

### HAQUE & SONS LTD.



Accredited By BMDC Accreditation No A 55144

PATIENT CONTROL NUMBER
HS4226FF

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

### MEDICAL EXAMINATION CERTIFICATE

RNAME	FIRST NAME AND		MIDDLE NAME	
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44.00000000000000000000000000000000000	PASSPORT NUMBER		SEAMAN'S BOOK N	
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Have you ever had any of the following co	nditions?			
Condition	YES NO C	ondition		YES NO
1 Eye/vision problem		leep problems		0 0
2 High blood pressure		o you smoke?		
3 Heart/vascular disease		peration/surgery	ğ.	0 5
4 Heart surgery		pilepsy/seizures		0 0
5 Varicose veins	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	izziness/fainting		0 0
6 Asthma/bronchitis		oss of conscious	ness	(0, 0
7 Blood disorder	□ <b>□</b> 24 P	sychiatric proble		~  p  a
8 Diabetes	[] [9 25 D	epression	(	1 2/2
9 Thyroid problem	□ F 26 A	ttempted suicide	0	1016
10 Digestive disorder	- 4	oss of memory	111	
11 Kidney problem	□ □ 1 28 B	alance problem	-1111	1 6 6
12 Skin problem		evere headache	1///	V : 3
13 Allergies		ar/nose/throat p		
14 Infectious/contagious diseases		estricted mobility		0 0
15 Hemia	□ □ 32 B	ack problems		
16 Genital disorders	□ □ 33 A	mputation		0 6
17 Pregnancy		ractures/dislocat	ions	0 0
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Without restrictions  With restrictions  With restrictions  The Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service danger the health of other persons on board?  Yes  No  Personation (e.g., specific position, type of ship, trade area):  Stion taken by medical examiner (e.g., referral):  With restrictions  Yes  No  Valid Until :  26 JUL 2076								
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the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service danger the health of other persons on board?  Yes  No  Secribe restrictions (e.g., specific position, type of ship, trade area):  Stion taken by medical examiner (e.g., referral):  Yalid-Until:  Yalid-	<u></u>	hout restrictions		[] Moth	restrictions			
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In Accordance with Medical Examination (\$95,000 A) WWW. WWW. 1978/1996 as Amended, MLC 200 A) and STCW 1978/1996 as Amended Appropriate Advanced Appropriate Appro							The state of	





#### **Drug and Alcohol Screening Results**

CSC 04

Seafarer's Surname, First Name, Middle Name:

KABIR MD ANWAR

Passport No.:

EG0086657

Seaman's Book No .:

C/O/4226

Date of Birth:

29 / 01 / 1979

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	regetice
Cocaine	< 150 NG/ML	1
Opiates	< 300 NG / ML	
Phencyclidine	< 25 NG / ML	
Amphetamines	< 300 NG / ML	
Benzodiazepine	< 200 NG/ML	
Methaqualone	< 300 NG/ML	
Barbiturates	< 200 NG/ML	1
Alcohol	< 0.04% BAC	regulie

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

27 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



## **Drug and Alcohol Screening Affidavit**

CSC 04A

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

Surname: KABIR		First Name: MD ANWAR					
Date of Birth (DD/MM/YY): 29/01/1979		Address: HOUSE# 19, ROAD# 15, SECTOR# 04, UTTARA,					
Place of Birth: DINAJPUR		Street: City: DHAKA Postal Code: Country: BANGLADESH					
Examination for duty as	Master	Officer	Engineer	Rating	Cadet		
Please indicate the quantity of alcohol you consume weekly	13	) )asures)					
Do you regularly take any medically prescribed drugs? Please list.  Note: Give a copy of this list to the Master upon joining the vessel.					i		
Have you ever been convicted of a charge involving illegal drugs?	Yes	W	(If Yes pleas	e detail on tl	ne reverse)		
Have you ever been convicted of a drinking related incident?	Yes	No	(If Yes pleas	e detail on t	he reverse)		
Have you ever received treatment for alcohol or drug dependence?	Yes	No	(If Yes pleas	e detail on t	he reverse)		
Signed and Dated (by Seafarer)		rcumstances cl ts, inform the c					



### 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.	ination, 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)
SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.	Date: 27 JUL 2024 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.

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

Anti-Drug and Alcohol Abuse Affidavit

MD ANWAR KABIR

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 MB8s (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



container, other cargo)

(e.g., coastal, tropical, worldwide)

Trade area:

# Seafarer's Medical Examination Report CONFIDENTIAL

Perso	onnel information	
Pre-sea exam	Periodic exam	
Name (Last, First, Middle):	KABIR, MD ANWAR	
Date of birth (DD.MM.YY):	29 / 01 / 1979	
Sex:	Male / Female	
Home address:	HOUSE# 19, ROAD# 15, SECTOR# 04, UTTARA, DHAKA, BANGLADESH	
Passport No./Discharge Book No.:	EG0086657, C/O/4226	- 4
Department: (deck/engine/radio/food handling/other)	ENGINE	
Routine and emergency duties: (if known):		
Type of ship:  (e.a. Bulk carrier, chemical/oil/aas tanker	OIL/CHEM TANKER	

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		٤
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		13.
Genital disorders			Amputation		
Pregnancy	7	10	Fractures/dislocations		
If any of the above questions wer	re answ	ered "yes,			



### Seafarer's Medical Examination Report CONFIDENTIAL

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?		1
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?	1	
Are you allergic to any medications?		
Are you taking any non-prescription or prescription medications?		_
If any of the above questions were answered 1997 process		
If any of the above questions were answered "yes," please give details belo		
ir any or the above questions were answered 1969, present	Yes	No
Are you taking any non-prescription or prescription medications?		No

I hereby certify t	hat the personal decla	ration above is a true stateme	nt to the best of my knowledge.  2 7 JUL 2024
C:	11	Date:	, ,

Signature of examinee:
Witnessed by:
(Signature)

WW -

(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

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:

Witnessed by: (Signature) Date:

(DD.MM.YY)

Name:

(Typed or printed)

27 JUL 2024

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

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

Medical examination



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Left eye				V	1	-		
Binocular								
Colour vision	ı: r	Not tested	N	ormal	Do	oubtful	] [	Defective
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Left ear	w	1 20	2	J				
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Pulse rate:	A.C.	7	Ø /m	ninute	Rhythm:	-	120	1/18
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Eyes				Anus	not rectal exa	m.)		N.
Opthalmoso	ору			G-U sy		-		
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Lungs and c					logic (full brie	f)		
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Heart				Gener	al appearance			- 4.55
Chest xray:	Not pe	erformed	Perf	ormed o	on: (DD.MM.Y	Y)	27 JUL	2024
Results:	-	N	mm	_cl	MA	$\gamma$		
Urinalysis:	Gluc	ose:			Protei	n:		
Blood Analys	is: Hep	atitis B Tes	t:		V.D.R.	L:		
Immunodefic	ciency Viru	s Anti bod	ies:	*)	5000 00000			
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**BSM** 

### Seafarer's Medical Examination Report CONFIDENTIAL

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Medical Examiners comme	nts:		
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Fit			
IIEs			
Unfit			
Without restrictions		With restrictions	
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Without restrictions	Yes Specific positions, type o	☐ No	
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## Seafarer's Medical Examination Certificate

CSC 03

Secforers) Convention 1946 (a.O. No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.  SURNAME: KABIR  SURVEN NAME(S): MD ANWAR  ANTONALITY: CANGLADESHI  ID DOCUMENT NO.  DATE OF BIRTH (CITY/COUNTRY): CUMILLA  EXEMINATION FOR DUTY AS:  MASTER  DOCK OFFICER  ENGINEERING OFFICER  CH.COOK/COOK  RATING  SECLAST PAGE FOR MEDICAL PRACTITIONER:  ICONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES/NO  (SEE LAST PAGE FOR MEDICAL PRACTITIONER:  ICONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES/NO  (SEE LAST PAGE FOR MEDICAL PRACTITIONER:  ICONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES/NO  RIGHT EYE  HEARING:  WITHOUT GLASSES  RIGHT EYE  HEARING:  RIGHT EYE  NO   RIGHT EYE  HEARING:  RIGHT EYE  HEARING	his certificate is issued by authority	of the Maritime Administra	ator and ir	n complian	ce with th	e requirements of and the Maritime La	the Medical Ex bour Convent	amination ion, 2006.
NATIONALITY: BANGLADESHI  DATE OF BIRTH (DO.MM.YY): 29-01-1979  STR.   MALE  PERMALE  EXAMINATION FOR DUTY AS:  MASTER DECK OFFICER ENGINEERING OFFICER CH.COOK/COOK RATING  DECLARATION OF APPROVED MEDICAL PRACTITIONER: ICONFIRM THAT IDENTHICATION DOCUMENTS WERE CHECKED: VES / NO  SEE LAST PAGE FOR MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL EXAMINATION WAS GIVEN TO:  NO    SENTERLITIES  UPCATUME OF APPLICANT  THIS SIGNATURE OF PHYSICIAN EXAMINATION WAS GIVEN TO:  NAME OF APPLICANT  THIS SIGNATURE OF PHYSICIAN EXAMINATION WAS GIVEN TO:  NAME OF APPLICANT  THIS SIGNATURE OF PHYSICIAN EXAMINATION WAS GIVEN TO:  NAME OF APPLICANT  THIS SIGNATURE OF PHYSICIAN EXAMINATION WAS GIVEN TO:  NAME OF SEAFARER AND CROSSED FOR PHYSICIAN:  NAME OF SEAFARER AND CROSSED FOR PHYSICIAN:  NAME OF SEAFARER OF CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CRETIFIC THE CONFIRM THAT I HAVE BEEN INFORMED OF TH		. 75], as amenaco, siew c	GIVENIN	IAME(S): N	AD ANWA	R		
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General Physician Radical Hospitals Limited Page 1 of 2

Rev: 01

#### 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:

#### 1. Hearing

 All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).

#### 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

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.

#### 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

 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

- 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 final or identical to the model provided – Medical Exam Form).

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

Radical Hospitals Limited

27 JUL 2024





ID NO : 24070680

Patient's Name: MD. ANWAR KABIR

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/4226

Age 45Y 5M 28D

27/07/2024

Specimen : Blood

Ref. By

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

HAEMAT	TOLOGY	REPORT
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Parameter	R	tesults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	13.9 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	8,600	/cumm	4,000 - 11,000 /cumm	4. 1
DIFFERENTIAL COUNT ,				
Neutrophils	51	%	(40 - 75)%	
Lymphocytes	39	%	(20-45)%	WBC CURVE
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	Jt.
Basophil	00	%	0-1 %	1
TOTAL CIR. EOSIONOPHIL COUNT	344	/cumm	40 - 450 /cumm	III.
TOTAL PLATELET COUNT(PC)	310,000	/cumm	1,50,000-4,50,000 /cumm	
MPV	11.1	fL	7.0 -11.0 fL	
PDW-CV	16.8	%	10 - 18 %	PLT CURVE
PCT	0.34	%	0.10 - 0.28	PLI CORVE
P-LCR	33.6	%	9.00 - 45.00%	A
P-LCC	104	x10^3/uL	13 - 129 x10^3/uL	A
RBC COUNT	4.98	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	4
HCT/PCV	43.4	%	M: 40-54%, F: 37-47%	
MCV	87.1	fL	76-94 fL	-
MCH	27.9	pg	27-32 pg	PRC CUPYE
MCHC	32	g/dL	29-34 g/dL	RBC CURVE
RDW SD	50	fL	30.0-57.0 fL	
RDW CV	175	0/6	10-1696	

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 No	DIA24070680	Deseived D.	107/07/00	
Patient's Name	MD. ANWAR KABIR	Received Date	27/07/20	24
Patient's Age	45 Y 5M 28D	l F	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN		The second resemble section of the	1110000000
Sample	BLOOD	,,,, or(Lyc),Driv	CDC NO:0	J/O/4226

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Bilirubin (Total)	0.46 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22 U/L	Up to 37 U/L
HbA1C	5.0 %	4.2 - 6.7 %
Random Blood Sugar (RBS)	5.2 mmol/l	4.2 – 6.4 mmol/l

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



Bill No	DIA24070680	Received	Date	27/07/2	2024
Patient's Name	MD ANWAR KABIR	received	Date	2110112	2024
Patient's Age	45Y 5M 28D	Pa	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(B			C NO	
Sample	BLOOD	,, = (=)0/,0.111	00	INO	C/O/4226

## SEROLOGICAL REPORT

Test Name Result

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

OD GROUPING RESULT	
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

Checked By

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



Bill No	DIA24070680	Received	Date	27/07/2	2024
Patient's Name	MD ANWAR KABIR				1. T. T. (1)
Patient's Age	45Y 5M 28D	F	Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN	/I),PGT(Eye),DFM	С	DC NO	C/O/4226
Sample	URINE			3	

### DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result	
Drug Level of Urine		
Cocaine	Negative	
Morphine	Negative	

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.



Bill No	DIA24070680	Received I	Date 27/07	/2024	
Patient's Name	MD ANWAR KABIR		21707	2110112024	
Patient's Age	45Y 5M 28D	Pa	atient's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	PEM),PGT(Eve),DFM	CDC NO	C/O/4226	
Sample	URINE	,, ,,,,,	OBONO	C/O/4226	

#### URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

### CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
	127/1/	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.

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. GALUNGGUNG

DATE: 27/07/2024

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

### EYE EXAMINATION REPORT

NAME: MD ANWAR KABIR RANK: CH.ENG CDC NO: C/O/4226

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

NORMAL/BLIND

OPINION

UNFIT-/ FIT FOR EMPLOYMENT ON BOARD

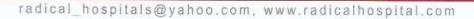
Dr. Mfr Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital

<u></u>					7	Male W Years
					Hg	was of me
		aVF	avL	aVR	PR QRS QT/QTc P/QRS/T RV5/SV1	j g
	}	\hat{\}	}	3	146 ms 100 ms 360/423 ms 50/14/43 ° 1.076/1.026 mV	118 ms
		W3,			Normal Normal	Sinus rhythm
					ECG # G	Sinus rhythm
	-	V6	VS.	V <sub>1</sub>		
		}		}		
						In mr   146 ms





### DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070680 Receive:27/07/2024 Print: 27/07/2024

Patient's Name : MD ANWAR KABIR

Age : 45 YRS Sex : M

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

### X-RAY OF CHEST (DIGITAL)

Diaphragm: Both hemidiaphragm are normal in position.

C-P angles are clear.

Heart ; Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

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

This report has been electronically signed.

Page of 1

### INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows Date of birth 29-01-1979 Sex MAZE

MD ANWAR KABIR (40/4226)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp		
- 6		OR VACON		
7 11/2	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Opith) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	35, Shah Makhdum Avenus Uttara, Ohaka		
2				
3		3	4	
4				
5		5	6	
			1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
6				
7		- 7	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 29-JAN-1979 Sex MALE
MD ANWAR KABIR (90/4226)

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
THE STATE OF THE S	DR. MIR. MD. RAIHAN MBSS (DVI), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-SGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	L NO PO DAKAR O	35, Shah Makhdum Avenun Uttera, Dhaka
2		-	_
3			3 4
4	6		

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.

#### ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC

Seafarer's Signature



SL NO.

04.2024.7055

DG Shipp-ng Bangladesh Approved
General Physician
Radical Hospitals Limited
Name & Signature of the practitioner:

### SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for

Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritin	me Labour Convention, 20	06	
SEAFARER INFORMATION:	ACENTRAL OF CARLES		
Name: Last KABIR First MD	Middle ANWA	R	
Gender: (Male/Female)Nationality: BANGLADESHI	Date: 27 JUL	2024	
Occupation: Deck/Engine/Catering/Other (specify)	Rank CHIEF ENG		
Father's/ Husbad'sname: MD. ABDUL MANNAN	C.D.C No C/0/42	26	
Mother's Name: MRS. ANWARA BEGUM	Seaman ID No. 0500		
Address: House No: 19 Street/ Road No: 15	Passport No. E G. 00		
Locality/Village: SECTOR NO. 04	NID No. 595 020 0302		
PO: UTTARA	Date of Birth: と9- JA		
PS: UTTARA	(DD/MM/YY		
District: DHAKA	**************************************	o o o	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:			
I am duly authorized by the Department of Shipping, Government of the F	People's Republic of Bang	ladesh and confirm	
the followings:			
1. Confirmation that identification documents were checked at the point of	examination ;XE	\$/NO	
2. Hearing meets the standards in section A-I/9	XE	S/NO	
3. Unaided hearing satisfactory?	:XE	8/NO	
4. Visual acuity meets standards in section A-I/9?		S/NO	
5. Colour vision meets standards in section A-I/9?	XE	S/NO	
Date of last colour vision test	: 4.	7 JUL 2024	
6. Fit for lookout duties?	:XE	S/NO	
7. Is the seafarer free from any medical condition likely to be aggravated b	y service at sea or to		
render the seafarer unfit for service or to render the health of any other per	rsons on board? :XE	S/NO	
8. Any limitations or restrictions on fitness?	:YE	S/NO (	
If YES, specify limitations or restrictions:		1001	
Duties:		a ta	
Location/Vessel: RADICAL HOSPITAL LIMITED	J		
Medical/Other: Utters, Dhaka, Bangladash			
9. Medical fitness category : Fit-No restriction Fit-Subject	t to restrictions	Unfit	
10. Date of examination/Issue (DD/MM/YYYY)	years from the date of exa	mination".	
I have read the contents of the certificate and have been informed of the right to review.	DR. MIR. MD MBBS (DU). DFM. CCD (BM BMDC A-55144, MI	RAIHAN dem), PGT (Ophth) MC-BGD-016 deeb Approved	

#### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 prior to the date of making application 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.211997). 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 seafarers 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 whis pered 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 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (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 6/9 [20/30] (0.67) vision in
  one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without
  glasses of at least 6/60 [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/Navigational 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, Interna-tional 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 useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) 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/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

#### IMPORTANT NOTE:

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 fight of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafaver for work and enhancing health care.

#### DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E

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