

INTERNATIONAL LABOUR ORGANIZATION



Sectoral Activities Programme

See text links below.

ILO/WHO/D.2/1997

Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers

Part 6

Annex D

Minimum requirements	for	the medical	examination	of seafarers
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Name (last, first, middle): ISLAM SOFIQUL	Fig.
Date of birth (day/month/year): 12 / 01/ 1995 Sex: ma	e le emale • □ female
Home address: VILL:HARAIPARA, P.O: PAKUTIA P.S: NAGARPUR, DIST: TANGAIL, BANGLA	DESH
Passport No./Discharge Book No.: A00963024 / CDC NO: T/	32132
Type of ship (container, tanker, passenger, fishing):	
Trade area (e.g., coastal, tropical, worldwide):	
Examinee's personal declaration	

(Assistance should be offered by medical staff)
Have you ever had any of the following conditions•

	Condition	Yes No	Condition	Yes No
1.	Eye/vision problem	U. 2. 1	8. Sleep problems	0. 1.
2.	High blood pressure	n. d. 1	9. Do you smoke?	n. d.
3.	Heart/vascular disease	D. 1/2 2	0. Operation/surgery	0. 2
4.	Heart surgery	n. 7. 2	Epilepsy/seizures	0. 1.0
5.	Varicose veins	U. 1. 2	2. Dizziness/fainting	. l.n
6.	Asthma/bronchitis	Scal Hospite	3. Loss of consciousness	0. 1.

7.	Blood disorder		X	24.	Psychiatric prol	olems		\nearrow
8.	Diabetes	П	1	25.	Depression		П	1
9.	Thyroid problem		9	26.	Attempted suic	ide		1
10.	Digestive disorder		1	27.	Loss of memor	y	Q	
11.	Kidney problem			28.	Balance problem	m		1
12.	Skin problem		V	29.	Severe headach	es		
13.	Allergies		1	30.	Ear/nose/throat	proble	ms 🗆	1
14.	Infectious/contagious diseases	D	1	31.	Restricted mob	ility	D	1
15.	Hernia	LJ	1	32.	Back problems		D	
16.	Genital disorders	П	1	33.	Amputation			
	Pregnancy	[1]	NA	34.	Fractures/dislo	cations	L	1
Ado	ditional questions						5	
						Yes	No o	
	35. Have you ever been signed o	ff as si	ick or re	patriat	ed from a ship?		8	
	36. Have you ever been hospitali	zed?					6	
	37. Have you ever been declared		for sea c	luty?		П	1	ē.
	38. Has your medical certificate	ever b	een resti	ricted o	or revoked?		10	
	39. Are you aware that you have illnesses?	any m	nedical p	robler	ns, diseases or		1	
	40. Do you feel healthy and fit to designated position/occupation		rm the o	duties	of your .	1		
	41. Are you allergic to any medi		s?			D	1	
С	omments:					1170		2
	FEIT CO	P. 241						
	[FII FU	K DOI	Y ON BO	DARD	SHIP			
	**							
			1					
)
	42. Are you taking any non-presemedications?	criptio	n or pre	scripti	on 🗆			

hereby	certify	that the	e personal	declara	ition a	above is	a tru	ie staten	nent to the	e best of my l	knowledge.
Signatu	re of exa	aminee	:			Date	e (day	y/month	/year):	0,4 JUL 21	024
Witness	sed by: (Signatı	ure)	The state of the s		2	_ Na	me: (Ty	ped or pri	DG Shipping Ge	R. MD. RAIH. M. CCD (Birdem), PGT (0 5144, MMC-BGD-0 g Bangladesh Appro neral Physician
hereby ealth in xamine	nstitutio	ze the ns and	release of a public autl	all my porities	previo to Di	ous med	lical i	records P. L.	from any	health profes the approved	sionals,
ignatu	re of exa	ıminee				_ Date (day/i	month/y	ear): 04/	JUL 2024	
Vitness	sed by: (Signatı	ıre)	To the		7	Na	ame: <i>(T)</i>	vped or pr	BMDC A-55 DG Shipp.ng Gen	R. MD. RAIHA I. CCD (Birdem), PGT (Op 1144, MMC-BGD-0 Bangladesh Approv eral Physician
										Radical	Hospitals Limited
1edica	l exami	nation									
• Pro	l exami e-sea	nation	4.	Period	ic			□• Ot	ther		
• Pro		nation	Visual					□• Ot	ther		
• Pro			Visual	Period acuity				· Ot		ıl fields	
• Pro	Unaid Right	ed Left	Visual	acuity Aided Right	Left	Binoc	ular		Visua	al fields Defective	
• Pro	Unaid Right eye	ed Left eye		acuity		Binoc	ular	Right eye	Visua		
• Pro	Unaid Right	ed Left eye		acuity Aided Right	Left	Binoc	ular	Right	Visua		é
Pro Sight Distant	Unaid Right eye	ed Left eye	Binocular	acuity Aided Right eye	Left			Right eye Left eye	Visua		<i>i</i>
Distant	Unaid Right eye 6/6 NS	ed Left eye		acuity Aided Right eye	Left	Binoc		Right eye Left	Visua		•
Profight Distant	Unaid Right eye 6/6 NS vision:	ed Left eye 6/6 NS	Binocular tested	Aided Right eye	Left	Doub	tful	Right eye Left eye	Visua	Defective	
Proight Distant	Unaid Right eye 6/6/ Vision:	Left eye	Binocular tested	Aided Right eye	Left eye mal	Doub	tful lues i	Right eye Left eye Defe	Visua	Defective	test (metres)
Proight Distant	Unaid Right eye 6/6 NS vision:	ed Left eye 6/6 NS	Binocular tested	Aided Right eye	Left eye mal	Doub	tful lues i	Right eye Left eye Defe	Visua	Defective	
Project Projec	Unaid Right eye 6/6 VS vision:	Left eye 6/6 Not re tone 4,000	Binocular tested und audio 2,000	Aided Right eye	Left eye mal	Doub	otful lues i	Right eye Left eye Defe	Visua	and whisper	test (metres)

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

Height: 166	(cm)		Weight:	65	(kg)	
Pulse rate: 38	(/(minute)		Rhythm:	ROUN	12	
Blood pressure:	Systolic: _	110	2(mm Hg)	Diastolic:	70	(mm Hg)
Urinalysis:	Glucose:	M		Protein:	mi/	
	Normal	Abnormal	i		Normal	Abnormal
Head	1		Varicose veir	ıs		ADIOTINAL
Sinuses, nose, throat	/		Vascular (inc	. pedal pulses)	/	П
Mouth/teeth	7	П	Abdomen and		11	П
Ears (general)	1/1	El	Hernia		// ,	1.1
Tympanic membrane	//	0	Anus (not rec	tal exam)		11
Eyes	To	П	G-U system		1/	
Opthalmoscopy	10	LI .	-20.53	wer extremities	//	1.1
Pupils	6,	П	Spine (C/S, T			D n
Eye movement	10	D	Neurologic (f		//	LI .
Lungs and chest	1	Ш	Psychiatric (an orier)	// .	
Breast examination	NA		General appea	arance	_/	
Heart .	11/2			aranec .	_	LJ
Skin	/	D				
Chest X-ray:	□ Not perfo	ormed c	Performed	on (day/month/y	ear):/	JUL 2024
Results:		_				
/	VOM	me				
Other diagnostic test(s	s) and result(s):				
		11	-			
Test &	1000	ren	Result	NOMO	rel	
						4
Medical examiner's c	comments:					
	camicino,					10
		FIT FO	R DUTY ON BOA	00 01110		27
			TOO TON BUA	און פווא		Sur Track
)		100
Vaccination	n status reco	rded:	Yes		□ No	1.55

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:



٠	Fit for look-out	duty • □ Not f	it for look-out duty			
,	Oeck servi	ce Engine service	Catering service	Other services	,	
Pit	i)	П				
Unfit	П		П	П		
	Without restrictions	With restrictions	п•			
Descr	ibe restrictions (e.g., sp	occific position, type of	ship, trade area)	,		
	n taken by medical exa RADICAL F of examination: Uttara, D	IOODITAL LIMITED	f examination (day/1	month/year):	0 4 JUL 20	24
		expiration (day/month/)		0 3 JUL 2026		
Signa	al stamp (also print nature of medical examinatived by: DG S HH	er: PING BANGA	RMDO	MIR. MD. RA 10). DFM. CCD (Birdem), P CA-55144, MMC-Be pp.ng Bangladesh A General Physician adical Hospitals (Imperent authornty)	'G1 (Ophth)	
		4				
	ABOUT SECTOR	SECTORS MEETIN	GS PUBLICATION	S WHATS NE	<u>w</u>	
企						



For further information, please contact the Sectoral Activities Department (SECTOR) at Tel: Fax: or email: sector@ilo.org

Disclaimer | webinfo@ilo.org

This page was created by BR/PL. It was approved by BW/BKN. It was last updated Tues, 17 Jun 1999.



PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE RE	PUBLIC OF LIBERIA	ANNEX 2
LAST NAME OF APPLICANT	FIRST NAME	MIDDLE
ISLAM DATE OF BIRTH	SOFIQUL	INITIAL
	PLACE OF BIRTH	SEX
MONTH 01 DAY 12 YEAR 1995	CITY TANGAIL COUNTRY BANGLA	MALE FEMALE
EXAMINATION FOR DUTY AS: MASTER PATING	MAILING ADDRESS OF APPLICANT:	
MASTER RATING MATE MOU DECK	VILL:HARAIPARA, P.O: PAKU	TIA P.S: NAGARPUR
ENGINEER MOU ENGINE	DIST: TANGAIL, BANGLADES	Η =
RADIO OFF SUPERNUMERARY		
MEDICAL EXAMINATION (SEE PAGE 2) STATE DI	ETAILS ON PAGE 2	
164 AND 78 IST 210/7000 FILES	RESPIRATION GENERAL	APPEARANCE /
VISION: RIGHT EYE LEFT EYE	1 240/110	1800
WITHOUT GLASSES WITH GLASSES 666 666		
DATEOFLASTCOLOR VISION TEST (Month/Day/Year) 0 4 JUI	2024	
COLOR VISION MEETS STANDARDS INSTCW CODE, TABLE A-I	1 esting Required every 6 years	
	/	
COLOR TEST TYPE: BOOK * LANTERN * CHECK IF COLOR TES	T IS NORMAL YELLOW RED RED	GREEN BLUE
HEARING: RT. EAR NAO	nno	
HEAD AND NECK	LEFT EAST TO SEE	-
Warmal	HEART (CARDIOVASCULAR)	namel
LUNGS	SPEECH (DECK/NAVIGATIONAL OFFICER	(AND RADIO OFFICER)
Nonnel	IS SPEECH UNIMPAIRED FOR NORMAL V	OICE COMMUNICATION?
EXTREMITIES:	1	
UPPER / VOTTO	LOWER_ NOTIFIE	al
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE TO ENDANGER THE HEALTH OF CYCLER PERSONS ON BOARDS	AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR S.	ERVICE AT SEA OR LIKELY
TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?	IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINA	TION ON PAGE 2.
	0 4 JUL 2024	0.0 1111 0000
CONTRACTOR AND ADDRESS OF THE CONTRACTOR OF THE		0 3 JUL 2026
SIGNATURE OF APPLICANT	DATE OF EXAM EX	PIRY DATE
THIS SIGNATURE SHOULD BE AFFE	XED IN THE PRESENCE OF THE EXAMINING PHYSICL	IN.
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GO	SOFIQUL ISLAM	
FIT FOR DUTY C	ON BOARD SHIP (NAME OF APPLICANT)	
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (M. SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDE	ASTER MATE ENGINEER PADIC OFFICER PATRICIA	
SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDE	R (HE) (SHE) IS FOUND TO BE (EP) (NOT FIT) FOR LOC	MOU DECK, MOU ENGINE or OKOUT DUTIES?
NAME AND DEGREE OF PHYSICIAN DR. MIR MD.		
ADDRESS RADICAL HOSPITAL LIMITED 35, SHAH	1 //	
		A,DHAKA-1230
NAME OF PHYSICIAN'S CERTIFICATING AUTHORI	TY DG SHIPPING BANGLADESH	
DATE OF ISSUE OF PHYSICIAN'S CONTRICATE 06 I	MAY 2014	
SIGNATURE OF PHYSICIAN		0 4 JUL 2024
GIGIVATORE OF PHISICIAN	DATE OF EXAMIN	ALLON
This certificate is issued by authority of the Deputy Cor requirements of the Maritime Labour Convent	nmissioner of Maritime Affairs, R.L. and in contion, 2006 for the Medical Examination of Seafare	apliance with the
The Medical Certificate shall be valid for no more than	two (2) years from the date of the Evamination	for those own 10
years of age and for no more than one (1) year	r for those under 18 years of age.	tot mose over 18
DR. MIR. MD. RAIHAN	A PART OF THE PART	EBBL 10
MBBS (DU), DFM, CCD (Birdem), PGT (Onlin)	Time	
BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved	CAL HOSPIG	

RLM-I05M ANNEX 2

OG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited As Per-HallC 2006

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

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better car at 15 feet and in the poorer ear at 5 feet.
- (b) 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.
- (c) 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,
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- 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
- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired
- (g) Applicants for able seafarer deck, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

- COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.
- 2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count
- B) Blood Sugar Estimation
- C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg)
- E) Urinlysis 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

0 4 JUL 2024



MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician seed Hospitals Limite





44.0

90.3

27.5

30.4

17.2

52

96

f_

pq

fl_

%

q/dL

ID NO : 24070089

Date: 04/07/2024

Patient's Name: SOFIQUL ISLAM

Age : 29Y5M22D

RBC CURVE

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-T/32132

Sex: : Male

Specimen ; Blood

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

HAEMATOLOGY REPORT

978990				
Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	13.4 05	g/dl rnm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	6,600	/cumm	4,000 - 11,000 /cumm	4/1
Neutrophils Lymphocytes Monocytes Eosinophils Basophil	56 32 07 05 00	% % % % %	(40 - 75)% (20-45)% (2-10)% (1-6)% 0-1 %	WBC CURVE
TOTAL CIR. EOSIONOPHIL COUNT TOTAL PLATELET COUNT(PC) MPV PDW-CV PCT P-LCR P-LCC	330 173,000 14.7 17.6 0.26 56.7 98	/cumm /cumm fl_ % % % x10^3/uL	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL 10 - 18 % 0.10 - 0.28 9.00 - 45.00% 13 - 129 x10^3/uL	PLT CURVE
REC COUNT	4.87	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	

M: 40-54%, F: 37-47%

76-94 fL

27-32 pg

10-16%

29-34 g/dL

30.0-57.0 fL

Checked Ly....... Medical Technologist. Redical Hospital Ltd.

Uttara, Dhaka.

HCT/PCV

MCV.

MCH

MCHC

RDW SD

RDW CV

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



Bill No	DIA24040060	Received Date	04/07/	2024
Patient's Name	SOFIQUL ISLAM		0 110111	2024
Patient's Age	29Y 5M 22D	Patient's Sex	MALE	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C		Charles Co.	T/32132
Sample	Blood		200000000000000000000000000000000000000	1,52152

SEROLOGYCAL REPORT

Test Name

Result

HIV 1 & 2 (Method: (ICT)

Negative

Check By

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



Bill No	DIA24070060	Received Date	04/07/2	2024
Patient's Name	SOFIQUL ISLAM	- toocived Bate	04/0///	2024
Patient's Age	29Y 5M 22D	Patient's Sex	MALE	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIF			T/32132
Sample	Urine	/- /-/		1/32132

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

MICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION

CASTS / LPF

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

ON REQUEST

CRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Cal. Oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Tripple Phos	Nil

CheckerBy

Medical Technologist, Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Assistant Professor Dept. of Microbiology East West Medical College



Test Name

Bill No	DIA24070060 Received Date 04/07			7/2024
Patient's Name	SOFIQUL ISLAM		100.10	
Patient's Age	29Y 5M 22D	Patient's Sex	MAL	E
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CO	D(BIRDEM),PGT(Eye),DFM	CDC	T/32132
Sample	URINE	V	250.00	1,02102

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Result

Checked By

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



Bill No	DIA24070060	Received Date 04/07/2024		2024
Patient's Name	SOFIQUL ISLAM	The state of the s	0 10111	2024
Patient's Age	29Y 5M 22D	Patient's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),		CDC NO:	T/32132
Sample	Stool		000 110.	1752 152

STOOL ANALYSIS

Physical Examination:

Color

: Brown

Consistency

: Soft

Worm

: Nil

Mucus

: Nil

Blood

: Nil

Chemical Examination:

Reaction

: Acid

Occult Blood Test (OBT)

: Not done

Reducing Substance (RS)

: Not done

Microscopic Examination:

Ova

: Not found

Mucus flakes

: Nil

Cyst

: Not found

Cyst of Giardia

: Not found

Protozoa (Trophozoite)

: Not found

Macrophage

: Not found

Larva

: Not found

Fat Globules

: (+)

None - consequence

Epithelial Cell

: Nil

Vegetable Cell

: Nil

Pus Cell

: Nil

Starch

: Nil

RBC

: Nil

Muscle fibre

: Nil

Checked

Medical Technologist, Radical Hospitals Ltd. Hospital Uttara, Dhaka. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Assistant Professor Dept. of Microbiology

East West Medical College and



Patient's Name	1:	SOFIQUL ISLAM	ID NO	:	24070060
Age	:	29 Yrs	Date		04/07/2024
Sex	:	Male		1	0 1/0 // 2021
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU)	,CCD (BIRDEM),PGT(Eve).DFM

Dental Examination Reports

On Examination

1. Dental Caries : Absent

2. Calculus : Absent

Missing : Absent

4. Gum Condition : Normal

5. Filling : No

6. Root Canal Treatment : No

7. Any Bridge/Denture/Crown : No

8. Oral Hygine : Normal

Comments: Normal

Dr. Mir Md. Raihan

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

Reg- A55144 BGD-016(MMC) DG Shipping Bangladesh Approved Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify	that [name]	ofigi	IL ISL	AM
date of birth 1	2-01-100	5 sex .	MALE	
nationality ${\cal B}$	ANGILADI	ESHI		10 16 16 11 11 11 11 11 11
national identif	ication documen	ts, if applica	able	
whose signatur	e follows			
	indicated been of disease or cond		or received p	prophylaxis
*********************	***************************************			and the second second
in accordance v	with the Internati	onal Health	Pagulations	

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Nous certifions que [nom]
Nc(e) le de Sexe
et de nationalité
document d'identification national, le cas échéant
don't la signature suit
a été vaccine(e) ou a recu des agents prophylactiques à la date indiquée contre: (nom de la maladie ou de l'affection)
Conformément au Règlement sanitaire international.

Vaccine or prophylaxis	Date	Signature and professional Status of supervising	Manufacturer and Batch no. of vaccine or	Certificate valid From:	Official stamp of the administering centre
Vaccin ou agent	Date	Clinician	prophylaxis	Until:	AND THE PARTY OF T
prophylactique		Signature et titre du	Fabricant du vaccine ou		Cachet officiel du
		clinicien responsable	de l'agent prophylactique	Certificat valable à partir du	centre habilité
	1/2		et numéro du lot	jusqu'au :	OR VACO
SEVER	\$.	Amme .		Life of Person	(Stownson)
O L NO B	No.	/ William	2266	Ly6 OF TELSON	35, Shah Makhdum
TO DAKAR S	o DF	R. MIR. MD. RAIHA	N	regintel	Uttana, Dhaka +
* 3	MBB	S (DU), DFM, CCD (Birdem), PGT (Oph) DC A-55144, MMC-BGD-01	(0)	mu of the	Saura 1065
	DG	Shipping Bangladesh Approve General Physician Radical Hospitals Limited	d		TNGLAU

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

		TOLON	OHOLLIN			
This is	SOF to certify that ussigne' (e) certifie o	IQUL ISLAM	e of birth 12	-01-199	5 Sex M	ALE
Whose	e signature follows a signature suit					
has or a e'te'	the Date indicated vaccine (e) ar revac	been vaccinated or rev cine' (e) contre le fievre	accinated aga e jaune a ia da	inst cholera tc indiquee.	*	
Date	Stat Signatu	re and professional rus of Vaccinator re et qualite profess		C	ved Stamp echet entiftcation	
111	Sior	nelle vaceinateur	10 V	To Fo	DRAL CHO	DLERA
Dr.		MILLE	1/18	COR.		JKORAL"
1	DR MIR.	MD RAIHAN		khdum S	Valid Upto	
2	MBBS (DU) DFM, C BMDC A-5514 DG Shipp, gBs	cb (Birdem), PGT (Ophth) 4. MMC-BGD-016 angladesh Approved at Physician	Avenu Vitara, D			
	Radical Hi	ospitals Limited	100			
	0.7.4.7	_	Organisation Nondiale de la Santé		World Health Organization	
	Passport number or Travel document number Numéro du passeport ou du document de voyage	Issued to / Délivré à	Réglement sanitaire international (2005)	Certificat international de vaccination ou de prophylaxie	International Health Regulations (2005)	International Certificate of Vaccination or Prophylaxis

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

Form No: SMC

Seafarer's Signature



04.2023.4310

DG Shipping Bangladesh Approved General Physician Name & Signature of the practitioner:

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	e Maritime Labour Convention, 2006
SEAFARER INFORMATION:	
Name: Last ISUMM First SOFIBUL	0.5
Gender: (Male/ Fernale) <i>DDLE</i> Nationality: <i>BBN611111</i>	Date: 05 JUL 2023
Occupation: Deck/Engine/Catering/Other (specify)	Rank: <i>COOK</i>
Father's/ Husbad'sname: NAZRUL ISLAM	C.D.C No. 7/32132
Mother's Name: SUFID BEGUM	Seaman ID No.050010504
Address: House No:Street/ Road No:	Passport No. <i>P00963024</i>
Locality/Village: HARATPARA	NID No. 6548282192
PO: PAKUTIA	Date of Birth: 12-01-1995
P.S: NAGARPUR	(DD/MM/YYYY)
District: TANGATL	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government	of the People's Republic of Bangladesh and confir
the followings:	
1. Confirmation that identification documents were checked at the p	point of examination :XES/NO
2. Hearing meets the standards in section A-I/9	:XESINO
3. Unaided hearing satisfactory?	:YESANO
4. Visual acuity meets standards in section A-I/9?	:XES/NO
5. Colour vision meets standards in section A-I/9?	:YES/NO
Date of last colour vision test	0.5 JUL. 2023
6. Fit for lookout duties?	:YES/NO
7. Is the seafarer free from any medical condition likely to be aggra	vated by service at sea or to
render the seafarer unfit for service or to render the health of any o	other persons on board? :XES/NO
8. Any limitations or restrictions on fitness?	:YES/NO
If YES, specify limitations or restrictions:	
Duties:	1000
Location/Vessel: RADICAL HOSPITA	
Medical/Other: Uttara, Dhaka, Bar	ngladesh
9. Medical fitness category : Fit-No restriction Fit-	-Subject to restrictions Unfit
10. Date of examination/Issue (DD/MM/YYYY). 05 JUL 2023	
11. Date of expiry (DD/MM/YYYY)0.4JUL2025"No more	than 2 years from the date of examination".
at Hospins	Till S
I have read the contents of the certificate and have been informed of the right to	DR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
review. (ASPERMEDIOOS)	MBBS (DD), DFM, CCD (MMC-BGD-016 BMDC A-55144, MMC-BGD-016

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making 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 whis pered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

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

(c) Dental:

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

(d) Blood Pressure:

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

(e) Voice:

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

(f) Vaccinations:

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

(g) Diseases or Conditions:

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

(h) Physical Requirements:

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

IMPORTANT NOTE:

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

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

DETAILS OF MEDICAL EXAMINATION:

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

1. Complete physical Examination.

2. Pathological Examination:

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

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

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