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: ABADIN (Surname) MOHAMMAD (First Name) FAISAL (Middle Initial) Sex: M Serial No:

Date of Birth: 01/01/1981 PP/CDC: C/0144571 Rank: C/O

Vessel: AMIS POWER Type: BULK Route: FGN

Home Address: R.P. TOWER, PLOT-4, BLOCK-D, FLAT-8J, ROAD-2, MIRPUR-2 DHAKA-1216, BANGLADESH

Company Name: SYNERGY

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
Severe one sided headaches (Migraine)		✓		
Head Injury / Concussion / Loss of Memmory		✓		
Fits / Epilepsy / Dizziness / Fainting		✓		
Eye / Vison Problems (Glasses, etc)		✓		
Hearing Impairment		✓		
Ear / Nose / Throat problems		✓		
Stomach / Bowel disorders		✓		
Gall stones / Kidney disorders		✓		
Jaundice / Liver Disease		✓		
Piles / Varicose veins		✓		
Blood Disorder		✓		
Female Disorder		✓		
Notes				

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		
High / Low blood pressure / Heart disease		✓		
Asthama / Bronchitis / Tuberculosis		✓		
Allergy / Skin disease		✓		
Infection / Contagious Disease		✓		
Addiction to alcohol / drugs / tobacco		✓		
Fracture / Dislocation / Injury / Amputation		✓		
Major / Minor Operation		✓		
Diabetes		✓		
Nervous / Mental disease / Sleep disorder		✓		
Mallignant disease (Cancer)		✓		
Signed off on medical grounds / Declared Unfit		✓		

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
165cm	91Kg	43-41 cms	130/84 mm	78 /min	19 /min	Good

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
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	13.8 gm%	14-16 gm %
Total WBC count	13,700 cu.mm	4000-11000 / cu.mm
Neu 64 % Lymp 26 % Eos 04 Ba % Mo 06 %		
Malarial parasite		
ESR	05 mm / 1st hour	1- - 15 mm / hr
SGPT	34 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 5.3 PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Negative	
Others	Negative	
Blood Group		GGTP U/L

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

ECG : Normal TMT: WNL

X-Ray Chest: Normal

Spirometry: WNL

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: 17 JUL 2026

Candidate's Signature

Date: 18-07-2024

Official Stamp

Radical Hospital LTD As Per MLC 2006 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

04.2024.7028

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA

SURNAME: ABADIN	GIVEN NAME (S): MOHAMMAD FAISAL
DATE OF BIRTH; DAY 01 MONTH 01 YEAR 1981	PLACE OF BIRTH CITY DHAKA COUNTRY BANGLADESH / SEX MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☑ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: R.P. TOWER, PLOT-4, BLOCK-D, ROAD-2, FLAT-8J, MIRPUR-2, DHAKA-1216, BANGLADESH

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION	WITHOUT GLASSES	WITH GLASSES	COLOR TEST TYPE	HEARING
RIGHT EYE	6/6	—	☐ BOOK ☑ LANTERN YELLOW: YM RED: MM GREEN: MM BLUE: MM	RIGHT EAR: MM
LEFT EYE	6/6	—		LEFT EAR: MM

Confirmation that identification documents were checked at the point of examination: YES ☑ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☑ NO ☐ NOT APLICABLE ☐

Unaided hearing satisfactory? YES ☐ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐
(the visual test it is required every six years)
Date of the last colour vision test: (Day/Month/Year) 18 JUL 2024

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☑

Able for watchkeeping? YES ☐ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☑

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 persons on board? YES ☑ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

Signature of Applicant	Name of Applicant	Date
	MOHAMMAD FAISAL ABADIN	18-07-2024

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS,(DU), DFM REG: A-55144

ADDRESS: RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

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

SIGNATURE OF PHYSICIAN: _____ STAMP OF PHYSICIAN: Radical Hospital Ltd. As Per MLC 2006 _____ DATE: 18 JUL 2024

EXPIRY DATE OF CERTIFICATE: 17 JUL 2026

This certificate is issued by the Panama Maritime Authority in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

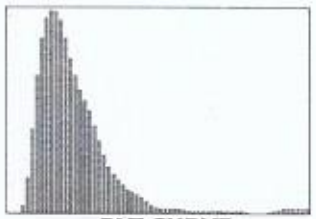
ID NO	**: 24070482**	**Date**	**: 18/07/2024**
Patient's Name	**: MOHAMMAD FAISAL ABADIN**	**Age**	**: 42Y 11M 0D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/4457**	**Sex**	**: Male**
Specimen	**: Blood**		

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

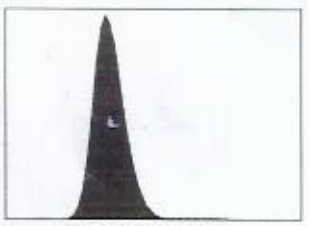
HAEMATOLOGY REPORT

Parameter	Results		Reference Values
Haemoglobin(Hb)	**13.8**	**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	**13,700**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	64	%	(40 - 75)%
Lymphocytes	26	%	(20-45)%
Monocytes	06	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**548**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**321,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	9.1	fL	7.0 -11.0 fL
PDW-CV	16.3	%	10 - 18 %
PCT	0.29	%	0.10 - 0.28
P-LCR	21.8	%	9.00 - 45.00%
P-LCC	70	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**5.18**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	44.8	%	M: 40-54%, F: 37-47%
MCV	86.4	fL	76-94 fL
MCH	26.7	pg	27-32 pg
MCHC	30.9	g/dL	29-34 g/dL
RDW SD	52	fL	30.0-57.0 fL
RDW CV	18.3	%	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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070482	Received Date	18/07/2024
Patient's Name	MOHAMMAD FAISAL ABADIN		
Patient's Age	42Y 11M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4457
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	34.0 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.

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Sample	BLOOD		

SEROLOGICAL REPORT

HBsAg (Method : (ICT)	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

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RADICAL HOSPITAL LIMITED

Bill No	DIA24070482	Received Date	18/07/2024
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Patient's Age	42Y 11M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4457
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	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
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Associate Professor
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East West Medical College and Hospital.

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Patient's Age	42Y 11M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4457
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.

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070482	Receive: Print:18/07/2024		
Patient's Name	:	MOHAMMAD FAISAL ABADIN			
Age	:	43 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	120 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: Mohammad Faisal Abdin

Male 43 Years

/ mmHg

18-07-2024 14:36:17

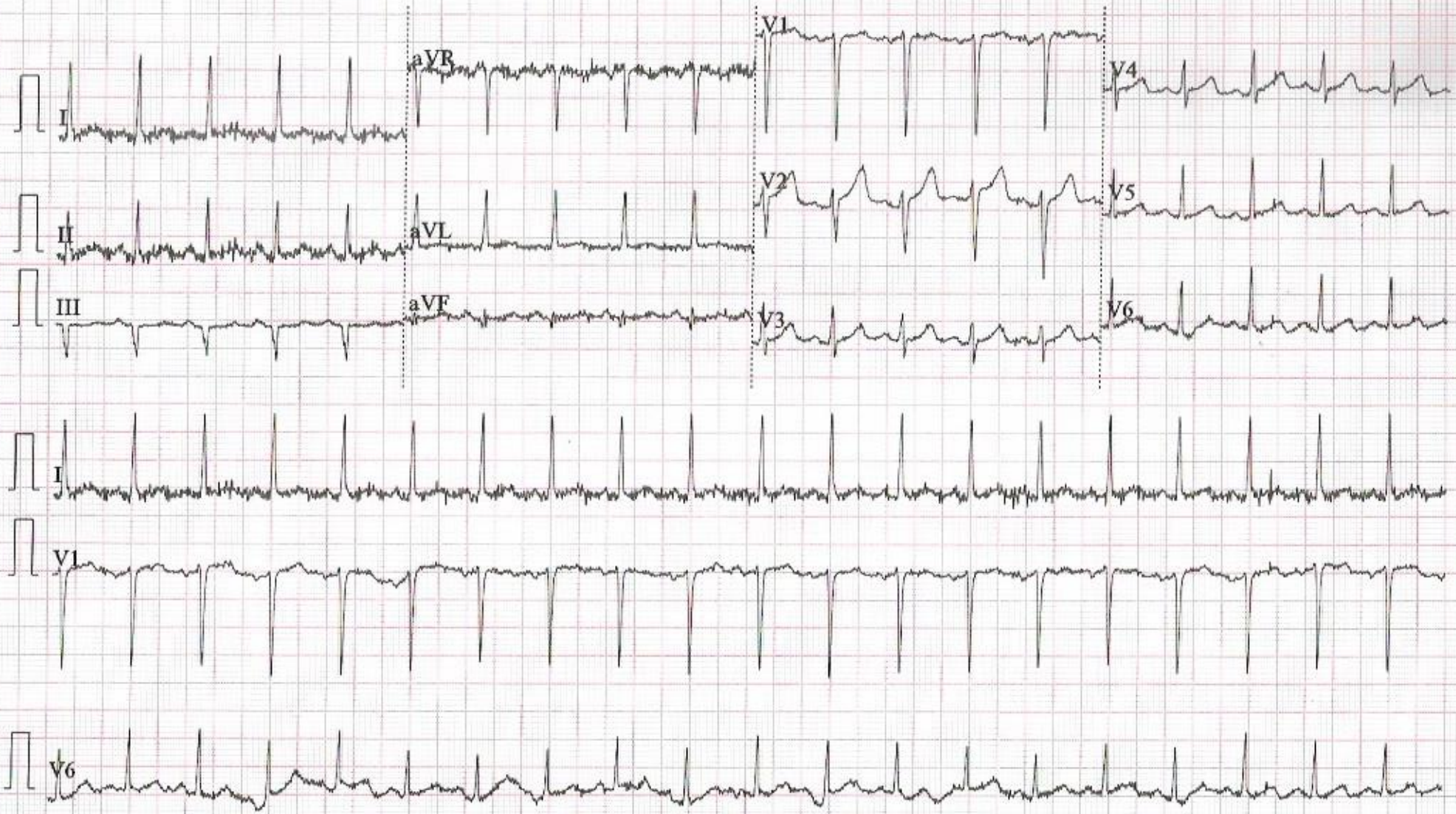
HR	:	120	bpm
P	:	88	ms
PR	:	128	ms
QRS	:	80	ms
QT/QTc	:	302/427	ms
P/QRS/T	:	51/5/37	°
RV5/SV1	:	0.925/1.699	mV

Diagnosis Information:

Sinus tachycardia

Normal ECG except for rate

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥120 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070482	Receive:18/07/2024	Print: 18/07/2024
Patient's Name	:	MOHAMMAD FAISAL ABADIN		
Age	:	43 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 CERTIFICATES Of VACCINATION OR REVACCINATION
AGAINEST CHOLERA
CERTIFICAT INTERNATIONUASX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA

MOHAMMAD FAISAL ABADIN

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le: 01-01-1981 | Sex / Sexe: M

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 date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature of qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
06 MAR 2023	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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2		
18 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 Physician Radical Hospitals Limited	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
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 event of revaccination within such period of two years, on the date of that revaccination.

Norwithstanding the above provision in the case of a pilgrim, tins certificate shull 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 is 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 rovaccination 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 dorrlalre mention de deux injections partiquces a sent jours d' intervaile et sa validite cofllmenge lejour de la seconde micction

De cachet d' authentification doit etre c_anforme au modele present per l, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rabfe sur le certificate ou l o. mission d" une quelconque des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATES Of VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUASX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

MOHAMMAD FAISAL ABADIN

This is to certify that / JE Soussigne' (e) certifie que ____ date of birth / no' (e) le 01-01-1981 Sex / Sexe M

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 date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature of 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
06 MAR 2023	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Optho) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

This certificate is valid only if the vaccina 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 day after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccination.

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 avaiable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa_tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminslralion sanitaire du (erriloire dans lcqucl'ce centre est siture;

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

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

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