

RADICAL HOSPITALS

HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER:

NID RA Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880-2-333316214-6, Fax: +880-2-333310530

MEDICAL EX

	177712117 001711700 1101102111
	H1092
XAMINATION CERTIFICATE	36

		FIRST NA		50000		MIDDLE NAME		
ISLAM			MOHAN	MMAD			MAHDIN	
ACE AND DATE OF BI		PASSPOR	RT NUMBER	200201		SEAMAN'S BO		
CHANDPUR	9-May-1995		EG054		1DE - 8/1		CO8584	
	LADESHI SEX:	Male	☐ Female	VESSEL IN			ADING AREA: WO	
RMANENT HOME ADI					CONTA	CT NUMBER :	008801783	029917
DIQUE NIBASH, SHAF				POST	RANK	81	3RD ASST E	NGINEER
FICE, CHANDPUR SAL	JAK, CHANDPUK, E	BANGLADE	эп			100		100000000000000000000000000000000000000
Unio vou aveched ear	of the fellowine and	ditional			_			
Have you ever had any	of the following con	oitions						
Condition		YES	NO	Condit	ion		YES	NO
1 Eye/vision pro	blem			18 Sleep p	roblems			
2 High blood pro					smoke?			13/
3 Heart/vascula			B		on/surger	v		0/
4 Heart surgery		\Box	5		y/seizures			D
5 Varicose vein:		D	90		ss/fainting			D
6 Asthma/brono	Falter		D'	1950 117	conscious		(D)	01
7 Blood disorde	C. C	D	D/		atric proble		~ \0\	G/
8 Diabetes			<u> </u>	25 Depres	A CONTRACTOR OF THE PARTY OF THE		C 2	100
9 Thyroid proble	am.	. 🗆	9		sion ted suicide	0	11/0/	100
10 Digestive disc		. 1.3	Y		memory	110	103	4
			9			CIL	1128	B
	III.		3		e problem	111	(10 6	6
			4		headache		0	3
13 Allergies			90		se/throat			6
	tagious diseases		0.000	ALCOHOL: WINDOWS CO.	ted mobili	у		
15 Hernia	2771				roblems			
16 Genital disord	ers		2	33 Amputa			П	1
17 Pregnancy If any of the above que		9	MA	The second second second	es/disloca	tions		
	r been signed off as r been hospitalised?		triated from a	ship?			YES	NO ON
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you aware	r been hospitalised? r been declared unfi lical certificate ever t e that you have any r	t for sea duty been restricte medical prob	/? ed or revoked lems, disease	? s or illnesses?		unation?	0 0 0	99999
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you awan 40 Do you feel I	r been hospitalised? If been declared unfi lical certificate ever to be that you have any to nealthy and fit to p	t for sea duty been restricte medical prob erform the	/? ed or revoked lems, disease	? s or illnesses?		upation?	400000	ाष्ट्रविष्ठित्र । जन्म
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg	r been hospitalised? r been declared unfi lical certificate ever t e that you have any r	t for sea duty been restricte medical prob erform the	/? ed or revoked lems, disease	? s or illnesses?		upation?	0 0 0	ष्ट्रव्यव्य
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you awan 40 Do you feel I	r been hospitalised? r been declared unfi fical certificate ever to that you have any realthy and fit to p fic to any medication	t for sea duty been restricte medical prob erform the o	/? ed or revoked lems, disease duties of your	? s or illnesses?	osition/occ	upation?	400000	ाष्ट्रविष्ठित्र । जन्म
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg Comments:	r been hospitalised? r been declared unfi fical certificate ever to that you have any realthy and fit to p fic to any medication	t for sea duty been restricte medical prob erform the co s?	/? ed or revoked lems, disease duties of your	s or illnesses? designated po	osition/occ	upation?	400000	ाष्ट्रविष्ठित्र । जन्म
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg Comments:	r been hospitalised? If been declared unfi fical certificate ever to that you have any in healthy and fit to p ic to any medication	t for sea duty been restricte medical prob erform the co s?	ed or revoked elems, disease duties of your DUTY ON E	s or illnesses? designated po SOARD SH ons?	osition/occ	upation?	040000	ाष्ट्रविष्ठित्र । जन्म
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg Comments:	r been hospitalised? If been declared unfi fical certificate ever to that you have any in healthy and fit to p ic to any medication	t for sea duty been restricte medical prob erform the co s?	ed or revoked elems, disease duties of your DUTY ON E	s or illnesses? designated po SOARD SH ons?	osition/occ	upation?	0 40000	ाष्ट्रविष्ठित्ते । विष्ठविष्ठित्ते
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg Comments:	r been hospitalised? If been declared unfi fical certificate ever to that you have any in healthy and fit to p ic to any medication	t for sea duty been restricte medical prob erform the co s?	ed or revoked elems, disease duties of your DUTY ON E	s or illnesses? designated po SOARD SH ons?	osition/occ	upation?	040000	ाष्ट्रविष्ठित्ते । विष्ठविष्ठित्ते
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg Comments: 42 Are you taking If yes, please list the me	r been hospitalised? If been declared unfi fical certificate ever to the that you have any in healthy and fit to p ic to any medication	t for sea duty been restricte medical prob erform the co s? FIT FOR I	ed or revoked elems, disease duties of your DUTY ON E otion medication	s or illnesses? designated po BOARD SH ons? ge(s)	IP		0 40000	404999
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg Comments: 42 Are you taking If yes, please list the m	r been hospitalised? If been declared unfi fical certificate ever to the that you have any in healthy and fit to p ic to any medication g any non-prescription iedications taken and release of all my pre-	t for sea duty been restricte medical prob erform the cos? FIT FOR I on or prescrip d the purpose	ed or revoked elems, disease duties of your DUTY ON E otion medication e(s) and dosa	s or illnesses? designated po BOARD SH ons? ge(s)	IP	ls, health instituti	ons and public auth	orities
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg Comments: 42 Are you taking If yes, please list the miles of the property	r been hospitalised? If been declared unfi fical certificate ever to the that you have any interaction the althy and fit to p ic to any medication g any non-prescription the dications taken and release of all my pre- (approved medical)	t for sea duty been restricte medical prob erform the cos? FIT FOR I on or prescrip d the purpose vious medical	ed or revoked elems, disease duties of your DUTY ON E otion medication e(s) and dosa	s or illnesses? designated po BOARD SH ons? ge(s)	IP	ls, health instituti	ons and public auth	orities
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I Are you allerg Comments: 42 Are you taking If yes, please list the miles I hereby authorize the to Dr. Mir Md. Raihan disqualify me from my	r been hospitalised? If been declared unfilical certificate ever to that you have any mealthy and fit to plic to any medication g any non-prescription declarations taken and release of all my prescription (approved medical periodical periodi	t for sea duty been restricte medical prob erform the cos? FIT FOR I on or prescrip d the purpose vious medical	ed or revoked elems, disease duties of your DUTY ON E otion medication e(s) and dosa	s or illnesses? designated po BOARD SH ons? ge(s)	IP	ls, health instituti	ons and public auth	orities
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg Comments: 42 Are you taking If yes, please list the miles of the property	r been hospitalised? If been declared unfilical certificate ever to that you have any mealthy and fit to plic to any medication g any non-prescription declarations taken and release of all my prescription (approved medical periodical periodi	t for sea duty been restricte medical prob erform the cos? FIT FOR I on or prescrip d the purpose vious medical	ed or revoked elems, disease duties of your DUTY ON E otion medication e(s) and dosa	s or illnesses? designated po BOARD SH ons? ge(s)	IP	ls, health instituti	ons and public auth	orities
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg Comments: 42 Are you taking If yes, please list the miles of the property	r been hospitalised? If been declared unfitical certificate ever to the that you have any inealthy and fit to point to any medication gramman and prescription and the that you have any inealthy and fit to point to any medication gramman and the that you have a second to the third that you have a second to the that you have a second	t for sea duty been restricte medical prob erform the cos? FIT FOR I on or prescrip d the purpose vious medical	ed or revoked elems, disease duties of your DUTY ON E otion medication e(s) and dosa	s or illnesses? designated po BOARD SH ons? ge(s)	IP	ls, health instituti	ons and public auth	orities
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I Are you allerg Comments: 42 Are you taking If yes, please list the milest to Dr. Mir Md. Raihan disqualify me from my	r been hospitalised? If been declared unfilical certificate ever to that you have any mealthy and fit to point to any medication g any non-prescription declarations taken and release of all my prescription approved medical pemployment, benefit of Seafarer	t for sea duty been restricte medical prob erform the cos? FIT FOR I on or prescrip d the purpose vious medical	ed or revoked elems, disease duties of your DUTY ON E otion medication e(s) and dosa	s or illnesses? designated po BOARD SH ons? ge(s)	IP	ls, health instituti	ons and public auth	orities
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg Comments: 42 Are you taking If yes, please list the miles of the miles	r been hospitalised? If been declared unfi fical certificate ever to the that you have any to the althy and fit to p the to any medication g any non-prescription the declared of all my pre (approved medical p employment, benefit of Seafarer	t for sea duty been restricte medical prob erform the cos? FIT FOR I on or prescript d the purpose vious medical or action or) I s and claims	ed or revoked elems, disease duties of your DUTY ON E bition medication e(s) and dosa all records from also certify that	s or illnesses? designated po BOARD SH ons? ge(s) n any health pr at my history o	rofessiona ontained a	ls, health instituti	ons and public auth	orities
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg Comments: 42 Are you taking If yes, please list the miles of the miles	r been hospitalised? If been declared unfilical certificate ever to that you have any mealthy and fit to point to any medication g any non-prescription declarations taken and release of all my prescription approved medical pemployment, benefit of Seafarer	t for sea duty been restricte medical prob erform the cos? FIT FOR I on or prescript d the purpose vious medical or action or) I s and claims	ed or revoked elems, disease duties of your DUTY ON E bition medication e(s) and dosa all records from also certify that	s or illnesses? designated po BOARD SH ons? ge(s) n any health pr at my history o	rofessiona ontained a	ls, health instituti	ons and public auth	orities
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg Comments: 42 Are you taking If yes, please list the miles of the miles	r been hospitalised? If been declared unfi fical certificate ever to the that you have any to the althy and fit to p the to any medication g any non-prescription the declared of all my pre (approved medical p employment, benefit of Seafarer	t for sea duty been restricte medical prob erform the cos? FIT FOR I on or prescript d the purpose vious medical or action or) I s and claims	ed or revoked elems, disease duties of your DUTY ON E bition medication e(s) and dosa all records from also certify that	s or illnesses? designated po BOARD SH ons? ge(s) n any health pr at my history o	rofessiona ontained a	ls, health instituti	ons and public auth	orities
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg Comments: 42 Are you taking If yes, please list the miles of the miles	r been hospitalised? If been declared unfi fical certificate ever to the that you have any to the althy and fit to p the to any medication g any non-prescription the declared of all my pre (approved medical p employment, benefit of Seafarer	t for sea duty been restricte medical prob erform the cos? FIT FOR I on or prescript d the purpose vious medical or action or) I s and claims	ed or revoked elems, disease duties of your DUTY ON E bition medication e(s) and dosa all records from also certify that	s or illnesses? designated po BOARD SH ons? ge(s) any health pr any history of	rofessiona ontained a	ls, health instituti	ons and public auth any false statement	orities
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg Comments: 42 Are you taking If yes, please list the miles of the miles	r been hospitalised? If been declared unfi fical certificate ever to the that you have any interaction the althy and fit to p ic to any medication g any non-prescription tedications taken and release of all my pre (approved medical p employment, benefit of Seafarer	t for sea duty been restricte medical prob erform the cos? FIT FOR I on or prescript d the purpose vious medical or action or) I s and claims	ed or revoked lems, disease duties of your DUTY ON Edition medication medication also certify the Blood Pressu	s or illnesses? designated po BOARD SH ons? ge(s) n any health po it my history of	rofessiona ontained a	ls, health institution is true and bove is true and bound in the bound	ons and public auth any false statement	orities
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel 1 Are you allerg Comments: 42 Are you taking If yes, please list the mile to Dr. Mir Md. Raihan disqualify me from my Signature DICAL EXAMINATION Weight HEar Hearing be Right Adequate	r been hospitalised? If been declared unfitical certificate ever to the that you have any interest to any medication to any medication to any medication to any medication taken and release of all my present the temployment, benefit of Seafarer The seafa	t for sea duty been restricte medical prob erform the cos? FIT FOR I on or prescrip d the purpose vious medical practioner) I is and claims	ed or revoked lems, disease duties of your DUTY ON Edition medication medication also certify the Blood Pressur Audiometr	s or illnesses? designated po BOARD SH ons? ge(s) any health pr any history co are: Systolic-	rofessiona ontained a	Diastolic V Misper dequate	ons and public auth any false statement	orities
35 Have you eve 36 Have you eve 37 Have you eve 38 Has your med 39 Are you award 40 Do you feel I 41 Are you allerg Comments: 42 Are you taking If yes, please list the milest to Dr. Mir Md. Raihan disqualify me from my Signature DICAL EXAMINATION Weight H Ear Hearing b Right D Adequate	r been hospitalised? r been declared unfi fical certificate ever to e that you have any i healthy and fit to p ic to any medication g any non-prescription hedications taken and release of all my pre (approved medical p employment, benefit of Seafarer leight (cm) oy Audiometry e Inadequate	t for sea duty been restricte medical prob erform the cos? FIT FOR I on or prescrip d the purpose vious medical practioner) I is and claims	ed or revoked lems, disease duties of your DUTY ON Edition medication medication also certify the Blood Pressur Audiometr	s or illnesses? designated po BOARD SH ons? ge(s) any health pr any history co are: Systolic-	rofessiona ontained a	Diastolic V Misper dequate	ons and public auth any false statement	orities

,			sual acuity					Visual	fields
÷	Right eye	Inaided Left our	Dist.	Aide	Maria de la companya della companya	_	N	ormal	Defective
Distant	G/A	Left eye	Right	eye	Left eye	- 1	4/6	erring!	Delective
Near	0/0	90 UA				Right e			
Visual acuity	meets the st	andard laid do	wn in STCW	Code Se	ctien X.1/9	YES /I			
Colour vision	n as per STCV	W CODE Sect	ion A-I/9:	-FT N		□ Doubtfu	200	Defection	
		test: Date (day				Li Doubin	и п	Defective	
			Normal A	Abnorma	al			N	ormal Abnorma
Head			AT .		Vario	ose veins			# D
Sinuses, nos	se, throat		14		Vasci	ular (inc. pedal p	oulses)		Ø 0
Mouth/teeth					Abdo	men and viscera	1		A D
Ears (genera					Herni	а			d o
Tympanic me	embrane		19		Anus	(not rectal exam	1)		0 0
Eyes						system	201		'
Opthalmosco	ору		4			r and lower extre	emities		0' 0
Pupils			9			(C/S, T/S and I			
Eye moveme			B			ologic (full brief)	0.00		
Lungs and ch			U		Psych				300
Breast exami	ination		2000	-()		ral appearance		-	3//5
Heart		,			Skin				8 / 10
	1002							7 17	116
and Edward Branch								1	7/1
ESULTS OF A	ANCILLARY E	XAMINATION	IS		- 10		757	111	
Chest X-Ray		mo		ICAL (LI	VER FUNC	TION TEST)	Marijuana	Trilope	tive 🗆 Negative
ECG		mis	BILIRUBIN	Ť	0.0	A STATE OF THE PARTY OF THE PAR	Alcohol Test		tive Negative
	BLOOD R/E		SGPT	-			URINE R/E	LI Posi	ive C Negative
DC(differentia	al count)	MAD	SGOT		- 5		OMNERVE	OTHERS	1110
HAEMOGLO	BIN (HGB)	111.03	Control of the Contro	IG AND	ALCOHOL	TEOF	HBsAg		-1-4:
ESR (WESTE		06	Morphine		Positive [HIV / AIDS Test	LJ Rea	ctiv - Nonreactiv
WBC	1 5		Amphetamine			THE RESERVE AND ADDRESS OF THE PARTY OF THE	VDRL		ctive Nonreactiv
	D GLUCOSE		Phencyclidine		Positive [□ Rea	ctiv Nonreactiv
RANDOM			Barbiturates		Positive [3	Blood Type		B+(VE)
INCHINAZII			parnituates	V An		The second secon	Psychological Exa		1028
HBA1C		-	Cocaine	1 NO	Decition				
		-	Cocaine	/ 00	Positive [] Negative	Others(KUB Ultrasou	nd)	112
HBA1C	that I am in kr	5.0%	111				Others(KUB Ultrasou	nd)	112
	that I am in kr	5.0%	111				Others(KUB Ultrasou	nd)	VE
HBA1C	that I am in kr	5.0%	111	the Phys	sical examin	nations:	Others(KUB Ultrasou	nd)	102/2
reby I declare t	$\{(\)\}$	5.0%	111	the Phys	sical examin	nations:	Others(KUB Ultrasou	nd) /	25/07/20
reby I declare t	$\{(\)\}$	5.0%	111	the Phys	sical examin	nations:	Others/KUB Ulirasou	nd) /	25/07/21 Date #
reby I declare t	arer	S-OX nowledge of th	111	the Phys	sical examin	nations:	Others/KUB Ulirasou	nd) /	25/07/20 Date
reby I declare to the partition of financial sessment of the sessment	arer itness for se	nowledge of the	e contents of	the Phys	AMMAD M. Name of S	nations: AHDIN ISLAM eafarer			25/07/20 Date
reby I declare to partie of Seafa sessment of fit the basis of the	arer fitness for se	nowledge of the	e contents of	the Phys	AMMAD M. Name of S	nations: AHDIN ISLAM eafarer	Others/KUB Ulirasou		Date Date
reby I declare to partie of Seafa sessment of fit the basis of the	arer fitness for se	nowledge of the	e centents of	MOH	AMMAD M. Name of S	AHDIN ISLAM eafarer and the diagnosti	ic test results reco	orded above	Date Date
reby I declare to the passes ment of the basis of the	arer fitness for se	nowledge of the	e contents of	MOH	AMMAD M. Name of S	nations: AHDIN ISLAM eafarer		orded above	Date Date
reby I declare to the passes ment of the basis of the	arer fitness for se	nowledge of the	laration, my cl	MOH inical exites	AMMAD M. Name of S	AHDIN ISLAM eafarer	ic test results reco	orded above	Date Date
reby I declare to the passes ment of the basis of the	arer fitness for se	nowledge of the	laration, my cl or lookout dut	MOH inical exites	AMMAD M. Name of S	AHDIN ISLAM eafarer	ic test results reco	orded above	Date Other services
reby I declare to anature of Seafasessment of fithe basis of the aminee medical	arer fitness for se	nowledge of the	laration, my cl	MOH inical exites	AMMAD M. Name of S	AHDIN ISLAM eafarer	ic test results reco	orded above	
reby I declare to anature of Seafasessment of fithe basis of the aminee medical	arer fitness for se	nowledge of the	laration, my cl or lookout dut	MOH inical exites	AMMAD M. Name of S amination a	AHDIN ISLAM eafarer	ic test results reco Not fit for look Catering service	orded above	Other services
reby I declare to mature of Seafa sessment of fit the basis of the mature medical	farer fitness for se le examinee's ally:	nowledge of the	laration, my cl	MOH inical exites	AMMAD M. Name of S amination a	AHDIN ISLAM eafarer	ic test results reco	orded above	Other services
reby I declare to mature of Seafanture of Seafanture of the basis of the mature medical	arer fitness for se	nowledge of the	laration, my cl	MOH inical exites	AMMAD M. Name of S amination a	AHDIN ISLAM eafarer	ic test results reco	orded above	Other services
reby I declare to mature of Seafa sessment of fit the basis of the mature medical fit.	fitness for se le examinee's illy:	nowledge of the rvice at sea: spersonal decidence Deck	laration, my cl	MOH MOH inical ex-	AMMAD M. Name of S amination a	AHDIN ISLAM eafarer	ic test results reco	orded above	Other services
reby I declare to mature of Seafasessment of fit the basis of the mature medical fit.	farer fitness for se le examinee's ally: Without re	nowledge of the rvice at sea: personal decidence of the personal decid	laration, my clor lookout dutieservice	MOH MOH inical ex-	AMMAD M. Name of S amination a	AHDIN ISLAM eafarer	ic test results reco	orded above	Other services
reby I declare to mature of Seafa sessment of fit the basis of the mature medical fit.	farer fitness for se le examinee's ally: Without re	nowledge of the rvice at sea: personal decidence of the personal decid	laration, my clor lookout dutieservice	MOH MOH inical ex-	AMMAD M. Name of S amination a	AHDIN ISLAM eafarer	ic test results reco	orded above	Other services
reby I declare to mature of Seafasessment of fit the basis of the mature medical fit.	farer fitness for se le examinee's ally: Without re	nowledge of the rvice at sea: personal decidence of the personal decid	laration, my clor lookout dutieservice	MOH MOH inical ex-	AMMAD M. Name of S amination a	AHDIN ISLAM eafarer	ic test results reco	orded above	Other services
reby I declare to mature of Seafasessment of fit the basis of the mature medical fit.	farer fitness for se le examinee's ally: Without re	nowledge of the rvice at sea: personal decidence of the personal decid	laration, my clor lookout duties	MOH MOH inical ex-	AMMAD M. Name of S amination a Engine sen	AHDIN ISLAM eafarer	ic test results reco	orded above	Other services
reby I declare to the partial of Seafarer free danger the heal	itness for se le examinee's illy: Without re se from any m	nowledge of the rvice at sea: personal declarge personal declarge personal declarge persons and declarge persons on board persons	laration, my clor lookout duting service	MOH inical exites	AMMAD M. Name of S amination a Engine sen With related by serv	AHDIN ISLAM eafarer	ic test results reco	orded above	Other services
reby I declare to the partial of Seafarer free danger the heal	itness for se le examinee's illy: Without re se from any m	nowledge of the rvice at sea: personal declarge personal declarge personal declarge persons and declarge persons on board persons	laration, my clor lookout duting service	MOH inical exites	AMMAD M. Name of S amination a Engine sen With related by serv	AHDIN ISLAM eafarer	ic test results reco	orded above	Other services
reby I declare to the property of Seafarer free danger the heal scribe restriction.	Without re	rvice at sea: personal decl beta personal decl beta personal decl certains	laration, my cloor lookout duting service	MOH inical exites	AMMAD M. Name of S amination a Engine sen With related by serv	AHDIN ISLAM eafarer	ic test results reco	orded above	Other services
reby I declare to the partial of Seafarer free danger the heal	Without re	rvice at sea: personal decl beta personal decl beta personal decl certains	laration, my cloor lookout duting service	MOH inical exites	AMMAD M. Name of S amination a Engine sen With related by serv	AHDIN ISLAM eafarer	ic test results reco	orded above	Other services
reby I declare to the property of Seafarer for the Seafarer fredanger the heal scribe restriction taken by me	Without re the from any method of other pe	nowledge of the rivice at sea: personal declarations estrictions edical conditions on boar cific position, typer (e.g., referr	laration, my cloor lookout duties service	MOH inical exites	AMMAD M. Name of S amination a Engine sen With related by serv	AHDIN ISLAM eafarer	ic test results reco	orded above	Other services
reby I declare to the property of Seafarer free danger the heal scribe restriction.	Without re the from any method of other pe	rvice at sea: personal decl beta personal decl beta personal decl certains	laration, my cloor lookout duties service	MOH inical exites	AMMAD M. Name of S amination a Engine sen With related by sen	AHDIN ISLAM eafarer and the diagnosti vice estrictions vice at sea or to	Not fit for look	orded above cout duties	Other services
reby I declare to the passes ment of fit the basis of the medical series and the heal series anger the heal series restriction taken by medical to the passes of the heal series and the h	Without re the from any method of other pe	nowledge of the rivice at sea: personal declarations estrictions edical conditions on boar cific position, typer (e.g., referr	laration, my cloor lookout duties service	MOH inical exites	AMMAD M. Name of S amination a Engine sen With related by serv	AHDIN ISLAM eafarer and the diagnosti vice estrictions vice at sea or to	ic test results reco	orded above cout duties	Other services
reby I declare to the passes ment of fit the basis of the medical series and the heal series anger the heal series restriction taken by medical to the passes of the heal series and the h	Without re the from any method of other pe	nowledge of the rivice at sea: personal declarations estrictions edical conditions on boar cific position, typer (e.g., referr	laration, my cloor lookout duties service	MOH inical exites	AMMAD M. Name of S amination a Engine sen With related by sen	AHDIN ISLAM eafarer and the diagnosti vice estrictions vice at sea or to	Not fit for look	orded above cout duties	Other services

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF A	PPLICANT		FIRST NAME		MIDDLE INITIAL
ISLAM			MOHAMMAD		MAHDIN
DATE OF BIRTH			PLACE OF BIRT	Н	SEX
5	9	1995	CHANDPUR	BANGLADESH	
MONTH	DAY	YEAR	CITY	COUNTRY	MALE FEMALE
EXAMINATION FO	OR DUTY A	S:	\$(1 <u> 1</u> 1 1 1 1 1 1 1 1 1	MAILING ADDRESS OF AP	PLICANT:
MASTER		RATING		SIDDIQUE NIBASH, SHAF	HID RAHAN BUG ROAD,
MATE		MOU DECK		CHANDPUR HEAD POST	OFFICE, CHANDPUR SADAR,
ENGINEER	P	MOU ENGINE		CHANDPUR, BANGLADE	SH
RADIO OFF		SUPERNUME	RARY	The state of the s	
MEDICAL EXAN	MINATION	(SEE PAGE 2) STATE DETAI	LS ON PAGE 2	at a second
VISION: WITHOUT GLASSES WITH GLASSES DATE OF LAST CO COLOR VISION M COLOR TEST TYPE: HEARING HEAD AND NECK LUNGS EXTREMITIES: UPPER	ES DLOR VISIO EETS STAN	ON TEST (Month	LEFT EX LEFT E	A-1/97 YES NORMAL YELLOW LEFT YEAR HEART (CARDIOVASCULAR) SPEECH (DECK/NAVIGATIONA	GENERAL APPEARANCE Quired every 6 years NO RED GREEN BLUE LOFFICER AND RADIO OFFICER) NORMAL VOICE COMMUNICATION
S APPLICANT SU	DANGER 1				RENDER HIM UNFIT FOR SERVICE AT SE
	abdin	155		7 5 JUL 2024	2 4 JUL 2026
-	TURE OF A	PPLICANT		DATE OF EXAM	EXPIRY DATE
			BE AFFIXED IN T	THE PRESENCE OF THE EXAMI	
THIS IS TO CERTI					DHAMMAD MAHDIN ISLAM
THIS IS TO CLICIT		THI DICTION		20 at 10 at	OF APPLICANT)
(FIE) (SHE) IS FOU MOU ENGINE or S			TOROR DUTY		RADIO OFFICER, RATING, MOU DECK,
NAME AND DE	GREE OF E	PHYSICIAN	DR. MIR MD.	RAIHAN; M.B.B.S.(D.U.),	4.1
					, UTTARA, DHAKA-1230, BANGLADESH.
NAME OF PHYS	ICIAN'S C	ERTIFICATIN	G AUTHORDY	REGISTRATION NO.: A-55	144, B.M.D.C, DHAKA, BANGLADESI
DATE OF ISSUE	OF PHYS	ICIAN'S CERT	HICARE (5-May-14	
SIGNATURE OF	PHYSICI/	IN of		DATE OF EXA	AMINATION: 25 JUL 2024
This certificate is	s issued by	authority of the	Deputy Commiss	sioner of Maritime Affairs, R.L.	and in compliance with the requirements of

the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18

RLM-I05M ANNEX 2

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-018
DG Shipping Bangladesh Approved
General Physician

Rev0 - 09/01/2023

Radical Hospitals Limited

MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and (c) at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, (e) senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for (f) normal voice communication.
- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical (2) requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival (h) craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1, COMPLETE	PHYSICAL	EXAMINATION INCL	UDING HEARING TEST.
-------------	----------	------------------	---------------------

PATHOLOGICAL EXAMINATION: A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg).

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

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

MBBS (DU), DEM. OCB

MMC-BGD-016 DG Shipping Bangladesh Approved General Physician

Radical Hospitals Limited

25 JUL 2024

RLM-105M ANNEX 2



Rev0 - 09/01/2023





ID NO : 24070630

Patient's Name: MOHAMMAD MAHDIN ISLAM

Ref. By : DI

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/8584

Age : 28Y 4M 22D

Date

Sex : Male

25/07/2024

Specimen ; Blood

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

HAEMATOLOGY REPORT

Parameter	Re	esults	Reference Values	Histogram
	14.3 06	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A
TOTAL WBC COUNT	8,800	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Lymphocytes Monocytes	66 24 06 04	% % %	(40 - 75)% (20-45)% (2-10)% (1-6)%	WBC CURVE
	00	%	0-1 %	
TOTAL PLATELET COUNT(PC) MPV PDW-CV PCT P-LCR	352 323,000 10.8 16.4 0.35 32.5 105	/cumm /cumm fL % % % x10^3/uL	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL 10 - 18 % 0.10 - 0.28 9.00 - 45.00%	PLT CURVE
	103	X10 3/UL	13 - 129 x10^3/uL	A
HCT/PCV MCV	5.89 48.6 82.5	m/ul % fL	M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 fL	
MCHC RDW SD	24.4 29.5 46 16.7	pg g/dL fL %	27-32 pg 29-34 g/dL 30.0-57.0 fL 10-16%	RBC CURVE

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

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



Bill No	DIA24070630	Received	Date	25/07/2	2024
Patient's Name	MOHAMMAD MAHDIN ISLAM				*******
Patient's Age	28Y 4M 22D	P	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(I	BIRDEM),PGT(Eye),DFM	CI	DC NO	C/O/8584
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)		0.51 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	11.	26.0U/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 Ltd. Dr. Sumpiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.



Bill No	DIA24070630	Received Da	te 25/07/2	2024
Patient's Name	MOHAMMAD MAHDIN ISLAM			
Patient's Age	28Y 4M 22D	Patie	ent's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR	RDEM),PGT(Eye),DFM	CDC NO	C/O/8584
Sample	BLOOD			

SEROLOGICAL REPORT

Test Name

Result

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

Checked By

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



Bill No	DIA24070630	Received Date 25/07/		/2024	
Patient's Name	MOHAMMAD MAHDIN ISLA	M			
Patient's Age	28Y 4M 22D	eAs	Patient's	s Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCI	D(BIRDEM),PGT(Eye),DFM	С	DC NO	C/O/8584
Sample	URINE				

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-1/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 N	Nil	Granular	Nil
	MAL	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. Sumsiya 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: MV. HSL VARNA DATE: 25/07/2024

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

EYE EXAMINATION REPORT

NAME: MOHAMMAD MAHDIN ISLAM RANK: 3A/ENG CDC NO: C/O/8584

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

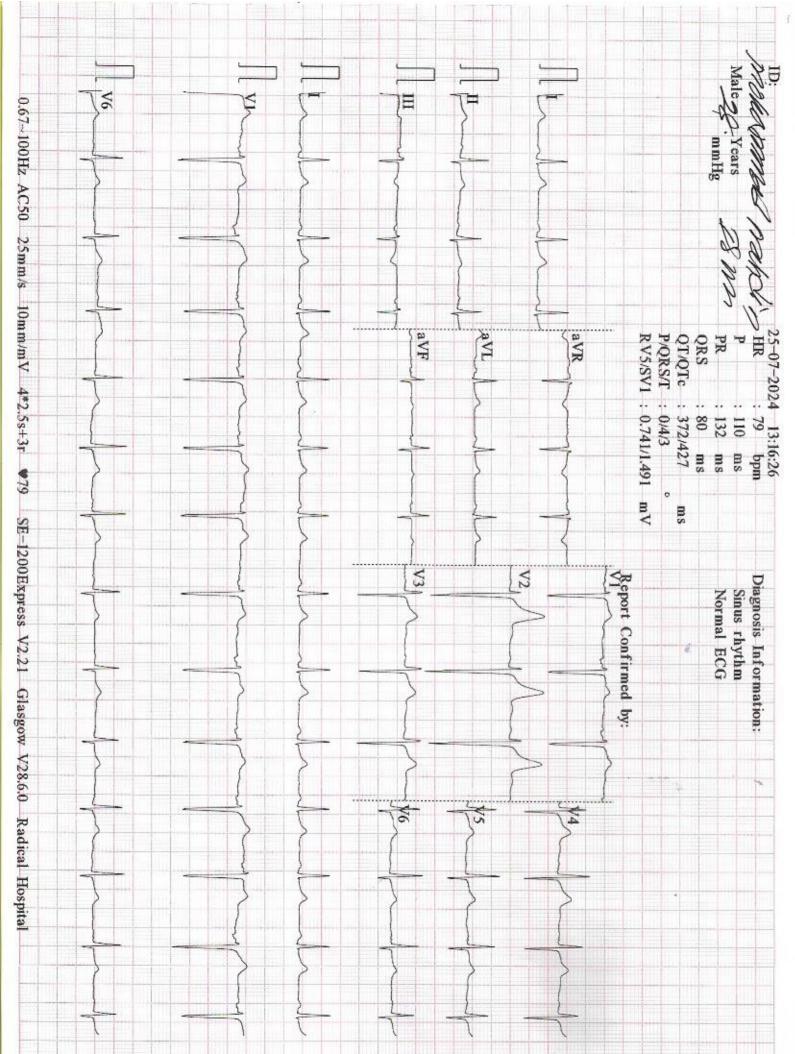
UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070630 Receive:25/07/2024 Print: 25/07/2024

Patient's Name : MOHAMMAD MAHDIN ISLAM

Age : 28 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

25 JII 201	BMDC A-55144, MMC-BGD-019	SS, Shah Mekhdam Ayenue Ultara, Dbulta	
T NO	General Physician Radical Hospitals Limited	BANGLADEST	
0 50	Redichi Hospidia Limited	GIVEN TO	

The Validity of this certificate shall extend for a period of two years beginning six days after the first injection or the vaccine or in event of a revaccination within such period of two years on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

OTHER VACCINATIONS AUTERS VACCINATION

Date	Nature of vaccine	11年5年1	Physician's Signature
216	ABBRITAR		1. 1 1 1 1 1 1 1 1 1 1
1 8		新華華養養	
0.10	多 改善品 計 以目	1879 2 2	
E 30	· 新香草草 等 1 4	504 5 2 1	
5.0	I STARE		
3 3	日本五五年 祖 五日	1. 注音 6.1	1000 1000 1000 1000 1000 1000 1000 100
1 10	直量 医海 里 引作。	CREE 1	
E C	1 TOTAL P		
1 3 8	111111111	1000	
E N	1214171	基金金	1000 美国 1000 1000 1000 1000 1000 1000 10
Ann	I FIRE LELT	Fa E E	12 1 2 2 2 3
1 5 0		1 2 3 3 4	TAREL TO F

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows

Date of birth 09. 95.1995 Sex

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
0 4 4	Dr. Md. Golam Mostafa Registration No. BMDC, A-9486 Seafarer's Medical Officer Chittagong, Bangaldesh	MER VACCUZA 1313 MOAXAR OAX	1 2 RACCINA DE LES MACCINA DE LES MACCINA DE LES MACCINA DE LES MANGILADES DE LA MANGI
2			
3 4	Requirement No. Butto. A sust Southern No. Butto. A sust Southern & Mechay Officer Contrigong, Bangalon sh	1 V sheet 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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

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

Form No: SMC

Seafarer's Signature



SL NO						 		
	-	2	~	0	-	-	-	

Name & Signature of the practitioner:

04.2024.7043

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:		
Name: Last 15/am First Mohammad	Middle Ma	ahdin
Gender: (Male/Female) Male Nationality: Bangladeshi		
Occupation: Deck/Engine/Catering/Other (specify)	Rank: 3 A/E	
Father's/ Husbad'sname: MD. Maynul 15 lam	C.D.C No. C/0/	18589
Mother's Name: Sahnan Sultana	Seaman ID No 05	30007555
Address: House No. Sida Que Nibustreet/ Road No. Sahid Reharby	Passport NoEG	054998)
		06439
		105/1995
P.S. Chandpur	(DD/MM	
District: Chardpurc	•	5.00 (N) (N) (N) (N)
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:		
I am duly authorized by the Department of Shipping, Government of the Pe	onle's Republic of R	angladesh and confir
the followings:	opiconceptante of a	
1. Confirmation that identification documents were checked at the point of ex	camination	:XES/NO
2. Hearing meets the standards in section A-I/9		:XES/NO
3. Unaided hearing satisfactory?		:yES/NO
4. Visual acuity meets standards in section A-I/9?		:YES/NO
5. Colour vision meets standards in section A-I/9?		:YES/NO
Date of last colour vision test		25 JUL 2024
6. Fit for lookout duties?		:YES/NO
7. 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 person	ons on board?	:YES/NO
8. Any limitations or restrictions on fitness?		:YES/NØ
If YES, specify limitations or restrictions:		
Duties: RADICAL HOSPITAL LIMITE		1 +++
Location/Vessel: Ukara, Dhaka, Bangladesh	iD	11
Medical/Other:		
	1000	
Medical fitness category : Fit-No restriction Fit-Subject to	o restrictions	Unfit
10. Date of examination/(ssue (DD/MM/YYYY) 977 25/07/2024	1	
10. Date of examination issue (DD/MINE 1111)		/ .
11. Date of expiry (DD/MM/YYYY)2.4JUL2025"No more than 2 years	ears from the date of	examination".
	Su	
I have read the contents of the certificate and have been informed of the right to review.	MBBS (DU), DFM, CO BMDC A-5514 DG Shipping Ba Genera	MD. RAIHAN cb (Birdem), PGT (Ophth) 4, MMC-BGD-016 ingladesh Approved il Physician ispitals Limited