of examinee: MA Su Mon.

Date (day/month/year): 15 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 Shipping Bangladesh Approved
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				15	15	✓

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: 162 (cm) Weight: (kg) 64 (kg) Pulse rate: 75 (/minute) Rhythm: Regular
Blood pressure: Systolic: 130 (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): 15 JUL 2024

Results: Normal chest xray



Urinalysis: Glucose: Nil Protein: NilBlood Analysis: Hepatitis B Test Negative V.D.R.L. Non Reactive
Immunodeficiency Virus Antibodies Negative

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

Test Blood Urea Nitrogen Result Normal

Medical Examiners comments:

FIT FOR DUTY ON BOARD SHIPVaccination 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): 14 JUL 2026Date of examination (day/month/year): 15 JUL 2024

Number of Medical Certificate: Official stamp:

Signature of medical practitioner: DR. MIR. MD. RAIHANName of medical examiner: (Typed or printed) DR. MIR. MD. RAIHANAddress of medical practitioner: RADICAL HOSPITAL LIMITEDAuthorized by: DR. SHAPING BANOWADIA (competent authority)

SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE

CONFIDENTIAL DOCUMENT

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 SUFIAN	GIVEN NAME(S) MD ABU	
NATIONALITY BANGLADESHI	ID DOCUMENT NO: C/O/1817	
DATE OF BIRTH 07 29 1969 MONTH DAY YEAR	PLACE OF BIRTH FENI CITY BANGLADESH COUNTRY	SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: HOUSE-11/1, ROAD-01, KALLIYANPUR, MIRPUR, MOHAMMADPUR-1207, DHAKA, BANGLADESH	

DECLARATION OF APPROVED MEDICAL PRACTITIONER:

I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

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

HEIGHT 166 cm	WEIGHT 64 kg	BLOOD PRESSURE 130/80 mm	PULSE 78 bpm	RESPIRATION 193/min	GENERAL APPEARANCE aw
VISION: WITHOUT GLASSES RIGHT EYE LEFT EYE 6/6 6/6			HEARING: RT. EAR my LEFT EAR my		

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

DATE OF LAST COLOR VISION TEST: 15 JUL 2024

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☒ No ☐

HEAD AND NECK Normal	HEART (CARDIOVASCULAR) Normal
LUNGS Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes
EXTREMITIES: UPPER Normal LOWER Normal	

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?
Yes ☐ No ☒IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒

M. Sufian

SIGNATURE OF APPLICANT

15 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:

MD ABU SUFIAN

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 _____

ADDRESS _____

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY _____

DR. SHAFIQUR RAHMAN BD

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE _____

06 May 2014.

SIGNATURE OF PHYSICIAN :

[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

DATE OF EXAMINATION: _____

15 JUL 2024

EXPIRY DATE OF CERTIFICATE : _____

14 JUL 2026

SEAFARER ACKNOWLEDGMENT

I, MD ABU SUFIAN (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 examinations 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 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 physicians 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. 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 (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 cavity 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 advice 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 the use of narcotics.
- (h) Physical Requirements
 - 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.
 - Applicants for fireman/watertender, oiler/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

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

EXAMINATION:

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

15 JUL 2024



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

Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name:

MD ABU
SUFIAN

Passport No.:

A07136799

Seaman's Book No.:

CO1817

Date of Birth:

28 JUL 1969

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	<i>Negative</i>
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

15 JUL 2024



Examined by (Name/Signature)

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bircem), PGT (Ophth)
BMDC A-53144, MMC-BGD-011
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

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

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT SUFIAN			FIRST NAME MD ABU		MIDDLE INITIAL
DATE OF BIRTH 7 29 1969 MONTH DAY YEAR			PLACE OF BIRTH FENI BANGLADESH CITY COUNTRY		SEX MALE ☒ FEMALE ☐
EXAMINATION FOR DUTY AS: MASTER ☐ RATING ☐ MATE ☐ MOU DECK ☐ ENGINEER ☒ MOU ENGINE ☐ RADIO OFF ☐ SUPERNUMERARY ☐			MAILING ADDRESS OF APPLICANT: HOUSE-11/I, ROAD-01, KALLIYANPUR, MIRPUR, MOHAMMADPUR-1207, DHAKA, BANGLADESH		
MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2					
HEIGHT 266 cm	WEIGHT 64 kg	BLOOD PRESSURE 130/80 mmHg	PULSE 78 bpm	RESPIRATION 19 /min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES DATE OF LAST COLOR VISION TEST (Month/Day/Year) 15 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 MASUFIAN		DATE OF EXAM 15 JUL 2024		EXPIRY DATE 14 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 MD ABU SUFIAN (NAME OF APPLICANT) FIT FOR DUTY ON BOARD SHIP					
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A. (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY).					
NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN; M.B.B.S.(D.U.),					
ADDRESS RADICAL HOSPITALS LIMITED, 35, SHAH MAKHUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.					
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY REGISTRATION NO.: A-55144, B.M.D.C, DHAKA, BANGLADESH.					
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 6-May-14					
SIGNATURE OF PHYSICIAN 			DATE OF EXAMINATION: 15 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.

RLM-I05M ANNEX 2

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Burm), 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 ear at 15 feet and in the poorer ear at 5 feet.
Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (b) 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.
- (c) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (d) 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.
- (e) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Applicants for able seaman, bosun, GP-I, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (g) 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.
- (h)

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,

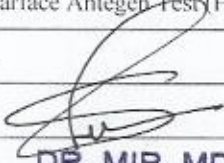
C) Serological Test(VDR) D) Hepatitis B Surface Antigen Test(HbsAg),

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

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

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


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15 JUL 2024



ID NO : 24070394

Date : 15/07/2024

Patient's Name : MD ABU SUFIAN

Age : 54Y11M16D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/1817

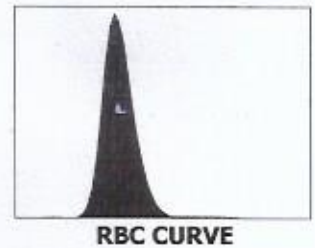
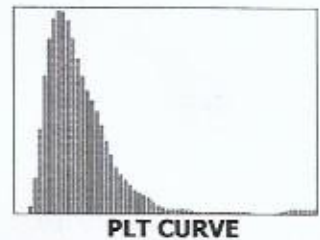
Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	12.2	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	08	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	9,300	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	64	%	(40 - 75)%
Lymphocytes	26	%	(20-45)%
Monocytes	06	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	372	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	165,000	/cumm	1,50,000-4,50,000 /cumm
MPV	13.8	fL	7.0 -11.0 fL
PDW-CV	19.5	%	10 - 18 %
PCT	0.16	%	0.10 - 0.28
P-LCR	51.6	%	9.00 - 45.00%
P-LCC	59	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	4.5	m/μL	M: 4.5-6.5, F: 3.8-5.8 m/ μL
HCT/PCV	39.3	%	M: 40-54%, F: 37-47%
MCV	87.4	fL	76-94 fL
MCH	27	pg	27-32 pg
MCHC	30.9	g/dL	29-34 g/dL
RDW SD	56	fL	30.0-57.0 fL
RDW CV	19	%	10-16%



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

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

Bill No	DIA24070394	Received Date	15/07/2024
Patient's Name	MD ABU SUFIAN		
Patient's Age	54Y 11M 16	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/1817
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	6.2 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.61 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	31.0 U/L	Up to 40 U/L
Serum AST (SGOT)	27.0U/L	Up to 37 U/L
HbA1C	5.5 %	4.2 - 6.7 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

Bill No	DIA24070394	Received Date	15/07/2024
Patient's Name	MD ABU SUFIAN		
Patient's Age	54Y 11M 16	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/1817
Sample	BLOOD		

SEROLOGICAL REPORT

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

Checked By 

Medical Technologist.
Radical Hospital Ltd.


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

Bill No	DIA24070394	Received Date	15/07/2024
Patient's Name	MD ABU SUFIAN		
Patient's Age	54Y 11M 16	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/1817
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION CASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologist.
Radical Hospital Ltd.


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

Bill No	DIA24070394	Received Date	15/07/2024
Patient's Name	MD ABU SUFIAN		
Patient's Age	54Y 11M 16	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/1817
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
-----------	--------

Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative


Checked By

Medical Technologist,
Radical Hospital Ltd.


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



REF: MV. MAERSK SARAT

DATE: 15/07/2024

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

EYE EXAMINATION REPORT

NAME: MD ABU SUFIAN

RANK: 2ND ENG

CDC NO: C/O/1817

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:

15-07-2024 12:31:32

Male 57 Years

mmHg

HR : 69 bpm

P : 104 ms

PR : 142 ms

QRS : 88 ms

QT/QTc : 370/397 ms

P/QRS/T : 50/64/18 °

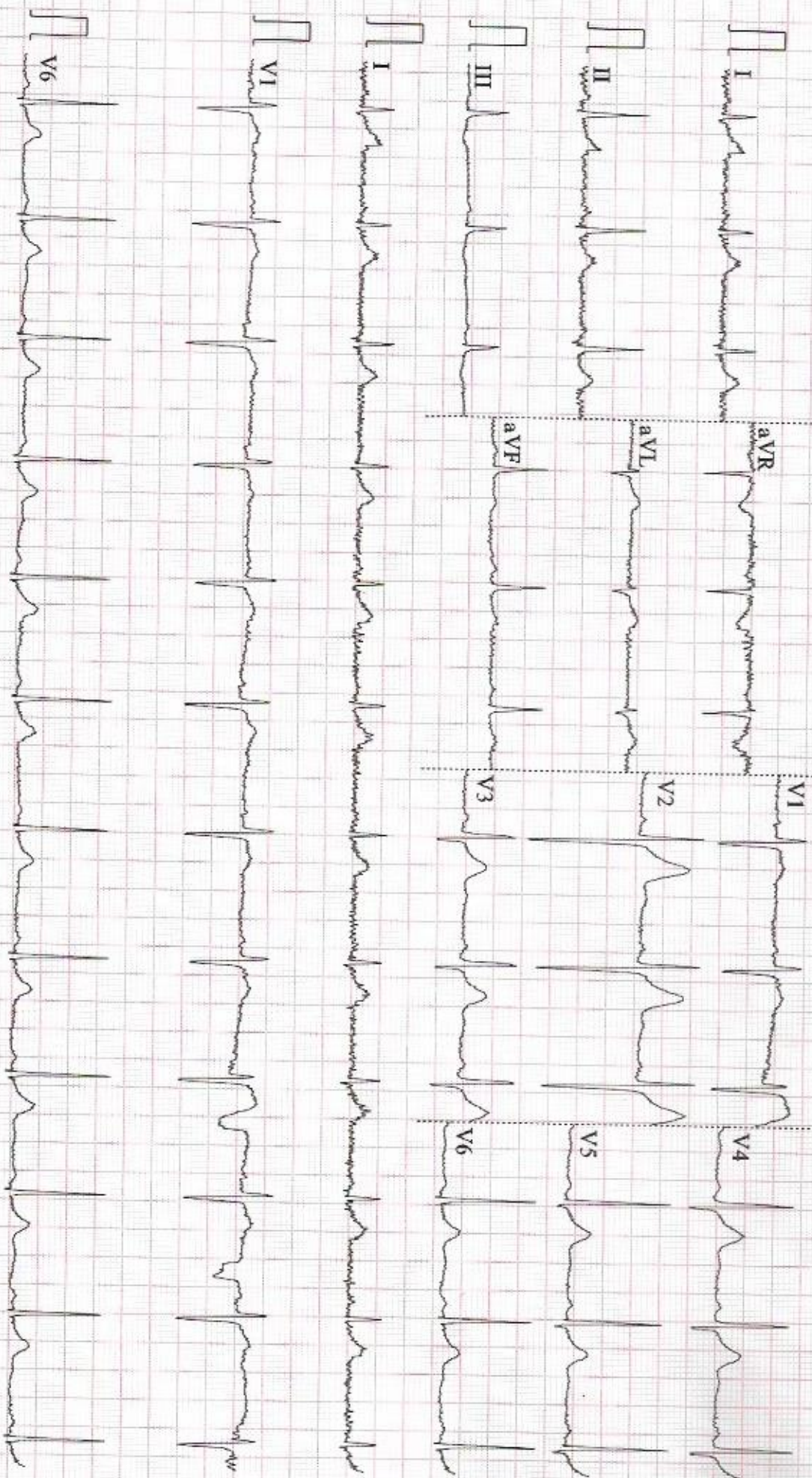
RV5/SV1 : 1.755/0.968 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070394 Receive: 15/07/2024 Print: 15/07/2024
Patient's Name : MD ABU SUFIAN
Age : 54 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

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

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.


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

This report has been electronically signed.

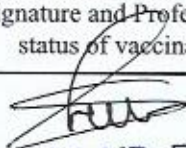
Page of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

Date of birth 29/07/1969 Sex MALE
DR. MIR. MD. RAIHAN.

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
07 JUL 2022	 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.		
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, or failure to complete any part of it may render it invalid.