REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS,(DU), DFM

RADICAL HOSPITAL LIMITED,
35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: ALI (Surname) MD (First Name) HOSEN (Middle Initial) Sex: MALE Serial No:

Date of Birth: 15 / 05 / 1995 PP/CDC: C10120331 Rank: 4th ENGINEER

Vessel: Type: Route:

Home Address: VI-NOWKOIR, PO-DEGREECHAR, PS-ULLAPARA, DIST-SIRAJGONJ

Company Name :

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓	Allergy / Skin disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat problems		✓		✓	Addicition to alcohol / drugs / tobacco		✓		✓
Stomach / Bowel disorders		✓		✓	Fracture / Dislocation / Injury / Amputation		✓		✓
Gall stones / Kidney disorders		✓		✓	Major / Minor Operation		✓		✓
Jaundice / Liver Disease		✓		✓	Diabetes		✓		✓
Piles / Varicose veins		✓		✓	Nervous / Mental disease / Sleep disorder		✓		✓
Blood Disorder		✓		✓	Mallignant disease (Cancer)		✓		✓
Female Disorder		✓		✓	Signed off on medical grounds / Declared Unfit		✓		✓

Notes

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
165cm	68kg.	93-41 cms	120/80 mmHg	78 b/min	16 b/min	Fair

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Colour Vision			
Ishihara		Normal	Abnormal
Other		Normal	Abnormal

Field of Vision: Normal / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Hearing	Right Ear	Left ear
	✓	✓

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS 4/E
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	14.8 gm%	14-16 gm %
Total WBC count	5200 cu.mm	4000-11000 / cu.mm
Neu 60 % Lymp 32 % Eos 03 Ba 00 % Mo 05 %		
Malarial parasite	Not Found.	
ESR	mm / 1st hour	1-- 15 mm / hr
SGPT	28 U/L	9--43 U / L
S.Cholesterol	mg/dl	145--260 mg / dl
S.Triglycerides	mg/dl	upto 200 mg /dl
Blood Sugar	RBS PPBS	upto 125 mg %
HbsAg	Negative	
HEV I & II	Negative	
VDRL	Non Reactive.	
Others	GGTP U/L	
Blood Group		

Urine	
Colour	Sw
Specific Gravity	
pH	
Albumin	Nil
Sugar	Nil
Bile pigment	
Bile salts	
Occult blood	
RBC cells	Nil
Leucocytes	
Others	

ECG : Normal **TMT:** Nil

X-Ray Chest: Normal

Spirometry: Nil

Drugs of Abuse: Negative

USG: Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically Fit / Unfit / Temporarily unfit / Permanently unfit / Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 26 JUL 2026

Candidate's Signature

Date: 27 JUL 2024

Official Stamp

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

Doctor'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

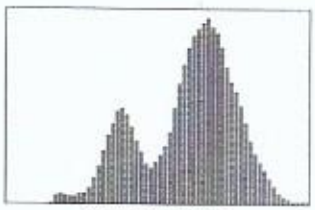
04.2024.7064

ID NO	**: 24070688**	**Date**	**: 27/07/2024**
Patient's Name	**: MD. HOSEN ALI**	**Age**	**: 29Y 2M 12D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/10331**	**Sex**	**: Male**
Specimen	**: Blood**		

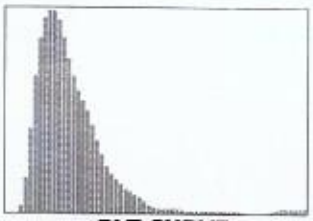
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

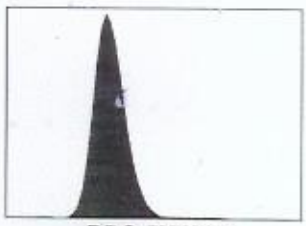
Parameter	Results		Reference Values
Haemoglobin(Hb)	**14.8**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**08**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**5,200**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	60	%	(40 - 75)%
Lymphocytes	32	%	(20-45)%
Monocytes	05	%	(2-10)%
Eosinophils	03	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**156**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**204,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	11.4	fL	7.0 -11.0 fL
PDW-CV	17.2	%	10 - 18 %
PCT	0.23	%	0.10 - 0.28
P-LCR	37.1	%	9.00 - 45.00%
P-LCC	76	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**5.49**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	48.5	%	M: 40-54%, F: 37-47%
MCV	88.4	fL	76-94 fL
MCH	26.9	pg	27-32 pg
MCHC	30.4	g/dL	29-34 g/dL
RDW SD	46	fL	30.0-57.0 fL
RDW CV	15.9	%	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	DIA24070688	Received Date	27/07/2024
Patient's Name	MD HOSEN ALI		
Patient's Age	29Y 2M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	c/o/10331
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.41 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	20.0 U/L	Up to 40 U/L

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	DIA24070688	Received Date	27/07/2024
Patient's Name	MD HOSEN ALI		
Patient's Age	29Y 2M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	c/o/10331
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	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 LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070688	Received Date	27/07/2024
Patient's Name	MD HOSEN ALI		
Patient's Age	29Y 2M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	c/o/10331
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.

Bill No	DIA24070688	Received Date	27/07/2024
Patient's Name	MD HOSEN ALI		
Patient's Age	29Y 2M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	c/o/10331
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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070688	Receive: Print:27/07/2024		
Patient's Name	:	MD HOSEN ALI			
Age	:	29 YRS	*Sex*	:	M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	62 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

ID: M. Hosenfeld.

Male 29 Years

mmHg

27-07-2024 14:21:28

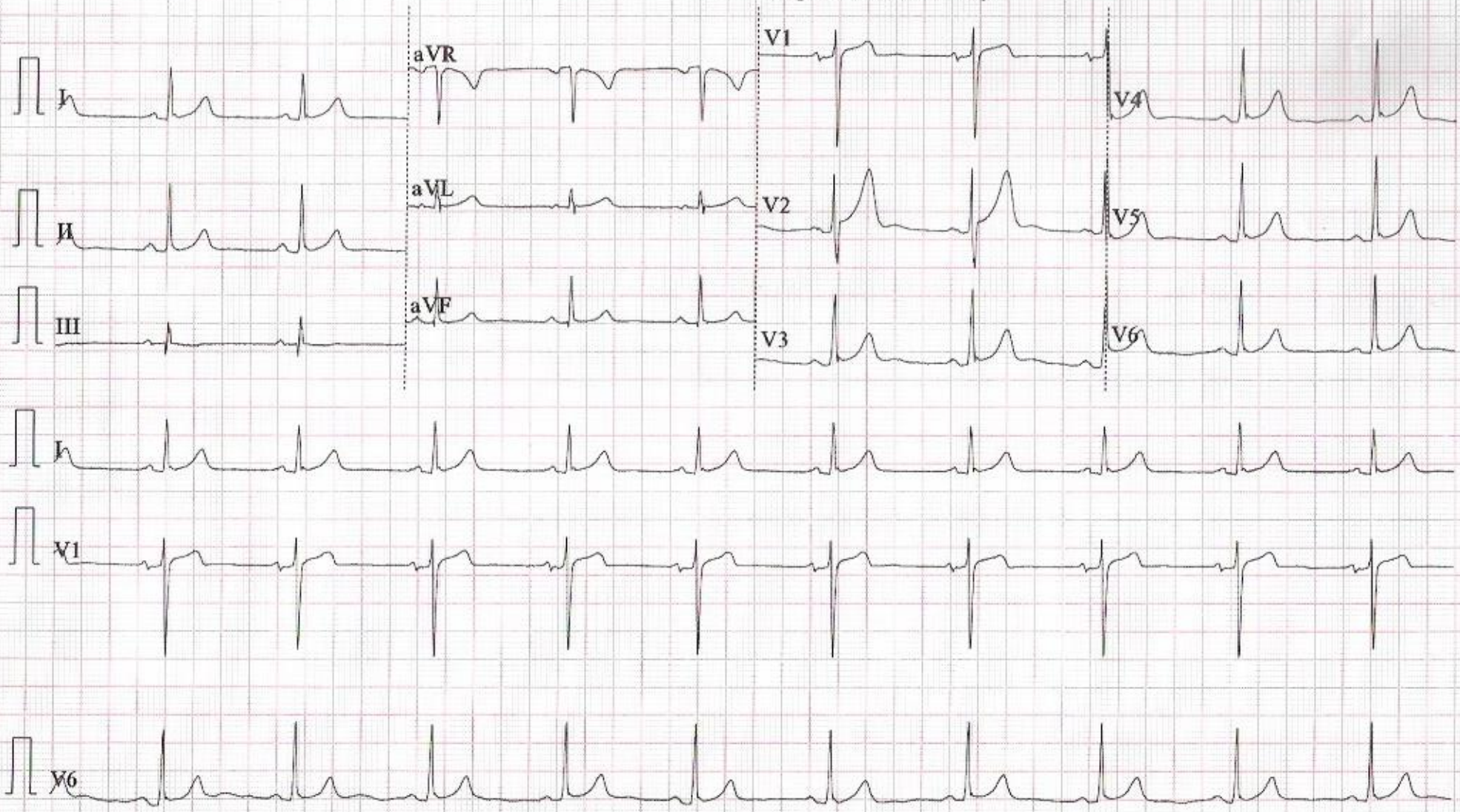
HR	:	62	bpm
P	:	102	ms
PR	:	148	ms
QRS	:	82	ms
QT/QTc	:	380/386	ms
P/QRS/T	:	52/43/29	°
RV5/SV1	:	1.437/1.532	mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥62 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070688	Receive:27/07/2024	Print: 27/07/2024
Patient's Name	:	MD HOSEN ALI		
Age	:	29 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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

This is to certify that MD HOSEN Al date of birth 15·05·1995 Sex MALE
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
1	27 JUL 2024	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2	DR. MIR. MD. RAIHAN MBBS (DU), DPM, 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		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the cv6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, tins certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is perfomed.
Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;;gtte period do six mois jour de cettc revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfc sur le certificate ou I o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that MD HOSENALI date of birth 15-05-1995 Sex MALE
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows
don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1 17 JUL 2024	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physlcian Radical Hospitals Limited	YELLOW FEVER VACCINE L. NO DAKAR 9265	CENTER FOR VACCINATION 35, Shah Mokdoom Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I lcalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre Is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccinalion.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for die signature.

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

Ce certificate n' est avalable que si Ic vaccina employe" a c-' tc,' a approve" par I' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminslralion sanitaire du (erriloire dans Icqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allectcr sa validite

PANAMA MARITIME AUTHORITY

REPÚBLICA DE PANAMÁ

Republic of Panama

AUTORIDAD MARÍTIMA DE PANAMÁ

Panama Maritime Authority

CERTIFICADO MÉDICO DE LA GENTE DE MAR

Medical Fitness Standards Certificate for Seafarers

No. Certificado: / *Certificate No.* 04.2024.7064

Este certificado se emite en conformidad con las disposiciones de la regla I/9 del convenio STCW, 1978, enmendado y la norma A-1/2 del CTM, 2006, enmendado y certifica que la gente de mar es apta para el servicio en el mar.
This certificate is issued in accordance with the provisions of the regulation I/9 of the 1978 STCW Convention, as amended and the standard A-1/2 of the MLC, 2006, as amended, and certifies that seafarers are fit for sea service.

Apellido: / *Surname*	Nombre: / *Given Name (s)*	Cédula / Pasaporte No.: / *Id. Number/ Passport No.*
ALI	MD HOSEN	A06306242

Fecha de Nacimiento: / *Date of Birth*			Nacionalidad: / *Nationality*	Sexo: / *Gender*	
Día / *Day*	Mes / *Month*	Año / *Year*		Masculino / *Male*	Femenino / *Female*
15	05	1995	BANGLADESHI	☑	☐

	Sí / Yes	No
¿Confirmacion de que se examinaron los documentos de identidad en el lugar del exámen? / *Confirmation that identification documents were checked at the point of examination?*	☑	☐
¿La audición cumple con el estándar? / *Hearing meets the standards?*	☑	☐
¿La audición es satisfactoria sin ayuda? / *Unaided hearing satisfactory?*	☑	☐
¿La agudeza visual cumple con el estándar? / *Visual acuity meets standards?*	☑	☐
¿La visión cromática cumple con el estándar? / *Color vision meets standards?*	☑	☐
Fecha de la última prueba de visión cromática (Día/Mes/Año) / *Date of the last color vision test (Day/Month/Year)* — 27 JUL 2024		
¿Apto para cometidos de vigía? / *Fit for look out duties?*	☑	☐
¿Existen limitaciones o restricciones respecto de la aptitud física? Si la respuesta es "sí", dar detalles de las limitaciones o restricciones / *Limitations or restrictions on fitness? If "Yes", specify limitations or restrictions*	☐	☑
¿Está el marino libre de cualquier condición médica que pueda verse agravada por el servicio en el mar o discapacitarle para el desempeño de tal servicio o poner en peligro la salud de otras personas a bordo? / *Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other person(s) on board?*	☑	☐

Confirmo que he sido informado sobre el contenido del presente certificado y sobre el derecho a solicitar una revisión del dictamen, con arreglo a lo dispuesto en el párrafo 6 de la Sección A-1/9.
I hereby, confirm that i have been informed about the content of this certificate and of the right to a review in accordance with the paragraph 6 of Section A-1/9.

Fecha de emisión: / *Date of issue*	27 JUL 2024
Fecha de expiración: / *Date of expiry:*	26 JUL 2026
Nombre del médico reconocido: / *Name of the recognized medical practitioner:*	DR. MIR MD RAIHAN MBBS(DU)

Firma y sello del médico reconocido / *Signature and stamp of the recognized 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

1. El original de este certificado deberá estar disponible durante el servicio a bordo.
The original of this certificate must be available while serving on board ship.
2. En caso de pérdida de este certificado, el titular deberá notificar a los puertos y a la Autoridad Marítima.
In case of loss of this certificate, the holder should notify ports and the Panama Maritime Authority
3. La Autenticidad de este certificado puede ser verificada contactando a la Autoridad Marítima de Panamá
The authenticity of this certificate can be verified contacting the Panama Maritime Authority

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