

HAQUE & SONS LTD.

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Accredited By BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER: HSL-004911

MEDICAL EXAMINATION CERTIFICATE

SURNAME KONA	FIRST NAME AND SUMAYA	AFROZ	MIDDLE	NAME
PLACE AND DATE OF BIRTH SATKHIRA. 20-Sep-2001	PASSPORT NUMBER A1264	0318	SEAMAN'	S BOOK NUMBER C/O/12513
NATIONALITY: BANGLADESHI SEX:	☐ Male ☐ Female	VESSEL TYPE	OIL & CHEM	TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS:			ONTACT NUMBE	
VILL-PANCHROKHI, PO- SHUVASHINI, PS- - 9420	TALA, DIST- SATKHIRA. E	BANGLADESH	ANK :	ENGINE CADET

	BANGLADESHI SEX:			40318			C/O/12513	
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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, mic	Gender:		
KON	A, SUMAYA AFROZ		Male/Female*
Date of Birth: (Day/month/year)	Nationality:	Place of Birth:	
20-Sep-2001	BANGLADESHI	SATKHIRA	

Declaration of the recognized medical practitioner:

	nation of the readynized 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?	1
3	Unaided hearing satisfactory?	
4	Visual acuity meets the standards in STCW Code Section A-I/9?	1
5	Colour vision meets the standards in STCW Code Section A-I/9?	
	Date of last colour vision test: 2 9 JUL 2024	2
6	Fit for look-out duty?	
7	Is the seafarer free from any medical condition likely to be aggravated by service 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	é
9	Date of examination: (day/month/year)	2 9 JUL 2024
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	2 8 JUL 2026

2 9 JUL 2024

- January

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

Date

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

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

Signature of Seafarer







MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

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

Seafarer's Name :(Last, first, middle) (BLOCK CAPITALS) KONA,	SUMAYA AFROZ			Gender: Male/Female*	
Date of Birth: day/month/year 20-SEP-2001	Place of Birth: SATKHIRA	Nationa BANGI	nality: GLADESHI		
Type of ID documents: NRIC No. / Passport No.: A12640318	Dept: Deck / Engine / Catering / others Rank:		Type of :	ship: HEMICAL	
Home Address: vill-panchrokhi, po-shuvashini, ps-tala, dist-satkhira, Bangladesh - 9420.	Routine and emergency duties: BOTH		Trading / world w	area: e.g coastal vide	

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

Ye	s No	2	Yes No
Eye/vision problem	1	18. Sleep problem	
High blood pressure	1	19. Do you smoke, use alcohol or drugs?	/
Heart/vascular disease	1	20. Operation/surgery	/
Heart Surgery	1	21. Epilesy/seizures	/
5. Varicose veins/piles		22. Dizziness/fainting	/
6. Asthma/bronchitis		23. Loss of consciousness	/
7. Blood disorder	1	24. Psychiatric problems	,
8. Diabetes	1	25. Depression	/
9. Thyroid problem	1	26. Attempted suicide	
10. Digestive disorder	1	27. Loss of memory	2
11. Kidney problem	1	28. Balance problem	1
12. Skin Problem	1	29. Severe headaches	
13. Allergies	/	30. Ear(hearing, tinnitus/nose/throat problem	,
14. Infectious / contagious diseases	1	31. Restricted mobility	1
15. Hernia	1	32. Back or joint problem	/
16. Genital disorder		33. Amputation	h- /
17. Pregnancy		34. Fracture/dislocations	1

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?	

	1
	1
	1
1	
	/
	1

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.

7 9 JUL 2024

Date

Signature of Seafarer

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Name and Signature of Witness

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.

7 9 JUL 2024

Date

Signature of Seafarer

DR. MIR. MD. RAIHAN
MBBS (DU), DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician

Radical Hospitals Limited Name and Signature of Witness

As Per Mac 2008

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Yes	Evno		Durnoss		
	Гуре		Purpose		
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Near	NS	15	Near		
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Left eye		$\overline{}$			
Not tes	n (please tick) ted	Normal	Doubtful	Def	fective
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Ears (general)	/ .					
Tympanic membrane						
Eyes						
Ophthalmoscopy	1					
Pupils	1					
Eye movement	1					
Lungs and chest	// /					
Breast examination	1/					
Heart	//					
Skin	1					
Varicose Vein	-/					
Vascular (inc. pedal pulse)	/					100
Abdomen and viscera						
Hernia	//					
Anus (not rectal exam)	1					
G-U system						
Upper and lower extremities						
Spine (C/s, T/S, L/S)	1					
Neurologic (full/brief)	1					
Psychiatric	1/2					
General appearance						
Not performed	Results:	ed on (day/monti		29.	IUL 2024	
Not performed ther diagnostic test(s) and re	Results:	NOMMA	ol on	na	L.	nitations.
Not performed ther diagnostic test(s) and re	Results:	NOMMA	O/I) with rea	na	L.	nitations.
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ther diagnostic test(s) and rest. Dood Comment of fitness for serven the basis of the seafarer's persults recorded above, I declared Fit for look out duty Visual aid required	Results: sult(s): ts and assess FIT FOR rice at sea (pl rsonal declara the seafarer Unfit for I	Results: // ment of fitness, RDUTY ON BOAR ease tick) ation, my clinical medically: ookout duty d not required	With real D SHIP	sons fo	or any lin	
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ther diagnostic test(s) and rest ADDA CONTROLL Medical practitioner's comment ssessment of fitness for serventhe basis of the seafarer's persults recorded above, I declared Fit for look out duty Deck Service Deck Service Deck Service Service Deck Service Deck Service	Results: sult(s): ts and assess FIT FOR rice at sea (pl rsonal declara the seafarer Unfit for I	Results: // ment of fitness, RDUTY ON BOAR ease tick) ation, my clinical medically: ookout duty d not required	With real D SHIP	sons fo	or any lin	
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Without restrictions	With restrictions	
Description of restrictions (e.g. specific position, type of ship, trading area etc.)	

29 JUL 2024

Date

Signature of

Medical Practitioner

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

Medical Practitioner's name, licence number, address





ID NO : 24070760

Patient's Name : SUMAYA AFROZ KONA

Ref. By Specimen : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/12513

: Blood

Date : 29/07/2024

Age : 22Y 10M 7D

Sex : Female

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

Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb)	10.6	g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	10.0	mm/1st hr		dh
zon(westergrein)	10	mm/ 15t m	M:0-10, F:0-20 mm/1st hr	.41
TOTAL WBC COUNT	9,100	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				JA J
Neutrophils	65	%	(40 - 75)%	start Hill House
Lymphocytes	26	%	(20-45)%	WBC CURVE
Monocytes	05	%	(2-10)%	
Eosinophils	04	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	355	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	211,000	/cumm	1,50,000-4,50,000 /cumm	
MPV	11.1	fL	7.0 -11.0 fL	
PDW-CV	16.7	%	10 - 18 %	PLT CURVE
PCT	0.24	%	0.10 - 0.28	PLI CURVE
P-LCR	37	%	9.00 - 45.00%	A
P-LCC	78	x10^3/uL	13 - 129 x10^3/uL	A
RBC COUNT	4.67	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	33.4	%	M: 40-54%, F: 37-47%	
MCV	71.5	fL	76-94 fL	
MCH	20.5	pg	27-32 pg	DDC CUDY
MCHC	28.6	g/dL	29-34 g/dL	RBC CURVE
RDW SD	46	fL	30.0-57.0 fL	
RDW CV	18.6	%	10-16%	

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	DIA24070760	Received	d Date	29/07/2	2024
Patient's Name	SUMAYA AFROZ KONA				
Patient's Age	22Y 10M 7D		Patient's	Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	T(Eye),DFM	С	DC NO	C/O/12513
Sample	BLOOD	200200000000000000000000000000000000000			

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Bilirubin (Total)	0.53 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	23 U/L	Up to 40 U/L
Serum AST (SGOT)	20 U/L	Up to 37 U/L
Random Blood Sugar (RBS)	5.1 mmol/l	4.2 – 6.4 mmol/l
HbA1C	5.0 %	4.0- 6.0 %

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



Bill No	DIA24070760	Received	Date	29/07/2	2024
Patient's Name				-0,0,,,	
Patient's Age	22Y 10M 7D	P	atient's	Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG7	Γ(Eye),DFM	С	DC NO	C/O/12513
Sample	BLOOD				117

SEROLOGICAL REPORT

Test Name	Result
	<u>- 100 ait</u>

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

OD GROUPING RESULT	VIIIV.
ABO Blood Group	"AB" (+ve)
Rh(D)Factor	Positive

Checked By

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



Bill No	DIA24070760	Received	Date	29/07/2	2024
Patient's Name	SUMAYA AFROZ KONA				
Patient's Age	22Y 10M 7D	P	atient's	Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PC	GT(Eye),DFM	С	DC NO	C/O/12513
Sample	URINE	21503040000000000000000000000000000000000		CONTROL OF THE PARTY	Decision of the Control of the Contr

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
	13/3/2	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	DIA24070760	Received [Date	29/07/2	2024
Patient's Name	SUMAYA AFROZ KONA		Julio	20/01/2	-024
Patient's Age	22Y 10M 7D	Pa	atient's	Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG			C NO	C/O/12513
Sample	URINE		0.0	0110	C/O/12313

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.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. HAFNIA LIONESS

DATE: 29/07/2024

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

EYE EXAMINATION REPORT

NAME: SUMAYA AFROZ KONA RANK: E/CDT CDC NO: C/O/12513

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

616

AIDED

COLOUR VISION:

NORMAL/BLIND

OPINION

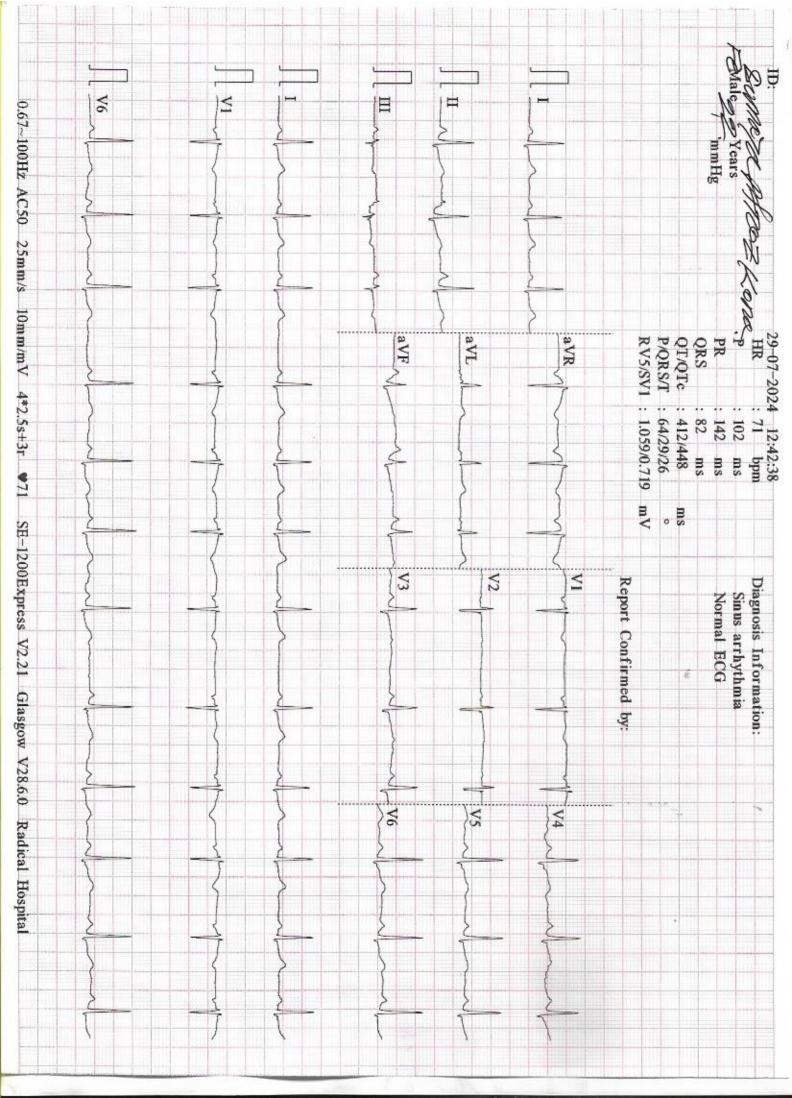
UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital







DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070760 Receive:29/07/2024 Print: 29/07/2024

Patient's Name : SUMAYA AFROZ KONA

Age : 22 YRS Sex : F
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.

C-P angles are clear.

Heart : Normal in T.D.

Lung ields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

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

This report has been electronically signed.

Page of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows

Date of birth 20-5EP-2001 Sex FEMALE

SUMAYA AFROZ KONA

as 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
2 11/2	DR. MIR, MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	L NO DAKAR	1 2 REPOR VACCINE 35, Shah Makhdum Avenus Uttara, Dheks
614	~ -	-	-
2	1		
3		N. T.	3 4
4		3 2	

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

This is to certify that whose signature follows

Date of birth 20-SEP- 2001 Sex FEMALE
SUMAYA AFROZ KONA

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Approved Statis		p
SINTER	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 Limital	35, Sheh Makhdum Avenue Uttare, Dhaka	
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4		*	160 (0.00)
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6			
7		7	8
8			

Continued overleaf Suite our erso