

HAQUE & SONS LTD.

Accredited By : BMDC Accreditation No. A 55144

MEDICAL EXAMINATION CERTIFICATE

CAL EVAMINATION CERTIFICATE	
	HS4729FF
ei:+880-2-333316214-6, Fax:+000-2-333310530	PACIENT CONTROL NUMBER

RNAME	KHAIAM	FIRST NA		1D	WIIDO	LE NAME OMA	AR	
ACE AND DATE OF BIRTH		PASSPORT NUMBER			SEAMAN'S BOOK NUMBER			
	GURA 13-Sep-1981	_		91302		CO47	729	
TIONAL		Male	☐ Female		PE : HL/CHEM T	ANKE TRADING A	REA: WO	RLD WID
RMANE	NT HOME ADDRESS:				CONTACT NU		0088 017270	13435
	URBA PARA, WARD NO-04, MA	GURA SADA	AR, MAGURA	SADAR-7600,	RANK ·	850.ATT-	CHIEF OFF	ICER
	BANGLADESH				T.V. MAIN		SING! OFF	.541
Have yo	ou ever had any of the following con	nditions?			-	1 333		EI,
	Condition	YES	NO/	Condit	on		YES	NO.
1	Eye/vision problem	I ES	11		roblems			1
2	High blood pressure	Ü	11		smoke?			1
3	Heart/vascular disease	1.1	11		on/surgery			1/1
4	Heart surgery	13	1	100 000 000 000 000 000 000 000 000 000	y/seizures		П	1/1
5	Varicose veins				ss/fainting			11
6	Asthma/bronchitis	1.1	4		consciousness		(D)	10
7	Blood disorder	1.1	ly	1315 CST 71-71	tric problems		U	1
8	Diabetes		KY	25 Depres		1 1 1	0	1/2
9	Thyroid problem	LI	1		ted suicide	11 12	201	1
10	Digestive disorder	. [3	1,	TOUGHT AND THE COMME	memory	2////	ND)	1/1
11	Kidney problem	1.1	1,	20 TO 10 LOUIS STATE OF THE PARTY OF THE PAR	e problem	1 ///	Ö	1
12	Skin problem	1.1	1/1	TOTAL TOTAL STREET	headaches	11/1/2	0	47,
13	Allergies	1.1	4	30 Ear/nos	e/throat problen	ns		7/
14	Infectious/contagious diseases		1/2	31 Restric	ted mobility			71
15	Hernia	П	1/	32 Back p	roblems			1/
16	Genital disorders		V.	33 Amputa	ation \			1/
			111/11					1960
17 If any o	Pregnancy f the above questions were answe onal questions Have you ever been signed off a Have you ever been hospitalised	s sick or rep	1917	ails.	es/dislocations		YES	NO NO
17 If any of Additio	f the above questions were answe onal questions Have you ever been signed off a Have you ever been hospitalised Have you ever been declared un Has your medical certificate ever Are you aware that you have any	s sick or rep. fit for sea du been restric	atriated from a uty? cted or revoke oblems, diseas	a ship? d? ses or illnesses	?	n?	YES	NO KIND OF
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Distant	6/6	60%	> again	3,0	Lott eye	Right			Derective.
Near						Left e			
Visual acuity Colour vision	meets the star as per STCW	ndard laid dow	n in STCW	Code :	Section A-1/9 Normal	4ES /	NO		
				TO-SUG-UK		☐ Doubt	ful 🗆	Defective	
Date of last o	olour vision tes	st: Date (day/r	month/year)	1	0 JUL 2024				
(2000 to			Normal A	Abnorr	mal			No	
Head	40.00		1/		Varicose	veins		NO	rmat Abnorm
Sinuses, nose Mouth/teeth	e, throat		11		Vascula	r (inc. pedal	pulses)		
Ears (general)	Ý		11			n and visce	ra	4	17
Tympanic mer			1/	П	Hemia			4	6/, 0
Eves	inbrane		1/	11		ot rectal exa	m)		1/ 11
Opthalmoscop	OV		11	D	G-U sys			1	1/ 11
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Breast examin			NIA			ric appearance		7	
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Chest X-Ray	NCILLARY EX	AMINATIONS		104	I II WOLL THE		alat	1111	-
ECG Ray	/	200	BIO CHEM	ical (LIVER FUNCTION	ON TEST)	Marijuana	□ Positi	ve Negative
	BLOOD R/E		ILIRUBIN	_		1	Alcohol Test	☐ Positi	ve Negative
DC(differential	count)		GPT GOT			11	URINE R/E		mo
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eby I declare th	at I am in Pro-	1	111	September 1	ysical examination	-	Our Crasbur	100	YE
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nature of Seafar	rer			1	Name of Seaf	arer		-	Date &
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MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

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)	KHAIAM MD OMAR			Gender: Male/ Fernale *
Date of Birth: day/month/year 13-SEPTEMBER-1981		Nationa BANGI	ality: _ADESHI	
Type of ID documents: NRIC No. / Passport No.: A08791302	Dept: Deck / Engine / Catering / o Rank: CHIEF OFFICER		Type of	
Home Address: MAGURA PUHBA PARA, WARD NO-04, MAGURA SADAR, MAGURA SADAR-7600, MAGURA, BANGLADESH	Routine and emergency duties: BOTH		-	area: e.g coastal

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	es No	Yes No
Eye/vision problem	1/8. Sleep problem	
High blood pressure	19. Do you smoke, use alcohol or drugs?	
Heart/vascular disease	20. Operation/surgery	
Heart Surgery	21. Epilesy/seizures	- 6
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	é /
11. Kidney problem	28. Balance problem	
12. Skin Problem	29. Severe headaches	1
13. Allergies	30. Ear(hearing, tinnitus/nose/throat problem	
14. Infectious / contagious diseases	31. Restricted mobility	1 6
15. Hernia	32. Back or joint problem	
16. Genital disorder	33. Amputation	+ + 5
17. Pregnancy	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?	1/
36. Have you ever been hospitalized?	/

27 Have you ever been	n declared unfit for sea duty?			
	ertificate even been restricted	or revoked?		11/
	you have any medical problem		s?	
40. Do you feel healthy	and fit to perform the duties of	your designated positi	on/occupation?	1
41. Are you allergic to		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AN ADMINISTRATION OF THE PARTY OF	
	non-prescription or prescription	medication?		
12. Fire you doing diry				
	ease list the medications taken, ne personal declaration abov		to the best of my k DR. MIR. MI MBBS (DU), DFM, CCD (BMDC A-55144, DG Shipp,ng Bang General P	D. RAIHAI Birdem), PGT (Ophil MMC-BGD-018 ladesh Approve hysician
Date	Signature of Seafarer	Name and	Signature of Witne	ISS Emilied
I hereby authorize the Certificate) from any	release of all my previous my health professional, health	nedical records (inclualth institutions and	d public authoriti	rer Medica es to Dr.
1 0 JUL 2024	06-	Time	DR. MIR. MD MBBS (DII) DFM CCD (B) BMDC A 55144, M DG Shipp.ng Bangla General Ph Radical Hospita	irdem), PGT (Ophth) IMC-BGD-016 idesh Approved vsician
Date	Signature of Seafarer	Name and	Signature of Witne	ess

Part B – Re	sult of medic	al examina	tions		
E yesight Use of glasses	s or contact le	nses			
□ NO					
Yes	Гуре		Purpose		
Visual Acuity					
	Unaided		1	Aided	
Right eye	Left eye	Bingcular	Right eye	Left eye	Binocular
Distant	666	6/6	Distant		
Near	125	NS	Near		
Visual fields		***************************************			
	Norm	علم	Defective		
Right eye			201001110		
Left eye					
,					
Not tes	n (please tick)	Normal	Doubtful	Def	ective
Not tes	re tone and a	udiometry (tl	hreshold values	iņ dB)	ective
Not tes	ited 1		hreshold values		ective
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Ears (general)						
Tympanic membrane	1					
Eyes	//					
Ophthalmoscopy	1/					
Pupils	1.1					
Eye movement						
ungs and chest	/					
Breast examination	NB					
Heart						
Skin	//					
/aricose Vein	//		1			
/ascular (inc. pedal pulse)	//					
Abdomen and viscera	1/					
Hernia	1					
Anus (not rectal exam)	//					
G-U system	//					
Jpper and lower extremities	//					
Spine (C/s, T/S, L/S)	//					
Neurologic (full/brief)	//					
Psychiatric	//					
General appearance			-			
Not performed	Results:	d on (day/i	month/year)		UL 2024	
ther diagnostic test(s) and re	Results:	Results:	nal Na	one	ZC.	*****
Not performed	Results:	Results:	nal Na	COO easons fo	ZC.	itations.
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Page 4 of 5 8 As Po-MIC 2008

Without restrictions With	restrictions		
Description of restrictions (s. a. a. a. a. if in			*
Description of restrictions (e.g. specific p	position, type of ship,	trading area etc.)	

10 JUL 2024

Date

Signature of

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 name, licence number, address





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) KHAIAM MD OMAR		Gender: Male/F emale*
Date of Birth: (Day/month/year)	Nationality:	Place of Birth:	
13-SEPTEMBER-1981	BANGLADESHI	MAGURA	

Declaration of the recognized medical practitioner:

Cla	audit of the recognized medical product	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?	
Į.	Date of last colour vision test: 10 JUL 2	2024
6	Fit for look-out duty?	
7	Is the seafarer free from any medical condition likely to be aggravated by ser to render the seafarer unfit for such service or endanger the life of person on	board?
8	No limitations or restrictions on fitness?	
	If "no" specify limitations or restrictions	ě.
9	Date of examination: (day/month/year)	1 0 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	0 9 JUL 2026

10 JUL 2024

Date

The state of the s

Signature of Authorised Medical Practitioner DR. MIR. MD. RAIHAN
MBBS (DU), DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144. MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited

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





Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name:

KHAIAM MD OMAR

Passport No.:

A08791302

Seaman's Book No .:

CO4729

Date of Birth:

13 SEP 1981

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			
Marijuana	< 15 NG/ML	regula		
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	*		
Alcohol	< 0.04% BAC			

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

Date

10 JUL 2024

Examined by (Name/Signature)

DR. MIR. MD. RAIHAN
MBBS (DU) DFM, CCD (Birdem), PGT (Ophth)
BMDC A 55144. MMC-BGD-016
DG Shinping 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: KHAIAM		First Name: MD OMAR					
Date of Birth (DD/MM/YY): 13-09-1981		Address: MA MAGURA SA	GURA PURBA P DAR,	ARA, WARD	NO-04,		
Place of Birth: MAGURA		Street: City: MAGURA Postal Code: 7600 Country: BANGLADESH					
Examination for duty as	Master	Officer	Engineer	Rating	Cadet		
Please indicate the quantity of alcohol you consume weekly	Wine (litre)	e) e) easures)					
Do you regularly take any medically prescribed drugs? Please list. Note: Give a copy of this list to the Master upon joining the vessel.					í		
Have you ever been convicted of a charge involving illegal drugs?	Yes		(If Yes please	detail on th	e reverse)		
Have you ever been convicted of a drinking related incident?	Yes	No	(If Yes please	detail on th	e reverse)		
Have you ever received treatment for alcohol or drug dependence?	Yes(No	(If Yes please	detail on th	e reverse)		
Signed and Dated (by Seafarer)			nange with resp company of suc				



Drug and Alcohol Screening Affidavit

CSC 04A

PART B - To be completed by Physician and Seafarer during Medical Examination

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

Name, Address of Physician:

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

REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE,

SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.

Signature of Physician:

MBBS (DU), DFM, CCD BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician

Radical Hospitals Limited

Date: 10 JUL 2024

Anti-Drug and Alcohol Abuse Affidavit

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

MD OMAR KHAIAM

Examinee's Name & Signature

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

Examining Physician's Signature

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

Radical Hospitals Limited

ORIGINAL TO BE RETAINED BY CREWING AGENCY





Medical Exam Form CONFIDENTIALFORM Pre-seaExam PeriodicExam

Nar	ne (last,first,middle): <u>KHAIAM N</u>	4D OM	IAR				
Dat	e of birth (day/month/year): 13 /SEF	ТЕМЕ	BER / 1981		Sex: male fema	le 🗍	
Hor	me address: MAGURA PURBA PARA	A, WAR	D NO-04,	MAG	URA SADAR, MAGURA SADA	R-7600,	
	GURA, BANGLADESH						
Pas	sport No./Discharge Book No.: A08	879130	2				
	partment (deck/engine/radio/food ha			ECK			
Rou	tine and emergency duties (if know	n):	0.00				
Тур	e of ship (eg. Bulkcarrier, chemica	al/oil/g	as tanker.	conta	ainer, other cargo ships): OII	/CHEMIC	`AI
	NKER Trade area (e.g., coastal, trop					CHEMIC	
(As:	aminee's personal declaration sistanceshould beoffered bymedic aveyou ever had anyof thefollowi						
	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem			18.	Sleepingproblems		Ø,
2.	High blood pressure		1	19.	Do you smoke?		
3.	Heart/vasculardisease		1	20.	Operation/surgery		0
4.	Heart surgery		X	21.	Epilepsy/seizures		D
5.	Varicose veins			22.	Dizziness/fainting		N
6.	Asthma/bronchitis			23.	Loss of consciousness		D'
7.	Blood disorder			24.	Psychiatricproblems	□ €	1
8.	Diabetes			25.	Depression		d
9.	T1 11 11		V.	26.	Attempted suicide		Z
7.	Thyroid problem						/
10.	Digestivedisorder			27.	Loss of memory		0
	Digestivedisorder			27. 28.	Loss of memory Balanceproblem		
10.	Digestivedisorder				OUTCOMPONE OUT THE OUT - ALTHOUGH # L. A.		
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Add	itional questions		Yes	No /			
35.	Haveyou ever been signed offas sick or repatriate	d from a ship?					
36.	Haveyou ever been hospitalized?			4			
37.							
38.	Has your medical certificate ever been restricted						
39.	Areyou awarethat you have anymedical problem						
40.	Do you feel healthyand fit to perform theduties of position/occupation?	f your designated					
41.	Areyou allergic to anymedications?						
Cor	FIT FOR DUTY ON BOARD	SHIP					
42.	Areyou takinganynon-prescription or prescription	on medications?		Z			
Ihe	erebycertifythat the personal declaration aboveis a	truestatement to thebest of m	yknowled	ge.			
Si	gnatureof examinee: 6			- 4			
D	ate (day/month/year): 10 JUL 2024						
W	itnessed by: (Signature)	DR. MIR. MD. RAIHAN MBBS (DU) DFM CCD (Birdem), PGT (Ophth)					
N	ame:(Typed or printed)	BMDC A 55144, MMC-BGD-016 DC Shipping Bangladesh Approver General Physician					
in	erebyauthorizethereleaseofallmypreviousmedicalr stitutions and public authorities to Dr	ecordsfromanyhealthprofessio	nals,healt (theapp	lh proved			
	edical examiner).						
	rate (day/month/year): 10 JUL 2024	DR. MIR. MD. RAIH	IAN				
V	vitnessed by: (Signature)	MBBS IDU), DFM, CCD (Birdem), PGT (I BMDC A 55144, MMC-BGD- DG Shipping Bangladesh Appr	010	-			
N	lame:(Typed or printed)	General Physician Radical Hospitals Limited		-			
Î	Date & Contact details for previous medical exami	nation (if known):)					

Page **2** of **7**



MEDICAL EXAMINATION

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•		68	h	t
S		~		٠.

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

	Visual Acuity						Visua	l fields	
	Unaided			Aided	18			Normal	Defective
	Right	Left		Right	Left		Right		
	eye	eye	Binocular	eye	eye	Binocular	eye	-	
Distant	616	666			7/4		Left eye		
Near	NS	M							
	2/-				\sim				
Colo	rvision:		ot tested	JA	ormal	Doubtf	ul [Defectiv	e
Hear	ring						_		
Hear	ms						Speech and	d whisper te	est
	Pure tone	e and aud	io metry (thre	shold val	ues in dB)		(metres)		1502.0
	500 Hz	1,000 H	Iz 2,000 H	lz 3,0	000 Hz			Normal	Whisper
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ear	-20	2	2	D			Right ear	-/-	7
Left ear	20	-	10				Left ear		
Head Sinus	l ses, nose, tl	hroat		7	Skin Varicose	veins	ı		
		nroat]			4		
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	(general)		Z, L]		n and viscera	[Z_{ρ}	
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Eyes]	Anus (no	ot rectal exam.) [1	Ē
Opth	almoscopy		Ø, [G-U syst	tem			
Pupi	ls]	Upper ar	nd lower extre	mities [1	
Eyen	novement		1/ L]	Spine (C	S/S, T/S and L/	(S) [1	
Lung	s and chest	t]	Neurolog	gic (full brief)	[1/	
Brea	st examinat	tion f	XAZ I]	Psychiat	ric	F	1/	
Hear	t	1	Z r]	General	appearance	f	1	
			Acceptance of the second	1			0.200	10 JUL 2	174
Ches	t X-ray:	Not p	erformed 🕽	Perfo	rmed on (day/month/yea	ır): /	/3 302 2	ULT





Urinalysis: Glucose: Protein: D)
Blood Analysis: Hepatitis B Tesperature, V.D.R.L profiles
Other diagnostic test(s) and result(s): Test Result
Medical Examiners comments: FIT FOR DUTY ON BOARD SHIP
Vaccination status recorded: Yes No
Assessment of fitness forserviceat sea
On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic te results recorded above, Idealarethe examineemedically:
Fit for lookout duty Not fit for look-out duty
Deck service Engine service Cateringservice Other services Unfit Without restrictions With restrictions Visual aid required: Yes Do
Describe restrictions (eg. Specific positions, type of ship, trade area)
Action taken bymedical examiner (e.g., referral):
Medical certificate's dateof expiration (day/month/year): / US JUL 2024
Date of examination (day/month/year)://
Number of Medical Certificate: Official stamp:
Signature of medical practitioner: DR. MIR. MD. RAIHAN WEBSTOLI), DFM. CCD (Birdem), PGT (Ophth)
Name of medical examiner: (Typed or printed) BMDC A-55144, MMC-BGD-016 General Physician General Physician
Address of medical practitioner::
Authorized by: DUSMININED. (competent authority)
Sea Hosologia



This contrictions of the provide Manther Administratory administra	SEAFARER			TION REPORT	/CERTIFICATE		
SURRAME SHALAM NATIONALITY BANGLADESH C/O/4729 DATE OF BIRTH ONTH DAY PAGE EXAMINATION FOR DUTY AS: MAGURA MAG	certificateisissuedbyauthorityoftheMaritimeAdm	unistratorandine	ompliancewith	herequirementsofth	eMedicalExamination(5	Seafarers)Conve	ntion1946(1
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MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE HEIGHT WEIGHT BLOOD PRESSURE PULSE RESPIRATION GENERAL APPEARANCE VISION: RIGHT FYF LEFT EYE HEARING: WITH GLASSES COLOR TEST TYPE: BOOK LANTERN CHICK IT COLOR TEST IS NORMAL - YELLOW RED GREEN BLUE DATE OF LAST COLOR VISION TEST: ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? YES NORMAL OFFICER AND RADIO OFFICER) IS SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAJED FOR NORMAL VYEL COMMUNICATION? EXTREMITIES: LOWER LOWER LOWER NO IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? YES NO IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNHT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES NO IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES NO	MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	^	MAGUR	A PURBA PAR	A, WARD NO-04	, MAGURA NGLADESH	SADAR,
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IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES NOTE TO RENDER THE HEALTH OF OTHER PERSONS ON BOARD? IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES NOTE TO RENDER THE HEALTH OF OTHER PERSONS ON BOARD?	LUNGS	ma	6				FFICER)
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES NO NO NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES NO	no	mall		LOWER	vorma	al .	es.
HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES NO NO NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES NO	IS APPLICANT VACCINATED IN ACCORDANG	E WITH WHO	O RECOMME	NDATIONS?	YES	No 🗌	
	HIM/HER UNFIT FOB SERVICE AT SEA OR LE						R
10 JUL 2024	IS APPLICANT TAKING ANY NON-PRESCRIP	TION OR PRESO	CRIPTION ME	DICATIONS?	YES	No	J
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAL ASPANCATES.			INING PHYSICIE	CO HOSONO	DATE	10 JUL 20	24



THIS IS TO CERTIFY THAT A PHYSICAL EXAM	MINATION WAS GIVEN TO:	MD OMAR KHAIAM
THIS IS TO CERTIFI THAT A PHISICAL EXAM		NAME OF APPLICANT
THIS APPLICANT IS CERTIFIED FREE OF COMMUN	NICABLE DISEASE: YES	No []
SEAFARER IS FOUND TO BE (FIT / NOT HI) FOR RATING/CHIEF COOK/ COOK) (WITHOUT AN)/	DUTY AS A (MASTER / DECK OFFICER / WITH THE FOLLOWING) RESTRICTION	/ Engineering Officer / Radio Officer / NS:
ADDRESS RADICAL HOSPITAL LIMITED Ultara, Dhaka, Bangizdash	DR. MIR. MD. RAIHA MBS (DU) DFM. CCD (Birdem), PGT (Or BMDC A-55144, MMC-BGD-0 DG Shipping Bengladesh Appro General Physician Radical Hospitals Limited	of 6 eved
NAME OF PHYSICIAN'S CERTIFICATING AUTH	HORITY DA SHIPA	OING BANGHAVESTA.
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	206 mi	94 2014.
SIGNATURE OF PHYSICIAN :		
DATE OF EXAMINATION: 10 JUL	2024	
EXPIRY DATE OF CERTIFICATE : 0 9 JUL	2026	
SEAFARER ACKNOWLEDGMENT		
I MD OMAR KHAIAM (NAME OF SEA	AFARER), CONFIRM THAT I H	IAVE BEEN INFORMED OF THE CONTENT



MEDICALREQUIREMENTS

All applicants for anothic ercertificate. Sea farer's Identification and Record Book or certification of special qualifications shall be required tohaveaphysical completedmedical formmust The Formcompleted certificated physician. bya Medical onthis examinationreported accompany the application for office recruiticate, application for sea farer's identity document, or application for certification of special accompany the application for the contraction of the contraapplicationsforanofficer preceding immediately 24 qualifications. This physical examination must be carried out not more than certificate, certification of special qualifications or a sea farer's book. The examination shall be conducted in accordance with the HealthOrganization,GuidelinesforConductingPre-seaandPeriodicMedicalFitness InternationalLaborOrganizationWorld applicantisinsatisfactoryphysicaland ExaminationsforSeafarers(ILO/WHO/D.2/1997.Suchproofofexaminationmustestablishthatthe mentalconditionforthespecificdutyassignmentundertakenandisgenerallyinpossessionofall bodyfacultiesnecessary infulfilling the requirements of the seafaring profession

Inconductingtheexamination,thecertifiedphysicianshould,whereappropriate,examinetheseafarer'spreviousmedicalrecords (including vaccinations) and information on occupational history, noting any diseases, including alcoholor drug-related problems and/or injuries. In addition, thefollowingminimumrequirements shall apply

- (a) Hearing
 - Allapplicantsmusthavehearingunimpairedfornormalsoundsandbecapableothearingawhisperedvoicembetterearat15 feet (4.57m) andin poorer ear at 5feet (1.52m)
- (b) Eyesight
 - Deckofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/20(1.00)visioninoneeyeandatleast20/40 (0.50)intheother. botheyes. 20/160(0.13) havevisionwithoutglasses ofat least glasses, hemust Deckofficerapplicantsmustalsohavenormaleolorperceptionandbecapableofdistinguishingthecolorsred green blueand yellow.
 - Engineer and radio of fice rapplicants must have (either without glasses) at least 20/30 (0.63) vision in one eye and at the contract of theleast20/50(0.40)intheother If the applicant wears glasses, he must have vision without glasses of at least 20/200(0.10) in botheyes. Engineer andradio officer applicants must also be ableto perceivethe colors red, yellowandgreen.
- (c) Dental
 - Scafarers must befree from infections of the mouth cavity or gums.
- BloodPressure
 - Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration.
- Voice (c)
 - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication and the results of t
- (1) Vaccinations
 - All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Traveland and the publication of the publication oHealth, Vaccination Requirements and Health Advice and shall be given advice by the certified physician on immunizations. Hnew vaccinations aregiven, theseshall berecorded.
- Diseases or Conditions
 - Applicantsafflicted with any of the following diseases or conditions shall be disqualified epilepsy, in sanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/ortheuse of narcotics
- Physical Requirements
 - Applicants for ables earman, bosum, GP-1, ordinary searman and junior ordinary searman must meet the physical requirements for a property of the physical requirements for a physical requirement of the physical requirements for a physical requirement of the physical requirements for a physical requirement of the physical requirement of theadeck/navigational officer's certificate
 - Applicants for fireman/watertender.oiler/motor.pumpman.electrician.wiper,tanker rating andsurvivaleraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate.

IMPORTANTNOTE

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

EXAMINATION:

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

10 JUL 2024



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



ID NO : 24070253

Patient's Name: MD.OMAR KHAIAM

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/4729

Specimen : Blood

Ref. By

Date : 10/07/2024

Age : 42Y 9M 27D

Sex : Male

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

HAEMATOLOGY REPORT

Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	14.8 07	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 / 11
DIFFERENTIAL COUNT				
Neutrophils	59	%	(40 - 75)%	mell III III III
Lymphocytes	31	%	(20-45)%	WBC CURVE
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	.h.
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	344	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	214,000	/cumm	1,50,000-4,50,000 /cumm	
MPV	13.8	fL	7.0 -11.0 fL	
PDW-CV	17.4	%	10 - 18 %	PLT CURVE
PCT	0.29	%	0.10 - 0.28	PET CORVE
P-LCR	49.7	%	9.00 - 45.00%	A
P-LCC	106	x10^3/uL	13 - 129 x10^3/uL	A
RBC COUNT	5.54	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	48.1	%	M: 40-54%, F: 37-47%	
MCV	86.8	fL	76-94 fL	
MCH	26.7	pg	27-32 pg	RBC CURVE
MCHC	30.8	g/dL	29-34 g/dL	KDC CUKVE
RDW SD	48	fL	30.0-57.0 fL	
RDW CV	16.5	%	10-16%	

Checked By:
Medical Technologist.
Redical Hospital Ltd.
Uttara, Dhaka.

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



Bill No	DIA24070253	Received D	ate 10/07	/2024
Patient's Name	MD OMAR KHAIAM		10/07	2024
Patient's Age	42Y 9M 27D	Pat	ient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG		CDC NO	C/O/4729
Sample	BLOOD	(-7-//	ODCINO	C/O/4/29

BIOCHEMISTRY REPORT

Test Name		Result	Reference Range
Random Blood Sugar (RE	3S)	5.8 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)		0.56 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	-	28.0U/L	Up to 37 U/L
HbA1C		5.4 %	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. Sungiya Khatun MBBS, Mix (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital.

.



Test Name

Bill No	DIA24070253	Received [Date 10/07	/2024
Patient's Name	MD OMAR KHAIAM	7,000,100	10/07	2024
Patient's Age	42Y 9M 27D	Pa	atient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(I	111111111111111111111111111111111111111	CDC NO	C/O/4729
Sample	BLOOD		230110	C/O/4/29

SEROLOGICAL REPORT

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

Result

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

Medical Technologist.
Radical Hospital Ltd.

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



Bill No	DIA24070253	Received	Date	10/07/2024	
Patient's Name	MD OMAR KHAIAM		21212-509-5	7	
Patient's Age	42Y 9M 27D	F	atient's	t's Sex Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(E	BIRDEM),PGT(Eye),DFM	CI	DC NO	C/O/4729
Sample	URINE				

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-3/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	
		Hyaline	Nil	

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil	Marie Committee
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	and say

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Khatun

MBBS Di D (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24070253	Received Da	ate 10/07/2	2024
Patient's Name	MD OMAR KHAIAM			
Patient's Age	42Y 9M 27D	Pati	ent's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(B	IRDEM),PGT(Eye),DFM	CDC NO	C/O/4729
Sample	URINE		-	

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Na	ne	Result	
Drug Leve	of Urine		
Cocaine	7	Negative	
Mombino		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. Sumaliya 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. SRIWANGI III

DATE: 10/07/2024

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

EYE EXAMINATION REPORT

NAME: MD OMAR KHAIAM RANK: CH.OFF CDC NO: C/O/4729

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

666

. .

AIDED

COLOUR VISION:

NORMAL / BLIND

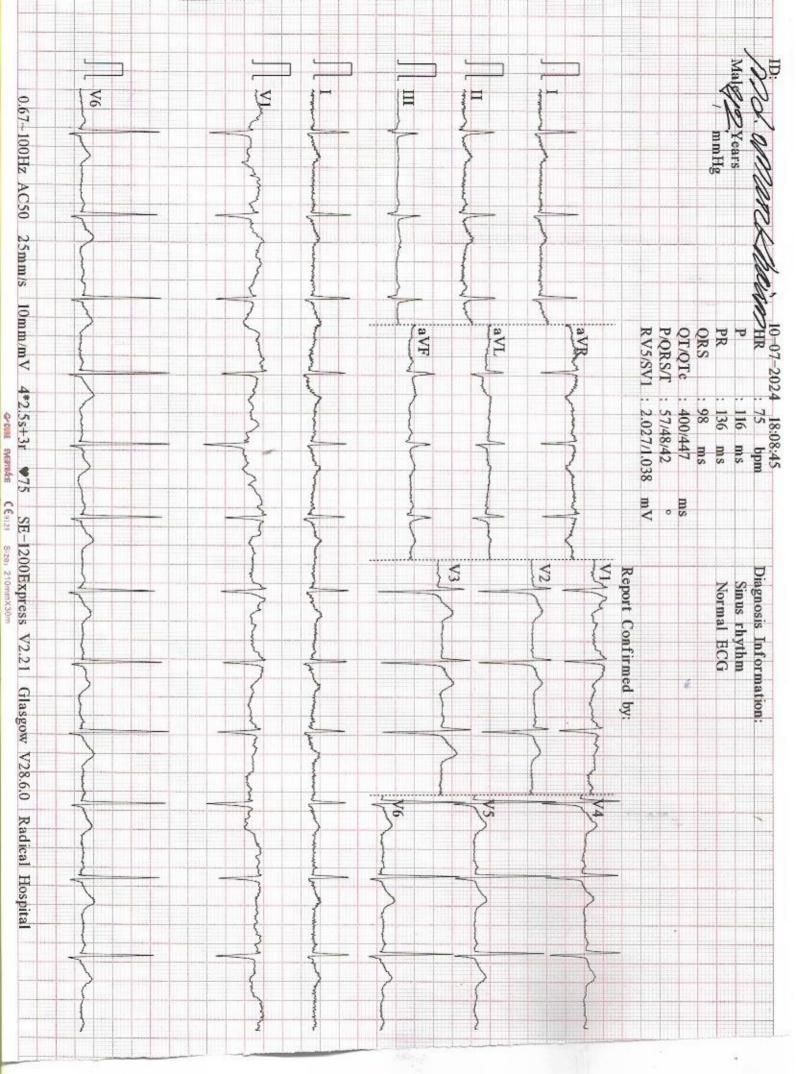
OPINION

UNFTS / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

24070253

Receive: 10/07/2024

Print: 10/07/2024

Patient's Name

MD OMAR KHAIAM

Age

42 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 MD OMAR KHAIAM (CO14729)

This is to certify that whose signature follows MD OMAR KHAIAM (CO14729)

That 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
JIL TO	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth BMDC A-55144, MMC-BGD-018 BMDC A-55144, MMC-BGD-018 BMDC A-55144, MMC-BGD-018 General Physician Radical Hospitals Limited.	10/ L.NO 121	35, Shah Makhdun Avenus Uttara, Dhaka
	5 3	5	
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

mp	Approved Star	Signature and Professional status of vaccinator	Date
	35, Shah Makhdum Avenue Uttara, Dhaka	DR. MHR. MD. RAIHAN M88S (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	1010
			2
4	3		3
h 1-3 = 1			4
6	5		5
			6
8	7		7
			8

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

Form No: SMC

Seafarer's Signature



04.2024.6965

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 Maritime Labour Conver	tion, 2006
SEAFARER INFORMATION:			(8) (1)
Name: LastKHALAIM FirstMD Middle			OMAR
			7/202A
			F OFFICER
			10/1729
			05.000.42.43
			08791302
			3214208
		10911981	
			MM/YYYY)
	411.4		W.W. 7 1 1 1 7
DECLARATION OF THE RECOGNI			of Dangladach and confi
the followings:	artinent of Shipping, Gove	ernment of the People's Republic	or parigradesir and contri
Confirmation that identification documents were checked at the point of examination			:YES/NO
2. Hearing meets the standards in section A-I/9			:yES/NO
3. Unaided hearing satisfactory?			:YES/NO
4. Visual acuity meets standards in section A-I/9?			:YESINO
5. Colour vision meets standards in section A-I/9?			:YES/NO
Date of last colour vision test			1 0 JUL 2024
6. Fit for lookout duties?			:YÉS/NO
		be aggravated by service at sea or	/
render the seafarer unfit for service or to render the health of any other persons on board?			:VES/NO
8. Any limitations or restrictions on fitness?			:YES/NO
If YES, specify limitations or re	estrictions:		
Duties:	RADICAL HOSPITAL LIMITED		
Location/Vessel: Medical/Other:		Uttara, Dhaka, Bangladesh	
modical outer.			1 [
9. Medical fitness category:	_Fit-No restriction	Fit-Subject to restrictions	Unfit
	1 0 JUL 20	174	
Date of examination/Issue (D	DD/MM/YYYY)		7
11. Date of expiry (DD/MM/YYY	Y) 0.9 JUL 2026	"No more than 2 years from the dat	of examination".
11 7007		9	
I have read the contents of the co	// - 2	Hosora DR. MIF	MD. RAIHAN
and have been informed of the ri- review.		Official P	M. CCD (Birosm), PGT (Option)
P6.	18	Stamp DG Shipping	Bangladesh Approved
Sanfarara Signatura		Radica	Hospitals Limited

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