

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. A 55144

PATIENT CONTROL NUMBER
HS5845FF

MEDICAL EXAMINATION CERTIFICATE

RNAME	FIRST NAME AND	9	MIDDLE NAME	
CE AND DATE OF BIRTH	JM DAGGEOGRAPHICAL TRANSPORT)		LAM FAZLE
	PASSPORT NUMBER		SEAMAN'S BOOK	NUMBER
CHITTAGONG 17-Sep-1990 FIONALITY: BANGLADESHI SEX:	A0094			CO5845
RMANENT HOME ADDRESS :	✓ Male ☐ Female	VESSEL TYPE : BU	LK CARRIER TRAD	ING AREA: WORLD WI
			CT NUMBER :	0088 01949-736828
PARA, HAZIGANJ, PATANISH-3610, CH	HANDPUR, BANGLADESH	RANK		2ND ENGINEER
lave you ever had any of the following cor	nditions?			
Condition	VEC. NO.			**
1 Eye/vision problem	YES NO	Condition 18 Sleep problems		YES NO
2 High blood pressure		arook brooking		
3 Heart/vascular disease	0 %	The street of th		- Z
4 Heart surgery	6 6/	20 Operation/surger		- Z/
5 Varicose veins	5 Z.	21 Epilepsy/seizures		<u> </u>
6 Asthma/bronchitis	- K.	 Dizziness/fainting Loss of conscious 		8 9.
7 Blood disorder				0 8 %
8 Diabetes	5 6/	24 Psychiatric proble 25 Page 25	ems	() A / W
9 Thyroid problem	5 Z/	25 Depression	0	1/0/19
10 Digestive disorder	5 %	26 Attempted suicide	110	1 Dally
11 Kidney problem		27 Loss of memory	5511	10 71
12 Skin problem	5 Z	28 Balance problem	111	/D 0 X
13 Allergies	5 Z	29 Severe headache 30 Ear/nose/throat		7 0 8/
14 Infectious/contagious diseases		- The state of the		- F
15 Hernia		31 Restricted mobiling	y	- 71
16 Genital disorders		32 Back problems		- 7/
17 Pregnancy	o NO	83 Amputation	7.7	- 9/
any of the above questions were answer		34 Fractures/disloca	tions	0 5
dditional questions	1200		TO A	YES NO
35 Have you ever been signed off as 36 Have you ever been hospitalised? 37 Have you ever been declared unf	? fit for sea duty?			
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Revision: 5.1

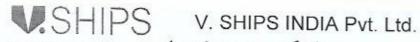
04-2024-6600

To be cont'd on page 2

Revision Date: 24th July 2022

		Vis	sual acuity					Visual	fields
		naided	The state of	Aide	ed				
	Right eye	Left eye	/ Right ey	re T	Left eye		Norn	1al	Defective
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Near Visual acuity	monto the st	undoed to'd d	in OTOM C			Left eye			1
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Colour Vision	ras per STCV	V CODE Secti	ION A-1/9.	-	Normal	□ Doubtfu	ıı ∐ D∈	efective	
Date of last	colour vision te	ast: Date (day)	/month/year)	14,	JUL 2024				
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Eyes			1/		G-U sy		"",		7/ 1
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Eye movem			DI		Neurok	gic (full brief)			4/20
Lungs and c			an		Psychia				19/2/ 11
Breast exam	mation		NID			l appearance		5	× \ \0
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							1	11	
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Chest X-Ray		MO		CAL	LIVER FUNCT	ION TEST)	Manjuana	TOTAL	sitive la Negative
ECG		MAD	BILIRUBIN		10.21		Alcohol Test	□ Po	sitive Negative
	BLOOD R/E		SGPT		20	-11	URINE R/E	1-1-4	MAN
DC(different	ial count)	2000	SGOT		20	115		OTHER	s
HAEMOGLO		14.7		G AN	D ALCOHOL T		HBsAg		activ D Monreactiv
ESR (WEST	ERGREN)	06	Morphine 🦰	1	D Positive	Negative	HIV / AIDS Test	□ Re	activ Monreactiv
WBC	VI 01:10 - 1	1600	Amphetamine	-	☐ Positive ☐	Negative	VDRL	□ Re	activ
The second secon	D GLUCOSE	LEVEL	Phencyclidine	1	D Positive		Blood Type	1	54NF)
RANDOM HBA1C		26	Barbiturates	1	□ Positive ☑		Psychological Exar		11110
HOMIC		4.8%	Cocaine	100	Positive D	rvegative	Others(KUB Ultrasound	0	11/2
reby I declare	that I am in k	nowledge of the	he contents of	the Pi	nysical examina	tions:			
	11	111			V				14 JUL 2024
11	11	110	839.14	N	ID GOLAM FA	ZLE RABBI			1 T JUL 2024
nature of Sea	afarer	1			Name of Se		MILE SERVICE STATE OF THE SERV	_	Date
17	1								2
	fitness for so			04. 15	2 12				
me basis of minee medic	ine examinee : :allv:	s personal de	claration, my cl	inical	examination ar	d the diagnos	tic test results recor	ded abov	ve, I declare the
orning medic	y.	511 50	for lookout dut			п	Net St. feet to at		
		cu ru	ioi iookout dut	es			Not fit for look	out duties	3
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fit	1			100		200769	12.42		
fit		natriations			With re	strictions	Country and		1000
fit .	Without r	estrictions			The second second	ALCOHOL:			
				Chica v		ice at sea or t	o render the seafare	er unfit fo	r such service or to
he Seafarer f	ree from any r	medical condit	tions likely to be	e aggr	ravated by serv	ion at one or t			
he Seafarer f		medical condit	tions likely to be	e aggr		100 01 000 01 1			
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he Seafarer f danger the ho scribe restriction taken by	ree from any realth of other p tions (e.g., spe medical exam	medical condit persons on boa ecific position, iner (e.g., refe	Yes Yes type of ship, trend:		No		- 1/2/-		
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ne Seafarer flanger the hossisteribe restriction taken by	ree from any realth of other p tions (e.g., spe medical exam	medical condit persons on boa ecific position, iner (e.g., refe	type of ship, trerral):	ade a	No □	ntil:	,	JUL 20	26

Revision Date : 24th July 2022

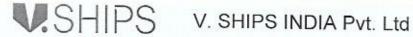


Certificate No: 01-2024-6600
MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000; STCW code I/9 MLC 2006 - Reg 1.2 And ILO/ IMO Guidelines on the medical examinations of seafa

Family Name	RABBI		RADICAL S
Given Names	MD GOLAM	FAZLE /	12 10 3
Date of birth (day/month/year)	17-SEP-1990	Sex: Male	Female VO. A.5
Nationality	BANGLADESHI	12 50	

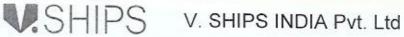
Confirmation that ideatification to	1.00/	1110	INA
Confirmation that identification documents were checked at the point of examination	1		
Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a):	/	1	
Unaided hearing satisfactory?	/	1	
Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	1	7	
Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	1		
I have evaluated the above named examinee according to			
(National law, regulation on the basis of the examinee's personal declaration, my clinical examination results recorded above, I certify that the seafarer concerned is not suffering flikely to be aggravated by service at sea or to render the seafarer unfit for such health of other persons on board and hence declare the examinee medically:	on and	the dia	agnostic te
Fit for look-out duty Not fit for look-out duty			
Deck service Engine service Catering service Unfit	Othe	r servic	es
Bacteriological stool test	perform perform perform e renew	ied ied	
Describe any restrictions (e.g., specific position, type of ship, trade area):	CTCHEW	reu	
RADICAL HOSPITAL LIMITED			
Place of examination: Uttara, Dhaka, Bangladesh Date (day/month/year) 14	JUL 2	024	
Medical certificate's date of expiration (day/month/year) 1/3 IIII / 2026			
Official stamp (also print name of medical examiner) not legible) DR. MIF	R. MD	RAII	HAN
Signature of medical examiner: BMDC A-5: DG Shlpp.ng			
	eral Phy	Sicken	
I acknowledge and confirm that I have been informed of the content of the ca review in accordance with paragraph 6 of section A-I/9 of the STCW Code	ertificat		
Examinee's signature: (To be signed in the presence of the medical examiner)			



Certificate No: 04-2	024-2600	
	MEDICAL FITNESS EXAMINATIONS	6
ſ	OF SEAFARERS	
Mercha	nt Shipping (Medical Examination) Rules 2000; CW code I/9 and MLC 2006 – Reg 1.2 And	RAY
ILO/ IMO Guidelines	on the medical examinations of seafarers ILO/IMO/JMS/2011/12	AL E
Family Name	RABBI (* HOSPH	() 3)
Given Names	MD GOLAM FAZLE	55
Rank and department	2 ND ENGINEER, ENGINE	
Date of birth (day/month/year)	17-SEP-1990 Sex: Male Female	
Nationality	BANGLADESHI	Hagi
Home address	KUNJOLOTA BUILDING-16B, FLAT: B 1103, RAJUK UTTARA APPARTMENT PROJECT, SECTOR:18, UTTARA, DHAKA-1230, BANGLADESH	
Residence & Mobile No:	0088 01949736828	
Passport No./Discharge Book No.	A00940155, C/O/5845	
Type of ship (container, tanker, passenger, fishing)	BULK CARRIER	
Trade area (e.g., coastal, tropical, worldwide)	WORLDWIDE	
Condition	Yes No Condition Yes No	,
Eye/vision problem	☐ 78. Sleep problems ☐ 7	2
2. High blood pressure	19. Do you smoke; use alcohol or drugs?	1
Heart/vascular disease	20. Operation/surgery	1
 Heart surgery 	21. Epilepsy/seizures	,
Varicose veins	22. Dizziness/fainting	7
Asthma/bronchitis	☐ ☐/23. Loss of consciousness ☐ ☐/	7
Blood disorder	☐ 24. Psychiatric problems ☐ 五	/
8. Diabetes	☐ ☐ 25. Depression ☐ ☐	1 6
Thyroid problem	☐ ☑/26. Attempted suicide ☐ ☑/	,
Digestive disorder	☐ ☐ 27. Loss of memory ☐ ☐	i
11. Kidney problem	☐ ☐ 28. Balance problem ☐ ☐	
12. Skin problem	☐	1
13. Allergies	30. Ear/nose/throat problems	1
 Infectious/contagious diseases 	☐ ☑ 31. Restricted mobility ☐ ☑	1
15. Hernia	☐ ☐ 32. Back or joint problems ☐ ☐	
16. Genital disorders	33. Amputation	_
17. Pregnancy	34. Fractures/dislocations	

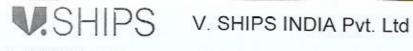
If any of the above questions were answered "yes", please give details.





		Ye	N	lo
		s		
35.	Have you ever been signed off as sick or repatriated from a ship?		E	1/
36.	Have you ever been hospitalised?		Į	1/
37.	Have you ever been declared unfit for sea duty?		I	In
38.	Has your medical certificate ever been restricted or revoked?		E	1
39.	Are you aware that you have any medical problems, diseases or illnesses?		1	
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	Ø]	
41.	Are you allergic to any medications?		19	1
2.	Are you taking any non-prescription or prescription medications?		F	
erel aff wil	O GOLAM FAZLE RABBI holding Passport/Seaman Book No A009-by declare that I have made full disclosure of all of my medical history to of this clinic. I am aware that the information supplied by me forms the I be offered employment as a seafarer. I understand that in the	o the basis	do s up	ctors on w
erell taff will nisre nd / r un eing ne v	by declare that I have made full disclosure of all of my medical history t	o the basis he en hefit fact of y med / o	do s up ven rom Em dica or Ir	ctors oon w it of n sick nployn al reconsurer
erell taff will nisre nd / r un eing ne v	by declare that I have made full disclosure of all of my medical history to of this clinic. I am aware that the information supplied by me forms the I be offered employment as a seafarer. I understand that in the presentation either by statement or omission I may lose the right to be for compensation which would otherwise be due to me under the Contrander any Collective Bargaining Agreement. I also hereby consent to my made available upon demand to my employers and / or the owners are essel or their authorized representatives.	o the basis he en hefit fact of y med / o	do s up ven rom Em dica or Ir	ctors on w it of n sick nployn al reconsurer
erel will will nisre nd / r un einq ne v her now	by declare that I have made full disclosure of all of my medical history to of this clinic. I am aware that the information supplied by me forms the I be offered employment as a seafarer. I understand that in the presentation either by statement or omission I may lose the right to be for compensation which would otherwise be due to me under the Contrander any Collective Bargaining Agreement. I also hereby consent to my made available upon demand to my employers and / or the owners are essel or their authorized representatives.	o the basis he enefit fact of y med / o	do s up ven rom Em dica or Ir	ctors on w it of n sick nployn al reconsurer
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V. SHIPS INDIA Pvt. Ltd

Test		Result	
Blood Tests – tick in box if done- readings seperately issued*1	CBC, Blood VDF Sugar – Random	/	od ESR , Blood
Haemoglobin "Hb" *1			g/dl
Hepatitis B *3	HB (ab) □+ve ve	- HB (ag)	-ve -ve
Bacteriological stool test*4	not performed	negative	positive
Parasitical stool test*5	not performed	negative	positive positive
ECG (only for crew above 40 years)			
HIV *2 (+ve or -ve)	near	ue-	
Medical examiner's comments:	FIT FOR DUTY	ON BOARD SHI	P
diagnostic test results recorded from any medical condition like unfit for such service or to ende the examine medically: Fit for look-out duty	ly to be aggravated b	y service at sea her persons on b	or to render the sea
Deck service	Engine service	Catering service	Other services
Kit 🗆	1		
Unfit			
Without restrictions	☐ With	restrictions	
Describe restrictions (e.g., spe	cific position, type of	ship, trade area):	
Place of examination: REDICA Date (day/month/year)	4_JUL/_2024	13 1111	20,26
	Annua or occasio de		2021
Date medical certificate issued	TO AN AND AN AND AND AND AND AND AND AND A	, 14 JU/L	2024
Official stamp (also print name	of medical examiner		ID MD DANIAN
Signature of medical examine	-	MBBS (DU), I BMDC A	IR. MD. RAIHAN DFM CCD (Birdem), PGT (Ophth -55144, MMC-BGD-016
Medical practitioner information	n (name, license num	iber, address): G	ng Bangladesh Approved Beneral Physician cal Hospitals Limited
NAME: MIR MD. RAIHAN; M.I ADDRESS: REDICAL HOS SECTOR-12, UTTARA, DH	PITALS LIMITED. 3	5, SHAH MAKI	HDUM AVENUE,



Medical	Certificate	for S	Service	of Soo
17 15 111 211			ALTE WELLET	38.1 74.17.34

Colour Photograph

40 mm X 30 mm

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

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

has been examined by MR M. (Name of Medical Examiner)

and has been found fit for service at sea in the job of

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

14 JUL 2024

RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh

(Date & Place of Medical Examination)

(Signature of the Medical Examiner)

DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) SMDC A \$51444, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

O4-2024-6600 Serial number of the Certificate)

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

> RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh

This Certificate expires on*

13 JUL 2026

Official Stamp of the Medical Examiner

(Day, Month, Year)*

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

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

SIGHT TEST CERTIFICATE

New Entry*/Periodic*

me o	10.		40000
ĸe.	tere	nce	No.

Full Name

MD GOLAM FAZLE RABBI

Rank

2ND ENGINEER

PP/CDC/ ID No.

A00940155, C/O/5845

Date & Place of Birth

17-SEP-1990 & CHITTAGONG

Colour of Eyes

Identification Notes



Form B:

		Right Eye	Left Eye	Both Eyes	Result
	Unaided	616	606		
Distance Vision	Aided				
	Unaided	N5	ns		
Near Vision	Aided				
	Horizontal Plan	mo	m		
Field of Vision	Vertical Plan	m	mo		
	Ishihara	No	man		
Colour Vision	Lantern / Others	NA	none	1.	

hereby certify that the above mentioned candidate

has met/not met*, the eye sight standard for his/her designated rank / position as set out in Annex-II* /Annex-

III* for seafaring occupation.

Candidate's Signature

Date 14-JUL-2024 at DHAKA

Signature of the Medical Examiner

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

Note:

- 1) This certificate is valid for two years from the above date. New entry sight test certificates should be retained by the candidate till his active sea career.
- 2) Seafarer aggrieved by the decision of the Medical Examiner may appeal as per the provision of the M.S. (Medical Examination) Rules, 2000 as amended.
 - * Delete if not applicable.





MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(Last, first, mic	ddle) RABBI MD GOLAM I	FAZLE	Gender: Male/Female*
Date of Birth: (Day/month/year)	Nationality:	Place of Birth:	~
17-SEPTEMBER-1990	BANGLADESHI	CHATTOGRAM	

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?		
2	Hearing meets the standards in STCW Code Section A-I/9?	/	
3	Unaided hearing satisfactory?	U	1
4	Visual acuity meets the standards in STCW Code Section A-I/9?		1
5	Colour vision meets the standards in STCW Code Section A-I/9?		
	Date of last colour vision test: 14 JUL 20	124	_
6	Fit for look-out duty?		
7	Is the seafarer free from any medical condition likely to be aggravated by service a to render the seafarer unfit for such service or endanger the life of person onboard	t sea or	
8	No limitations or restrictions on fitness?	_	
	If "no" specify limitations or restrictions	31	
9	Date of examination: (day/month/year)	JUL 2024	
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	3 JUL 2026	

14 JUL 2024

Date

Signature of Authorised Medical Practitioner 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

Medical Practitioner's Official stamp (name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

delete as appropriate





MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

MPA

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(Last, first, middle) (BLOCK CAPITALS)	RABBI MD GOLAM FAZLE			Gender:
Date of Birth: day/month/year 17-SEPTEMBER-1990	Place of Birth: CHATTOGRAM	Nationa	ality: LADESHI	Male/ Female *
Type of ID documents: NRIC No. / Passport No.: A00940155	Dept: Deck / Engine / Catering / Rank: 2ND ENGINEER	others	Type of s	ship:
Home Address: KUNUOLOTA DUILDING 16B, FLAT, B 1903, RAJUK UTTARA APPARTMENT PROJECT, SECTOR 18, UTTARA, DHAKA-1230, BANGLADESH	Routine and emergency duties:		BULK Co	area: e.g coasta

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

Eye/vision problem	es No		Yes No
	-	18. Sleep problem	-
High blood pressure	1	19. Do you smoke, use alcohol or drugs?	
Heart/vascular disease	1	20. Operation/surgery	
Heart Surgery	1	21. Epilesy/seizures	
Varicose veins/piles	-	22. Dizziness/fainting	
Asthma/bronchitis	1	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			,
14. Infectious / contagious diseases		/30. Ear(hearing, tinnitus/nose/throat problem	
15. Hernia		*** Tookioted mobility	
16. Genital disorder	-	32. Back or joint problem	
17. Pregnancy	AMA	33. Amputation =34. Fracture/dislocations	- (

If you answer "yes" to any of the above questions, please provide details:

Additional questions	Yes No
35. Have you ever been signed off as sick or repatriated from a ship?	
36. Have you ever been hospitalized?	



Have you ever been	en declared unfit for sea duty?		
38. Has your medical	certificate even been restricted or	revoked?	
39. Are you aware tha	it you have any medical problems,	diseases or illnesses?	
		our designated position/occupation?	
41. Are you allergic to			
12. Are you using any	non-prescription or prescription m	edication?	
f you answer "yes", pl	lease list the medications taken, th	e nurnose(s) and the dosage:	
4 JUL 2024	Ast.	BMDC A.5 DG Shipp.ny Ge	R. MD. RAIH, M. CCD (Birden), PGT (0 5144, MMC-BGD-0 g Bangladesh Appro neral Physician
Date	Signature of Seafarer	Name and Signature of W	itness
ereby authorize the	release of all my previous med	lical records (including my last Se	afarer Medica
		n institutions and public author	
1 4 JUL 2024	211.	MBBS (DU), DFM, CC	MD. RAIHAN
Date	- All No	DG Shipp.ng Bar General	D (Birdem), PGT (Ophth) 4, MMC-BGD-016 ngladesh Approved Physician spitals Limited

Part B – Re	suit of medic	cai examii			
E yesight Use of glasse	es or contact le	nses			
No					
Yes	Туре		Purpose	•••••	
Visual Acuity	1				
	Unaided			Aided	
Right eye	Left eye	Binocular	Right eye	Left eye	Binocula
Distant	600	646	Distant		
Near	N5	M	Near		
/isual fields					
	Norma	aL	Defective	7	
Right eye			Beleetive		
Left eye	-	$\overline{}$			
Not tes	ted N	- Normal	Doubtful	☐ De	efective
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Not tes	re tone and au	udiometry 1,000 H	(threshold values		
Not tes learing Pu Right ear	re tone and au	udiometry	(threshold values 2,000 Hz	in dB)	
Not tes	re tone and au	udiometry 1,000 H	(threshold values	in dB)	
Not tes learing Pu Right ear Left ear	re tone and au	udiometry 1,000 H えい つ	(threshold values 2,000 Hz	in dB)	
Not tes learing Pu Right ear Left ear	re tone and au 500 Hz 2 2 whisper test (r	udiometry 1,000 H えい つ	(threshold values 2,000 Hz	in dB)	
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Not tes learing Pu Right ear Left ear	re tone and au 500 Hz 2 2 whisper test (r	udiometry 1,000 H えい つ	(threshold values 2,000 Hz	in dB) 3,000 Hz	
Not tes learing Pu Right ear Left ear peech and v Right ear	re tone and au 500 Hz 2 2 whisper test (r	udiometry 1,000 H えい つ	(threshold values 2,000 Hz	in dB) 3,000 Hz	
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Right ear Left ear Left ear Left ear Left ear Left ear	re tone and au 500 Hz 2 2 whisper test (r	udiometry 1,000 H えい つ	(threshold values 2,000 Hz 2) Will Weight	hisper	
Right ear Left ear Right ear Left ear Inical Findi Height Pulse rate	re tone and au 500 Hz 2 2 whisper test (r	udiometry 1,000 H えい つ metres) rmal	(threshold values 2,000 Hz	hisper	
Right ear Left ear Right ear Left ear Height Pulse rate Blood Press	re tone and au 500 Hz 22 22 whisper test (r	udiometry 1,000 H 2 N 7 metres) rmal (cm) minute)	(threshold values 2,000 Hz 2) Weight Rhythm 1 20 Diastolic	hisper	
Right ear Left ear Right ear Left ear Height Pulse rate Blood Press	re tone and au 500 Hz 22 22 whisper test (r	udiometry 1,000 H 2 V 2 > metres) rmal (cm) minute) mm Hg) V (Prote	Weight Rhythm L2 Diastolicein:	hisper (kg) c (mm Hg) Blood:	Peym
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Right ear Left ear Right ear Left ear Right ear Left ear	re tone and au 500 Hz 2 2 whisper test (r No ings (per ingure Systolic (r) Glucose:	udiometry 1,000 H 2 V 2 > metres) rmal (cm) minute) mm Hg) V (Prote	Weight Rhythm L2 Diastolicein:	hisper (kg) c (mm Hg) Blood:	Peym

Eyes	The second secon		/	72/02/01								
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Ophthalmos	scopy											
Pupils			1									
Eye movem	nent		1									
Lungs and	chest											
Breast exar	mination		MA									
Heart												
Skin			/									
Varicose Ve	ein		7									
Vascular (in	nc. pedal pul	se)	7									
Abdomen a		-										
Hernia												0.4
Anus (not re	ectal exam)											
G-U system	A STATE OF THE PROPERTY OF THE											
The state of the s	lower extrem	nities										
Spine (C/s,			-									
Neurologic			_									
Psychiatric	(ramonor)				-							
General app	nearance				-							
Chest X-ray Not perf		and resu	Results:	ed on (day				14	JUL	2024	1	
Not performed No	ostic test(s)	nin.	Results:	Results:	~Λ	(a)	J.	en Ma	_	<i>R</i>	1.	S.
Not performed No	ostic test(s)	nin.	Results:	Results:	ness,	with r	easc	en Ma	_	<i>R</i>	1.	3.
Not performed No	ostic test(s)	omments a	Results:	Results:	ness,	with r	easc	en Ma	_	<i>R</i>	1.	S.
Not performed No	ostic test(s)	omments a	Results:	Results: Sment of fit OR DUTY ON please tick) ration, my o	ness,	with r	easo	ns fo	or any	/ limi	stic te	
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Not performed by the diagnot with the basis records	ostic test(s)	omments a	Results: It(s): and asses FIT FO e at sea (points) onal declarate seafares	Results: Sment of fit OR DUTY ON please tick) ration, my o	ness,	with r	easo	ns fo	or any	/ limi	stic te	
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Not perform the diagnorm of the diagnorm of the basis results record of the basis record o	ostic test(s) actitioner's continuer's of the seafar ded above, I work out duty aid required	omments a	Results: It(s): and asses FIT FO at sea (point) and declarate seafares Unfit for Visual at Catering	Results: Sement of fit PR DUTY ON Polease tick) Tration, my or medically: Tookout during aid not required.	ness, BOAR	with r	easo	ns fo	or any	/ limi	stic te	
Not perform the diagnorm of the diagnorm of the basis results record of the basis record o	ostic test(s) actitioner's continuer's of the seafar ded above, I work out duty aid required	omments a	Results: It(s): and asses FIT FO e at sea (ponal declare) conal declare be seafared Unfit for	Results: Res	ness, BOAR	with r	easo	ns fo	or any	/ limi	stic te	

Page 4 of 5

Ears (general) Tympanic membrane

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - March 2020

		Sale of the sale o	
Without res	strictions With	restrictions	
		dis-	
Description of	restrictions (e.g. specific p	osition, type of ship, trading area etc.)	
	79		
	~32		
			+3
4 JUL 2024		DR. MIR. MD. RAIHAN MBBS (BU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	**
Date	Signature of Medical Practitioner	Medical Practitioner's name, licence r	number, address



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070387	Received Date	14/0	7/2024
Patient's Name	MD GOLAM FAZLE RABBI		1	
Patient's Age	33Y 9M 27D	Patient's Sex	MAL	.E
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	CDC	C/O/5845
Sample	URINE			

DRUG ABUSE TEST

METHOD: Immunochromatographic 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	

Medical Technologist, Radical Hospitals Ltd.

Checked By

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



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Keleffed by		Dr. Mir Md. Raihan - MBBS, (DU)	, DFM	
Referred by		Male	CDC N	O:C/O/5845
Sex		Mala	Date	: 14/07/2024
Age	:	34 Yrs	Data	14/05/2024
Patient's Name	:	MD GOLAM FAZLE RABBI		

Psychometric Test

Test Name	Remarks		
1.APTITUDE TEST			
Numerical Reasoning test	Poor /Good /very good /excellent		
Verbal Reasoning test	Poor /Good /very good /excellent		
Inductive reasoning test	Poor /Good /very good /excellent		
Diagrammatic Reasoning test	Poor /Good /very good /excellent		
Logical Reasoning test.	Poor /Good /very good /excellent		
Error checking test	Poor /Good /very good /excellent		
	. 50. / Gydd / ver y good / excellent		
2.Skill Test	Poor /Good /very good /excellent		
3.Personality Test	INFJ / EMFJ / ISFJ / ENTP/ ESFJ /ESFP		
4.Watson Glaser test(Critical Thinking Test)			
Arguments	Poor /Good /very good /excellent		
Assumptions	Poor /Good /very good /excellent		
Deductions	Poor /Good tvery good /excellent		
Interpreting Information's	Poor /Good /very good /excellent		
Inferences	Poor /Good /very good /excellent		
	7 . 7,6550,750000000		
Situational Judgment Test.	Poor /Good /very good /excellent		
Poor: <6 Good: 6-7 very go			

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

General Physician Radical Hospitals Limited