

RADICAL Z

HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A 55144

ATIENT CONTROL NUMBER

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

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

MEDICAL EXAMINATION CERTIFICATE

PATIENT CONTROL NUMB	ER.
HSL-004646	

RNAM	E NO. A	FIRST NA	ME AND		MIDDLE NAME	
ISLAM .ACE AND DATE OF BIRTH		2		MD		SAFAYET
		PASSPOR	PASSPORT NUMBER			OOK NUMBER
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_	LITY: BANGLADESHI SEX:	Male Male	☐ Female	VESSEL TY	PE: HL/CHEM TANKE TR	ADING AREA: WORLD V
	ENT HOME ADDRESS:		ascono menana e e		CONTACT NUMBER :	0088 0168501432
	AGAR, HIRAPUR, ALAM SARKER 1-3543, CUMILLA, BANGLADESH	BARI, BANG	ORA BAZA	R, NABIYABAD	RANK ;	4TH ENGINEER
lave yo	ou ever had any of the following cor	nditions?				
	Condition	YES	NO.	Conditio	on	YES NO.
1	Eye/vision problem	IJ	Z,	18 Sleep pr	oblems	0 8
2	High blood pressure		1/	19 Do you s		
3	Heart/vascular disease	[]	1	100 STSTMTT15	n/surgery	
4	Heart surgery	U	0		/seizures	0 %
5	Varicose veins	D	6	22 Dizzines		
6	Asthma/bronchitis	П	W.		consciousness	(a) #
7	Blood disorder		1		ric problems	
8	Diabetes		1/2	25 Depress		3/8
9	Thyroid problem		1	332 37577		
10	Digestive disorder	D.	1		ed suicide	
11		0	11	2000 1000000000000000000000000000000000		
12	Kidney problem	D	1/1	28 Balance	A CONTRACTOR OF THE PARTY OF TH	115 0 0
	Skin problem		1	5 (19) (1) (1) (1) (1) (1) (1) (1)	neadaches	U - 2
13	Allergies	0	71		/throat problems	- 2/
14	Infectious/contagious diseases	0	1/1		d mobility	- 5/
15	Hemia		E	32 Back pro	1 1	
16	Genital disorders		10	33 Amputat	ion	
	The state of the s		77.00			
	Pregnancy f the above questions were answere onal questions	ed "yes", plea	se give deta		s/dislocations	YES NO.
f any o	of the above questions were answere onal questions Have you ever been signed off as	sick of repat	717	ails.	s/dislocations	YES NO
Additio	onal questions Have you ever been signed off as Have you ever been hospitalised?	sick or repat	riated from a	ails.	s/dislocations	YES NO
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35 36 37 38	onal questions Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfi Has your medical certificate ever	sick or repat	riated from a	a ship?	s/dislocations	YES NO
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		Visi	ual acuity			1		Visual f	ields
	Uı	naided		Aideo			Norm	nal	Defective
	Right eye	. Left eye	Right ey	/e	Left eye			-	Delective
Distant	616	bet	2	-		Right ey		_	
Near Visual acuir	ty meets the st:	andard laid dow	n in STCW C	ode Se	ction A-1/9	JAES /N			
		N CODE Section			ormal	☐ Doubtfu	854	efective	
			21	JUL	2024				
Date of last	t colour vision t	est: Date (day/r	month/year) _	, ,,,	2051				
33-63-33-33-33-33-23-23-23-23-23-23-23-23-23	A SALIS CONTRACTOR	10-51-6-100 CM	V/1 38-1		- 1407.500.00				
	- 2-W-1								
			Normal, Al	hnorm:	if			No	rmal → Abnorma
Head			Z1			se veins		_	0 0
Sinuses, n	ose, throat		Di		Vascu	lar (inc. pedal p	oulses)	- /	KI D.
Mouth/teet	h		V.		Abdor	nen and viscera	3	/	
Ears (gene	eral)		91		Hemia	District of the second		/	
Tympanic i	membrane		1/1	П		(not rectal exam	n)	/	
Eyes			1/2		G-U s	5.6464.7915	2024/20	-	
Opthalmos	сору		7		0.000	and lower extra (C/S, T/S and I			
Pupils Eye mover	mont		The	0		logic (full brief)		-	
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				SSIL				11,	
		EXAMINATION		ICAL /	IVEO CUMO	TION TEST	Manjuana	I D Doe	itive 1 Negative
Chest X-R	ay /	000	BILIRUBIN	IICAL (I		TION TEST)	Alcohol Test		itive / Negative
ECG	BLOOD R/E		SGPT	-	0.	1	URINE R/E	11100	17371
DC/differe	ntial count)		SGOT		2	2011	\	OTHERS	
	LOBIN (HGB)	13:8		JG AN	ALCOHOL	TEST?	HBsAg	□ Rea	
and the second second	STERGREN)		Morphine		J Positive &		HIV / AIDS Test	□ Rea	
WBC		A COUNTY OF THE PARTY OF THE PA	Amphetamine		3 Positive	The state of the s	VDRL	□ Rea	ctiv D Nonreacti
	OOD GLUCOSE		Phencyclidine	_		Negative	Blood Type	1	34-11
RANDOM		The same of the sa	Barbiturates	-		Negative Negative	Psychological Exam Others(KUB Ultrasoun	_	1000
HBA1C		5-0%	Cocaine	1.0	Positive	Negative	Others(Kob ohlasour)	0) /	1/1/
lereby I decla	re that am in	knowledge of th	ne contents of	the Ph	ysical exami	nations:			1 1111 0001
1	111	111	~					L	4 JUL 2024
Sign	WZ-	110	1000		MD SAFAY	ETISLAM		-	
ignature of S	Seafarer -	11			Name of S	Seafarer			Date
11	A								
		service at sea:		dinical e	examination	and the diagno	stic test results reco	rded abov	e. I declare the
xaminee me		rs personal dec	alaration, my c	annican s	AGITIII IGUIGIT	and the diagno.	ono toot recomo reco		
		+ Fit	for lookaut du	ties			Not fit for look	out duties	
			451		_	~	0.1.1		Othersenders
		Deci	k service	-	Engine se	pvice	Catering service		Other services
nt Infit		-		+			- 0		
mint.	- T		1.3		100				100 100
) Without	restrictions			With	restrictions			
/									
the Confee	er free from any	medical condit	ions likely to b	oe aggr	avated by se	rvice at sea or	to render the seafar	er unfit for	such service or to
s the Sealare	health of other	persons on boa	ard?	-0 -					
			Yes	1' -	No				
ndanger the		andiferantile	han of able t	tende -					
ndanger the	rictions (e.g., s	pecific position,	type of ship, t	trade ar	ea).				
ndanger the Describe rest				trade ar	ea).			0 1111 6	2000
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ndanger the escribe rest action taken l	by medical exa	miner (e.g., refe	erral): 024			RAIHAN	2	3 JUL 1	2026

In Accordance with Medical Examination (Seafarers) (Semeral Orthy Bibliothy). 78) and STCW 1978/1996 as Amended, MLC 2006
Radical Hospitals Limited. Revision Date: 24 Revision Date: 24th July 2022

SIGHT TEST CERTIFICATE

	New Entry*/Periodic*	
Reference No.		Form B:
Full Name	MD SAFAYET ISLAM	
Rank	4 TH ENGINEER	188
PP/CDC/ ID No.	A15432173, C/O/10666	196
Date & Place of Birth	28-FEB-1998 & CHATTOGRAM	
Colour of Eyes		JR WO RAI

		Right Eye	Left Eye	Both Eyes	Result
	Unaided	616	616		
Distance Vision	Aided				
	Unaided -	NS	NS		
Near Vision	Aided				
	Horizontal Plan	m	me		
Field of Vision	Vertical Plan	m	m		
	Ishihara	NOD	mal		
Colour Vision	Lantern / Others	NA	pmel		

hereby certify that the above mentioned candidate has met/not met*, the eye sight standard for his/her designated rank / position as set out in Annex-II* /Annex-III* for seafaring occupation.

Candidate's Signature

Identification Notes

Date 24-JUL-2024 at DHAKA

Signature of the Medical Examiner

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

Note:

- 1) This certificate is valid for two years from the above date. New entry sight test certificates should be retained by the candidate till his active sea career.
- 2) Scafarer aggrieved by the decision of the Medical Examiner may appeal as per the provision of the M.S. (Medical Examination) Rules, 2000 as amended.
 - * Delete if not applicable.

HOSPIT

Medical Certificate for Service at Sea

ISLAM MA SAFAYET

(Scafarer's Last name, First name and Middle name)

CR- C/0/10666; Passand: A15 432173

(Number of: CDC/ Passport/other valid identification document - with type of olocoment)

has been examined by DEMILIO. LAND.

(Name of Medical Examiner)

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

- (a) The hearing and sight of the seafarer concerned, and the colour vision in the case of a seafarer to be employed in capacities where fitness for the work to be performed is liable to be affected by defective colour vision, are all satisfactory; and
- (b) The seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board.
- (c) The Seafarer complies with the requirements specified in Table A-I/9 of STCW Code (i.e. Minimum in service eyesight standards for scafarers), Table B-I/9 of the STCW Code (i.e. Assessment of minimum entry level and in-service physical abilities for seafarers) and Regulation 1.2, Standard A-1.2 & Guideline B-1.2 of the Maritime Labour Convention 2006.

2 4 JUL 2024

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

(Date & Place of Medical Examination)

(Signature of the Medical Examiner)

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

(Address with E-mail ID & Contact No. of Medical Examiner)

This Certificate expires on*

2 3 JUL 2026

Official Stamp of the Medical Examiner

(Day, Month; Year)*

(* Not more than 2 years from the date of issue, unless the scafarers is under the age of 18, in which case the maximum period of validity of the Medical Certificate shall be I year).

If the period of validity of the medical certificate expires in the course of voyage, the medical certificate shall continue in force until the next port of call where an approved Medical Examiner is available and the seafarer can obtain a medical certificate, provided that period of such extension shall not exceed 3 months.

Certificate No: <u>Q/1-20</u> GUIDELINES AND MI	ZZ NIMU		037 DIREMENTS FOR:				
PRE-SEA AND PERIODIC		DICAL F	보통하면 있는 다른 하는 기가 하고 14 기가 되고 하고 되었다.	ONS			
Mercha			Examination) Rules 2000;	SIR MD R			
			C 2006 – Reg 1.2 And ations of seafarers ILO/IMO/JMS/2011/	RADIC			
Family Name	T	_AM	audis di sealarers ILO/IMO/JMS/2011/	HOSPIT			
Given Names	-	SAFAYE	Т	IC. NO A			
Rank and department			ER, ENGINE				
Date of birth (day/month/year)	-	-FEB-1998		Female			
Nationality	ВА	NGLADES	SHI				
Home address	BA	RI, BANG	AR, HIRAPUR, ALAM SA ORA BAZAR, NABIYABA 543, CUMILLA, BANGLA	/D			
Residence & Mobile No:	008	88 016850	14329				
Passport No./Discharge Book No.	A1	5432173,	C/O/10666				
Type of ship (container, tanker, passenger, fishing)	OII	OIL/CHEMICAL TANKER					
Trade area (e.g., coastal, tropical, worldwide)	W	ORLDWID	E				
A. EXAMINEE'S PERSONAL D (Assistance should be offered by medic Have you ever had any of the fo	al staf	f)					
Condition	Yes	No /	Condition	Yes No			
 Eye/vision problem 		18.	Sleep problems				
2. High blood pressure		19.	Do you smoke; use alcohol or drugs?				
3. Heart/vascular disease		Z 20.	Operation/surgery				
4. Heart surgery			Epilepsy/seizures	06			
5. Varicose veins		1 /22.	Dizziness/fainting				
6. Asthma/bronchitis		23.	Loss of consciousness				
7. Blood disorder			Psychiatric problems				
8. Diabetes		Z 25.	Depression				
9. Thyroid problem		26.	Attempted suicide				
10. Digestive disorder		27.	Loss of memory				
11. Kidney problem		/28.	Balance problem				
12. Skin problem		29.	Severe headaches				
13. Allergies		30.	Ear/nose/throat problems	0 9			
 Infectious/contagious diseases 		31.	Restricted mobility				
15. Hernia	П	7 32.	Back or joint problems				

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

33. Amputation

34. Fractures/dislocations

16. Genital disorders

17. Pregnancy



V. SHIPS INDIA Pvt. Ltd.

Additional	questions

		Ye	No
		s	-10
35.	Have you ever been signed off as sick or repatriated from a ship?		1
36.	Have you ever been hospitalised?		Z
37.	Have you ever been declared unfit for sea duty?		Z
38.	Has your medical certificate ever been restricted or revoked?		Z
39.	Are you aware that you have any medical problems, diseases or illnesses?		Ø
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	ď	
41.	Are you allergic to any medications?		Z
Con	FIT FOR DUTY ON BOARD SHIP		
42.	Are you taking any non-prescription or prescription medications?		
42.			/

I MD SAFAYET ISLAM holding Passport/Seaman Book No A15432173, C/O/10666 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

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

Signature of examinee:

Date (day/month/year)

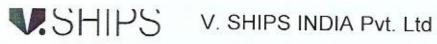
24 JUL 2024

Witnessed by: (Signature)

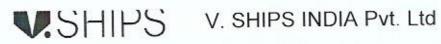
DR. MIR. MD. RAIHAN
MBBS (DU), DFM. CCD (Birdem), PGT (Ophth)
Name: (typed or printed)
BMDC A-55144, MMC-BGD-016
DG Snipp.ng Bangladesh Approved
General Physician

I hereby authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).





	lasses or contact lenses: Yes / No (if ye Visual acuity								al fields
		Unaided		ī	Aided				1
		Orlaided	E		Aldeo				
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Vear	13	NS	/				Left eye		
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Colour vi	sion:	Not tes	ted -	Norn	nal	☐ Do	oubtful Defe	ctive	
Hearing: Oure tone	and aud	liometry	(thresho	ld value:	s in dB)		Speech and w	hisper test	(metres)
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Test		Result	7//
Blood Tests – tick in bo lone- readings sepera ssued*1			
Haemoglobin "Hb" *1			g/dl
Hepatitis B *3	HB (ab) □+ve ve ✓	- HB (ag)	_ +ve
Bacteriological stool test*4	not performed	negative	positive positive
Parasitical stool test*5	not performed	negative	positive
ECG (only for crew above 40 rears)		*	
HIV *2 (+ve or -ve)	reall	CC-	
Medical examiner's comme	** required by the Company		- William 1995
Assessment of fitness for On the basis of the exact diagnostic test results recommend any medical condition for such service or to the examinee medically:	minee's personal declar orded above, I certify that likely to be aggravated by	ration, my clinic it the seafarer co by service at sea ther persons on	al examination are incerned is not su or to render the se
Fit for look-out duty	☐ Not fit for io	ok-out duty	
Deck se	ervice Engine service	Catering service	Other services
Fit [
Unfit			
Without restrictions Describe restrictions (e.g.		h restrictions ship, trade area)	ı:
Place of examination: RE Date (day/month/year) Medical certificate's date Date medical certificate is	/ Z 4 JUL ZUZ4 of expiration (day/month/)	7.3 1111	
	name of medical examine		R. MD. RAIHAN
Official stamp (also print i		- 11. 1911	THE PROPERTY OF THE PARTY OF TH
Signature of medical example		BMDC A-5 DG Shippin	FM, CCD (Birdem), PGT (Ophth) 55144, MMC-BGD-016 g Bangladesh Approved ineral Physician
		BMDC A-5 DG Shippin	55144, MMC-BGD-016 g Bangladesh Approved



V. SHIPS INDIA Pvt. Ltd.

Yes No

NA

Certificate No: <u>04-2024-7037</u>

MEDICAL CERTIFICATE FOR SERVICE AT SEA

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

Family Name	ISLAM		* DR
Given Names	MD	SAFAYET	18
Date of birth (day/month/year)	28-FEB-1998	Sex: Male Female	"
Nationality	BANGLADESHI		

Confirmation that identification documents were of examination	checked at the	point of		2	
Hearing satisfactory and meets the standards in sand MLC 2006 1.2-6 (a):	//	-			
Unaided hearing satisfactory?				a	
Visual acuity satisfactory and meets standards in and MLC 2006 1.2-6 (a)?				,	
Colour vision satisfactory and meets standards in and MLC 2006 1.2- 6 (a)?	n STCW Code	e, section A-I/9			
I have evaluated the above named examinee according to the basis of the examinee's personal declaresults recorded above, I certify that the seafare likely to be aggravated by service at sea or to replied the persons on board and hence declared to the persons of the p	aration, my c er concerned nder the seafa	is not suffering t arer unfit for such	on and the from any	he diagn medical	ostic test condition
Fit for look-out duty Not fit for	look-out duty		Other	services	
Unfit Without restrictions	With restriction	ons		i	
Visual aid required Yes Chest X-ray Bacteriological stool test Parasitical stool test Vaccination records	No nørmal nørmal negative negative satisfactory	☐ not	perform perform perform pe renew	ed ed	ě
Describe any restrictions (e.g., specific positions)		ip, trade area):	21 1111	2021	
Place of examination: RADICAL HOST AND	_ Date (day)	nonth/year) 23 JUL 2026	2 4 JU	4	4.50
Official stamp (also print name of medical ex		egib DR. MIR. MBBS (DU), DFM. C	MD. RA	AIHAN PGT (Ophth)	
Signature of medical examiner:	W.	BMDC A-5514 DG Shipping Ba General	4, MMC-E ingladesh il Physiciai	Approved	
Authorised by:		(competentianth	and the particular of		the right to
I acknowledge and confirm that I have been a review in accordance with paragraph 6 of	informed of the section A-I/9 of I	ne content of the of the STCW Cod	certificat e.	e and or i	ne ngni to
Examinee's signature: (To be signed in the pres	sence of the med	ical examiner)			



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)	55	Gender:
	ISLAM MD SAFAYET		Male/Female*
Date of Birth: (Day/month/year)	Nationality:	Place of Birth:	
28-FEBRUARY-1998	BANGLADESHI	CHATTOGRAM	

Declaration of the recognized medical practitioner:

ula	ration of the recognized medical practitioner.	Yes	No
1	Identification documents were checked at the point of examination?	/	
2	Hearing meets the standards in STCW Code Section A-I/9?		
3	Unaided hearing satisfactory?	/	1
4	Visual acuity meets the standards in STCW Code Section A-I/9?		1
5	Colour vision meets the standards in STCW Code Section A-I/9?	/	
- 9	Date of last colour vision test: 2 4 JUL 2024		
6	Fit for look-out duty?	1	C
7	Is the seafarer free from any medical condition likely to be aggravated by service at se to render the seafarer unfit for such service or endanger the life of person onboard?	ea or	
8	No limitations or restrictions on fitness?		
	If "no" specify limitations or restrictions	é	
9	Date of examination: (day/month/year) 24	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	L 2026	

7 4 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







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)	ISLAM MD SAFAYET			Gender: Male/Female*
Date of Birth: day/month/year 28-FEBRUARY-1998		Nationa BANGI	ality: _ADESHI	
Type of ID documents: NRIC No. / Passport No.: A15432173	Dept: Deck / Engine / Catering / c Rank: 4TH ENGINEER	others	Type of :	ship: EMICALTANKE
Home Address: MURADNAGAR, HIRAPUR, ALAM SARKER BARI, BANGORA BAZAR, NABIY ABAD MADRASA 3643, CUMILLA, BANGLADESH	Routine and emergency duties: BOTH		Trading / world w	area: e.g coastal vide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

AND THE CONTRACTOR OF THE CONT	es	No	1	Yes	No
Eye/vision problem		/	18. Sleep problem		1
High blood pressure		/	19. Do you smoke, use alcohol or drugs?		0
Heart/vascular disease		/	20. Operation/surgery		1
Heart Surgery		/	21. Epilesy/seizures		/
Varicose veins/piles		/	22. Dizziness/fainting		/
6. Asthma/bronchitis		1	23. Loss of consciousness		/
7. Blood disorder		1	24. Psychiatric problems		/
8. Diabetes		1/	25. Depression		1
9. Thyroid problem		1	26. Attempted suicide		1
10. Digestive disorder		1	27. Loss of memory		1
11. Kidney problem		1	28. Balance problem		1
12. Skin Problem		1	29. Severe headaches		/
13. Allergies		1	30. Ear(hearing, tinnitus/nose/throat problem		/
14. Infectious / contagious diseases		1	31. Restricted mobility		1
15. Hernia		1	32. Back or joint problem		1
16. Genital disorder		/	33. Amputation	4-	1
17. Pregnancy	N	M	34. Fracture/dislocations		1

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 shi	p?
36. Have you ever been hospitalized?	SOU
7.50	

37. Have you ever bee	en declared unfit for sea duty?			
	certificate even been restricted or r			
39. Are you aware tha	t you have any medical problems,	diseases or illnesses'	?	
40. Do you feel health	y and fit to perform the duties of yo	our designated position	n/occupation?	
41. Are you allergic to	any medication?			1
42. Are you using any	non-prescription or prescription me	edication?		
If you answer "yes", pl	ease list the medications taken, th	e purpose(s) and the	dosage:	
hereby declare that t	ne personal declaration above is		o the best of my L DR. MIR. MD. F MBBS (DU. DFM. CCD (Birdem BMDC A-55144. MMC DG Shipp.ng Banglades General Physic Radical Hospitals L), PGT (Ophth) -BGD-016 h Approved
Date	Signature of Seafarer	Name and S	Signature of Witne	ess
hereby authorize the Certificate) from an	release of all my previous med y health professional, health	dical records (including institutions and	public authorit	ies to Dr
2 4 JUL 2024	Shade		MBBS (DU), DFM, CCD (BI BMDC A-55144, M DG Shipping Banglei General Phy Radical Hospita	desh Approved /sician
Date	Signature of Seafarer	Name and S	Signature of Witn	ess
			37	

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	Tuno		Durmana		
168	Туре		Purpose		
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Near	25	25	Near	-	
120200200	/				
isual fields					
	Norm	al I	Defective		
Right eye	No.		Delective		
Left eye					
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Pu		udiometry (thre			ective
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Page 3 of 5

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - March 2020

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	l)		1					
Tympanic me		/						
Eyes			//					
Ophthalmosc	ору	/	1					
Pupils		1		-2114				
Eye moveme	nt							
Lungs and ch		0						
Breast exami		N	10					
Heart		11	1					
Skin			/,					
Varicose Veir	n		/.					
Vascular (inc		Ise)	/					
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Hernia	u visociu		/_					
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G-U system	ciai exam)		1					
And the second section is a second se	wor ovtror	nitios	_					
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Spine (C/s, T		/	1					
Neurologic (f	ull/briet)	/	1					
Psychiatric		/						
General appe	earance							
Not perfo	rmea		Results:	d on (day/m	onth/yea	ar):		
			Results:		onth/yea	ar):		
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Other diagnos	stic test(s	and result(Results:	NO/10	na. No	L na	<i>.</i>	
Other diagnos	stic test(s		Results:	NO/10	na. No	L na	all (/ limitations
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est Assessment	stic test(s	and result(Results: s): d assessi FOR DUT	Results: /ment of fitne YON BOAR ease tick)	P SHIP	reasor		
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Medical practical practica	of fitness of the seaf ed above, ok out duty	for service a rarer's person I declare the	Results: s): d assessing FOR DUT at sea (pleased as a seafarer of the control of	Results: Ament of fitner Y ON BOAR ease tick) ation, my climedically: lookout duty d not require Other	D SHIP	reasor		

Page 4 of 5

				*
scription of restrictions	s (e.g. specific pos	ition, type of ship, tra	ding area etc.)	

2 4 JUL 2024

Date

Signature of Medical Practitioner 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

Steal Hosoite



ID NO : 24070597

Date 24/07/2024

Patient's Name: MD.SAFAYET ISLAM

26Y 4M 26D Age

Sex

Ref. By

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/10666

Male

Specimen

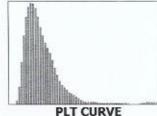
(Relevent estimations were carried out by KT-44 Haematology Analyzer with checked manually) HAEMATOLOGY REPORT

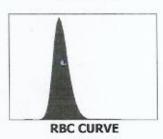
10000000000			TOTAL STREET,	100
Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	15.8 05	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	7,500	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT Neutrophils Lymphocytes Monocytes	62 29 05	% % %	(40 - 75)% (20-45)% (2-10)%	WBC CU
Eosinophils Basophil	04 00	%	(1-6)% 0-1 %	4
TOTAL CIR. EOSIONOPHIL COUNT	300	/cumm	40 - 450 /cumm	

m/ul

.Ak

185,000 /cumm 1,50,000-4,50,000 /cumm TOTAL PLATELET COUNT(PC) MPV 12.6 fL 7.0 -11.0 fL PDW-CV 17.2 % 10 - 18 % % PCT 0.23 0.10 - 0.28% 9.00 - 45.00% 45.2 P-LCR x10^3/uL P-LCC 84 13 - 129 x10^3/uL





49.1 % M: 40-54%, F: 37-47% HCT/PCV MCV 93.2 fL 76-94 fL 30 27-32 pg MCH pq 29-34 g/dL 32.2 MCHC g/dL 30.0-57.0 fL RDW SD 46 fL 10-16% RDW CV 14.8 %

5.27

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

RBC COUNT

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

M: 4.5-6.5, F: 3.8-5.8 m/ul



Bill No	DIA24070597	Receive	d Date	24/07/2	2024
Patient's Name	MD SAFAYET ISLAM				
Patient's Age	26Y 4M 26D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C0	CD(BIRDEM),PGT(Eye),DFM	/ C	DC NO	C/O/10666
Sample	BLOOD				

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.57 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	26.0 U/L	Up to 40 U/L
Serum AST (SGOT)	24.0U/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 Hospital Dtd. Dr. Sumarya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital.



Test Name

Bill No	DIA24070597	Received Da	te 24/07/2	2024
Patient's Name	MD SAFAYET ISLAM			
Patient's Age	26Y 4M 26D	Patie	ent's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10666
Sample	BLOOD		A STATE OF THE STA	

SEROLOGICAL REPORT

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

Result

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

Checked By
Medical Technologist.
Radical Hospital Ltd.

Dr. Suplaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24070597	Receive	d Date	24/07/2	2024
Patient's Name	MD SAFAYET ISLAM				
Patient's Age	26Y 4M 26D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCI	D(BIRDEM),PGT(Eye),DFN	1 C	DC NO	C/O/10666
Sample	URINE			1111	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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



Bill No	DIA24070597	Receive	d Date	24/07/2	2024
Patient's Name	MD SAFAYET ISLAM				
Patient's Age	26Y 4M 26D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFN	1 C	DC NO	C/O/10666
Sample	URINE			22	

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. 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. ASIA LIBERTY

DATE: 24/07/2024

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

EYE EXAMINATION REPORT

NAME: MD SAFAYET ISLAM RANK: 4TH ENG CDC NO: C/O/10666

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

616

AIDED

COLOUR VISION:

NORMAL/BLIND

OPINION

UNFITY FIT FOR EMPLOYMENT ON BOARD

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

Assistant Registrar (EX)

East west Medical College & Hospital

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DEPARTMENT OF RADIOLOGY & IMAGING

Receive:24/07/2024 Print: 24/07/2024 ID. No. 24070597

Patient's Name MD SAFAYET ISLAM

Age 26 YRS Sex

Refd. by Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Both hemidiaphragm are normal in position. Diaphragm

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

This report has been electronically signed.

Page of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

Date of birth 28-FEB-1998 Sex MALE MD SAFAYET ESLAM (CA) 10666) This is to certify that whose signature follows has on the date indicated been vaccinated or revaccinated against yellow-fever Date Signature and Professional Origin and batch Official stamp of status of vaccinator no, of vaccine vaccination centre DR. MR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 35, Shah Makhdu DG Shipping Bangladesh Approved General Physician Avenue Ultara, Dhaka Radical Hospitals Limited. 2 3 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

Date of birth 28-FEB-1998 Sex MALE This is to certify that MD. SAFAYES ISLAM (40/10666) whose signature follows - has on the date indicated been vaccinated or revaccinated against Cholera Date Signature and Professional Approved Stamp status of vaccinatur DR. AAR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) 35. Shah Makhdutt Avenue BMDC A-55144, MMC-BGD-016 Uttara, Dhaka DG Shipping Bangladesh Approved General Physician MANGLADY Radical Hospitals Limited. 2 3 3 4 4 5 5 6 6 7 7 8 8

Continued overleaf Suite our erso

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

Form No: SMC



SL NO. 04.2024.7037

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:		4	
Name: Last	First Md 547	gge 4Middle	
Gender: (Male/Female) Male Nationality: Bandledeshi Date: 7			2 4 JUL 2024
	Ī/E		
Father's/ Husbad'sname: Md Z	C/D/ 10666		
Mother's Name: Safale Akter Seaman ID No. 6			050012320
Address: House No: Street/ Road No: Passport No. A			A 1543 2173
Locality/Village: Hinzey	704860215		
P.O. Nabijabad Madro	28/02/1998		
P.S. Bangona Bazan	DD/MM/YYYY)		
District: Cumilla			rawana waadaanayo chii aa aa ahaa ya caa 🕶 +
DECLARATION OF THE RECOGNIZE I am duly authorized by the Depar the followings:			lic of Bangladesh and conf
Confirmation that identification	:YES/NO		
2. Hearing meets the standards i	:YES/NO		
3. Unaided hearing satisfactory?	:YES/NO		
4. Visual acuity meets standards	:YES/NO		
Colour vision meets standards	:YES/NO		
Date of last colour vi 6. Fit for lookout duties?	YES/NO		
7. Is the seafarer free from any r	nedical condition likely to	be aggravated by service at sea	or to
render the seafarer unfit for serv	:YES/NO		
Any limitations or restrictions of If YES, specify limitations or rest			:YES/NO
Duties: Location/Vessel: Medical/Other:	RADICAL HOSPITAL LIMI Ultara, Dhaka, Banglades	TED	
Medical fitness category :	Fit-No restriction	Fit-Subject to restrictions	Unfit
Date of examination/Issue (DD/ Date of expiry (DD/MM/YYYY).			date of examination"

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

Seafarer's Signature



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birden), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Name Region Hospitals in productioner:

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 7 4 JUL 2024 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

CRW15 - CHEMICAL BLOOD TEST REPORT

AST NAME	FIRST NAME			POSITION ON BOARD	
SLAM	MD SAFAYET	MD SAFAYET		4TH ENGINEER	
ATE OF BIRTH	PLACE OF BIR	PLACE OF BIRTH SEX		ID DOCUMENT NO	
8-FEB-1998		CHATTOGRAM MALE		C/O/10666	
	(PLEASE INDIC	ATE BELOW IF	THE LISTED TESTS ARE WITHIN THE REFERENCE LEVE	:L)	_
TEST	YES	NO	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	4		LYMPHOCYTE COUNT	4	
ED BLOOD CELL COUNT (RBC)	乜		MONOCYTE COUNT	17	
ATELET COUNT (PLT)	B		EOSINOPHIL COUNT		
AEMOGLOBIN (HGB)	Ø		BASOPHII, COUNT	P	
MAEMOTOCRIT (HCT)	2		GRANULOCIYTE COUNT	47	
MEAN CORPUSCULAR VOLUME (MCV)	T		THROMBOCYTE COUNT	Ó	
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	8		BIOCHEMISTRY	YES	NO
MEAN CORPULSCULAR HB. CONC (MCHC)			ASPARTATE AMINOTRANSFERASE (AST, SGOT)	4	
MEAN PLATELET VOLUME (MPV)	U		ALANINE AMINOTRANSFERASE (ALT, SGPT)		
RED BLOOD CELL DISTRIBTION WIDTH (ROW)	Q		TOTAL BILIRUBIN	1	
NEUTORPHIL COUNT					
COMMENTS (for abnormal result):	.,,			· · · · · · · · · · · · · · · · · · ·	
Doctors Comments:			,	1	
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Mula		DR. N	IR. MD. RAIHAN DFM, CCD (Birdem), PGT (Ophth) A-55144, MMC-BGD-016		
1-4		BMDC A	A-55144, MMC-BGD-016 24 ong Bangladesh Approved	JUL 2024	
			General Physician		
MEDICAL F XAMINF	R		General Physician lical Hospitals Limited DATE OF EXA	MINATION	