



# HAQUE & SONS LTD.

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

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



Accredited By : BMDC  
Accreditation No. A 55144

PATIENT CONTROL NUMBER:  
H676

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                       |                                     |                                         |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|
| SURNAME<br><b>JAHAN</b>                                                                                               | FIRST NAME AND<br><b>MD</b>         | MIDDLE NAME<br><b>SAROAR</b>            |
| PLACE AND DATE OF BIRTH<br><b>CHAPAI NAWABGANJ 14-Feb-1992</b>                                                        | PASSPORT NUMBER<br><b>B00084485</b> | SEAMAN'S BOOK NUMBER<br><b>C07755</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>DARIAPUR, SADAR MODEL, CHAPAINAWABGANJ SADAR-6300,<br/>CHAPAINAWABGANJ, BANGLADESH</b> |                                     | CONTACT NUMBER : <b>008801747474936</b> |
|                                                                                                                       |                                     | RANK : <b>3RD 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 type="checkbox"/>            | <input checked="" 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>87kg</b>                                                                                                                        | Height (cm) <b>177</b>                                                | BM <b>27.7</b>     | Blood Pressure: Systolic <b>100</b> Diastolic <b>70</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 checked="" 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 |          |           |          |
|---------|---------------|----------|-----------|----------|
|         | Unaided       |          | Aided     |          |
|         | Right eye     | Left eye | Right eye | Left eye |
| Distant | 6/6           | 6/6      |           |          |
| Near    |               |          |           |          |

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

☒ Normal☐ Doubtful☐ Defective

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

09 JUL 2024

|           | Visual fields                       |                          |
|-----------|-------------------------------------|--------------------------|
|           | Normal                              | Defective                |
|           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Right eye |                                     |                          |
| Left eye  |                                     |                          |

Right eye

Left eye

YES / NO

☐ Doubtful☐ Defective

|                       | 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            | <i>Normal</i> | BIO CHEMICAL (LIVER FUNCTION TEST) |                                                                                | Marijuana              | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative    |
| ECG                    | <i>Normal</i> | BILIRUBIN                          | <i>0.57</i>                                                                    | Alcohol Test           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative    |
| BLOOD R/E              |               | SGPT                               | <i>N/E</i>                                                                     | URINE R/E              | <i>Normal</i>                                                                     |
| DC(differential count) | <i>Normal</i> | SGOT                               | <i>28</i>                                                                      | OTHERS                 |                                                                                   |
| HAEMOGLOBIN (HGB)      | <i>15.1</i>   | DRUG AND ALCOHOL TEST              |                                                                                | HBsAg                  | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| ESR (WESTERGREN)       | <i>10</i>     | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test        | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| WBC                    | <i>12100</i>  | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL                   | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| BLOOD GLUCOSE LEVEL    |               | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type             | AB+(VE)                                                                           |
| RANDOM                 | <i>5.5</i>    | Barbiturates                       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam     | <i>Normal</i>                                                                     |
| HBA1C                  | <i>5.2%</i>   | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others(KUB Ultrasound) | <i>N/E</i>                                                                        |

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

Signature of Seafarer

MD SAROAR JAHAN

Name of Seafarer

09 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:

☒ Fit for lookout duties☐ Not fit for lookout duties

|                                                          | Deck service                               | Engine service                      | Catering service         | Other services           |
|----------------------------------------------------------|--------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Fit                                                      | <input checked="" type="checkbox"/>        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unfit                                                    | <input type="checkbox"/>                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions |                                     |                          |                          |

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

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

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

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

Fitness Date:

09 JUL 2024

Valid Until:

08 JUL 2026

DR. AMRINDU RAHMAN Physician

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

BIS (Seafarers) Convention 1996 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

In Accordance with Medical Examination of Seafarers Convention 1996 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

Revision Date : 24th July 2022

# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

|                                                                                                                                                                                                                                         |                                                                                                                            |  |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------|
| SURNAME: <b>JAHAN</b>                                                                                                                                                                                                                   | GIVEN NAME (S): <b>MD SAROAR</b>                                                                                           |  |                                                                                 |
| DATE OF BIRTH:<br>DAY <b>14</b> MONTH <b>2</b> YEAR <b>1992</b>                                                                                                                                                                         | PLACE OF BIRTH<br>CITY <b>CHAPAI NAWABGANJ</b> COUNTRY <b>BANGLADESH</b>                                                   |  | SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |
| POSITION ON BOARD:<br>MASTER <input type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input checked="" type="checkbox"/><br>RADIO OPERATOR <input type="checkbox"/><br>RATING <input type="checkbox"/> | MAILING ADDRESS OF APPLICANT:<br><b>DARIAPUR, SADAR MODEL, CHAPAINAWABGANJ SADAR-6300,<br/>CHAPAINAWABGANJ, BANGLADESH</b> |  |                                                                                 |

| VISION    |                 |              | COLOR TEST TYPE                                                                                                                                                                                                                                                     | HEARING                                                                                       |
|-----------|-----------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|           | WITHOUT GLASSES | WITH GLASSES | <input checked="" type="checkbox"/> BOOK<br><input checked="" type="checkbox"/> LANTERN<br>YELLOW <input checked="" type="checkbox"/> RED <input checked="" type="checkbox"/><br>GREEN <input checked="" type="checkbox"/> BLUE <input checked="" type="checkbox"/> | RIGHT EAR <input checked="" type="checkbox"/><br>LEFT EAR <input checked="" type="checkbox"/> |
| RIGHT EYE | <b>6/6</b>      | —            |                                                                                                                                                                                                                                                                     |                                                                                               |
| LEFT EYE  | <b>6/6</b>      | —            |                                                                                                                                                                                                                                                                     |                                                                                               |

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☒

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **09 JUL 2024**

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☒

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

**MD SAROAR JAHAN**

**09 JUL 2024**

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

**FIT FOR DUTY ON BOARD SHIP**

NAME AND DEGREE OF PHYSICIAN: **DR. MIR MD. RAIHAN; M.B.B.S.(D.U.), REG. NO. A-55144**  
 ADDRESS: **REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.**  
 NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **DG SHIPPING BANGLADESH**  
 DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-05-2014**

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

EXPIRY DATE OF CERTIFICATE:

**08 JUL 2026**

DATE:

**09 JUL 2024**

*This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.*

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

ID NO : 24070215

Date : 09/07/2024

Patient's Name : MD SAROAR JAHAN

Age : 32Y

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/7755

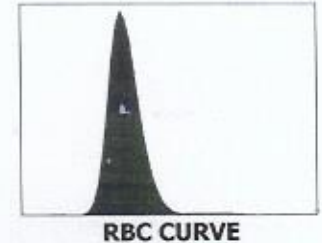
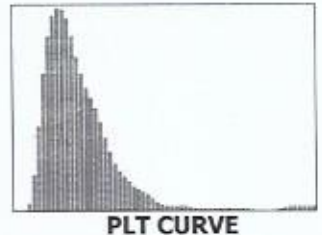
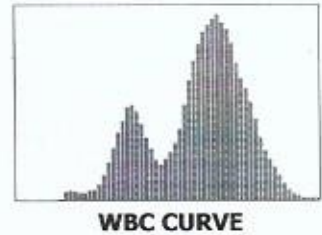
Sex : Male

Specimen : Blood

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

**HAEMATOLOGY REPORT**

| Parameter                           | Results        | Reference Values          | Histogram                          |
|-------------------------------------|----------------|---------------------------|------------------------------------|
| <b>Haemoglobin(Hb)</b>              | <b>12.1</b>    | <b>g/dl</b>               | M:12-16, F:10-14.0 g/dl            |
| <b>ESR(Westergren)</b>              | <b>10</b>      | <b>mm/1st hr</b>          | M:0-10, F:0-20 mm/1st hr           |
| <b>TOTAL WBC COUNT</b>              | <b>12,100</b>  | <b>/cumm</b>              | 4,000 - 11,000 /cumm               |
| <b>DIFFERENTIAL COUNT</b>           |                |                           |                                    |
| Neutrophils                         | 64             | %                         | (40 - 75)%                         |
| Lymphocytes                         | 29             | %                         | (20-45)%                           |
| Monocytes                           | 04             | %                         | (2-10)%                            |
| Eosinophils                         | 03             | %                         | (1-6)%                             |
| Basophil                            | 00             | %                         | 0-1 %                              |
| <b>TOTAL CIR. EOSIONOPHIL COUNT</b> | <b>363</b>     | <b>/cumm</b>              | 40 - 450 /cumm                     |
| <b>TOTAL PLATELET COUNT(PC)</b>     | <b>181,000</b> | <b>/cumm</b>              | 1,50,000-4,50,000 /cumm            |
| MPV                                 | 16.7           | fL                        | 7.0 -11.0 fL                       |
| PDW-CV                              | 17.4           | %                         | 10 - 18 %                          |
| PCT                                 | 0.14           | %                         | 0.10 - 0.28                        |
| P-LCR                               | 69.3           | %                         | 9.00 - 45.00%                      |
| P-LCC                               | 56             | $\times 10^3/\mu\text{L}$ | 13 - 129 $\times 10^3/\mu\text{L}$ |
| <b>RBC COUNT</b>                    | <b>4.49</b>    | <b>m/ul</b>               | M: 4.5-6.5, F: 3.8-5.8 m/ul        |
| HCT/PCV                             | 39.6           | %                         | M: 40-54%, F: 37-47%               |
| MCV                                 | 88.4           | fL                        | 76-94 fL                           |
| MCH                                 | 26.9           | pg                        | 27-32 pg                           |
| MCHC                                | 30.5           | g/dL                      | 29-34 g/dL                         |
| RDW SD                              | 64             | fL                        | 30.0-57.0 fL                       |
| RDW CV                              | 21.5           | %                         | 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        | DIA24070215                                           | Received Date | 09/07/2024 |
| Patient's Name | MD SAROAR JAHAN                                       |               |            |
| Patient's Age  | 32Y 4M 25D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/7755   |
| Sample         | BLOOD                                                 |               |            |

**BIOCHEMISTRY REPORT**

| <u>Test Name</u> | <u>Result</u> | <u>Reference Range</u> |
|------------------|---------------|------------------------|
|------------------|---------------|------------------------|

**Liver Function Test**

|                          |            |                  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.5 mmol/l | 4.2 – 7.8 mmol/l |
| Serum Bilirubin (Total)  | 0.57 mg/dl | 0.2 - 1.1 mg/dl  |
| Serum AST (SGOT)         | 28 U/L     | Up to 37 U/L     |
| HbA1C                    | 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 Hospitals Ltd.

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

|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA24070215                                           | Received Date | 09/07/2024 |
| Patient's Name | MD SAROAR JAHAN                                       |               |            |
| Patient's Age  | 32Y 4M 25D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/7755   |
| Sample         | BLOOD                                                 |               |            |

**SEROLOGICAL REPORT**Test NameResult

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

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        | DIA24070215                                           | Received Date | 09/07/2024 |
| Patient's Name | MD SAROAR JAHAN                                       |               |            |
| Patient's Age  | 32Y 4M 25D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/7755   |
| 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: MV. SENTOSA CHALLENGER

DATE: 09/07/2024

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

## EYE EXAMINATION REPORT

NAME: MD SAROAR JAHAN

RANK: 3A/ENG

CDC NO: C/O/7755

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

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

09-07-2024 15:44:21

ID: md. SARKIS Khan  
Male 30 Years

### Diagnosis Information:

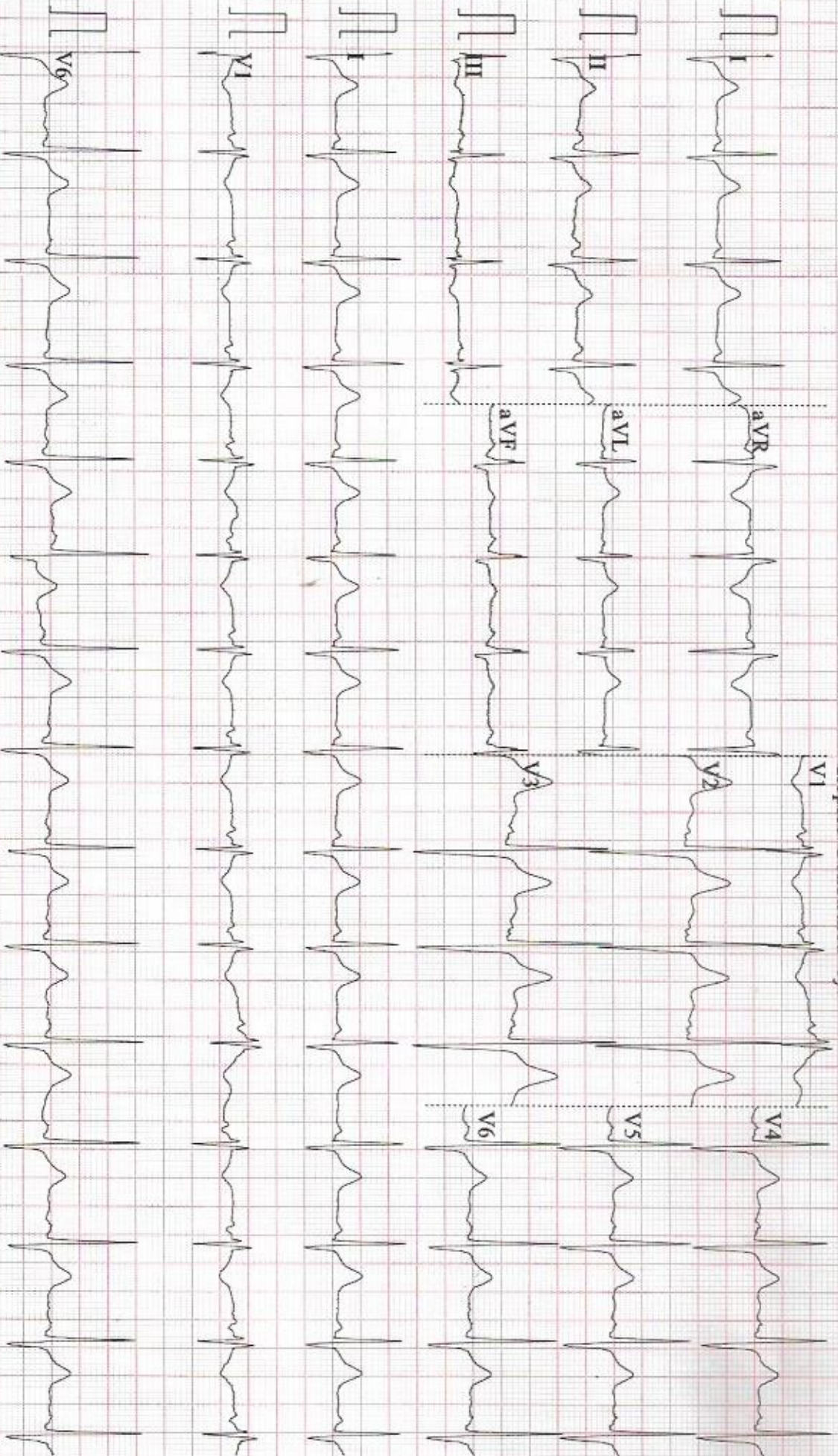
## Sinus rhythm

 $r_{Sr}(V1)$  - probable normal variant

Normal ECG

|         |               |    |
|---------|---------------|----|
| P       | : 112         | ms |
| PR      | : 132         | ms |
| QRS     | : 104         | ms |
| QT/QTc  | : 374/445     | ms |
| P/QRS/T | : 55/54/11    | °  |
| RV5/SVI | : 1.47/10.643 | mV |

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4\*2.5s+3r W85 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

CE 0133 Size: 210mmX30mm

CE 0123 8-201 210mmX30m

Size: 210mmX30mm

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24070215 Receive: 09/07/2024 Print: 09/07/2024  
Patient's Name : MD SAROAR JAHAN  
Age : 32 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

This report has been electronically signed.

Page of 1

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

MD. SAROAR JAHAN

AGAINST CHOLERA

This is to certify that  
whose signature follows }

Date of birth 14-02-1992 Sex MALE

*Saroar* has on the date indicated been vaccinated or revaccinated against Cholera

| Date             | Signature and Professional status of vaccinator                                                                                                                                                         | Approved Stamp                                                                    |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1<br>26 APR 2023 | <i>[Signature]</i><br>DR. MR. MD. RAIHAN<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>09 JUL 2024 | <i>[Signature]</i><br>DR. MR. MD. RAIHAN<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 |  | 3 | 4 |
| 4 |  |   |   |
| 5 |  | 5 | 6 |
| 6 |  |   |   |
| 7 |  | 7 | 8 |
| 8 |  |   |   |

Continued overleaf Suite our erso

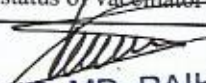
# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

## MD. SAROAR JAHAN AGAINST YELLOW-FEVER

This is to certify that  
whose signature follows

Date of birth 14-02-1992 Sex MALE

*[Signature]* 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                                              |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 26 APR 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdom), 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.

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



Form No: SMC

SL NO.

04.2024.6955

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 (STCW78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last JAHAN First MD Middle SAROAR  
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 09 JUL 2024  
Occupation: Deck/Engine/Catering/Other (specify) ENGINE Rank: 4TH ENGINEER  
Father's/ Husband's name: MD SHAHJAHAN ALI C.D.C No. C/017755  
Mother's Name: MST. KHADIZATUL KUBRA Seaman ID No. 050006233  
Address: House No. \_\_\_\_\_ Street/ Road No. \_\_\_\_\_ Passport No. B0008445  
Locality/Village: DARIAPUR NID No. 100 064 3047  
P.O. CHOWHODDITOLA Date of Birth: 14 FEB 1992  
P.S. CHAPAI NAWABGANJ SADAR (DD/MM/YYYY)  
District: CHAPAI NAWABGANJ

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

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

- Confirmation that identification documents were checked at the point of examination: YES/NO ☒
- Hearing meets the standards in section A-I/9: YES/NO ☒
- Unaided hearing satisfactory? YES/NO ☒
- Visual acuity meets standards in section A-I/9? YES/NO ☒
- Colour vision meets standards in section A-I/9? YES/NO ☒  
Date of last colour vision test: 09 JUL 2024
- Fit for lookout duties? YES/NO ☒
- Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? YES/NO ☒
- Any limitations or restrictions on fitness? YES/NO ☒

If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

9. Medical fitness category :

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY) 09 JUL 2024

11. Date of expiry (DD/MM/YYYY) 08 JUL 2026 "No more than 2 years from the date of examination".

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

SAROAR  
Seafarer's Signature



DR. MIR. MD. RAIHAN

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

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approver

General Physician

Radical Hospitals Limited

Name & Signature of the practitioner:

## MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug -related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental:

- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure:

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

- Deck/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 use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/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 engineer officer's certificate.

### IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

### DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

**1. Complete physical Examination.**

**2. Pathological Examination:**

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

09 JUL 2024

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