



## HAQUE & SONS LTD.

Accredited By : BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER

H1867

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

#### MEDICAL EXAMINATION CERTIFICATE

NAME	2. NO. A	FIRST NAME AND	510500 C	MIDDLE NAME	RASHED BIN
	KAMAL	MOHAM	IMAD	SEAMAN'S BOOK NUMBER C/O/3026	
	DATE OF BIRTH	PASSPORT NUMBER B0008	6003		
DHAK		Male   Female	VESSEL TYPE : CH	IEM/OIL TANKER TRAI	
IONALIT	T HOME ADDRESS :	✓ Male ☐ Female		ACT NUMBER :	+8801914-128092 (SELF)
DALIAE	HAR, PO- DELIAYE, PS- CHAT	KHII DIST-NOAKHALL			1780 (1700)
SLADES		Kille, Dio i Hominine,	RANK	V134	MASTER
JENDEO					
ave you	ever had any of the following con	ditions?			1.00
					YES NO
	Condition	YES NO	Condition		U 4
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	ligh blood pressure	0 0/	19 Do you smoke? 20 Operation/surge		
	leart/vascular disease	8 7/	<ul><li>20 Operation/surge</li><li>21 Epilepsy/seizure</li></ul>	F	
	leart surgery	ii 6/.	22 Dizziness/faintir		
	/aricose veins	0 11	23 Loss of conscio		0 6
3 - 3	Asthma/bronchitis	- 70 l	24 Psychiatric prof		0/6
33399	Blood disorder	6 %	25 Depression	74.7/51/50/	(A) (D)
	Diabetes Eburaid arablam		26 Attempted suic	ide -	
	Thyroid problem		27 Loss of memor		000
	Digestive disorder Kidney problem	□ <i>I</i> ⁄	28 Balance proble		1100 #
	Skin problem		29 Severe headac		0 /9/
	Allergies		30 Ear/nose/throa		
	Infectious/contagious diseases		31 Restricted mob	CONTROL OF THE CONTRO	0 /9/
	Hernia		32 Back problems		
	Genital disorders		33 Amputation		. 01
16	Genital disorders	- A A	po fumpotototi		///
17 f any of t Addition 35	Pregnancy he above questions were answer al questions  Have you ever been signed off a	ed "yes", please give deta	34 Fractures/dislo	cations	YES NO
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Chest X-Ray ECG EDC(differential HAEMOGLOB ESR (WESTER WBC BLOOD RANDOM HBA1C	eets the stants per STCW our vision tes throat throat station CILLARY EXECUTED IN (HGB) RGREN)	CODE Sections: Date (day/n	Normal A  Normal A  BIO CHEM  BILIRUBIN  SGPT  SGOT	Abnorr	Left eye  Section A-1/ Normal  UL 2024  nal  Var  Vas  Abo Her  Anu  G-U  Upp Spin Neu Psy Ger Skii  (LIVER FUR  D ALCOHO  D Positive D Positive	Do  Cose veins cular (inc. pe lomen and vi nia is (not rectal is (not rectal is (not rectal is (appeara in cose veins cular (inc. pe lomen and vi nia is (not rectal incomen and lower incomen (C/S, T/S irrologic (full b chiatric ineral appeara in incomen and	edal pulses) scera exam) extremities and L/S) prief) ince T) Marijuana Alcohol Te URINE R/I HBsAg HIV / AIDS	G Test	Norm  Norm  Positive  Positive  Reactive	Defective  Abnorma
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In Accordance with Medical Examination (Section 1978/1996 as Amended, MLC 2006 Shipping Bangladesh Approved

5.1 General Physician Revision Date: 24th July 2022 Radical Hospitals Limited.

Revision: 5.1



# MARITIME AND PORT AUTHORITY OF SINGAPORE

## SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime

Seafarer's Name :(Last, first, mic	KAMAL MOHAMMAD RA	SHED RIN	Gender: Male/Female*
Date of Birth: (Day/month/year)	Nationality:	Place of Birth:	Iviale/I <del>remale</del>
19-Nov-1974	BANGLADESHI		DHAKA

Declaration of the recognized medical practitioner:

1	Idontification	Yes No
	Identification documents were checked at the point of examination?	
2	Hearing meets the standards in STCW Code Section A-I/9?	1
3	Unaided hearing satisfactory?	
4	Visual acuity meets the standards in STCW Code Section A-I/9?	
5	Colour vision meets the standards in STCW Code Section A-I/9?	
	Date of last colour vision test: 16 JUL	. 2024
6	Fit for look-out duty?	
7	Is the seafarer free from any medical condition likely to be aggravated by se to render the seafarer unfit for such service or endanger the life of person or	rvice at sea or
8	No limitations or restrictions on fitness?	iboaid:
	If "no" specify limitations or restrictions	
		é
9	Date of examination: (day/month/year)	16 JUL 2024
10	Expiry of certificate: (day/month/year)  ** Maximum two years from date of examination unless the seafarer is under the age of 18	15 JUL 2026

16 JUL 2024

Date

Signature of Authorised Medical Practitioner DR. MIR. MD. RAIHAN
MBBS (DU), DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

Medical Practitioner's Official stamp (name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer







# MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

## RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

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

Seafarer's Name :(Last, first, middle) (BLOCK CAPITALS)	KAMAL MOHAMMAD RASHED	BIN	Gender: Male/Female*	
Date of Birth: day/month/year 19-Nov-1974	Place of Birth: DHAKA	Nationa	ality: BANGLADESHI	
Type of ID documents; NRIC No. / Passport No.; B00086003	Dept: Deck / Engine / Catering / others Rank: MASTER			I/OIL TANKER
Home Address: HOUSE # 116, FLAT # A-5, GREEN EMERALD,, ROAD # 9A, DHANMONDI, DHAKA, BANGLADESH	ddress: Routine and emergency duties:		Trading / world v	area: e.g coastal wide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

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

If you answer "yes" to any of the above questions, please provide details:

Additional questions	Yes No
35. Have you ever been signed off as sick or repair the form a ship?	
36. Have you ever been hospitalized?	/

37. Have you ever be	een declared unfit for sea duty?		
38. Has your medical	certificate even been restricted or r	revoked?	
39. Are you aware the	at you have any medical problems,	diseases or illnessess?	
40. Do you feel healti	ny and fit to perform the duties of vo	our designated position/occupation?	
41. Are you allergic to	any medication?	designated position/occupation?	
	y non-prescription or prescription me	adjection?	
	prescription of prescription me	edication?	
If you answer "yes", p	lease list the medications taken, the	e purpose(s) and the dosage:	
hereby declare that t	the personal declaration above is	DR. MIR. MD. F MBBS (DU), DFM, CCD (Birdem BMDC A-55144, MMC DG Shipp.ng Bangladesi General Physici	n), PGT (Ophth) -BGD-016 h Approved
Date	Signature of Seafarer	Name and Signature of Wit	imited
hereby authorize the ertificate) from any 16 JUL 2024	release of all my previous medic y health professional, health	MBBS (DU), DFM, CC( BMDC A-55144 DG Shipp.ng Ban General	rities to Dr.  AD. RAIHAN  D (Birdem), PGT (Ophth)  MMC-BGD-016  gladesh Approved  Physician  pitals Limited.
Data	n: . V.	reducer rios	phois Littlited.

Name and Signature of Witness

Signature of Seafarer



Date

No					
Yes	Гуре		Purpose		
sual Acuity					
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Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	666	666	Distant		
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Right ear Left ear Left ear Left ear Height Pulse rate Blood Pres	whisper test (in the latest state)  whisper test (in the latest state)  lings  (per state)	(cm) minute) mm Hg)	weight A Rhythm Diastolic	isper (kg)	
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Tympanic membrane	1/			
Eyes				
	1			
Ophthalmoscopy Pupils	//			
	1/			
Eye movement				
Lungs and chest				
Breast examination Heart	NH			
Skin	1/			
	//			
Varicose Vein	1//			
Vascular (inc. pedal pulse)	//			
Abdomen and viscera				4.4
Hernia	1/			
Anus (not rectal exam)	//			
G-U system	10			
Upper and lower extremities				
Spine (C/s, T/S, L/S)				
Neurologic (full/brief)				
Psychiatric				
General appearance				
Not performed -		_	ir): 16 JUL 2024	
	Results: /./	mall	-	
ther diagnostic test(s) and re	in	esults:	mas/	
Medical practitioner's commen		2 1 2 2 2 1 1 1 2 2 1 2 1 2 1 2 1 2 1 2	rongono for any E	
presenting of commen	no and assessmen	it of fittless, with i	reasons for any lim	iltations.
	FIT FOR DUTY	ON BOARD SHIP		
ssessment of fitness for servent the basis of the seafarer's no		1000		
n the basis of the seafarer's pe sults recorded above, I declare	the seafarer med	ically:	nination and diagn	ostic test
Fit for look out duty	Unfit for look	out duty		
Visual aid required	Visual aid no	t required		

	Deck Service	Engine Service	Catering Service	Other Service
Fit				0011100
Unfit				(50)

Ears (general)

Without restriction	ons With re	estrictions		
Description of restri	ictions (e.g. specific po	osition, type of ship, to	rading area etc.)	

\*\*\*\*\*\*

16 JUL 2024

Date

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

Medical Practitioner's name, licence number, address







Date :

ID NO : 24070418

Patient's Name: MOHAMMAD RASHED BIN KAMAL

Age : 49 Y 7M 27D

16/07/2024

Ref. By

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/3026

Sex : Male

Specimen : Blood

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

- Control of the Cont			PHOTO CONTRACTOR OF THE PARTY O	
Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	15.5 08	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	9,700	/cumm	4,000 - 11,000 /cumm	4.4
DIFFERENTIAL COUNT Neutrophils Lymphocytes Monocytes	70 24 04	% %	(40 - 75)% (20-45)% (2-10)%	WBC CURVE
Eosinophils Basophil	02 00	% %	(1-6)% 0-1 %	A
TOTAL CIR. EOSIONOPHIL COUNTOTAL PLATELET COUNT(PC) MPV	<b>267,000</b> 9.6	/cumm /cumm fL	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL	
PDW-CV PCT P-LCR	16.8 0.26 26.6	% % %	10 - 18 % 0.10 - 0.28 9.00 - 45.00%	PLT CURVE
P-LCC	71	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT HCT/PCV MCV	<b>6.04</b> 49.8 82.4	m/ul % fL	M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 fL	
MCH MCHC RDW SD RDW CV	25.6 31.1 48 17.6	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. Sumalya Khatun MBBS,MD (Gold Medilist) (BSMMU) Associate Professor Dept.Of Microbiology East West Medical College & Hospital.



radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070418	Receive	d Date	16/07/2	2024
Patient's Name	MOHAMMAD RASHED BIN KAMAL				
Patient's Age	49Y 7M 27D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFN	И С	DC NO	C/O/3026
Sample	BIOOD				
Sample	BIOOD				

## BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.2 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.51 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	30.0 U/L	Up to 40 U/L
Serum AST (SGOT)	25.0U/L	Up to 37 U/L
HbA1C	5.9 %	4.2 - 6.7 %

### REMARKS (IF ANY)

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

Checked By

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



radical\_hospitals@yahoo.com, www.radicalhospital.com

Test Name

Bill No	DIA24070418	Received	Received Date 16/07		2024
Patient's Name	MOHAMMAD RASHED BIN	KAMAL			
Patient's Age	49Y 7M 27D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	С	DC NO	C/O/3026
Sample	BIOOD				1

#### SEROLOGICAL REPORT

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

Result

Non-reactive

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

Medical Technologist. Radical Hospital Ltd.

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



Bill No	DIA24070418	Received Da	Received Date 16/07/2	
Patient's Name	MOHAMMAD RASHED BIN KA		10,017	-02-1
Patient's Age	49Y 7M 27D		ent's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(B	IRDEM),PGT(Eye),DFM	CDC NO	C/O/3026
Sample	URINE		323110	C/0/3020

#### DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Negative	
Negative	
Negative	100
Negative	
Negative	
	Negative

Checked By

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



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Bill No	DIA24070418	Received Date 16/07		7/2024	
Patient's Name	MOHAMMAD RASHED BIN KAMAL		10/0///	-02-1	
Patient's Age	49Y 7M 27D	Patie	nt's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),	PGT(Eye),DFM	CDC NO	C/O/3026	
Sample	URINE			0.013020	

#### 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
	13/41	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.

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. MARITIME TUNTIGA

DATE: 16/07/2024

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

## EYE EXAMINATION REPORT

NAME: MOHAMMAD RASHED BIN KAMAL RANK: MASTER CDC NO: C/O/3026

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

1/6

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

BONAMINA FRANCE	<b>™</b>	: 77 bpm	Diagnosis Information:	formation:		
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<u>V6</u>						

RADICAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

#### DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070418 Receive:16/07/2024 Print: 16/07/2024

Patient's Name : MOHAMMAD RASHED BIN KAMAL

Age : 49 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

#### X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.

C-P angles are clear.

Heart : Normal in T.D.

Lung ields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

This report has been electronically signed.

Page of 1

#### INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

Date of birth 19.11.1974 Sex MALE This is to certify that whose signature follows SMOHAMMAD RASHED BIN KAIMAL. has on the date indicated been vaccinated or revaccinated against Cholera Signature and Professional Date Approved Stamp status of vaccinator 16 111 2014 DR. MIR. MD. RAIHAN
MBBS (DU), DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician 35, Shah Makhdum Амелия Utters, Dhaka ANGLADE Radical Hospitals Limited. 2 3 3 4 4 5 5 6 7 7 8 8

Continued overleaf Suite our erso

#### INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows MOHAMMAD RASHED BIN KAMAL

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
6 311 20	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	L NO DAKAR OF	2 SEOR VACCIAL SEO
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3			3 4
4	Alternative and the second		

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.