



# HAQUE & SONS LTD.

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

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Accredited By BMD  
Accreditation No A 55144

PATIENT CONTROL NUMBER  
HSL-003272

## MEDICAL EXAMINATION CERTIFICATE

SURNAME <b>KHAN</b>	FIRST NAME AND <b>MUHAMMAD</b>	MIDDLE NAME <b>HABIBUR RAHMAN</b>
PLACE AND DATE OF BIRTH <b>CHANDPUR 16-Jun-1996</b>	PASSPORT NUMBER <b>A04852960</b>	SEAMAN'S BOOK NUMBER <b>C/O/9942</b>
NATIONALITY: <b>BANGLADESHI</b> SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	VESSEL TYPE: <b>CONTAINER</b>	TRADING AREA: <b>WORLD WIDE</b>
PERMANENT HOME ADDRESS: <b>VILL- RAGHUNATHPUR, PO.- PURAN BAZAR, PS.- CHANDPUR SADAR, DIST- CHANDPUR, BANGLADESH.</b>	CONTACT NUMBER: <b>+8801954271787 (SELF)</b>	RANK: <b>3RD OFFICER</b>

Have you ever had any of the following conditions?

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

If any of the above questions were answered 'yes', please give details.

### Additional questions

Question	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Have you ever been hospitalised?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Have you ever been declared unfit for sea duty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Has your medical certificate ever been restricted or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39 Are you aware that you have any medical problems, diseases or illnesses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41 Are you allergic to any medications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

**FIT FOR DUTY ON BOARD SHIP**

42 Are you taking any non-prescription or prescription medications?  YES  NO

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Mir Md. Raihan** (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

*Handwritten Signature*

Signature of Seafarer

### MEDICAL EXAMINATION

Weight **72kg** Height (cm) **172cm** BM **24.33** Blood Pressure: Systolic **120 mm** Diastolic **80 mm** PULSE: **78 bpm**

Ear	Hearing by Audiometry	
Right	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Left	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate

Audiometry			
500	1000	2000	3000

Hearing by Whisper Test	
<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate

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

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Right eye	Left eye	Right eye	Left eye		
Distant	6/6	6/6			<input checked="" type="checkbox"/>	
Near					<input checked="" type="checkbox"/>	

Visual acuity meets the standard laid down in STCW Code Section A-1/9  
 Colour vision as per STCW CODE Section A-1/9:  Normal  Doubtful  Defective

Date of last colour vision test: Date (day/month/year) 18 JUL 2024

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

RESULTS OF ANCILLARY EXAMINATIONS					
Chest X-Ray	Normal	BIO CHEMICAL (LIVER FUNCTION TEST)		Marjuana	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
ECG	Normal	BILIRUBIN 0.99		Alcohol Test	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
BLOOD R/E		SGPT 25	URINE R/E		N/A
DC (differential count)	N/A	SGOT 24	OTHERS		
HAEMOGLOBIN (HGB)	16.6	DRUG AND ALCOHOL TEST		HBSAg	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
ESR (WESTERGREN)	05	Morphine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	HIV / AIDS Test	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
WBC	10,800	Amphetamine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	VDRL	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Blood Type	"O" (+ve)
RANDOM	5.2	Barbiturates	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Psychological Exam	Normal
HBA1C	4.8	Cocaine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Others (KUB Ultrasound)	N/D

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

H. Khan **MUHAMMAD HABIBUR RAHMAN KHAN** 18-Jul-2024

Signature of Seafarer Name of Seafarer Date

**Assessment of fitness for service at sea:**  
 On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

Fit for lookout duties  Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: 18 JUL 2024 Valid Until: 17 JUL 2026

**PHYSICAL EXAMINATION REPORT/CERTIFICATE  
DEPUTY COMMISSIONER OF MARITIME AFFAIRS**

**ANNEX 2**

**THE REPUBLIC OF LIBERIA**

LAST NAME OF APPLICANT <b>KHAN</b>			FIRST NAME <b>MUHAMMAD</b>		MIDDLE INITIAL <b>HABIBUR RAHMAN</b>
DATE OF BIRTH <b>6</b> <b>16</b> <b>1996</b> MONTH      DAY      YEAR			PLACE OF BIRTH <b>CHANDPUR</b> <b>BANGLADESH</b> CITY      COUNTRY		SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> RATING <input type="checkbox"/> MATE <input checked="" type="checkbox"/> MOU DECK <input type="checkbox"/> ENGINEER <input type="checkbox"/> MOU ENGINE <input type="checkbox"/> RADIO OFF <input type="checkbox"/> SUPERNUMERARY <input type="checkbox"/>			MAILING ADDRESS OF APPLICANT: <b>VILL- RAGHUNATHPUR, PO.- PURAN BAZAR, PS.- CHANDPUR SAH DIST- CHANDPUR BANGLADESH.</b>		

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT <b>172cm</b>	WEIGHT <b>72kg</b>	BLOOD PRESSURE <b>120/80mmg</b>	PULSE <b>78b/min</b>	RESPIRATION <b>19 b/min</b>	GENERAL APPEARANCE <b>Good</b>
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VISION: RIGHT EYE **6/6** LEFT EYE **6/6**  
WITHOUT GLASSES  
WITH GLASSES

DATE OF LAST COLOR VISION TEST (Month/Day/Year) **18 JUL 2024** Testing Required every 6 years

COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9? YES  NO

COLOR TEST TYPE: BOOK "LANTERN" CHECK IF COLOR TEST IS NORMAL YELLOW  RED  GREEN  BLUE

HEARING RT. EAR **MM** LEFT EAR **MM**

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 SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2. **No.**

SIGNATURE OF APPLICANT **Hushb** DATE OF EXAM **18-Jul-2024** EXPIRY DATE **17 JUL 2026**

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

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO **MUHAMMAD HABIBUR RAHMAN KHAN** (NAME OF APPLICANT)

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY) **FIT FOR DUTY ON BOARD SHIP**

NAME AND DEGREE OF PHYSICIAN **DR. MIR. MD. RAIHAN, MBBS (DU) DFM, CCD (BIRDEM) P.G.T. (OPHTH)**

ADDRESS **RADICAL HOSPITALS LTD, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230.**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY **DG SHIPPING BANGLADESH, REG. NO.A-55144 (B.M.D.C)**

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **06-MAY-2014**

SIGNATURE OF PHYSICIAN **[Signature]** DATE OF EXAMINATION: **18 JUL 2024**

This certificate is issued by authority of the Deputy Commissioner 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 years of age.



## 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:

- (a) 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.
- (b) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and 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.
- (c) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (d) 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.
- (e) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) 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.
- (g) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

### DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

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

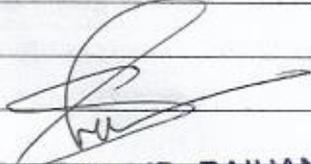
C) Serological Test(VDR) D) Hepatitis B Surface Antegen Test (HbsAg),

E) Urinylsis 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

  
**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  
Rev0 - 09/01/2023

RLM-105M ANNEX 2

18 JUL 2024



5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister  
(父) (母) (兄弟) (姉妹)

- Heart disease (心臓病) F M B S
- Cancer (癌/部位) F M B S
- Diabetes (糖尿病) F M B S
- Hypertension (高血圧症) F M B S
- Cerebral Apoplexy (脳卒中) F M B S
- Liver disease (肝臓疾患) F M B S
- Other: Name of disease (病名) F M B S

Briefly enter any special comments to the Attending Physician in English.  
(受診医師へ特に伝えたいこと、英語で簡潔に)

Date: 18 JUL 2024 Signature: (署名) Huang  
(Card holder) (本人)

MEDICAL RECORDS  
(Write in block Letters)

Name of Company: \_\_\_\_\_ Nationality: Bangladesh  
(所属会社) (国籍)  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Name: MIR MIR RAIHAN Sex: (性別) M/F  
(氏名) given name (名) MIR RAIHAN family name (姓) RAHAN (男/女)  
Name of Position: BRD OFF Date of Birth: 16-06-26  
(職種) (生年月日) (D・M・Y)

Height: (身長) 170 cm Weight: (体重) 72 kg/age 20: (20才時) \_\_\_\_\_ kg  
Pulse: (脈拍) 78 /min Normal breathing rate: (正常呼吸数/分) 19 /min Normal temperature: \_\_\_\_\_ °C  
(脈拍) (正常呼吸数/分) (平熱)

Blood pressure: 120/80 Blood type: O+ Rh + Single Married  
(血圧) (血液型) (独身/結婚)

Blood sugar: (血糖値) \_\_\_\_\_ mg/dl  $\times 0.5625 =$  \_\_\_\_\_ mmol/l  
Uric acid: (尿酸値) \_\_\_\_\_ mg/dl  $\times 0.5914 =$  \_\_\_\_\_ mmol/l



**DR. MIR. MD. RAIHAN**  
MBBS (DU), DFM, CCD (Birm), PGT (Ophth)  
BMDC A-55 144, MMC-BGD-016  
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General Physician  
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Medical Information: (医療情報) \* Please check the appropriate items.  
該当する二項にチェックを入れて下さい。

1. ALLERGIES:  Urticaria (hives)  Asthma  Other  
(アレルギー) (じんましん) (ぜんそく) (その他)

2. Drug allergies (name):  Food allergies (name):  
(薬品名) (食品名)

3. PAST HISTORY: (病歴)

(1) Past serious illness:  Age (年齢):

Surgeon: (手術) When? (時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE): (Yes/No): (持病/有無)

Name (s) of medicine (s) used for the above disease (s): (上記持病に使用した一般薬品名)

18 JUL 2024

DR. MIR. MD. RAIHAN

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4. DAILY LIFE HABITS: (日常生活)

(1) Alcohol intake: (飲酒)  Do not drink (飲まない)

Drink 2-3 times a week (週に2~3回)  Drink every evening (毎日)

Heavy drinker (強飲)  Moderate drinker (中程度)  Light drinker (弱飲)

(2) Smoking: (喫煙)  Never smoke (吸わない)

Just smoking in 19\_\_\_\_ : 19\_\_\_\_ 年に喫煙

Smoke \_\_\_\_\_ cigarettes a day (1日平均 \_\_\_\_\_ 支吸)

(3) Bowel movements:  Regular (規則的)  Irregular (不規則)  Constipated (便秘)

(4) Dietary preferences: (食事の好み)  Meat (肉類)  Fish (魚類)

Salty (塩辛い)  Sweet (甘い)  Only (糖のみ)

(5) Exercise: (運動)  Often (よくする)  Sometimes (時々)  Never (しない)

(6) Sleep: (睡眠)  Sleep well (良く寝る)  Have Sleeplessness (寝れない)

Have insomnia (不眠症)  Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重)  Constant (変わらない)  Putting on weight (増える)

Losing weight (減る)





## DECLARATION OF HEALTH BY CREW

NAME OF CREW : MUHAMMAD HABIBUR RAHMAN KHAN RANK : 3RD OFFICER  
 CDC NO : C/O/9942 DOB : 16-Jun-1996

### HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING ( ✓ ) YES OR NO

	YES	NO
1 Have you ever had coronary thrombosis or certain types of heart surgery?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Are you suffering from any heart-related complications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Are you a diabetic ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 If you are diabetic, do you need injections of insulin for diabetes?	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A
5 Have you ever had a stroke, or unexplained loss of consciousness?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Have you ever been treated for a mental or nervous problem?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Are you an alcoholic, or have you had alcohol or drug addiction problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Do you have any hearing difficulties or are you using any hearing aid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Have you ever suffered from any STD (Sexually Transmitted Disease)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Are you aware of any other health condition that could affect your fitness for seafaring employment *	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel and will bear all the expenses as may incur as a direct result of such concealment.

Date : 18 JUL 2024

Signed :

The Crew Member

\* If yes, mention details below:-

**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

REF: MV. ONE INTELLIGENCE

DATE: 18/07/2024

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

### EYE EXAMINATION REPORT

NAME: MUHAMMAD HABIBUR RAHMAN KHAN

RANK: 3<sup>RD</sup> OFF

CDC NO: C/O/9942

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

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

ID: *McLennan M D*  
Male 25 Years *Palmer AMR*

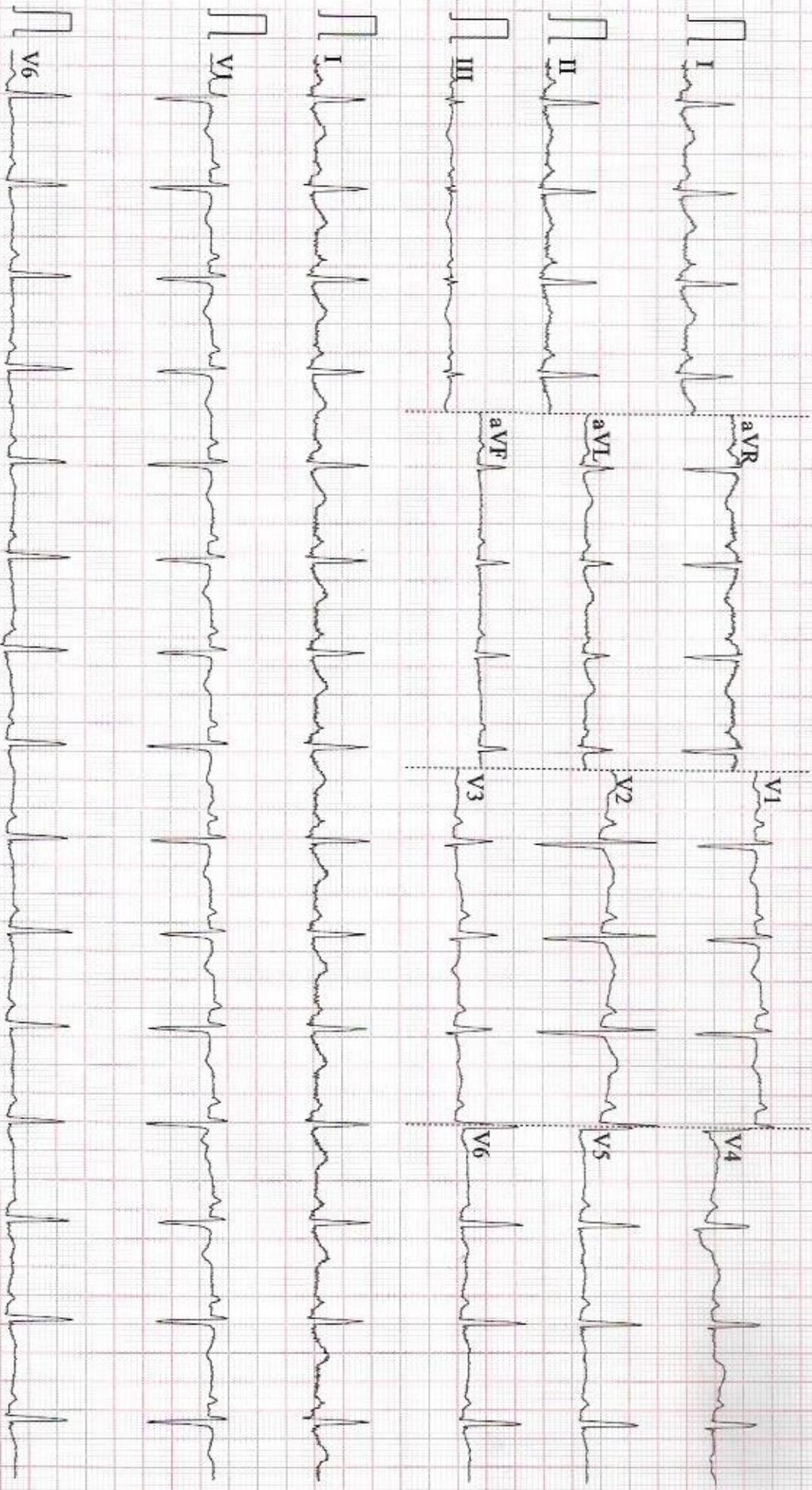
1 mmHg

18-07-2024 15:19:21  
HR : 90 bpm  
P : 100 ms

PR : 144 ms  
QRS : 78 ms  
QT/QTc : 354/434 ms  
P/QRS/T : 24/29/7 °  
RV5/SV1 : 1.008/0.969 mV

Diagnosis Information:  
Sinus rhythm  
Possible right atrial abnormality  
Borderline ECG

Report Confirmed by:



## DEPARTMENT OF RADIOLOGY &amp; IMAGING

ID. No. : 24070483 Receive: 18/07/2024 Print: 18/07/2024  
Patient's Name : MUHAMMAD HABIBUR RAHMAN KHAN  
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 : Lung fields are clear.

Bony thorax : Reveals no abnormality.

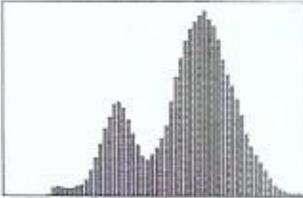
Comments : Normal chest skiagram.

**Prof. Dr. Md. Mojibor Rahman**  
MBBS, DMRD (Radiology & Imaging)  
Head of the Department (Radiology & Imaging)  
Sylhet Women's Medical College Hospital

**ID NO** : 24070483 **Date** : 18/07/2024  
**Patient's Name** : MUHAMMAD HABIBUR RAHMAN KHAN **Age** : 28Y1M2D  
**Ref. By** : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/9942 **Sex** : Male  
**Specimen** : Blood

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

**HAEMATOLOGY REPORT**

Parameter	Results	Reference Values	Histogram
<b>Haemoglobin(Hb)</b>	<b>16.6</b> g/dl	M:12-16, F:10-14.0 g/dl	 <p><b>WBC CURVE</b></p>
<b>ESR(Westergren)</b>	<b>05</b> mm/1st hr	M:0-10, F:0-20 mm/1st hr	
<b>TOTAL WBC COUNT</b>	<b>10,800</b> /cumm	4,000 - 11,000 /cumm	
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	54 %	(40 - 75)%	 <p><b>PLT CURVE</b></p>
Lymphocytes	36 %	(20-45)%	
Monocytes	06 %	(2-10)%	
Eosinophils	04 %	(1-6)%	
Basophil	00 %	0-1 %	
<b>TOTAL CIR. EOSIONOPHIL COUNT</b>	<b>432</b> /cumm	40 - 450 /cumm	 <p><b>RBC CURVE</b></p>
<b>TOTAL PLATELET COUNT(PC)</b>	<b>316,000</b> /cumm	1,50,000-4,50,000 /cumm	
MPV	12.2 fL	7.0 -11.0 fL	
PDW-CV	16.8 %	10 - 18 %	
PCT	0.39 %	0.10 - 0.28	
P-LCR	42.2 %	9.00 - 45.00%	
P-LCC	133 x10 <sup>3</sup> /uL	13 - 129 x10 <sup>3</sup> /uL	
<b>RBC COUNT</b>	<b>6.09</b> m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	53.5 %	M: 40-54%, F: 37-47%	
MCV	87.9 fL	76-94 fL	
MCH	27.2 pg	27-32 pg	
MCHC	30.9 g/dL	29-34 g/dL	
RDW SD	46 fL	30.0-57.0 fL	
RDW CV	15.6 %	10-16%	

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

Dr. S.M.Shariar Rizvi  
 MBBS,MD(BSMMU)  
 Consultant  
 Dept.Of Microbiology  
 Radical Hospital Ltd.

Bill No	DIA24070483	Received Date	18/07/2024
Patient's Name	MUHAMMAD HABIBUR RAHMAN KHAN		
Patient's Age	28Y 1M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9942
Sample	BLOOD		

**BIOCHEMISTRY REPORT**

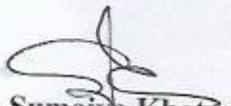
<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.2 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.43 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	25.0 U/L	Up to 40 U/L
Serum AST (SGOT)	22.0U/L	Up to 37 U/L
HbA1C	4.8 %	4.2 - 6.7 %

**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.

Bill No	DIA24070483	Received Date	18/07/2024
Patient's Name	MUHAMMAD HABIBUR RAHMAN KHAN		
Patient's Age	28Y 1M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9942
Sample	BLOOD		

## SEROLOGICAL REPORT

### Test Name

### Result

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

### BLOOD GROUPING RESULT

ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologist.  
Radical Hospital Ltd.

**Dr. Sumaiya Khatun**

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Bill No	DIA24070483	Received Date	18/07/2024
Patient's Name	MUHAMMAD HABIBUR RAHMAN KHAN		
Patient's Age	28Y 1M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9942
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)  
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Bill No	DIA24070483	Received Date	18/07/2024
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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.

**Pre-Joining Medical Report to be**

Date of Exam	Ship Assigned	B.P./Pulse	Pathological Investigations				
			X-ray	ECG	Urine	Blood	LFT
121 NOV 2022	MS ONE HANNOI	BP 120/80 Pulse 72	Normal	Normal	Normal	Normal	Normal
02 NOV 2023	MS BROOKLYN	BP 120/80 Pulse 72	Normal	Normal	Normal	Normal	Normal
18 JUL 2024	MS ONE INTELLIGENCE	BP 120/80 Pulse 72	Normal	Normal	Normal	Normal	Normal

**Completed by Company's M.O.**

Creatinine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
N/D	N/D			DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Bangla), PGT (Opth) BMD C A-55144, MM/C-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospital's Limited.	

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

**MUHAMMAD HABIBUR RAHMAN KHAN**

This is to certify that } Date of birth 16.06.1996 Sex MALE  
whose signature follows }

HAB 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
<p>1</p> <p><b>27 NOV 2022</b></p>	<p align="center"></p> <p align="center">DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820</p>	<p align="center"></p>	<p align="center">1 2</p> <p align="center"></p>
<p>3</p>			<p align="center">3 4</p>
<p>4</p>			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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

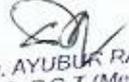


# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

AGAINST CHOLERA

*Muhammad Hab'ees Rahman Khan*  
 This is to certify that } Date of birth 16-06-1996 Sex M  
 whose signature follows }

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

Date	Signature and Professional status of vaccinator	Approved Stamp
1 21 NOV 2023	 DR. MD. AYUBUR RAHMAN M.B.B.S: P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
2 02 NOV 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.	
3 18 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.	
5		5
6		6
7		7
8		8

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