



# 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:  
HS2903FF

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                          |                                     |                                          |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------|
| SURNAME<br><b>HAQUE</b>                                                                                                  | FIRST NAME AND<br><b>MD</b>         | MIDDLE NAME<br><b>RABIUL</b>             |
| PLACE AND DATE OF BIRTH<br><b>RANGPUR 5-Apr-1976</b>                                                                     | PASSPORT NUMBER<br><b>A03902411</b> | SEAMAN'S BOOK NUMBER<br><b>CO2903</b>    |
| NATIONALITY : <b>BANGLADESHI</b> SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female          | VESSEL TYPE : <b>BULK CARRIER</b>   | TRADING AREA : <b>WORLD WIDE</b>         |
| PERMANENT HOME ADDRESS :<br><b>MULATOL, HOUSE#170/3, ROAD#03, KOTWALI METRO, RANGPUR SADAR-5400, RANGPUR, BANGLADESH</b> |                                     | CONTACT NUMBER : <b>0088 01715406123</b> |
|                                                                                                                          |                                     | RANK : <b>1ST ASST ENGINEER</b>          |

Have you ever had any of the following conditions?

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

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?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalised?                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 Are you allergic to any medications?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

|                                                                     |                          |                                     |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|
| 42 Are you taking any non-prescription or prescription medications? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|

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 <b>78kg</b>                                                                                                                        | Height (cm) <b>164</b>                                                | BMI <b>29.0</b>    | Blood Pressure: Systolic <b>120mm</b> Diastolic <b>80mm</b>           | PULSE: <b>78/min</b> |
| Ear                                                                                                                                       | Hearing by Audiometry                                                 | Audiometry         | Hearing by Whisper Test                                               |                      |
| Right                                                                                                                                     | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | 500 1000 2000 3000 | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                      |
| Left                                                                                                                                      | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                    | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                      |
| Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                                                       |                    |                                                                       |                      |

|         | Visual acuity |          |           |          | Right eye                           | Visual fields            |           |
|---------|---------------|----------|-----------|----------|-------------------------------------|--------------------------|-----------|
|         | Unaided       |          | Aided     |          |                                     | Normal                   | Defective |
|         | Right eye     | Left eye | Right eye | Left eye |                                     |                          |           |
| Distant |               |          | 6/6       | 6/6      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |           |
| Near    |               |          |           |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |           |

Visual acuity meets the standard laid down in STCW Code Section A-1/9 ☒ YES ☐ NO

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

Date of last colour vision test: Date (day/month/year) 04 JUL 2024

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

## RESULTS OF ANCILLARY EXAMINATIONS

|                        |              |                                    |                                                                                |                                                                                |
|------------------------|--------------|------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Chest X-Ray            | <u>17/10</u> | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana                                                                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| ECG                    | <u>17/10</u> | BILIRUBIN                          | Alcohol Test                                                                   | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| BLOOD R/E              |              | SGPT                               | URINE R/E                                                                      | <u>17/10</u>                                                                   |
| DC(differential count) | <u>17/10</u> | SGOT                               | OTHERS                                                                         |                                                                                |
| HAEMOGLOBIN (HGB)      | <u>14.2</u>  | DRUG AND ALCOHOL TEST              |                                                                                | HBsAg                                                                          |
| ESR (WESTERGREN)       | <u>85</u>    | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test                                                                |
| WBC                    | <u>11600</u> | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL                                                                           |
| BLOOD GLUCOSE LEVEL    |              | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type                                                                     |
| RANDOM                 | <u>5.7</u>   | Barbiturates                       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam                                                             |
| HBA1C                  | <u>6.67</u>  | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others (KUB Ultrasound)                                                        |

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

Rabiul Haque  
Signature of Seafarer

MD RABIUL HAQUE  
Name of Seafarer

04 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:

|                                     |                        |                                     |                            |
|-------------------------------------|------------------------|-------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> | Fit for lookout duties | <input type="checkbox"/>            | Not fit for lookout duties |
| <input checked="" type="checkbox"/> | Deck service           | <input checked="" type="checkbox"/> | Engine service             |
| <input type="checkbox"/>            | Unfit                  | <input type="checkbox"/>            | Catering service           |
| <input type="checkbox"/>            | Without restrictions   | <input type="checkbox"/>            | Other services             |
| <input type="checkbox"/>            | With restrictions      | <input type="checkbox"/>            |                            |

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?

|                                         |                             |
|-----------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------------------------------------|-----------------------------|

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

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

Fitness Date: 04 JUL 2024 Valid Until: 03 JUL 2026

Name and Signature of Authorizing Physician

MBBS (DU), DPM, CCD (Biom), PGT (Ophth)

In Accordance with Medical Examination (Seafarers) Convention 1996 No. 100 and STCW 1978/1996 as Amended, MLC 2006

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

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

**ANNEX 2**

**THE REPUBLIC OF LIBERIA**

|                                                                                                                                                                                                                                                                                                                                 |                       |                                                                                                                         |                                                                         |                                                                                                                                      |                                   |                                                                                                                                   |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|--|
| LAST NAME OF APPLICANT<br><b>HAQUE</b>                                                                                                                                                                                                                                                                                          |                       |                                                                                                                         | FIRST NAME<br><b>MD. RABIUL</b>                                         |                                                                                                                                      |                                   | MIDDLE INITIAL                                                                                                                    |  |  |
| DATE OF BIRTH<br>4      5      1976<br>MONTH      DAY      YEAR                                                                                                                                                                                                                                                                 |                       |                                                                                                                         | PLACE OF BIRTH<br><b>RANGPUR</b> <b>BANGLADESH</b><br>CITY      COUNTRY |                                                                                                                                      |                                   | SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>                                                   |  |  |
| EXAMINATION FOR DUTY AS:<br>MASTER <input type="checkbox"/> RATING <input type="checkbox"/><br>MATE <input type="checkbox"/> MOU DECK <input type="checkbox"/><br>ENGINEER <input checked="" type="checkbox"/> MOU ENGINE <input type="checkbox"/><br>RADIO OFF <input type="checkbox"/> SUPERNUMERARY <input type="checkbox"/> |                       |                                                                                                                         |                                                                         |                                                                                                                                      |                                   | MAILING ADDRESS OF APPLICANT:<br><b>MULATOL, HOUSE#170/3, ROAD#03, KOTWALI METRO,<br/>RANGPUR SADAR-5400, RANGPUR, BANGLADESH</b> |  |  |
| MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2                                                                                                                                                                                                                                                                        |                       |                                                                                                                         |                                                                         |                                                                                                                                      |                                   |                                                                                                                                   |  |  |
| HEIGHT<br><b>164cm</b>                                                                                                                                                                                                                                                                                                          | WEIGHT<br><b>78kg</b> | BLOOD PRESSURE<br><b>120/80mm</b>                                                                                       | PULSE<br><b>78/min</b>                                                  | RESPIRATION<br><b>12/min</b>                                                                                                         | GENERAL APPEARANCE<br><b>Good</b> |                                                                                                                                   |  |  |
| VISION<br>WITHOUT GLASSES<br>WITH GLASSES                                                                                                                                                                                                                                                                                       |                       | RIGHT EYE<br><b>6/6</b>                                                                                                 |                                                                         | LEFT EYE<br><b>6/6</b>                                                                                                               |                                   |                                                                                                                                   |  |  |
| DATE OF LAST COLOR VISION TEST (Month/Day/Year) <b>04 JUL 2024</b>                                                                                                                                                                                                                                                              |                       |                                                                                                                         |                                                                         | Testing Required every 6 years                                                                                                       |                                   |                                                                                                                                   |  |  |
| COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9?                                                                                                                                                                                                                                                                         |                       |                                                                                                                         |                                                                         | YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                             |                                   |                                                                                                                                   |  |  |
| COLOR TEST TYPE: BOOK * LANTERN * CHECK IF COLOR TEST IS NORMAL                                                                                                                                                                                                                                                                 |                       |                                                                                                                         |                                                                         | YELLOW <input type="checkbox"/> RED <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input checked="" type="checkbox"/> |                                   |                                                                                                                                   |  |  |
| HEARING<br>RT. EAR <b>NAD</b>                                                                                                                                                                                                                                                                                                   |                       | LEFT EAR <b>NAD</b>                                                                                                     |                                                                         |                                                                                                                                      |                                   |                                                                                                                                   |  |  |
| HEAD AND NECK<br><b>Normal</b>                                                                                                                                                                                                                                                                                                  |                       | HEART (CARDIOVASCULAR)<br><b>Normal</b>                                                                                 |                                                                         |                                                                                                                                      |                                   |                                                                                                                                   |  |  |
| LUNGS<br><b>Normal</b>                                                                                                                                                                                                                                                                                                          |                       | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)<br>IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <b>Yes</b> |                                                                         |                                                                                                                                      |                                   |                                                                                                                                   |  |  |
| EXTREMITIES:<br>UPPER <b>Normal</b>                                                                                                                                                                                                                                                                                             |                       | LOWER <b>Normal</b>                                                                                                     |                                                                         |                                                                                                                                      |                                   |                                                                                                                                   |  |  |
| 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. <b>No.</b>                                                                               |                       |                                                                                                                         |                                                                         |                                                                                                                                      |                                   |                                                                                                                                   |  |  |
| SIGNATURE OF APPLICANT <b>Haque</b>                                                                                                                                                                                                                                                                                             |                       |                                                                                                                         | DATE OF EXAM <b>04 JUL 2024</b>                                         |                                                                                                                                      |                                   | EXPIRY DATE <b>03 JUL 2026</b>                                                                                                    |  |  |
| THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.                                                                                                                                                                                                                                                    |                       |                                                                                                                         |                                                                         |                                                                                                                                      |                                   |                                                                                                                                   |  |  |
| THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO <b>MD. RABIUL HAQUE</b> (NAME OF APPLICANT)                                                                                                                                                                                                                         |                       |                                                                                                                         |                                                                         |                                                                                                                                      |                                   |                                                                                                                                   |  |  |
| <b>FIT FOR DUTY ON BOARD SHIP</b>                                                                                                                                                                                                                                                                                               |                       |                                                                                                                         |                                                                         |                                                                                                                                      |                                   |                                                                                                                                   |  |  |
| (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY)                                                                                                                                                                                  |                       |                                                                                                                         |                                                                         |                                                                                                                                      |                                   |                                                                                                                                   |  |  |
| NAME AND DEGREE OF PHYSICIAN <b>DR. MIR MD. RAIHAN; M.B.B.S.(D.U.),</b>                                                                                                                                                                                                                                                         |                       |                                                                                                                         |                                                                         |                                                                                                                                      |                                   |                                                                                                                                   |  |  |
| ADDRESS <b>MEDICAL HOSPITALS LIMITED, 35, SHAH MAKHDOM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.</b>                                                                                                                                                                                                                   |                       |                                                                                                                         |                                                                         |                                                                                                                                      |                                   |                                                                                                                                   |  |  |
| NAME OF PHYSICIAN'S CERTIFYING AUTHORITY REGISTRATION NO.: <b>A-55144, B.M.D.C, DHAKA, BANGLADESH.</b>                                                                                                                                                                                                                          |                       |                                                                                                                         |                                                                         |                                                                                                                                      |                                   |                                                                                                                                   |  |  |
| DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <b>6-May-14</b>                                                                                                                                                                                                                                                                        |                       |                                                                                                                         |                                                                         |                                                                                                                                      |                                   |                                                                                                                                   |  |  |
| SIGNATURE OF PHYSICIAN <b>Raihan</b>                                                                                                                                                                                                                                                                                            |                       |                                                                                                                         |                                                                         |                                                                                                                                      |                                   | DATE OF EXAMINATION: <b>04 JUL 2024</b>                                                                                           |  |  |

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.

RLM-105M ANNEX 2 **DR. MIR MD. RAIHAN**  
MBBS (DU), DFM, CCD (Bldm), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited



Rev0 - 09/01/2023

## 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.  
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.
- (b) 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.
- (c) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (d) 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.
- (e) Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Applicants for able seaman, bosun, GP-I, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
- (g) 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.
- (h)

### 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) Urinysis F) Drug Test G) Alcohol Test.

#### 3. X - RAY EXR PA VIEW

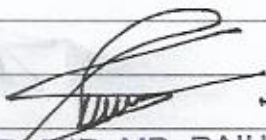
#### 4. E.C.G. TEST

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

04 JUL 2024

RLM-I05M ANNEX 2



  
**DR. MIR. MD. RAIHAN**  
MBBS (DU), DFM, CCD (Birm), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh  
General Physician  
Radial Hospital Limited

ID NO : 24070090

Date : 04/07/2024

Patient's Name : MD RABIUL HAQUE

Age : 48Y1M11D

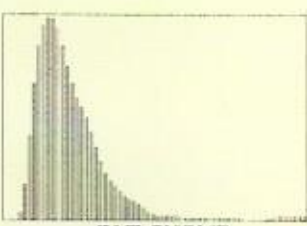
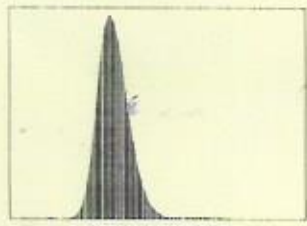
Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/2903

Sex : Male

Specimen : Blood

(Relevant estimations were carried out by KT-4 Haematology Analyzer with checked manually)

### HAEMATOLOGY REPORT

| Parameter                   | Results                  | Reference Values              | Histogram                                                                             |
|-----------------------------|--------------------------|-------------------------------|---------------------------------------------------------------------------------------|
| Haemoglobin(Hb)             | 14.2 g/dl                | M:12-16, F:10-14.0 g/dl       |    |
| ESR(Westergren)             | 08 mm/1st hr             | M:0-10, F:0-20 mm/1st hr      |                                                                                       |
| TOTAL WBC COUNT             | 11,600 /cumm             | 4,000 - 11,000 /cumm          |                                                                                       |
| <b>DIFFERENTIAL COUNT</b>   |                          |                               |  |
| Neutrophils                 | 53 %                     | (40 - 75)%                    |                                                                                       |
| Lymphocytes                 | 37 %                     | (20-45)%                      |                                                                                       |
| Monocytes                   | 06 %                     | (2-10)%                       |  |
| Eosinophils                 | 04 %                     | (1-6)%                        |                                                                                       |
| Basophil                    | 00 %                     | 0-1 %                         |                                                                                       |
| TOTAL CIR. EOSINOPHIL COUNT | 464 /cumm                | 40 - 450 /cumm                |                                                                                       |
| TOTAL PLATELET COUNT(PC)    | 440,000 /cumm            | 1,50,000-4,50,000 /cumm       |                                                                                       |
| MPV                         | 9.7 fL                   | 7.0 -11.0 fL                  |                                                                                       |
| PDW-CV                      | 16 %                     | 10 - 18 %                     |                                                                                       |
| PCT                         | 0.43 %                   | 0.10 - 0.28                   |                                                                                       |
| P-LCR                       | 24.7 %                   | 9.00 - 45.00%                 |                                                                                       |
| P-LCC                       | 109 x10 <sup>3</sup> /uL | 13 - 129 x10 <sup>3</sup> /uL |                                                                                       |
| <b>RBC COUNT</b>            | 5.22 m/uL                | M: 4.5-6.5, F: 3.8-5.8 m/uL   |                                                                                       |
| HCT/PCV                     | 45.1 %                   | M: 40-54%, F: 37-47%          |                                                                                       |
| MCV                         | 86.3 fL                  | 76-94 fL                      |                                                                                       |
| MCH                         | 27.3 pg                  | 27-32 pg                      |                                                                                       |
| MCHC                        | 31.6 g/dL                | 29-34 g/dL                    |                                                                                       |
| RDW SD                      | 48 fL                    | 30.0-57.0 fL                  |                                                                                       |
| RDW CV                      | 17.1 %                   | 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        | DIA24070090                                           | Received Date | 04/07/2024 |
| Patient's Name | MD RABIUL HAQUE                                       |               |            |
| Patient's Age  | 48Y 1M 11D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/2903   |
| Sample         | BLOOD                                                 |               |            |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.7 mmol/l | 4.2 – 7.8 mmol/l |
| Serum Bilirubin (Total)  | 0.47 mg/dl | 0.2 - 1.1 mg/dl  |
| Serum AST (SGOT)         | 24 U/L     | Up to 37 U/L     |
| HbA1C                    | 5.0 %      | 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 Hospitals Ltd.

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

|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA24070090                                           | Received Date | 04/07/2024 |
| Patient's Name | MD RABIUL HAQUE                                       |               |            |
| Patient's Age  | 48Y 1M 11D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/2903   |
| Sample         | BLOOD                                                 |               |            |

## SEROLOGICAL REPORT

### Test Name

### Result

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

**RADICAL**  
HOSPITAL  
LIMITED

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        | DIA24070090                                           | Received Date | 04/07/2024 |
| Patient's Name | MD RABIUL HAQUE                                       |               |            |
| Patient's Age  | 48Y 1M 11D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/2903   |
| Sample         | URINE                                                 |               |            |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | RBC         | Nil     |
| Appearance | Clear      | Pus Cells   | 1-2/HPF |
| Sediment   | Nil        | Epithelial  | 1-2/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 |
| Bile Pigment | Not Done | Uric Acid         | Nil |
| Ketones      | Not Done | Calcium oxalate   | Nil |
| Urobilinogen | Not Done | Amor. Phos        | Nil |
| B.J. Protein | Not Done | Hippurate crystal | Nil |

Checked By

Medical Technologist,  
Radical Hospital Ltd.

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



REF: MT. GINGA LION

DATE: 04/07/2024

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

**EYE EXAMINATION REPORT**

NAME: MD RABIUL HAQUE

RANK: 1A/ENG

CDC NO: C/O/2903

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

6/6

6/6

COLOUR VISION:

NORMAL / ~~BLIND~~

OPINION

: ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

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

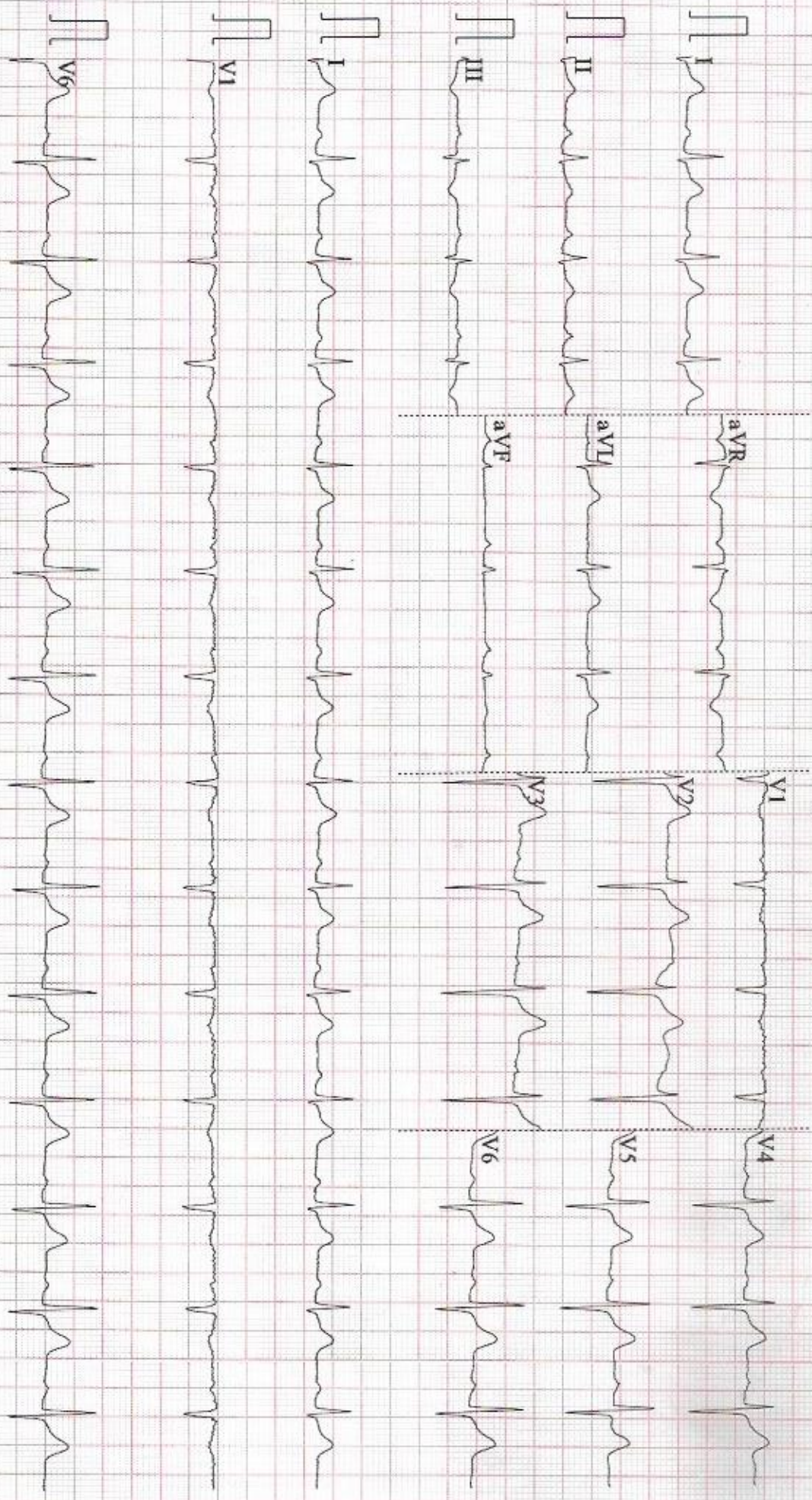
ID: *Mr. Robert Stone*  
Male 48 Years  
mmHg

04-07-2024 14:52:16

|         |               |     |
|---------|---------------|-----|
| HR      | : 82          | bpm |
| P       | : 114         | ms  |
| PR      | : 184         | ms  |
| QRS     | : 86          | ms  |
| QT/QTc  | : 368/430     | ms  |
| P/QRS/T | : 53/26/6     | °   |
| RV5/SV1 | : 0.712/0.526 | mV  |

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24070090 Receive: 04/07/2024 Print: 04/07/2024  
Patient's Name : MD RABIUL HAQUE  
Age : 48 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

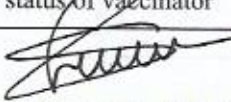
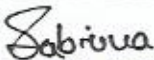
# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that  
whose signature follows

Date of birth 05-04-1976 Sex MALE

MD. RABIUL HAQUE (C/012903)

has on the date indicated been vaccinated or revaccinated against Cholera

| Date             | Signature and Professional status of vaccinator                                                                                                                                                                                                                                   | Approved Stamp                                                                      |   |   |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---|---|
| 1<br>01 FEB 2021 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited.   |    |   |   |
| 2<br>17 JUL 2022 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited.   |    |   |   |
| 3<br>19 JUN 2023 | <br><b>DR. SABRINA MOSTAFA</b><br>MBBS (D.U)<br>Reg. No. BMDC, Dhaka A-68208<br>Seafarer's Medical Practitioner<br>Approved by, D.G. Shipping, Dhaka.                                            |   | 3 | 4 |
| 5<br>04 JUL 2024 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  |   | 6 |
| 7                |                                                                                                                                                                                                                                                                                   |                                                                                     | 7 | 8 |
| 8                |                                                                                                                                                                                                                                                                                   |                                                                                     |   |   |

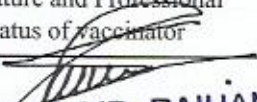
Continued overleaf Suite our erso

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that  
whose signature follows

Date of birth 05-04-1976 Sex MALE

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                                               |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1<br>17 JUL 2022 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Biderm), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>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.