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

DR. MIR MD RAIHAN REG. NO A-55144 RADICAL HOSPITALS LTD

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
RABBI	MD	GOLAM FAZLE
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
CHITTAGONG 17-Sep-1990	A00940155	CO5845
NATIONALITY : BANGLADESHI	SEX : ☑ Male ☐ Female	VESSEL TYPE : BULK CARRIER / TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : NOAPARA, HAZIGANJ, PATANISH-3610, CHANDPUR, BANGLADESH	CONTACT NUMBER : 0088 01949-736828	
	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	☐	N/A	34	Fractures/dislocations	☐	☑

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

Additional questions

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

Comments: FIT FOR DUTY ON BOARD SHIP

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

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 practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 72kg Height (cm) 167 BMI 25.8 Blood Pressure: Systolic 120 Diastolic 80 PULSE: 78/m

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
		N/A	

Hearing by Whisper Test	
☐ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

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

04-2024-6600

Cont'd from page 1

	Visual acuity			
	Unaided		Aided	
	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 ☑ YES / NO

	Visual fields	
	Normal	Defective
Right eye	☑	☐
Left eye	☑	☐

Colour vision as per STCW CODE Section A-I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 14 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	☑	☐
Opthalmoscopy	☑	☐	Upper and lower extremities	☑	☐
Pupils	☑	☐	Spine (C/S, T/S and L/S)	☑	☐
Eye movement	☑	☐	Neurologic (full brief)	☑	☐
Lungs and chest	☑	☐	Psychiatric	☑	☐
Breast examination	☑	☐	General appearance	☑	☐
Heart	☑	☐	Skin	☑	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray		BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐ Positive	☑ Negative
ECG		BILIRUBIN	0.42		Alcohol Test	☐ Positive	☑ Negative
BLOOD R/E		SGPT	26		URINE R/E		
DC(differential count)		SGOT	20		OTHERS		
HAEMOGLOBIN (HGB)	14.7	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactiv	☐ Nonreactive
ESR (WESTERGREN)	06	Morphine	☐ Positive	☑ Negative	HIV / AIDS Test	☐ Reactiv	☐ Nonreactive
WBC	11600	Amphetamine	☐ Positive	☑ Negative	VDRL	☐ Reactiv	☐ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☑ Negative	Blood Type		
RANDOM	5.4	Barbiturates	☐ Positive	☑ Negative	Psychological Exam		
HBA1C	4.87	Cocaine	☐ Positive	☑ Negative	Others(KUB Ultrasound)		

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

Signature of Seafarer

MD GOLAM FAZLE RABBI
Name of Seafarer

14 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: 14 JUL 2024 Valid Until : 13 JUL 2026

Name and Signature of Authorized Physician

V.SHIPS V. SHIPS INDIA Pvt. Ltd.

Certificate No: 04-2024-6600

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 seafarers **ILO/IMO/JMS/2011/12**

DR. MIR MD. RAIHAN ★ RADICAL HOSPITALS LTD ★ REG. NO. A-55144

Family Name	RABBI	
Given Names	MD GOLAM	FAZLE
Date of birth (day/month/year)	17-SEP-1990	Sex: ☑ Male ☐ Female
Nationality	BANGLADESHI	

	Yes	No	NA
Confirmation that identification documents were checked at the point of examination	✓		
Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a):	✓		
Unaided hearing satisfactory?	✓		
Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	✓		
Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	✓		

I have evaluated the above named examinee according to _____
(National law, regulation or other requirement)

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

☑ Fit for look-out 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

Chest X-ray	☑ normal	☐ not performed
Bacteriological stool test	☑ negative	☐ not performed
Parasitical stool test	☑ negative	☐ not performed
Vaccination records	☑ satisfactory	☐ to be renewed

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

RADICAL HOSPITAL LIMITED

Place of examination: Uttara, Dhaka, Bangladesh Date (day/month/year) 14 JUL 2024

Medical certificate's date of expiration (day/month/year) 13 JUL 2026

Official stamp (also print name of medical examiner if not legible):

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

Signature of medical examiner: _____

Authorised by: _____ (competent authority)

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature: _____
(To be signed in the presence of the medical examiner)

Radical Hospital Ltd. ★ As Per MLC-2006 ★ DG Shipping Bangladesh Approved

V.SHIPS V. SHIPS INDIA Pvt. Ltd

Certificate No: 04-2024-B600

GUIDELINES AND MINIMUM REQUIREMENTS FOR:

PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS OF SEAFARERS

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 and MLC 2006 – Reg 1.2 And
ILO/ IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12

DR. MIR MD RAIHAN RADICAL HOSPITALS LTD REG. NO. A-55144

Family Name	RABBI	
Given Names	MD GOLAM	FAZLE
Rank and department	2ND ENGINEER, ENGINE	
Date of birth (day/month/year)	17-SEP-1990	Sex: ☑ Male ☐ Female
Nationality	BANGLADESHI	
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	

A. 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. Sleep problems	☐	☑
2. High blood pressure	☐	☑	19. Do you smoke; use alcohol or drugs?	☐	☑
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 or joint problems	☐	☑
16. Genital disorders	☐	☑	33. Amputation	☐	☑
17. Pregnancy	☐	N/A	34. Fractures/dislocations	☐	☑

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

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

Additional questions

		Yes	No
35.	Have you ever been signed off as sick or repatriated from a ship?	☐	☑
36.	Have you ever been hospitalised?	☐	☑
37.	Have you ever been declared unfit for sea duty?	☐	☑
38.	Has your medical certificate ever been restricted or revoked?	☐	☑
39.	Are you aware that you have any medical problems, diseases or illnesses?	☐	☑
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	☑	☐
41.	Are you allergic to any medications?	☐	☑
Comments: FIT FOR DUTY ON BOARD SHIP			
42.	Are you taking any non-prescription or prescription medications?	☐	☑
If yes, please list the medications taken and the purpose(s) and dosage(s)			

I MD GOLAM FAZLE RABBI holding Passport/Seaman Book No A00940155, C/O/5845 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

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

Signature of examinee: _____ Date (day/month/year) 14 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 authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

B. 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	Bino-cular	Right eye	Left eye	Bino-cular
Distant	6/6	6/6	✓			
Near	✓	✓	✓			

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Method of Testing Colour vision: ☑ Ishirara Plates ☑ Lantern Test ☐ Others

Colour vision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing:

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 Hz
Right ear	20	20	2	
Left ear	20	20	2	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	✓	
Left ear	✓	

Clinical Findings:

Height in cm	167	Weight in kg	72
Pulse rate	78 (/ minute)	Rhythm	Regular
Blood pressure Systolic	120 mm Hg	Diastolic	80 mm Hg

Urinalysis

Glucose:	Nil	Protein:	Nil
Blood:	Nil		

	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	☑	☐
Opthalmoscopy	☑	☐	Upper and lower extremities	☑	☐
Pupils	☑	☐	Spine (C/S, T/S and L/S)	☑	☐
Eye movement	☑	☐	Neurologic (full brief)	☑	☐
Lungs and chest	☑	☐	Psychiatric	☑	☐
Breast examination	N/A	☐	Piles	☑	☐
Heart	☑	☐	Skin	☑	☐
Hydrocele	☑	☐	General appearance	☑	☐

Chest X-ray	☐ Not performed	
	Performed on (day/month/year):	14 JUL 2024
Results:	Normal.	

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

Test	Result		
Blood Tests – tick in box if done- readings seperately issued*1	CBC ☑, Blood VDRL test ☑, Blood ESR ☑, Blood Sugar – Random ☑		
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
ECG (only for crew above 40 years)			
HIV *2 (+ve or -ve)			
Medical examiner's comments:	FIT FOR DUTY ON BOARD SHIP		

*1 compulsory
*2 not compulsory
*3 required by the Company for all crew from endemic areas
*4 required by the Company for all food handlers
*5 required by the Company for all food handlers from tropical climates

Assessment of fitness for service at sea including physical capabilities:

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

☑ Fit for look-out duty ☐ Not fit for look-out duty

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

☑ Without restrictions ☐ With restrictions

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

Place of examination: REDICAL HOSPITALS LIMITED
Date (day/month/year) 14 JUL 2024
Medical certificate's date of expiration (day/month/year) 13 JUL 2026
Date medical certificate issued (day/month/year): 14 JUL 2024

Official stamp (also print name of medical examiner if not legible):
Signature of 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

Medical practitioner information (name, license number, address):

NAME: MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144
ADDRESS: REDICAL HOSPITALS LIMITED. 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH

Radical Hospital Ltd. As Per-MLC-2009 DG Shipping Bangladesh Approved

Appendix -IV

Medical Certificate for Service at Sea

Colour Photograph

40 mm X 30 mm

RABBI MD GOLAM FAZLE
(Seafarer's Last name, First name and Middle name)

E0158445
(Number of: CDC/ Passport/other valid identification document – with type of document)

has been examined by MIR MD. RAIHAN.
(Name of Medical Examiner)

and has been found fit for service at sea in the job of 2ND ENGR

(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 Seafarer 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)
BMDC-A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

04-2024-6600
(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
(Day, Month, Year)*

Official Stamp of the Medical Examiner

(* Not more than 2 years from the date of issue, unless the seafarers 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.

Appendix – V

SIGHT TEST CERTIFICATE

New Entry*/Periodic*

Reference No. _____ **Form B :**

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 _____

DR. MIR MD. RAIHAN ★ RADICAL HOSPITALS LTD ★ REG. NO. A-55144

		Right Eye	Left Eye	Both Eyes	Result
Distance Vision	Unaided	6/6	6/6		
	Aided				
Near Vision	Unaided	N5	N5		
	Aided				
Field of Vision	Horizontal Plan	NAD	NAD		
	Vertical Plan	NAD	NAD		
Colour Vision	Ishihara	Normal			
	Lantern / Others	Normal.			

I, Dr. MIR MD RAIHAN. 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

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

Date 14-JUL-2024 at DHAKA

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.

Radical Hospital Ltd. - 1 - As Per-MLC-2006 DG Shipping Bangladesh Approved

ANNEX C

MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

MPA SINGAPORE

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, middle*)			Gender: Male/~~Female~~*
RABBI MD GOLAM FAZLE			
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?	✓	
4	Visual acuity meets the standards in STCW Code Section A-I/9?	✓	
5	Colour vision meets the standards in STCW Code Section A-I/9?	✓	
	Date of last colour vision test: 14 JUL 2024		
6	Fit for look-out duty?	✓	
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	✓	
8	No limitations or restrictions on fitness?	✓	
	If "**no**" specify limitations or restrictions		
9	Date of examination: (*day/month/year*) 14 JUL 2024		
10	Expiry of certificate: (*day/month/year*) 13 JUL 2026 ** *Maximum two years from date of examination unless the seafarer is under the age of 18*		

14 JUL 2024

Date

Signature of Authorised Medical Practitioner

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

Medical 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

DG Shipping Bangladesh Approved Radical Hospital Ltd. As Per-MLC-2006

SEAFARER MEDICAL CERTIFICATE – March 2020

ANNEX B

MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

MPA SINGAPORE

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: Male/~~Female~~*
Date of Birth: day/month/year 17-SEPTEMBER-1990	Place of Birth: CHATTOGRAM	Nationality: BANGLADESHI	
Type of ID documents: NRIC No. / Passport No.: A00940155	Dept: Deck / Engine / Catering / others Rank: 2ND ENGINEER	Type of ship: BULK CARRIER	
Home Address: KUNJOLOTA BUILDING 16B, FLAT: B 1103, RAJUK UTTARA APPARTMENT PROJECT, SECTOR 18, UTTARA, DHAKA-1230, BANGLADESH	Routine and emergency duties: BOTH	Trading area: e.g coastal / world wide	

Seafarer's Declarations *(please tick)*

Have you ever had any of the following conditions?

	Yes	No		Yes	No
1. Eye/vision problem		✓	18. Sleep problem		✓
2. High blood pressure		✓	19. Do you smoke, use alcohol or drugs?		✓
3. Heart/vascular disease		✓	20. Operation/surgery		✓
4. Heart Surgery		✓	21. Epilesy/seizures		✓
5. Varicose veins/piles		✓	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(hearing, tinnitus/nose/throat problem		✓
14. Infectious / contagious diseases		✓	31. Restricted mobility		✓
15. Hernia		✓	32. Back or joint problem		✓
16. Genital disorder		✓	33. Amputation		✓
17. Pregnancy	N/A		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?		✓

Radical Hospital Ltd. As Per-MLC-2006 Seafarers Bangladesh Approved

37. Have you ever been declared unfit for sea duty?		✓
38. Has your medical certificate even 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 medication?		✓
42. Are you using any non-prescription or prescription medication?		✓

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

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

14 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 | Signature of Seafarer | Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. _____.

14 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 | Signature of Seafarer | Name and Signature of Witness

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

☑ No

☐ Yes Type ..... Purpose .....

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	Distant		
Near	N5	N5	Near		

Visual fields

	Normal	Defective
Right eye	✓	
Left eye		

Colour Vision *(please tick)*

☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (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

Clinical Findings

Height	167 (cm)		Weight	72 (kg)	
Pulse rate	(per minute)	78	Rhythm		Regular
Blood Pressure Systolic (mm Hg)		120	Diastolic (mm Hg)		80
Urinalysis:	Glucose : Nil		Protein: Nil		Blood: Nil

	Normal	Abnormal
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	

Radical Hospital Ltd. As Per MLC-2006 Seafarers Bangladesh Approved

Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest		
Breast examination	N/A	
Heart	✓	
Skin	✓	
Varicose Vein	✓	
Vascular (inc. pedal pulse)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam)	✓	
G-U system	✓	
Upper and lower extremities	✓	
Spine (C/s, T/S, L/S)	✓	
Neurologic (full/brief)	✓	
Psychiatric	✓	
General appearance	✓	

Chest X-ray

☐ Not performed ☑ Performed on (day/month/year): 14 JUL 2024

Results: Normal chest xray

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

Test Blood Urine Results: Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea *(please tick)*

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

☑ Fit for look out duty ☐ Unfit for lookout duty

☐ Visual aid required ☑ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit		✓		
Unfit				

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

☑ Without restrictions ☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

14 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

Signature of Medical Practitioner

Medical Practitioner's name, licence number, address

****

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24070387	Received Date	14/07/2024
Patient's Name	MD GOLAM FAZLE RABBI		
Patient's Age	33Y 9M 27D	Patient's Sex	MALE
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

Checked By
Medical Technologist,
Radical Hospitals Ltd.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	:	MD GOLAM FAZLE RABBI			
Age	:	34 Yrs	Date	:	14/07/2024
Sex	:	Male	CDC NO:C/O/5845		
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM			

Psychometric Test

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

Poor: <6 Good: 6-7 very good: 7-8 excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan
MBBS (DU), DFM, CCD (Birdem), PGT (opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited