



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.

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



Accredited By : BMD
Accreditation No. A 55144

PATIENT CONTROL NUMBER
HSL-004835



MEDICAL EXAMINATION CERTIFICATE

SURNAME NISHAN	FIRST NAME AND MD	MIDDLE NAME
PLACE AND DATE OF BIRTH CHAPAINAWABGANJ 3-Jan-2005	PASSPORT NUMBER A12281897	SEAMAN'S BOOK NUMBER T36423
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : BULK CARRIER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : RAIHOGRAM, GOMOSTAPUR, ANAYETPUR-6320, CHAPAINAWABGANJ	CONTACT NUMBER : 0088 01719995785	RANK : RAINEE ORDINARY SEAM.

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

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

Additional questions

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

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

Signature of Seafarer

MEDICAL EXAMINATION

Weight 62kg	Height (cm) 170	BM 21.9	Blood Pressure: Systolic 110 mm	Diastolic 80 mm	PULSE: 78 bpm
Ear	Hearing by Audiometry	Audiometry		Hearing by Whisper Test	
Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000
Left	☐ Adequate ☐ Inadequate			☒ Adequate ☐ Inadequate	
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐					

Visual acuity				Visual fields	
	Unaided		Aided		
	Right eye	Left eye	Right eye	Left eye	Normal
Distant	6/6	6/6			☒
Near					☒

Visual acuity meets the standard laid down in STCW Code Section A-1/9 ☒ Normal ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 02 JUL 2024

	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

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

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

 Signature of Seafarer	MD NISHAN Name of Seafarer	02 JUL 2024 Date
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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
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Describe restrictions (e.g., specific position, type of ship, trade area):

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

Fitness Date: 02 JUL 2024	Valid Until: 01 JUL 2026
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DR. MURRAY RAIHAN

In Accordance with Medical Examination Standards (S-14, MLC 1996/1998) and STCW 1978/1996 as Amended, MLC 2006

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

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT NISHAN			FIRST NAME MD			MIDDLE INITIAL		
DATE OF BIRTH 1 3 2005 MONTH DAY YEAR			PLACE OF BIRTH CHAPAINAWABGANJ BANGLADESH CITY COUNTRY			SEX MALE ☒ FEMALE ☐		
EXAMINATION FOR DUTY AS						MAILING ADDRESS OF APPLICANT		
MASTER ☐ RATING ☒ MATE ☐ MOU DECK ☐ ENGINEER ☐ MOU ENGINE ☐ RADIO OFF ☐ SUPERNUMERARY ☐						RAIHOGRAM, GOMOSTAPUR, ANAYETPUR-6320, CHAPAINAWABGANJ, BANGLADESH		
MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2								
HEIGHT 170cm	WEIGHT 52kg	BLOOD PRESSURE 110/80mm	PULSE 70/min	RESPIRATION 19 & /min	GENERAL APPEARANCE AW			
VISION:		RIGHT EYE		LEFT EYE				
WITHOUT GLASSES		6/6		6/6				
WITH GLASSES								
DATE OF LAST COLOR VISION TEST (Month/Day/Year) 02 JUL 2024						Testing Required every 6 years		
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9?						YES ☒ NO ☐		
COLOR TEST TYPE: BOOK - LANTERN - CHECK IF COLOR TEST IS NORMAL.						YELLOW ☐ RED ☐ GREEN ☐ BLUE ☒		
HEARING			RT. EAR			LEFT EAR		
			Normal			Normal		
HEAD AND NECK			HEART (CARDIOVASCULAR)					
			Normal					
LUNGS			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?					
			Normal Yes					
EXTREMITIES:			UPPER			LOWER		
			Normal			Normal		
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2								
No								
SIGNATURE OF APPLICANT			DATE OF EXAM			EXPIRY DATE		
02 JUL 2024			01 JUL 2026					
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.								
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO MD NISHAN								
FIT FOR DUTY ON BOARD SHIP (NAME OF APPLICANT)								
(HE) (SHE) IS FOUND TO BE UNFIT (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY).								
NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN; M.B.B.S.(D.U.),								
ADDRESS REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.								
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY REGISTRATION NO.: A-55144, B.M.D.C, DHAKA, BANGLADESH.								
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 6-May-14								
SIGNATURE OF PHYSICIAN						DATE OF EXAMINATION: 02 JUL 2024		

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

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



MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

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

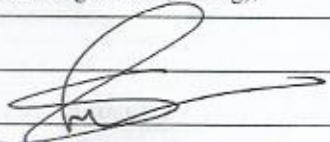
C) Serological Test(VDR) D) Hepatitis B Surface Antigen Test (HbsAg),

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

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

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


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

02 JUL 2024

RLM-105M ANNEX 2



Rev0 - 09/01/2023

ID NO : 24070037

Date : 02/07/2024

Patient's Name : MD NISHAN

Age : 19Y5M29D

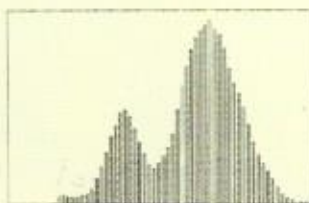
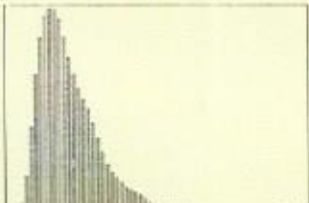
Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-T/36423

Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	13.2 g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	10 mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	10,000 /cumm	4,000 - 11,000 /cumm	
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	60 %	(40 - 75)%	
Lymphocytes	31 %	(20-45)%	
Monocytes	05 %	(2-10)%	
Eosinophils	04 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSINOPHIL COUNT	400 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	373,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	10.1 fL	7.0 -11.0 fL	
PDW-CV	16.6 %	10 - 18 %	
PCT	0.38 %	0.10 - 0.28	
P-LCR	29.3 %	9.00 - 45.00%	
P-LCC	109 x10 ³ /ul	13 - 129 x10 ³ /ul	
RBC COUNT	5.87 m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	44.0 %	M: 40-54%, F: 37-47%	
MCV	74.9 fL	76-94 fL	
MCH	22.4 pg	27-32 pg	
MCHC	30 g/dL	29-34 g/dL	
RDW SD	46 fL	30.0-57.0 fL	
RDW CV	18.2 %	10-16%	

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

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



Bill No	DIA24070037	Received Date	02/07/2024
Patient's Name	MD NISHAN		
Patient's Age	19Y 5M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/36423
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	4.8 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.57 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22.0 U/L	Up to 37 U/L
HbA1C	4.6 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun

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

Bill No	DIA24070037	Received Date	02/07/2024
Patient's Name	MD NISHAN		
Patient's Age	19Y 5M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/36423
Sample	BLOOD		

SEROLOGICAL REPORT

<u>Test Name</u>	<u>Result</u>
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING Result

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

Checked By

Medical Technologist
Radical Hospitals Ltd.Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology

East West Medical College and Hospital

Bill No	DIA24070037	Received Date	02/07/2024
Patient's Name	MD NISHAN		
Patient's Age	19Y 5M 29D	Patient's Sex	Male
Ref by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/36423
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologist
Radical Hospitals Ltd.


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

Bill No	DIA24070037	Received Date	02/07/2024
Patient's Name	MD NISHAN		
Patient's Age	19Y 5M 29D	Patient's Sex	Male
Ref by	Dr. Mir Md Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/36423
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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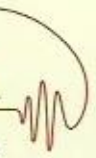
Drug Level of Urine

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

Checked By

Medical Technologist,
Radical Hospital Ltd.

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



REF: HSL VEGAS

DATE: 02/07/2024

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

EYE EXAMINATION REPORT

NAME: MD NISHAN

RANK: TR OS

CDC NO: T/36423

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/2

6/2

AIDED

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID:

Mr M Shaw

Male 49 Years
mmHg

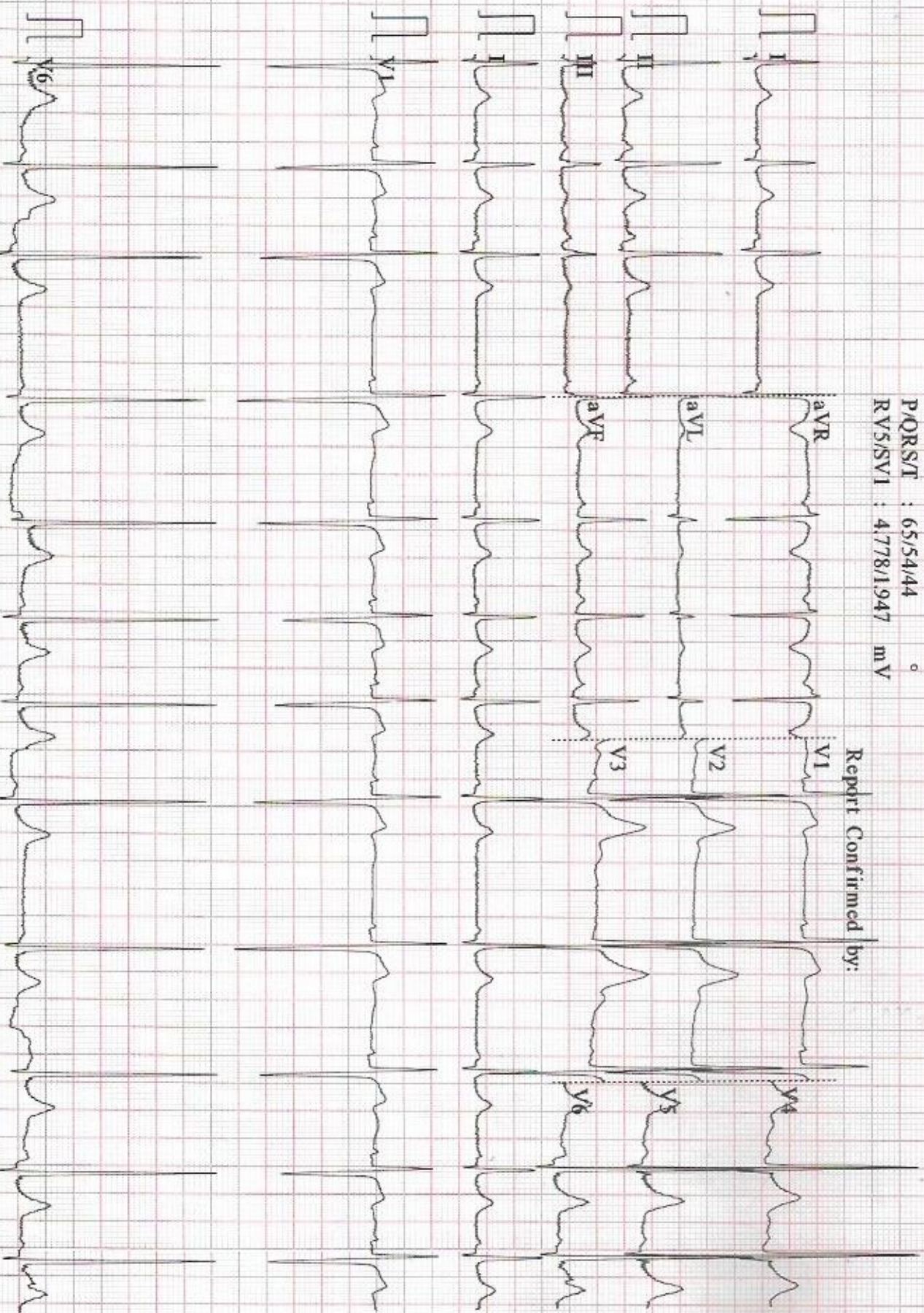
02-07-2024 14:52:02

HR : 75 bpm
P : 98 ms
PR : 132 ms
QRS : 98 ms
QT/QTc : 378/423 ms
P/QRS/T : 65/54/44 °
RV5/SV1 : 4.778/1.947 mV

Diagnosis Information:

Sinus arrhythmia
Borderline high QRS voltage - probable normal vari
Borderline ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070037 Receive: 02/07/2024 Print: 02/07/2024
Patient's Name : MD NISHAN
Age : 19 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

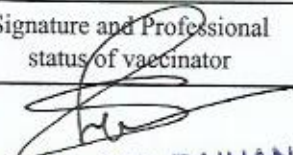
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

Date of birth 03-JAN-2005 Sex MALE

MD NISHAN (T/36423)

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
02 JUL 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

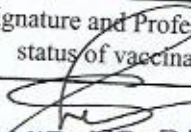
This is to certify that
whose signature follows

Date of birth 03-JAN-2005 Sex MALE

✓ বিশাল

MD NISHAN (T/36423)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
02 JUL 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), FGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
2		

3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso

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



Form No: SMC

SL NO.

04.2024.6847

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 Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last NISHAN First MD Middle
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 02 JUL 2024
Occupation: Deck/Engine/Catering/Other (specify) Rank: T.O.S
Father's/ Husband's name: MD MOSHARROF HOSAIN C.D.C No. T/36423
Mother's Name: MST SULTANA RASIA Seaman ID No. 050017622
Address: House No. Street/ Road No. Passport No. A12281897
Locality/Village: RAIHGRAM NID No. 7818583705
P.O. ANAYETPUR Date of Birth: 03-01-2005
P.S. GOMOSTAPUR (DD/MM/YYYY)
District: CHAPAINAWABGANJ

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination YES/NO
- Hearing meets the standards in section A-I/9 YES/NO
- Unaided hearing satisfactory? YES/NO
- Visual acuity meets standards in section A-I/9? YES/NO
- Colour vision meets standards in section A-I/9? YES/NO
Date of last colour vision test 02 JUL 2024
- Fit for lookout duties? YES/NO
- Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? YES/NO
- Any limitations or restrictions on fitness? YES/NO

If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category :

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY) 02 JUL 2024

11. Date of expiry (DD/MM/YYYY) 01 JUL 2026 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Nishan
Seafarer's Signature



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bldem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months 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 whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 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/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

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

(g) Diseases or Conditions:

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible 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/navigation 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 engineer 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 right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer 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 Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

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

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02 JUL 2024