

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. HSL-004766

MEDICAL EXAMINATION CERTIFICATE

	AHMAD			MD F	RANA			MIDDLE NAME		
	ND DATE OF BIR		PASSPOR	RT NUMBER			11	SEAMAN'S BOC		
	GURA	10-Mar-1995			29395			L	C/O/11207	
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	ou ever mad any o	r the following con	ditions:							
	Condition	7.5-31-5-11-5-5	YES	NO		Conditi	on		YES	NO
1	Eye/vision probl	em		13	18	Sleep p	oblems			4
2	High blood pres	sure	(1)	0	19	Do you	smoke?			Q
3	Heart/vascular	disease			20	Operation	n/surger	y		
4	Heart surgery				21	Epilepsy	//seizures			OV
5	Varicose veins		П	R	22	Dizzines	s/fainting	1		
6	Asthma/bronchi	tis	1.1	12	23	Loss of	consciou	sness	[]	
7	Blood disorder				24	Psychia	tric proble	ems		П,
8	Diabetes				25	Depress				
9	Thyroid problem	ř.	D	14	26		ed suicid	e	0	
10	Digestive disord			ILL.	27		memory		C)	d,
11	Kidney problem		H	LY	28		problem			
12	Skin problem		1.1	14	29		headach		Ω	
13	Allergies		П	U I	30	시구경에서이 급여		problems	П	T
14	Infectious/conta	gious diseases	1.1	IV	31		ed mobili			Π,
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17	Pregnancy		11	NHA	34		s/disloca	itions		2
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	Unaided	Visual acuity	-				Vis	ual fields
Right		eye Right of	Aide	Left eye	-	No	rmal	Defective
Distant (a	Us to	, A	70	correye	Right		_	- Soldoure
Near	6				Left.e		/	-
Visual acuity meets th	e standard laid	down in STCW	Code S	ection A-1/9	YES /			
Colour vision as per S	TCW CODE Se	ction A-I/9;		Vormal	☐ Doubt	Lagin august	Defectiv	e
Date of last colour visi	on test: Date (d	ay/month/year)	18/	UL 2024	•			22.10.05
		Normal A	Abnorm	al				Normal Abnorm
Head		1		Vario	ose veins			ADNOTHIA
Sinuses, nose, throat				Vasc	ular (inc. pedal	pulses)		0 0
Mouth/teeth				Abdo	men and visce	ra		
Ears (general)		19		Herni	-			
Tympanic membrane Eves		19-			(not rectal exa	m)		0; 0
Opthalmoscopy		GV.			system			68666
Pupils		110			r and lower ext			0
Eye movement		14	D		(C/S, T/S and			
Lungs and chest		IV	0	Psych	ologic (full brief).		
Breast examination		AVA	П		namic ral appearance			
Heart		1-13	П	Skin	от арреагансе	ä		
		-0.000		Service 1				G U
DESCRIPTION OF THE PROPERTY OF	Carlo Milandia							
RESULTS OF ANCILLAR	RY EXAMINATIO							
Chest X-Ray ECG	Nonno		ICAL (L	IVER FUNC	TION TEST)	Marijuana	D F	ositive Negative
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DC(differential count)	R/E	SGPT		me		URINE R/E		in
HAEMOGLOBIN (HGE	0123	SGOT		28.07.			OTHE	
ESR (WESTERGREN				ALCOHOL		HBsAg		Reactiv Nonreacti
WBC	7600	Morphine		Positive 2	Negative	HIV / AIDS Test		Reactiv Nonreacti
BLOOD GLUCC	SELEVEL	Amphetamine Phencyclidine		Positive D	Negative	VDRL	[] F	Reactiv Monreacti
RANDOM	T LLVLL	Barbiturates		Positive C	Negative	Blood Type		A (tre)
HBA1C	5.14.	Cocaine		Positive 2		Psychological Exa		Nonwel
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A	_	-		MD RANA	AHMAD			18-Jul-2024
ignature of Seafarer				Name of S			-	Date é
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ssessment of fitness fo	r service at sea	i:	2012/04	33-73	CANCEL 12			
n the basis of the examin kaminee medically:	ee's personal de	claration, my cl	inical ex	camination a	nd the diagnos	tic test results recor	ded ab	ove, I declare the
saminee medically:	. /							
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	Do	ck service	1	Engine as	den I	0		
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Withou	ut restrictions		Л	With n	estrictions			
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the Seafarer free from ar	y medical cond	tions likely to be	aggrav	ated by ser	rice of see or 4		r unfit f	or such service or to
ndanger the health of othe	r persons on bo	ard?	4					0011100 01 10
		Yes_		No				
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Re

General Physician Radical Hospitals Limited

Revision Date: 24th July 2022



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, mid	ddie) AHMAD MD RANA		Gender: Male/ Female*
Date of Birth: (Day/month/year) 10-Mar-1995	Nationality: BANGLADESHI	Place of Birth:	
	DANGLADESHI		MAGURA

Declaration of the recognized medical practitioner:

_			Yes	N
1	Identification documents were checked at the point of examination?		-	
2	Hearing meets the standards in STCW Code Section A-I/9?		/	
3	Unaided hearing satisfactory?		/	
4	Visual acuity meets the standards in STCW Code Section A-I/9?		_	
5	Colour vision meets the standards in STCW Code Section A-I/9?			-
	Date of last colour vision test:	18 JUI	2024	-
6	Fit for look-out duty?			
7	Is the seafarer free from any medical condition likely to be aggravated by service to render the seafarer unfit for such service or endanger the life of person onboa	e at sea or		_
8	No limitations or restrictions on fitness?			
	If "no" specify limitations or restrictions			
			é	
9	Date of examination: (day/month/year)	18 JUL	2024	
0	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	17 JUL	The Laboratory	

18 JUL 2024

Date

Signature of Authorised Medical Practitioner DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG 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





MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

MPA

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

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

Seafarer's Name :(Last, first, middle) (BLOCK CAPITALS)	AHMAD MD RANA			Gender: Male/ Female *	
Date of Birth: day/month/year 10-Mar-1995	Place of Birth: MAGURA	Nationa	tionality: BANGLADES		
Type of ID documents: NRIC No. / Passport No.: A01729395	Dept: Deck / Engine / Catering / o Rank: 2ND OFFICER	thers	100000000000000000000000000000000000000	AINER SHIP	
Home Address: 02 NO ROAD, NEWBUS TARMINAL PARA, PARNANDUALL, MAGURA SADAR, MAGURA, BANGLADESH.	Routine and emergency duties: BOTH		Trading / world v	area: e.g coastal vide	

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

Ye	es 1	No		Yes No)
Eye/vision problem		1	18. Sleep problem		1
2. High blood pressure		U	19. Do you smoke, use alcohol or drugs?		-
Heart/vascular disease			20. Operation/surgery		
4. Heart Surgery			21. Epilesy/seizures		
5. Varicose veins/piles			22. Dizziness/fainting		
6. Asthma/bronchitis		j	23. Loss of consciousness		
7. Blood disorder			/24. Psychiatric problems		
8. Diabetes			25. Depression		
Thyroid problem			26. Attempted suicide		
10. Digestive disorder			,27. Loss of memory		
11. Kidney problem		U	28. Balance problem		
12. Skin Problem			, 29. Severe headaches		
13. Allergies			30. Ear(hearing, tinnitus/nose/throat problem		
14. Infectious / contagious diseases			31. Restricted mobility		
15. Hernia			32. Back or joint problem		
16. Genital disorder			33. Amputation		
17. Pregnancy	N	10	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?	<u></u>
36. Have you ever been hospitalized?	

37. Have you ever been declared unfit for sea duty?	-
38. Has your medical certificate even been restricted or revoked?	
39. Are you aware that you have any medical problems, diseases or illnesses?	
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	
41. Are you allergic to any medication?	
42. Are you using any non-prescription or prescription medication?	

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

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

18 JUL 2024

Date

Signature of Seafarer

DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth)

Names Shipping Hard Hard Physician

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

18 JUL 2024

Date

Signature of Seafarer

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
NG Shipping Sangladesh Approved
Technology Helphylicking Witness
Radical Hospitals Limited.



No					
Yes T	уре		Purpose		
sual Acuity					
	Unaided			Aided	
Right eye	Left eye	Binocular	Right eye	Left eye	Binocula
Distant	cu	60	Distant		
Near	NS	NS	Near		
- 1 - 1 - 1 T					
sual fields	140				
	Norma	al	Defective		
Right eye					
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Ears (general)		-					
Tympanic memb	rane						
Eyes	uno						
Ophthalmoscopy							
Pupils							
Eye movement							
Lungs and chest							
Breast examination	on	T-F-A					
Heart	OH	NA					
Skin							
Varicose Vein		- 2					
Contract of the Contract of th	الحمادية المام						
Vascular (inc. per Abdomen and vis	uai puise)						
Hernia	cera						
20070017000		322					
Anus (not rectal e	exam)	/					
G-U system							
Upper and lower	extremities						
Spine (C/s, T/S, L	./S)						
Neurologic (full/br	nef)						
Psychiatric							
General appearar	nce						
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her diagnostic to st. Blood. Medical practitions the basis of the soluts recorded about Visual aid required.	est(s) and res	Results:	Results:	with rea	Sens for		

Without restrictions	With restrictions	S	
escription of restrictions (e	e.g. specific position, typ	pe of ship, trading are	ea etc.)

18 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 Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

Medical Practitioner's name, licence number, address





ID NO : 24070475

Date 18/07/2024

Patient's Name: MD. RANA AHMED

Age 29Y 4M 8D

Ref. By

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/11207

Sex Male

: Blood Specimen

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

	00000				
Parameter			Results	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)		14.6 06	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT		7,600	/cumm	4,000 - 11,000 /cumm	Ad
Neutrophils Lymphocytes Monocytes Eosinophils	•	63 - 28 05 04	% % %	(40 - 75)% (20-45)% (2-10)% (1-6)%	WBC CU
Basophil		00	%	0-1 %	

TOTAL CIR. EOSIONOPHIL COUNT	304	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	150,000	/cumm	1,50,000-4,50,000 /cumm
MPV	14	fL	7.0 -11.0 fL
PDW-CV	18	%	10 - 18 %
PCT `	0.21	%	0.10 - 0.28
P-LCR	52.2	%	9.00 - 45.00%
P-LCC	79	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	5.26	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	46.4	%	M: 40-54%, F: 37-47%
MCV	88.2	fL	76-94 fL
MCH	27.9	pq	27-32 pg

31.6

16.6

50

g/dL

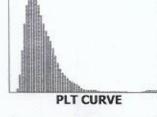
fL

%

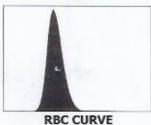
29-34 g/dL

30.0-57.0 fL

10-16%



CURVE



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

MCHC *

RDW SD

RDW CV

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



7	Received Date	18/07/2024
DIA24070475	Tredelived Buto	1000
MD RANA AHMED		
29Y 4M 8D	Patient's Sex	Male
Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11207
Blood		
	29Y 4M 8D Dr. Mir Md. Raihan MBBS,(DU),CCD(MD RANA AHMED 29Y 4M 8D Patient's Sex Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

BIOCHEMISTRY REPORT

Test Name		Result	Reference Range
Serum Bilirubin (Total)		0.53 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)		28.0U/L	Up to 37 U/L
HbA1C	979	5.1 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Checked By

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



		Received Date	18/07/2024
Bill No	DIA24070475	Received Date	10/01/2021
Patient's Name	MD RANA AHMED		3833455
A MATCHINE WILLOWS A ST	29Y 4M 8D	Patient's Sex	Male
Patient's Age	A TOTAL CONTROL OF THE PARTY OF	CD/DIDDEM) DCT/Eve) DEM	CDC NO:C/O/10092
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM), FGT(Lye), DTM	000110101
Sample	Blood		

SEROLOGICAL REPORT

Test Name Result		
HBs Ag (Method : (ICT)	Negative	
HIV 1 & 2 (Method : (ICT)	Negative	

VDRL	Non-reactive
BLOOD GROUPING RESULT	

BLOOD GROUPING RESULT		
ABO Blood Group	"A" (+ve)	
Rh(D)Factor	Positive	

Checked I

Medical Technologist. Radical Hospital Ltd.

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070475	Received Date	18/07/2024
Patient's Name	MD RANA AHMED		
Patient's Age	29Y 4M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD((BIRDEM),PGT(Eye),DFM	CDC NO:C/O/10092
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result	
Drug Level of Urine		
Cocaine	Negative	
Morphine	Negative	
Marijuana	Negative	
Barbiturates	Negative	
Amphetamines	Negative	
Phencyclidine	Negative	
Alcohol	Negative	
Benzodiazepines	Negative	
Methadone	Negative	
Propoxyphene	Negative	

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumalya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.



		Received Date	18/07/2024
Bill No	DIA24070475	Neceived Date	
Patient's Name	MD RANA AHMED		
	2007 4M 2D	Patient's Sex	Male
Patient's Age	29Y 4M 8D	DOT/Evo) DEM	CDC NO:C/O/10092
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFW	000.,010.0
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

0 44	Sufficient	CELLS / HPF	
Quantity		RBC	Nil
Color	Straw		1-2/HPF
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	1-2/1111

CHEMICAL EXAMINATION CASTS / LPF

	Acidic	RBC	Nil
Reaction	and the same of th	WBC	Nil
Albumin	Nil	Epithelial	Nil
Sugar	Nil	Granular	Nil
Ex.Phosphate	Nil	Hyaline	Nil
		Hyanne	1 1 2 3 2 2

ON REQUESTCRYSTALS & OTHERS

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

CheckedBy

Medical Technologist. Radical Hospital Ltd. Dr. Sumarya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



REF: MV. PACIFIC BEIJING

DATE: 18/07/2024

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

EYE EXAMINATION REPORT

NAME: MD RANA AHMAD

RANK: 2ND OFFI

CDC NO: C/O/11207

VISUAL ACUITY:

RIGHT

LEFT

last

lello

UNAIDED

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

UNFIT / FIF FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital

Maley Years mmHg	rs Hg	PR QRS QT/QTe	3883	S S S	Sinus rhythm Inferior T wa Borderline E(Sinus rhythm Inferior T wave abno	Sinus rhythm Inferior T wave abnormality is nonspecific Borderline ECG	nspecific	
		P/QRS/T RV5/SV1			Report Co	Report Confirmed by:			
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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070475 Receive:18/07/2024 Print: 18/07/2024

Patient's Name : MD RANA AHMAD

Age : 29 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 ields 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

This report has been electronically signed.

Page of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows Date of birth 10-03-2005 Sex MRE

PANA AHMAD

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaecinator	Approved Sta	mp
B JUL M	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approve General Physician Radical Hospitals Limited	35, Shah Makhdum Avenue Uttara, Dhaka	
2	Radical Hospitals Common	WIGLADIC .	
3		3	4
4			
5		5	6
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

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
18 311	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.	L-NO DAKABOR	2 FOR VACCINA St. Shah Meléhdum Avenue Uttara, Dhaka *
	33	-	_
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.