



HAQUE & SONS LTD.

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

Tel : +880 31 716214-6, Fax : +880 31 710530



Accredited By : BMD
Accreditation No. A 55144

PATIENT CONTROL NUMBER
202041

MEDICAL EXAMINATION CERTIFICATE

SURNAME BHUIYAN		FIRST NAME SHAFIUL		MIDDLE NAME ISLAM	
PLACE AND DATE OF BIRTH FENI 10-Nov-1979		PASSPORT NUMBER B00423955		SEAMAN'S BOOK NUMBER CO4516	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female		VESSEL TYPE : CHEM. TANKER	
PERMANENT HOME ADDRESS : C/O. ABU TAHER BHUIYAN, VILL. SOUTH ANANDAPUR, P.O. HASNABAD, P.S. FULGAZI, DIST. FENI		CONTACT NUMBER : 01815502008 (SELF), 017		TRADING AREA : WORLD WIDE	
		RANK :		CHIEF OFFICER	

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	☐	☒	34 Fractures/dislocations	☐	☒

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?	☐	☒
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 practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

Signature of Seafarer

MEDICAL EXAMINATION

Weight 72 kg	Height (cm) 167	BMI 25.8	Blood Pressure: Systolic 130 mm Diastolic 80 mm	PULSE: 72 bpm																																
<table border="1"> <thead> <tr> <th colspan="2">Hearing by Audiometry</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th></th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☐ Adequate ☐ Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> </tbody> </table>					Hearing by Audiometry		Audiometry				Hearing by Whisper Test				500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate					☐ Adequate ☐ Inadequate		Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate	
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Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ 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		
Near					

Visual acuity meets the standard laid down in STCW Code Section A-1/9: ☒ YES / NO ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 08 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	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<u>NAD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	<u>NAD</u>	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	URINE R/E	<u>NAD</u>
DC(differential count)	<u>NAD</u>	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	<u>14.2</u>	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGREN)	<u>05</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test
WBC	<u>9400</u>	Amphetamine	☐ Positive ☒ Negative	VDRL
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type
RANDOM	<u>5.7</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam
HBA1C	<u>5.41</u>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)

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

Signature of Seafarer Shafiul Islam Bhuiyan Name of Seafarer SHAFIUL ISLAM BHUIYAN

Date 08 JUL 2024

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
☒	☐	☐	☐
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: 08 JUL 2024 Valid Until: 07 JUL 2026

Name and Signature of Authorizing Physician

Base (DD, DFM, CCD, Bldm, PGT, Opht)

In Accordance with Medical Examination (Seafarers) Convention, 1990 (No. 8) and STCW 1978/1996 as Amended, MLC 2006

DC Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

Revision Date : 24th July 2022



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaidanga,
Agrabad C/A, Chattogram, Bangladesh.
Tel: +88 02333316214-6

Name	SHAFIUL ISLAM BHUIYAN	Date	8-Jul-2024
Age	44	Sex	MALE
Passport No	B00423955	CDC No	CO4516
Sample	BLOOD	Rank	CHIEF OFFICER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	ZAO GALAXY	NORDIC MAYA	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	17-07-2024	08-07-2024	-
Serum Bilirubin	0.55	0.59	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	24	27	Up to 37 U/L
Serum S.G.P.T.	29	31	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



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

ID NO : 24070185

Patient's Name : SHAFIUL ISLAM BHUIYAN

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/4516

Specimen : Blood

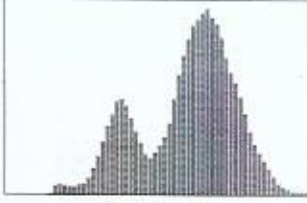
Date : 08/07/2024

Age : 44Y 7M 28D

Sex : Male

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	14.2 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	9,400 /cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT			
Neutrophils	74 %	(40 - 75)%	
Lymphocytes	19 %	(20-45)%	
Monocytes	04 %	(2-10)%	
Eosinophils	03 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSINOPHIL COUNT	282 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	304,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	11.1 fL	7.0 -11.0 fL	
PDW-CV	16.6 %	10 - 18 %	
PCT	0.34 %	0.10 - 0.28	
P-LCR	34.8 %	9.00 - 45.00%	
P-LCC	106 x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	5.39 m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	45.9 %	M: 40-54%, F: 37-47%	
MCV	85.1 fL	76-94 fL	
MCH	26.4 pg	27-32 pg	
MCHC	31 g/dL	29-34 g/dL	
RDW SD	44 fL	30.0-57.0 fL	
RDW CV	15.6 %	10-16%	

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

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

Bill No	DIA24070185	Received Date	08/07/2024
Patient's Name	SHAFIUL ISLAM BHUIYAN		
Patient's Age	44Y 7M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4516
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)	0.59 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	31.0 U/L	Up to 40 U/L
Serum AST (SGOT)	27.0U/L	Up to 37 U/L
HbA1C	5.4 %	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, MEd (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Bill No	DIA24070185	Received Date	08/07/2024
Patient's Name	SHAFIUL ISLAM BHUIYAN		
Patient's Age	44Y 7M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4516
Sample	BLOOD		

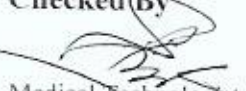
SEROLOGICAL REPORT

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

BLOOD GROUPING RESULT

ABO Blood Group	"A" (-ve)
Rh(D)Factor	Negative

Checked By


Medical Technologist.
Radical Hospital Ltd.


Dr. Sunaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Bill No	DIA24070185	Received Date	08/07/2024
Patient's Name	SHAFIUL ISLAM BHUIYAN		
Patient's Age	44Y 7M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4516
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	1-2/HPF

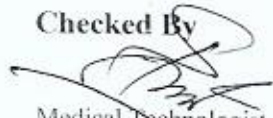
CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By


Medical Technologist.
Radical Hospital Ltd.


Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24070185	Received Date	08/07/2024
Patient's Name	SHAFIUL ISLAM BHUIYAN		
Patient's Age	44Y 7M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4516
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
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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. Samiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Patient ID	24070185	Voucher No	
Test Name	USG OF KUB	Delivery Date	08/07/2024
Patient Name	SHAFIUL ISLAM BHUIYAN		
Age	44 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY : - Is enlarged in size regular in shape and position. Bipolar length 12.6 cm. The cortical

Echogenicity are normal with clear cortico-medullary differentiation. The cortical Thicknesses are normal. The renal sinus shows normal echogenicity and thickness. *P-C systems are not dilated. A cortical cyst of 4.2*3.7cm is noted at the upper pole of Rt: kidney*

LT KIDNEY : - Is normal in size regular in shape and position. Bipolar length 10.8 cm. The cortical Echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. *P-C systems are not dilated.*

URINARY BLADDER :- Is well filled. Wall thickness is regular and within normal limit.
No intravesicle lesion is seen.

PROSTATE :- Normal in size , volume is 29 cc & regular in shape. Echogenicity is homogenous.

COMMENT :- Suggestive of – Normal study of lower abdomen
Please see the discription.

08/07/2024
Dr. Rabaya Akter Akhi
MBBS,DMU

REF: MT. NORDIC MAYA

DATE: 08/07/2024

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

EYE EXAMINATION REPORT

NAME: SHAFIUL ISLAM BHUIYAN

RANK: CH.OFF

CDC NO: C/O/4516

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:

Shafiq Khan
Male 44 Years 60kg
mmHg

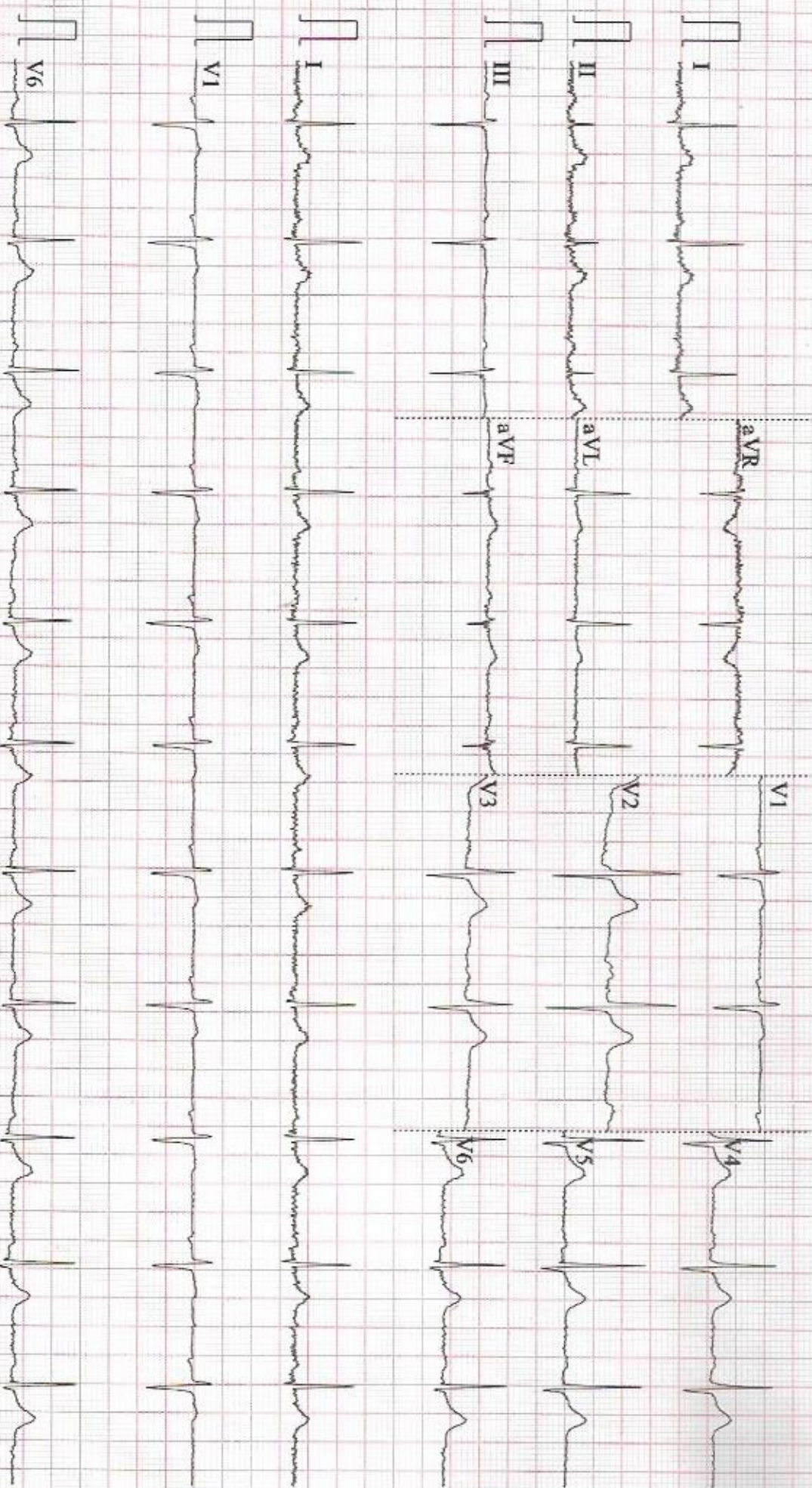
08-07-2024 13:26:56

HR : 67 bpm
P : 120 ms
PR : 194 ms
QRS : 88 ms
QT/QTc : 394/416 ms
P/QRS/T : 48/-7/38 °
RV5/SV1 : 1.373/0.748 mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 24070185	Receive: 07/07/2024	Print: 07/07/2024
Patient's Name	: SHAFIUL ISLAM BHUIYAN		
Age	: 44 YRS	Sex	: M
Refd. by	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.



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

This report has been electronically signed.

Page of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

SHAPIUL ISLAM
SHUIYAN
This is to certify that
whose signature follows }

Date of birth 10-NOV-1977 Sex Male

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
08 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	
2		

3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

SHAFIUL ISLAM

This is to certify that
whose signature follows

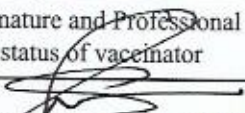
Date of birth

10-Nov-1979

Sex

Male

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
1 23 SEP 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		
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, or failure to complete any part of it may render it invalid.

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



Form No: SMC

SL NO. 04.2024.6951

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 BHUIYAN First SHAFIUL Middle ISLAM
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 12 JUL 2024
Occupation: Deck/Engine/Catering/Other (specify) CHIEF OFFICER
Father's/ Husband's name: ABU TAHER BHUIYAN C.D.C No. C/O/4516
Mother's Name: FATEMA KHATUN Seaman ID No. 050000444
Address: House No. 4D-1305 Street/ Road No. SHANDHA - MALOTI Passport No. B00423955
Locality/Village: SECTOR # 18 NID No. 0103736510
P.O. RAJUK UTTARA APPARTMENT Date of Birth: 10-11-1979
P.S. PROJECT (DD/MM/YYYY)
District: UTTARA, DHAKA

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 | : <u>12 JUL 2024</u> |
| 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:

Medical/Other:

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

9. Medical fitness category :

☒ Fit-No restriction

☐ Fit-Subject to restrictions

☐ Unfit

10. Date of examination/Issue (DD/MM/YYYY) 12 JUL 2024

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



DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Bldem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng 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 qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

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

(a) Hearing:

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

(b) Eyesight:

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

(c) Dental:

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

(d) Blood Pressure:

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

(e) Voice:

- Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements, and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

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

(h) Physical Requirements:

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

IMPORTANT NOTE:

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

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

DETAILS OF MEDICAL EXAMINATION:

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

1. Complete physical Examination.

2. Pathological Examination:

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

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12 JUL 2024