HAQUE & SONS LTD.

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

Accredited By : BMDC
Accreditation No. A55144

PATIENT CONTROL NUMBER
HS3930FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
RAHMAN	MOHAMMAD	SHAMSUR
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
MYMENSHINGH 22-Feb-1977	EG0080824	CO3930

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : CRUDE OIL TANKER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
CHAKRAMPUR, TRISHAL, TRISHAL, MYMENSINGH, BANGLADESH

CONTACT NUMBER : 1710805404

RANK : MASTER

Have you ever had any of the following conditions?

	Condition	YES	NO		Condition	YES	NO
1	Eye/vision problem	☐	☑	18	Sleep problems	☐	☐
2	High blood pressure	☐	☐	19	Do you smoke?	☐	☐
3	Heart/vascular disease	☐	☐	20	Operation/surgery	☐	☐
4	Heart surgery	☐	☐	21	Epilepsy/seizures	☐	☐
5	Varicose veins	☐	☐	22	Dizziness/fainting	☐	☐
6	Asthma/bronchitis	☐	☐	23	Loss of consciousness	☐	☐
7	Blood disorder	☐	☐	24	Psychiatric problems	☐	☐
8	Diabetes	☐	☐	25	Depression	☐	☐
9	Thyroid problem	☐	☐	26	Attempted suicide	☐	☐
10	Digestive disorder	☐	☐	27	Loss of memory	☐	☐
11	Kidney problem	☐	☐	28	Balance problem	☐	☐
12	Skin problem	☐	☐	29	Severe headaches	☐	☐
13	Allergies	☐	☐	30	Ear/nose/throat problems	☐	☐
14	Infectious/contagious diseases	☐	☐	31	Restricted mobility	☐	☐
15	Hernia	☐	☐	32	Back problems	☐	☐
16	Genital disorders	☐	☐	33	Amputation	☐	☐
17	Pregnancy	☐	N/A	34	Fractures/dislocations	☐	☐

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?	☐	☑
36	Have you ever been hospitalised?	☐	☑
37	Have you ever been declared unfit for sea duty?	☐	☑
38	Has your medical certificate ever been restricted or revoked?	☐	☑
39	Are you aware that you have any medical problems, diseases or illnesses?	☐	☑
40	Do you feel healthy and fit to perform the duties of your designated position/occupation?	☑	☐
41	Are you allergic to any medications?	☐	☑

Comments: FIT FOR DUTY ON BOARD SHIP

42	Are you taking any non-prescription or prescription medications?	☐	☑

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 practioner) 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 85kg Height (cm) 168 BMI 30.1 Blood Pressure: Systolic 130 mm Hg Diastolic 80 mm Hg PULSE: 78 b/m

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
	N/A		

Hearing by Whisper Test	
☐ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A 1/9 ? YES ☑ NO ☐

Cont'd from page 1

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant			6/6	6/6
Near				

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A I/9 — YES / NO

Colour vision as per STCW CODE Section A I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 25 JUL 2024

	Normal	Abnormal		Normal	Abnormal
Head	✓	☐	Varicose veins	✓	☐
Sinuses, nose, throat	✓	☐	Vascular (inc. pedal pulses)	✓	☐
Mouth/teeth	✓	☐	Abdomen and viscera	✓	☐
Ears (general)	✓	☐	Hernia	✓	☐
Tympanic membrane	✓	☐	Anus (not rectal exam)	✓	☐
Eyes	✓	☐	G U system	✓	☐
Opthalmoscopy	✓	☐	Upper and lower extremities	✓	☐
Pupils	✓	☐	Spine (C/S, T/S and L/S)	✓	☐
Eye movement	✓	☐	Neurologic (full brief)	✓	☐
Lungs and chest	✓	☐	Psychiatric	✓	☐
Breast examination	N/A	☐	General appearance	✓	☐
Heart	✓	☐	Skin	✓	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐	Positive	☑ Negative
ECG	NAD	BILIRUBIN	0.54		Alcohol Test	☐	Positive	☑ Negative
BLOOD R/E		SGPT	N/E		URINE R/E		NAD	
DC(differential count)	NAD	SGOT	26		OTHERS			
HAEMOGLOBIN (HGB)	16.6	DRUG AND ALCOHOL TEST			HBsAg	☐	Reactive	☑ Nonreactive
ESR (WESTERGREN)	05	Morphine	☐ Positive	☑ Negative	HIV / AIDS Test	☐	Reactive	☑ Nonreactive
WBC	8800	Amphetamine	☐ Positive	☑ Negative	VDRL	☐	Reactive	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☑ Negative	Blood Type		O+(VE)	
RANDOM	5.7	Barbiturates	☐ Positive	☑ Negative	Psychological Exam		NAD	
HBA1C	5.3 %	Cocaine	☐ Positive	☑ Negative	Others(KUB Ultraso		N/E	

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

Signature of Seafarer

MOHAMMAD SHAMSUR RAHMAN
Name of Seafarer

25 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	☑	☐	☐	☐
Unfit	☐	☐	☐	☐

☐ Without restrictions ☐ 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
☐	☐

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

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

Fitness Date: 25 JUL 2024 Valid Until: 24 JUL 2026

Name and Signature of Authorized Physician

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.

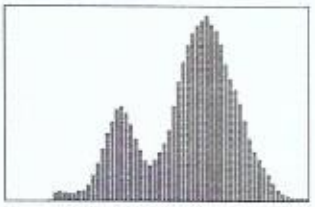
RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

ID NO	**: 24070627**	**Date**	**: 25/07/2024**
Patient's Name	**: MOHAMMAD SHAMSUR RAHMAN**	**Age**	**: 47Y 5M 3D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/3930**	**Sex**	**: Male**
Specimen	**: Blood**		

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

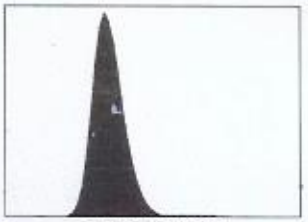
HAEMATOLOGY REPORT

Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**16.6**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**05**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**9,800**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	62	%	(40 - 75)%	
Lymphocytes	31	%	(20-45)%	
Monocytes	04	%	(2-10)%	
Eosinophils	03	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**294**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**359,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	9	fL	7.0 -11.0 fL	
PDW-CV	16	%	10 - 18 %	
PCT	0.32	%	0.10 - 0.28	
P-LCR	20.6	%	9.00 - 45.00%	
P-LCC	74	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**6.35**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	53.0	%	M: 40-54%, F: 37-47%	
MCV	83.5	fL	76-94 fL	
MCH	26.1	pg	27-32 pg	
MCHC	31.3	g/dL	29-34 g/dL	
RDW SD	48	fL	30.0-57.0 fL	
RDW CV	17.5	%	10-16%	



WBC CURVE

PLT CURVE



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	DIA24070627	Received Date	25/07/2024
Patient's Name	MOHAMMAD SHAMSUR RAHMAN		
Patient's Age	47Y 5M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3930
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.54 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	24.0U/L	Up to 37 U/L
HbA1C	5.3 %	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

RADICAL HOSPITAL LIMITED

Bill No	DIA24070627	Received Date	25/07/2024
Patient's Name	MOHAMMAD SHAMSUR RAHMAN		
Patient's Age	47Y 5M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3930
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070627	Received Date	25/07/2024
Patient's Name	MOHAMMAD SHAMSUR RAHMAN		
Patient's Age	47Y 5M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3930
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	0-2/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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24070627	Received Date	25/07/2024
Patient's Name	MOHAMMAD SHAMSUR RAHMAN		
Patient's Age	47Y 5M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3930
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows } Date of birth 22-FEB-1977 Sex MALE

MOHAMMAD SHAMSUR RAHMAN (CC/3930)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1 22 NOV 2021	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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
2 11 AUG 2022	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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
3			4
4 09 JUL 2023	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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
5 12 FEB 2024	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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	6
6 25 JUL 2024	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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	8
8			

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows } Date of birth 22-FEB-1977 Sex MALE

MOHAMMAD SHAMSUR RAHMAN (C/O 3033)

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
22 NOV 2021	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.	YELLOW FEVER VACCINE L NO DAKAR B201	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
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.

BERNHARD SCHULTE SHIPMANAGEMENT

Form No: QHSE PSRM 18

Medical Exam Form

CONFIDENTIAL FORM

Pre-sea Exam ☑ Periodic Exam ☐

Name (last,first,middle): RAHMAN, MOHAMMAD SHAMSUR

Date of birth (day/month/year): 22 / 02 / 1977 Sex: male ☐ female ☐

Home address: CHAKRAMPUR, TRISHAL, TRISHAL, MYMENSINGH, BANGLADESH

Passport No./Discharge Book No.: EG0080824

Department (deck/engine/radio/food handling/other): DECK

Routine and emergency duties (if known): _____

Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): CRUDE OIL TANKER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

Examinee's personal declaration

(Assistanceshould beoffered bymedical staff)

Haveyou ever had anyof thefollowingconditions:

	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem	☐	☑	18.	Sleepingproblems	☐	☑
2.	High blood pressure	☐	☑	19.	Do you smoke?	☐	☑
3.	Heart/vasculardisease	☐	☑	20.	Operation/surgery	☐	☑
4.	Heart surgery	☐	☑	21.	Epilepsy/seizures	☐	☑
5.	Varicose veins	☐	☑	22.	Dizziness/fainting	☐	☑
6.	Asthma/bronchitis	☐	☐	23.	Loss of consciousness	☐	☑
7.	Blood disorder	☐	☐	24.	Psychiatricproblems	☐	☑
8.	Diabetes	☐	☑	25.	Depression	☐	☑
9.	Thyroid problem	☐	☑	26.	Attempted suicide	☐	☑
10.	Digestivedisorder	☐	☑	27.	Loss of memory	☐	☑
11.	Kidneyproblem	☐	☑	28.	Balanceproblem	☐	☑
12.	Skin problem	☐	☑	29.	Severeheadaches	☐	☑
13.	Allergies	☐	☑	30.	Ear/nose/throat problems	☐	☑
14.	Infectious/contagious diseases	☐	☑	31.	Restricted mobility	☐	☑
15.	Hernia	☐	☑	32.	Back problems	☐	☑
16.	Genital disorders	☐	☑	33.	Amputation	☐	☑
17.	Pregnancy	☐	☑	34.	Fractures/dislocations	☐	☑

If anyof theabovequestions wereanswered "yes," pleasegive details below.

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

Additional questions

		Yes	No
35.	Haveyou ever been signed offas sick or repatriated from a ship?	☐	☑
36.	Haveyou ever been hospitalized?	☐	☑
37.	Haveyou ever been declared unfit forseaduty?	☐	☑
38.	Has your medical certificate ever been restricted or revoked?	☐	☐
39.	Areyou awarethat you have anymedical problems, diseases or illnesses?	☐	☑
40.	Do you feel healthyand fit to perform theduties of your designated position/occupation?	☑	☐
41.	Areyou allergic to anymedications?	☐	☑

Comments.

FIT FOR DUTY ON BOARD SHIP

42. Areyou takinganynon-prescription or prescription medications? ☐ ☑

If yes, pleaselist themedications taken and thepurpose(s) and dosage(s).

Iherebycertifythat the personal declaration aboveis a truestatement to thebest of myknowledge.

Signatureof examinee: _____

Date (day/month/year): 25 JUL 2024

Witnessed by: *(Signature)* _____

Name:*(Typed or printed)*

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

Iherebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofessionals,health institutions and public authorities to Dr._____(theapproved medical examiner).

Signatureof examinee: _____

Date (day/month/year): 25 JUL 2024

Witnessed by: *(Signature)* _____

Name:*(Typed or printed)* _____

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

Date & Contact details for previous medical examination (if known):) ___

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

Visual Acuity						
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6		6/6	6/6	
Near				N5	N5	

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colorvision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz		
Right ear	20	20	20			
Left ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Height: 168 (cm) Weight:(kg) 85 (kg) Pulse rate: 78 (/minute) Rhythm: Regular

Blood pressure: Systolic: 130 (mm Hg) Diastolic: 80 (mm Hg)

	Normal	Abnormal		Normal	Abnormal
Head			Skin		
Sinuses, nose, throat	☑	☐	Varicose veins	☑	☐
Mouth/teeth	☑	☐	Vascular(inc. pedal pulses)	☑	☐
Ears (general)	☑	☐	Abdomen and viscera	☑	☐
Tympanicmembrane	☑	☐	Hernia	☑	☐
Eyes	☑	☐	Anus (not rectal exam.)	☑	☐
Opthalmoscopy	☑	☐	G-U system	☑	☐
Pupils	☑	☐	Upper and lower extremities	☑	☐
Eyemovement	☑	☐	Spine (C/S, T/S and L/S)	☑	☐
Lungs and chest	☑	☐	Neurologic (full brief)	☑	☐
Breast examination	N/A	☐	Psychiatric	☑	☐
Heart	☑	☐	General appearance	☑	☐

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 25 JUL 2024

Results: Normal chest X-ray

Radical Hospital Ltd. As Per-MLC-2006 Shipping Bangladesh Approved

Urinalysis: Glucose: Nil Protein: Nil

Blood Analysis: Hepatitis B Test Negative, V.D.R.L Non Reactive

Immunodeficiency Virus Anti bodies Negative

Other diagnostic test(s) and result(s):

Test *Result*

Medical Examiners comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☒ Yes ☐ No

Assessment of fitness forserviceat sea

On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic test results recorded above, Ideclarethe examineemedically:

☒ Fit for lookout duty ☐ Not fit for look-out duty

	Deck service	Engine service	Cateringservice	Other services
Fit	☒	☐	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☒ With restrictions ☐

Visual aid required: Yes ☒ No ☐

Describe restrictions (eg. Specific positions, type of ship, trade area)

Action taken bymedical examiner (e.g., referral): _____

Medical certificate's dateof expiration (day/month/year): / 24 JUL 2026 /

Date ofexamination (day/month/year): / 25 JUL 2024 /

Number of Medical Certificate: Official stamp:

Signature of medical practitioner:

Name of medical examiner: *(Typed or printed)* 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

Address of medical practitioner:: _____

Authorized by: DG SHIPPING BANGLADESH. (competent authority)

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE

CONFIDENTIAL DOCUMENT

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME: RAHMAN	GIVEN NAME(S): MOHAMMAD SHAMSUR
NATIONALITY: BANGLADESHI	ID DOCUMENT NO: C/O/3930
DATE OF BIRTH: 02 (MONTH) 22 (DAY) 1977 (YEAR)	PLACE OF BIRTH: MYMENSINGH (CITY) BANGLADESH (COUNTRY)
SEX: ☑ MALE ☐ FEMALE	
EXAMINATION FOR DUTY AS: ☑ MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING	MAILING ADDRESS OF APPLICANT: CHAKRAMPUR, TRISHAL, TRISHAL, MYMENSINGH, BANGLADESH

DECLARATION OF APPROVED MEDICAL PRACTIONER:

I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
168cm	88kg.	130/80 mm	78/m	19/m	Normal

VISION: WITHOUT GLASSES: RIGHT EYE 6/6 / LEFT EYE 6/6; WITH GLASSES: ____ / ____

HEARING: RT. EAR Normal LEFT EAR Normal

COLOR TEST TYPE: BOOK ☑ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL - YELLOW ☐ RED ☑ GREEN ☑ BLUE ☑

DATE OF LAST COLOR VISION TEST: 25 JUL 2024

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? YES ☐ NO ☑

HEAD AND NECK: Normal	HEART (CARDIOVASCULAR): Normal
LUNGS: Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes.

EXTREMITIES: UPPER Normal LOWER Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? YES ☐ NO ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES ☐ NO ☑

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☑

25 JUL 2024

SIGNATURE OF APPLICANT — DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYS...

Radical Hospital Ltd. As Per-MLC-2006 Shipping Bangladesh Approved

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MOHAMMAD SHAMSUR RAHMAN
NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES ☑ NO ☐

SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OFFICER / RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN 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

ADDRESS RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH.

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2024.

SIGNATURE OF PHYSICIAN :

DATE OF EXAMINATION: 25 JUL 2024

EXPIRY DATE OF CERTIFICATE : 24 JUL 2026

SEAFARER ACKNOWLEDGMENT

I, MOHAMMAD SHAMSUR RAHMAN (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.

Radical Hospital Ltd. As Per MLC-2006 Shipping Bangladesh Approved

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 immediately preceding applications for an officer certificate, certification of special qualifications or a seafarer's book. The examinations 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.2/1997*. 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 seafarer's 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 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (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 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 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.

(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/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. 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/report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided – Medical Exam Form).

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

25 JUL 2024

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

BSM

Drug and Alcohol Screening Affidavit

CSC 04A

PART A - To be completed by Seafarer prior to Medical Examination and hand to Physician

Surname: RAHMAN	First Name: MOHAMMAD SHAMSUR
Date of Birth (DD/MM/YY): 22/02/1977	Address: CHAKRAMPUR, TRISHAL, TRISHAL, Street City: MYMENSINGH Postal Code: Country: BANGLADESH
Place of Birth: MYMENSINGH	
Examination for duty as	Master / Officer / Engineer / Rating / Cadet
Please indicate the quantity of alcohol you consume weekly	Beer (litre)..... Wine (litre)..... Spirits (measures).....
Do you regularly take any medically prescribed drugs? Please list. ***Note:*** Give a copy of this list to the Master upon joining the vessel.	
Have you ever been convicted of a charge involving illegal drugs?	Yes.....No.....(If Yes please detail on the reverse)
Have you ever been convicted of a drinking related incident?	Yes.....No.....(If Yes please detail on the reverse)
Have you ever received treatment for alcohol or drug dependence?	Yes.....No.....(If Yes please detail on the reverse)
Signed and Dated (by Seafarer)	***Note:*** If circumstances change with respect to the above statements, inform the company of such changes immediately.

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

BSM

Drug and Alcohol Screening Affidavit

CSC 04A

PART B - To be completed by Physician and Seafarer during Medical Examination

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Name, Address of Physician:	Signature of Physician:
DR. MIR MD. RAIHAN; M.B.B.S.(D.U.) REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.	Date: 25 JUL 2024 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

Anti-Drug and Alcohol Abuse Affidavit

I hereby declare that I have not in the past or present used any prohibited substance, nor have I abused alcohol.

MOHAMMAD SHAMSUR RAHMAN

.....

Examinee's Name & Signature

I hereby certify that the above examinee does not have any signs and symptoms of drug use and/or alcohol abuse.

.....

Examining Physician's Signature

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

ORIGINAL TO BE RETAINED BY CREWING AGENCY

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name:	RAHMAN, MOHAMMAD SHAMSUR
Passport No.:	EG0080824
Seaman's Book No.:	C/O/3930
Date of Birth:	22 / 02 / 1977
Medical Center Name:	REDICAL HOSPITALS LIMITED
Full Address:	35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.
Doctor's Name:	DR. MIR MD. RAIHAN

Drug and Alcohol Screening Limits and Results

Drug	Threshold Limit	Results
Marijuana	< 15 NG/ML	negative
Cocaine	< 150 NG/ML	
Opiates	< 300 NG / ML	
Phencyclidine	< 25 NG / ML	
Amphetamines	< 300 NG / ML	
Benzodiazepine	< 200 NG/ML	
Methaqualone	< 300 NG/ML	
Barbiturates	< 200 NG/ML	
Alcohol	< 0.04% BAC	negative

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Date

25 JUL 2024

Examined by (Name/Signature)

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

CONFIDENTIAL

Personnel information

☑ Pre-sea exam ☐ Periodic exam

Name (Last,First,Middle):	RAHMAN, MOHAMMAD SHAMSUR
Date of birth (DD.MM.YY):	22 / 02 / 1977
Sex:	Male / Female
Home address:	CHAKRAMPUR, TRISHAL, TRISHAL, MYMENSINGH, BANGLADESH
Passport No./Discharge Book No.:	EG0080824, C/O/3390
Department: (deck/engine/radio/food handling/other)	DECK
Routine and emergency duties: (if known):	
Type of ship: *(e.g. Bulk carrier, chemical/oil/gas tanker, container, other cargo)*	CRUDE OIL TANKER
Trade area: *(e.g., coastal, tropical, worldwide)*	WORLDWIDE

Examinee's personal declaration *(Assistance should be offered by medical staff)*

Have you ever had any of the following conditions:

Condition	Yes	No	Condition	Yes	No
Eye/vision problem		✓	Sleeping problems		✓
High blood pressure		✓	Do you smoke?		✓
Heart/vascular disease		✓	Operation/surgery		✓
Heart surgery		✓	Epilepsy/seizures		✓
Varicose veins		✓	Dizziness/fainting		✓
Asthma/bronchitis		✓	Loss of consciousness		✓
Blood disorder		✓	Psychiatric problems		✓
Diabetes		✓	Depression		✓
Thyroid problem		✓	Attempted suicide		✓
Digestive disorder		✓	Loss of memory		✓
Kidney problem		✓	Balance problem		✓
Skin problem		✓	Severe headaches		✓
Allergies		✓	Ear/nose/throat problems		✓
Infectious/contagious diseases		✓	Restricted mobility		✓
Hernia		✓	Back problems		✓
Genital disorders		✓	Amputation		✓
Pregnancy		N/A	Fractures/dislocations		✓

If any of the above questions were answered "yes," please give details below:

Radical Hospital Ltd. As Per-MLC-2006 ISO Shipping Bangladesh Approved

Additional questions:	Yes	No
Have you ever been signed off as sick or repatriated from a ship?		✓
Have you ever been hospitalized?		✓
Have you ever been declared unfit for sea duty?		✓
Has your medical certificate ever been restricted or revoked?		✓
Are you aware that you have any medical problems, diseases or illnesses?		✓
Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
Are you allergic to any medications?		✓
Are you taking any non-prescription or prescription medications?		✓
If any of the above questions were answered "yes," please give details below:		

	Yes	No
Are you taking any non-prescription or prescription medications?		✓
If yes, please list the medications taken and the purpose(s) and dosage(s).		

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

Signature of examinee: _____ Date: *(DD.MM.YY)* 25 JUL 2024

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)* 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

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

Signature of examinee: _____ Date: *(DD.MM.YY)* 25 JUL 2024

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)* 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

Date and contact details for previous medical examination (if known):

Medical examination

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

Sight

Use of glasses or contact lenses: Yes/No ✓
If yes, specify which type and for what purpose: _____

	Visual Acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Distant	Near	Distant	Near		
Right eye			6/6	N5	—	
Left eye			6/6	N5	—	
Binocular						

Colour vision: Not tested ☐ Normal ✓ Doubtful ☐ Defective ☐

Hearing

	Pure tone and audio metry (threshold values in dB)				Speech and whisper test (metres)	
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	Normal	Whisper
Right ear	20	20	20		4	4
Left ear	20	20	20		4	4

Height: 168 (cm) Weight: 85 (kg)
Pulse rate: 78 /minute Rhythm: Regular.
Blood pressure
Systolic: 130 (mm Hg) Diastolic: 80 (mm Hg)

Head	Normal	Abnormal	Skin	Normal	Abnormal
Sinuses, nose, throat	—		Varicose veins	—	
Mouth/teeth	—		Vascular (inc. pedal pulses)	—	
Ears (general)	—		Abdomen and viscera	—	
Tympanic membrane	—		Hernia	—	
Eyes	—		Anus (not rectal exam.)	—	
Opthalmoscopy	—		G-U system	—	
Pupils	—		Upper and lower extremities	—	
Eye movement	—		Spine (C/S, T/S and L/S)	—	
Lungs and chest	—		Neurologic (full brief)	—	
Breast examination	—		Psychiatric	—	
Heart	—		General appearance	—	

Chest xray: Not performed ☐ ~~Performed~~ on: (DD.MM.YY) 25 JUL 2024
Results: _____

Urinalysis: Glucose: Nil Protein: Nil
Blood Analysis: Hepatitis B Test: Negative V.D.R.L: Non Reactive
Immunodeficiency Virus Anti bodies: _____

Vaccination status recorded: ✓ Yes ☐ No

Other diagnostic test(s) and result(s):

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

Test	Result

Medical Examiners comments:

FIT FOR DUTY ON BOARD SHIP

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 duty ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit				
Unfit				

☐ Without restrictions ☐ With restrictions

Visual aid required: ☑ Yes ☐ No

Describe restrictions (e.g. Specific positions, type of ship, trade area):

Action taken by medical examiner *(e.g. referral)*:
Medical certificate's date of expiration *(DD.MM.YY)*: 24 JUL 2026
Date of examination *(DD.MM.YY)*: 25 JUL 2024
Number of Medical Certificate:
Signature of medical practitioner:
Name of medical examiner: *(Typed or printed)* 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
Address of medical practitioner:
Authorized by: *(competent authority)*
Official stamp: Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

BSM

Seafarer's Medical Examination Certificate

CSC 03

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME: RAHMAN	GIVEN NAME(S): MOHAMMAD SHAMSUR
NATIONALITY: BANGLADESHI	ID DOCUMENT NO:
DATE OF BIRTH (DD.MM.YY): 12 FEB 1977	SEX: ☑ MALE ☐ FEMALE
PLACE OF BIRTH (CITY/COUNTRY): MYMENSINGH	
EXAMINATION FOR DUTY AS: MASTER ☑ DECK OFFICER ☐ ENGINEERING OFFICER ☐ CH.COOK/COOK ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: CHAKRAMPUR, TRISHAL, TRISHAL, MYMENSINGH, BANGLADESH

DECLARATION OF APPROVED MEDICAL PRACTITIONER:
I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

MEDICAL EXAMINATION

(SEE LAST PAGE FOR MEDICAL REQUIREMENTS, STATE DETAILS ON REVERSE SIDE)

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
168cm	85 kg.	130/80 mm.	78 b/min	19 b/min	Good

VISION:	RIGHT EYE	LEFT EYE	HEARING:		
WITHOUT GLASSES			RT. EAR	Normal	LEFT EAR Normal
WITH GLASSES	6/6	6/6			

COLOUR TEST TYPE: BOOK ☐ LANTERN ☐ COLOUR TEST IS NORMAL: YELLOW ☑ RED ☐ GREEN ☑ BLUE ☐
DATE OF LAST COLOUR VISION TEST: ____

Are glasses or contact lenses necessary to meet the required vision standard? Yes ☑ No ☐

HEAD AND NECK: Normal	HEART (CARDIOVASCULAR): Normal
LUNGS: Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) Is speech unimpaired for normal voice communication? Yes
EXTREMITIES: UPPER: Normal	LOWER: Normal

Is applicant vaccinated in accordance with WHO recommendations? Yes ☐ No ☐

Is applicant suffering from any disease likely to be aggravated by working aboard a vessel, or to render him/her unfit for service at sea or likely to endanger the health of other persons on board? Yes ☐ No ☑

Is applicant taking any non-prescription or prescription medications? Yes ☐ No ☑

25 JUL 2024

SIGNATURE OF APPLICANT — DATE

(THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.)

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MOHAMMAD SHAMSUR RAHMAN

NAME OF APPLICANT

This applicant is certified free of communicable disease: Yes ☑ No ☐

Seafarer is found to be: FIT / NOT FIT for duty as a: Master / Deck Officer / Engineering Officer / Rating/Chief cook/ Cook, without any / with the following restrictions:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN:	
ADDRESS:	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY:	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE:	SIGNATURE OF PHYSICIAN:
DATE OF EXAMINATION: 25 JUL 2024	EXPIRY DATE OF CERTIFICATE: 24 JUL 2026

SEAFARER ACKNOWLEDGMENT

I, _____ (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.

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 REQUIREMENTS

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

Seafarer's Medical Examination Certificate

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 immediately preceding applications 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.2/1997.* 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 seafarer's 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:

1. Hearing
   a. All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
2. Eyesight
   a. Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40 (0.50)in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes. Deck officer applicants must also have normal colour perception and be capable of distinguishing the colours red, green, blue and yellow.
   b. Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colours red, yellow and green.
3. Dental
   a. Seafarers must be free from infections of the mouth cavity or gums.
4. Blood Pressure
   a. An applicant's blood pressure must fall within an average range, taking age into consideration.
5. Voice
   a. Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
6. Vaccinations
   a. 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.
7. Diseases or Conditions
   a. 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.
8. Physical Requirements
   a. 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.
   b. Applicants for fireman/watertender, oiler/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. 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/report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided – Medical Exam Form).

25 JUL 2024

Radical Hospital Ltd. As Per-MLC-2006 Seafarers Bangladesh Approved

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

ANNEX B

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) RAHMAN MOHAMMAD SHAMSUR			Gender: Male/~~Female~~
Date of Birth: day/month/year 22-FEB-1977	Place of Birth: MYMENSINGH	Nationality: BANGLADESHI	
Type of ID documents: NRIC No. / Passport No.: EG0080824	Dept: Deck / Engine / Catering / others Rank: MASTER	Type of ship: OILTANKER	
Home Address: CHAKRAMPUR, TRISHAL, TRISHAL, MYMENSINGH, BANGLADESH	Routine and emergency duties: BOTH	Trading area: e.g coastal / world wide	

Seafarer's Declarations *(please tick)*

Have you ever had any of the following conditions?

	Yes	No		Yes	No
1. Eye/vision problem		✓	18. Sleep problem		✓
2. High blood pressure		✓	19. Do you smoke, use alcohol or drugs?		✓
3. Heart/vascular disease		✓	20. Operation/surgery		✓
4. Heart Surgery		✓	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		✓	25. Depression		✓
9. Thyroid problem		✓	26. Attempted suicide		✓
10. Digestive disorder		✓	27. Loss of memory		✓
11. Kidney problem		✓	28. Balance problem		✓
12. Skin Problem		✓	29. Severe headaches		✓
13. Allergies		✓	30. Ear(hearing, tinnitus/nose/throat problem		✓
14. Infectious / contagious diseases		✓	31. Restricted mobility		✓
15. Hernia		✓	32. Back or joint problem		✓
16. Genital disorder		✓	33. Amputation		✓
17. Pregnancy	N/A		34. Fracture/dislocations		✓

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

Additional questions

	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		✓
36. Have you ever been hospitalized?		✓

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

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

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

25 JUL 2024

Date | Signature of Seafarer | Name and Signature of Witness

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

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

25 JUL 2024

Date | Signature of Seafarer | Name and Signature of Witness

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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General Physician
Radical Hospitals Limited.

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Part B – Result of medical examinations

Eyesight
Use of glasses or contact lenses

☐ No

☑ Yes Type ..... Purpose .....

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant			Distant	6/6	6/6
Near			Near	N5	N5

Visual fields

	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision *(please tick)*

☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	168 (cm)		Weight	85 (kg)	
Pulse rate	(per minute)	78	Rhythm		Regular
Blood Pressure Systolic (mm Hg)		130	Diastolic (mm Hg)		80
Urinalysis: Glucose :	Nil	Protein:	Nil	Blood:	Nil

	Normal	Abnormal
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	

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Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	N/A	
Heart	✓	
Skin	✓	
Varicose Vein	✓	
Vascular (inc. pedal pulse)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam)	✓	
G-U system	✓	
Upper and lower extremities	✓	
Spine (C/s, T/S, L/S)	✓	
Neurologic (full/brief)	✓	
Psychiatric	✓	
General appearance	✓	

Chest X-ray

☐ Not performed ☑ Performed on (day/month/year): 25 JUL 2024

Results: Normal chest X-ray

Other diagnostic test(s) and result(s):

Test ..... Results: .....

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea *(please tick)*

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

☑ Fit for look out duty ☐ Unfit for lookout duty

☑ Visual aid required ☐ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit	✓			
Unfit				

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☑ Without restrictions ☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

25 JUL 2024

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

Date | Signature of Medical Practitioner | Medical Practitioner's name, licence number, address

****

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ANNEX C

MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(*Last, first, middle*)		Gender:
RAHMAN MOHAMMAD SHAMSUR		Male/~~Female~~*
Date of Birth: (*Day/month/year*)	Nationality:	Place of Birth:
22-FEB-1977	BANGLADESHI	MYMENSINGH

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	✓	
2	Hearing meets the standards in STCW Code Section A-I/9?	✓	
3	Unaided hearing satisfactory?	✓	
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: 25 JUL 2024	✓	
6	Fit for look-out duty?	✓	
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	✓	
8	No limitations or restrictions on fitness?	✓	
	If "**no**" specify limitations or restrictions		
9	Date of examination: (*day/month/year*) 25 JUL 2024		
10	Expiry of certificate: (*day/month/year*) 24 JUL 2026 ** *Maximum two years from date of examination unless the seafarer is under the age of 18*		

25 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 Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

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

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

Signature of Seafarer

* delete as appropriate

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

REF:		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 SHAMSUR RAHMAN	**RANK: MASTER**	**CDC NO: C/O/3930**

VISUAL ACUITY: RIGHT LEFT

UNAIDED

AIDED 6/6 6/6

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

ID:

Mohammad Shafiqur Rahman.

Male 47 Years

mmHg

25-07-2024 13:09:46

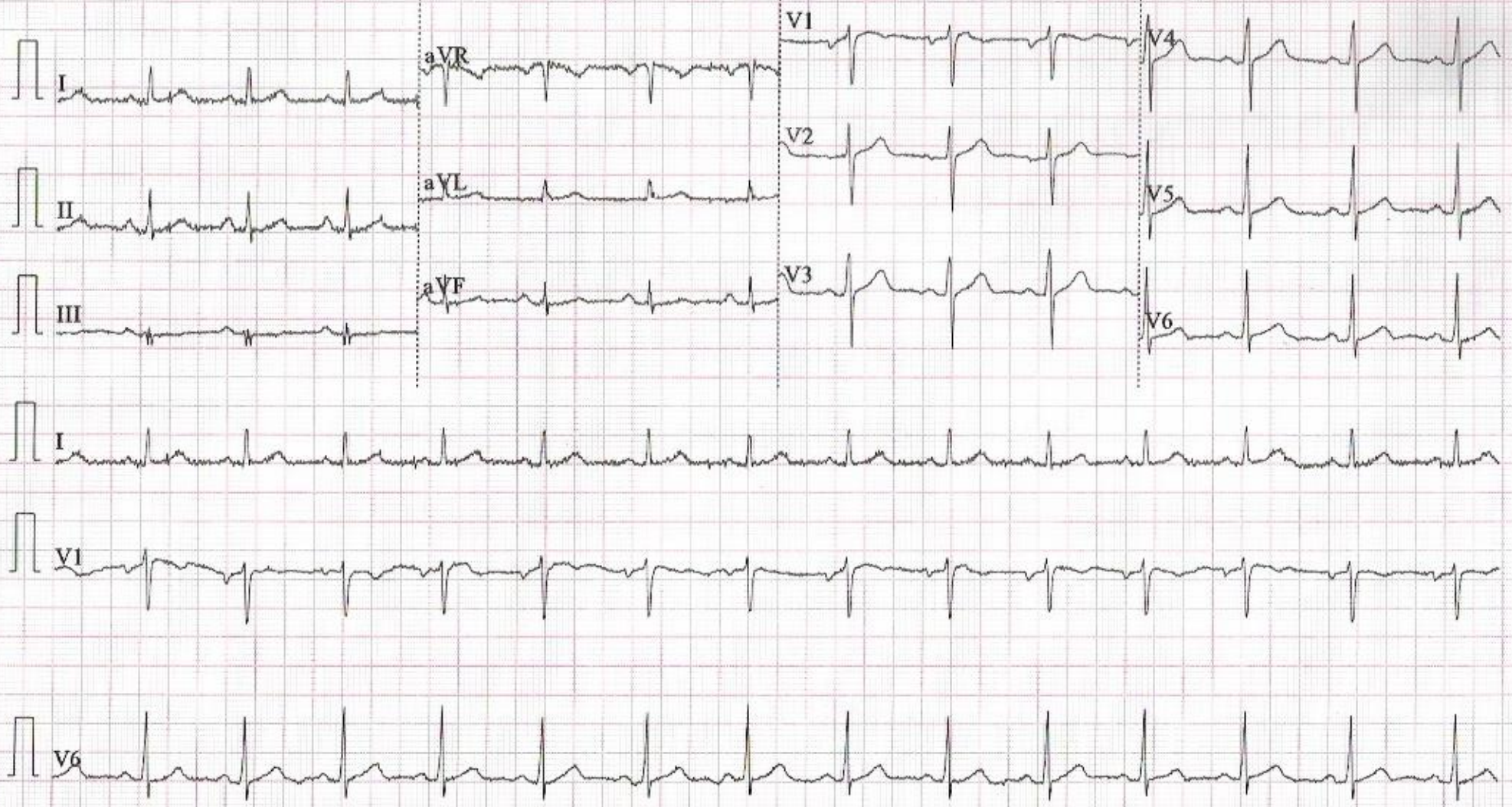
HR	: 86	bpm	
P	: 110	ms	
PR	: 160	ms	
QRS	: 72	ms	
QT/QTc	: 342/409	ms	
P/QRS/T	: 61/18/27	°	
RV5/SV1	: 1.234/0.796	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥86 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070627	Receive:25/07/2024	Print: 25/07/2024
Patient's Name	:	MOHAMMAD SHAMSUR RAHMAN		
Age	:	47 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.

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

Form No: SMC

SL NO. 04.2024.7040

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 RAHMAN **First** MOHAMMAD **Middle** SHAMSUR

Gender: (Male/Female) MALE Nationality: BANGLADESHI

Occupation: Deck/Engine/Catering/Other (specify)

Father's/ Husbad'sname: MD. ABDUR RAHMAN

Mother's Name: MORSHEDA RAHMAN

Address: House No: 2/2 Street/ Road No: ZANTALA

Locality/Village:

P.O: SADAR

P.S: KOTWALI

District: MYMENSINGH

Date: 25-JUL-2024

Rank: MASTER

C.D.C No: C/0/3930

Seaman ID No: 050003493

Passport No: A15721232

NID No: 3281559447

Date of Birth: 22-02-1977 (DD/MM/YYYY)

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:

1. Confirmation that identification documents were checked at the point of examination :YES/NO
2. Hearing meets the standards in section A-I/9 :YES/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 persons on board? :YES/NO
8. Any limitations or restrictions on fitness? :YES/NO

If YES, specify limitations or restrictions:

Duties:
Location/Vessel: RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh
Medical/Other:

9. Medical fitness category : Fit-No restriction | Fit-Subject to restrictions | Unfit

10. Date of examination/Issue (DD/MM/YYYY) 25 JUL 2024

11. Date of expiry (DD/MM/YYYY) 24 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.

Seafarer's Signature

Radical Hospital Ltd. Official Stamp As Per MLC-2006 DG Shipping Bangladesh Approved

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
Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

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

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

(a) Hearing:

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

(b) Eyesight:

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

(c) Dental:

- Seafarers must be free from infectiqns 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, Interna-tional Travel and Health, Vaccination Requirements. and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

IMPORTANT NOTE:

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

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

DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

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

DR. MIR. MD. RAIHAN
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25 JUL 2024