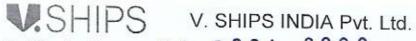
| REPORT OF MEI As per Merchant Shippi | DICAL EXAMIN | NATION O | F SEA | FARER B | Y AN AF | PROVED | MEDIO (MLC 200 | CAL EXA | MINE | R. |
|--|-----------------------|--|------------------|--------------------------|-----------------------------|---|-------------------|----------------------------|-------------------|----------|
| | | R MD, RAIHAI | | CONTROL OF COLUMN | | | AMER EOO | ~ / | -10. | |
| | R/ | ADICAL I | HOSE | PITAL LII | MITED | | | | | |
| 35 | SHAH MAK | (HDUM A | AVEN | UE. UT | TARA. | DHAKA | -1230 | | | |
| TEL: +88027920 | 116, +88 01 | 9555670 | 00. E | MAIL: ra | dical_ | hospitals | @yal | 100.001 | n | |
| Name: SARWA | | | | | MASS | | | | | |
| Date of Birth: | 10/18/ | PP. | /CDC: _ | C/0/42 | 23 | Ra | nk: | Ch/F | nav | |
| Vessel. Moe Home Address: | thra Die | eam | Type: | DRY. | RUL | ← Ro | oute: | | J. | , |
| PAL | LABL DY | MKA | | | 0 | _ | | | | |
| Company Name: V | SH173 | | | | | | | | | 11100015 |
| Medical History Is there any past / presen | t history of any of | Please Candidate | Exami | the follow | ng to the | best of yo | ur know | ledge. | Ext | aminer |
| the followi | | Peclaration Yes No | Recor Yes | rd No | | | | Declaration | R | ecord |
| ievere one-sided headaches (Migra Head Injury / Concussion / Loss of | ine) Menmory | | 100 | Hernia / H | ydrocoele / A | ppendicitis ure / Heart disea: | | - | o Yes | No |
| Fits / Epilepsy / Dizziness / Faintin Eye / Vision Problems (Glasses, et | 10 | 5 | | Asthama / | Bronchitis / T | | se | | | +- |
| Hearing Impairment Ear / Nose / Throat problems | ~ / | 1 | | Infection / | kin disease Contagious [| Disease | | | | - |
| Stomach / Bowel disorders Gall stones / Kidney disorders | | 5 | | Fracture / | Dislocation / | rugs / tobacco Injury / Amputat | on | | 3 | - |
| laundice / Liver Disease | | U | | Diabetes | or Operation | | | | - | - |
| Piles / Varicose veins Blood Disorder | | | | Mallignant | disease (Car | e / Sleep disorde ocer) | - W- W- W | | 3 | |
| Fernale Disorder Notes | | | | Signed off | on medical g | rounds / Declare | d Unfit | 3 | _ | |
| Medical Examination | | Disard Densaus | | | | 400000000000000000000000000000000000000 | | | | 35-55-5 |
| 166m 804 | gs Grest Insp-Exp | 130/8 | | PuseE | eats/min | Resp.Rate / n | and the same of | General C | ondition | > |
| Distant Vision Univerte | | Field of Vis | sion | Audiome | try Hz 5 | 00 1000 20 | 000 3000 | 4000 50 | 00 6000 | 8000 |
| Left Eye | 6/6 | Normal Abnorma | al | Right Ear Left Ear | 200 | | 2) | | | - |
| Colour Vision Other | Normal Normal | AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM | iormal iormal | Hearing | | Right Far | | L | eft ear | |
| Systemic Examination | n Normal Abnorm | | | Notes | | 17 | | JM | imal Ab | normal |
| Ears / Nose / Throat | | FITE | OR S | EA SER | VICE | Respiratory Cardiovaso | ılar system | | 1 | |
| Teeth / Oral Cavity Musculo-Skeletal system | | AS | 24 | EM | 2 | Per Abdome Genito-urin | | | 5 | |
| Nervous system | 1 3 | ASP | ER M | LC 2006 | | Others Hemia / Hy | drocoele | | 5 | |
| Reflexes Skin | 7 | Enhance | d GAI | RD Medica | ds done | Varicose Ve Fissure/Fist | | | 1 | 6-2- |
| Investigations Blood | D It | | | | | | | -1-1980 | | |
| Hemoglobin | Result 75-0 gm% | 14-16 gm % | | Colour | ne C | 50 | | | estature in | |
| Total WBC count Neu 65 % Lymp | 9 % Eos /2 | | | Specific Gr | avity | | | | - | |
| Malanal parasite ESR | mm / 1st ho | Ur 1 15 mm/ | hr | Albumin Sugar | | NI | | 4. | 200 | 1 |
| SGPT S.Cholesterol | U/L mg/dl | 9-43 U / L 145-260 mg | | Bile pigme Bile salts | nt | ALL | | P | 1 | 1 |
| S. Friglycerides Blood Sugar R | ES PPBS | upto 200 mg upto 125 mg | g/dl | Occult blo RBC cells | bd | - 571 | 1 | WIR MD A | 1 | 700 |
| HbsAg HIV I & II | Mary | | | Leucocyte Others | | WI | C | HOSPITAL | JEN I | |
| VDRI Others | mont | co | GGTP U/L | Spiron | etrv: | 0770 | 1/3 | LID | 10h | |
| Blood Group | | | 3G1P U/L | Drugs o | | 50-14 | | 40 A | 5/ | |
| ECG: NMM | TMT: | ~ N/ | ') | Abuse: | / \/ | gen | 2 | | | 190 |
| X-Ray Chest: Result of Medical Ex | Norm | ν\ | | USG: | N | mm | | | | |
| On the basis of the examinee | | mination and dia | agnostic t | ests. I De | . MIR MD R | aihan bereb | u doctor- t | ha essent | mode v | |
| | emporarily unfit | Permanently | | Should be r | | | | he examinee s / months. | medically | , |
| The second secon | certify that all info | rmation required u | ınder Anse | xure E & F of M.5 | . (Medical Ex | amination) Rules | 2000 is inc | orporates in th |) is Certifica | te |
| | 0 4 JUL 2026 | | - | | | | (| 1 | | |
| Candidate's Signature Date: | 48/ | | 0 | fficial Stamp | | | Doe | tor r signatu | re: | |
| 0 5 JUL 2024 | | | 150 | HOSOGO | | | | | St. Hefel | |
| U J JUL ZUZA | | | AN P | ##C5008 E | | | ND 144 | D | | |
| | | | 188 | | | -12 | 555 (EU) D | R. MD. | nen) DOT / | CHARLE |
| | | 2.2 | 1/303 | Bacquete | | | DIVILIZE AL | 55144, MM | C-RGD. | 016 |

04.2024.6922

General Physician Radical Hospitals Limited



Certificate No: 04.2024.6922

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000; STCW code I/9 MLC 2006 - Reg 1.2 And

| Family Name | ABU | ZAYI | ーヒレ | MAH | 1M11= | D Ho | ZZATAT |
|---|--|--|--|---|---|--|---------------------------------|
| Given Names | SARW | | Ī | | - INCL | 110 | אוואכנ |
| Date of birth (day/month/year) | 16/01 | 101 | Sex: | Mal | e 🗌 | Female | |
| Nationality | 2 A7 | 161 | 11-01: | 3H1 | | | |
| | - D/CI | ٠٠١٠ | - ()(| 20111 | | | |
| onfirmation that identification documents | ments were | checked a | at the po | oint of | Ye | s No | NA |
| learing satisfactory and meets the s nd MLC 2006 1.2- 6 (a): | standards in | STCW Co | ode, sed | tion A-I/9 | / | | |
| Inaided hearing satisfactory? | | 050 A 155 | | | 1 | / | |
| isual acuity satisfactory and meets | standards in | STCWC | ode, se | ction A-I/ | 9 | 1 | |
| nd MLC 2006 1.2-6 (a)? colour vision satisfactory and meets | standards in | STCW | Code se | ection A-I/ | 0 / | 1 | |
| nd MLC 2006 1.2-6 (a)? | | | 5000, 50 | A HOBO | " / | | |
| have evaluated the above named e | yaminee acc | cordina to | | | | | |
| kely to be aggravated by service at | sea or to rer | ider the s | eatarer | unfit for s | uch serv | ice or to e | endanger ti |
| Fit Deck sen | Not fit for vice Engi | look-out of the extended in the service of the serv | duty e Cat | medicall | y: | | |
| Fit for look-out duty Deck sens Fit Unfit Without restrictions Visual aid required Chest X-ray | Not fit for vice Engi | look-out of ine service | duty e Cat | ering serv | y: | her servic | |
| Fit Deck sens Unfit Without restrictions Visual aid required Chest X-ray Bacteriological stool test | Not fit for vice Engi | look-out of ine service | duty e Cat | ering serv | y: vice Ot | her servic | |
| Fit Deck sens Unfit Without restrictions Visual aid required Chest X-ray Bacteriological stool test Parasitical stool test | Not fit for vice Engi | look-out of ine service with restrict normal negative negative | duty e Cal | ering serv | y: vice Ot not perfo not perfo not perfo | her service med rmed rmed rmed | |
| Fit for look-out duty Deck sen Unfit Without restrictions Visual aid required Chest X-ray Bacteriological stool test Parasitical stool test Vaccination records | Not fit for vice Engi | look-out of ine service with restrict normal negative satisfactors | duty e Cal | ering serv | y: vice Oti not perfo not perfo not perfo to be ren | her service med rmed rmed rmed | |
| Fit for look-out duty Deck sen Unfit Without restrictions Visual aid required Chest X-ray Bacteriological stool test Parasitical stool test Vaccination records Describe any restrictions (e.g., sp | Not fit for vice Engi | look-out of the extraction with restraction negative satisfaction, type of | duty e Cal | ering serv | y: vice Oti not perfo not perfo not perfo to be ren | her service med rmed rmed rmed | |
| Fit Deck sens Unfit Deck sens Visual aid required Chest X-ray Bacteriological stool test Parasitical stool test Vaccination records Describe any restrictions (e.g., sp. | Not fit for vice Engineering positions in the control of the contr | look-out of the extraction with restraction negative satisfaction, type of | duty e Cal | ering serv | y: vice Oti not perfo not perfo not perfo to be ren | her service med rmed rmed rmed | |
| Fit Deck sens Unfit Deck sens Visual aid required Chest X-ray Bacteriological stool test Parasitical stool test Vaccination records Describe any restrictions (e.g., sp. | Not fit for vice Engi | look-out of the extraction with restraction negative satisfaction, type of | duty Cat dut | ering serv | y: vice Oti not perfo not perfo not perfo to be ren | her service med rmed rmed rmed | |
| Fit for look-out duty Peck sent of the persons on board and peck sent of the peck sent of | Not fit for vice Engineering position (day/mitation (day/mitation) | look-out of ine service with restrict normal negative satisfactor, type of Date (da onth/year | duty e Cal ictions ory f ship, tr | ering serv | not perfo not perfo not perfo not perfo to be ren | her service med med rmed ewed | ces |
| Fit Deck sens Unfit Deck sens Visual aid required Chest X-ray Bacteriological stool test Parasitical stool test Vaccination records Describe any restrictions (e.g., sp. RADICAL HOS Place of examination: Medical certificate's date of expire | Not fit for vice Engineering position (day/mitation (day/mitation) | look-out of ine service with restrict normal negative satisfactor, type of Date (da onth/year | duty e Cal ictions ory f ship, tr | ering serv | not perfo not perfo not perfo not perfo to be ren | med med ewed | ces |
| Fit Deck sens Unfit Deck sens Visual aid required Chest X-ray Bacteriological stool test Parasitical stool test Vaccination records Describe any restrictions (e.g., sp. RADICAL HOS Place of examination: | Not fit for vice Engineering position (day/mitation (day/mitation) | look-out of ine service with restrict normal negative satisfactor, type of Date (da onth/year | duty e Cal ictions ory f ship, tr | ering services and area area area area area area area are | not perfo not perfo not perfo to be ren 0.26 | med rmed rmed ewed | HAN (Ophth) |
| Fit for look-out duty Peck sent of their persons on board and peck sent of their persons on board and peck sent of their peck | Not fit for vice Engineering pecific position (day/mic medical example) | look-out of ine service With restrator normal negative satisfactor no, type of the control of t | duty e Cal ictions ory f ship, to | ering services and area area area area area area area are | not perfo not perfo not perfo not perfo to be ren : | her service med med med ewed D. RAII- Birdemi, PGT MMC-BGD adesh App weisige | HAN (Ophth) -016 roved |
| Fit for look-out duty Peck sen Fit Unfit Without restrictions Visual aid required Chest X-ray Bacteriological stool test Parasitical stool test Vaccination records Describe any restrictions (e.g., sp. RADICAL HOS Place of examination: Medical certificate's date of expire Official stamp (also print name of | Not fit for vice Engineering position (day/mic medical examples at NGLADESH have been in | look-out of ine service with restrator negative negative satisfaction, type of Date (date on the control of the | duty e Cat ictions ory f ship, tr ay/mont ot legib | ering services and area area area area area and area and area and area and area and area and area area area and area area area area area and area area area area area area area are | not perform to be ren 1. 026 MIR. ME 1. DPM. CCD iff 1. A-55144, No.ng Bangla General Philippe Certific | med rmed rmed ewed D. RAII-Birdem, PGT MMC-BGD adesh Appnysician | HAN (Ophth) -016 roved |

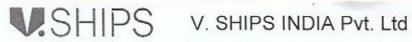




| | NIMUM REQUIREMEN | | SIR MD |
|--|--|---|-------------|
| PRE-SEA AND PERIODIC | OF SEAFARERS | EXAMINATION | RADICAL |
| Mercha | nt Shipping (Medical Examination) I | Rules 2000: | HOSPITALS 2 |
| ST | CW code I/9 and MLC 2006 - Reg on the medical examinations of seafare | 1.2 And | LTD |
| Family Name | SAR ABU ZA | YEED MOHAN | MAN III-/(A |
| Given Names | SARLOND | (1 CC IVU) (4(IV | IMED HOSSA |
| Rank and department | CHIENTED | FNGINFT | -DING |
| Date of birth (day/month/year) | Sex: | Male F | emale |
| Nationality | BANGLADESHI | | |
| Home address | | | |
| | PALLABI, DH | TRA | |
| Residence & Mobile No: | 01765999111 | | |
| Passport No./Discharge Book No. | 40/4323 | | |
| Type of ship (container, tanker, passenger, fishing) | DRY-BULK | 7 | |
| rade area (e.g., coastal, ropical, worldwide) | WERLD-WI | DE | |
| Assistance should be offered by medic | al staff) | | |
| Assistance should be offered by medic | al staff) llowing conditions? | condition | Yes No / |
| Assistance should be offered by medic Have you ever had any of the fo Condition | al staff) llowing conditions? | | |
| Assistance should be offered by medic Have you ever had any of the fo Condition 1. Eye/vision problem | al staff) llowing conditions? Yes No C | oblems moke; use | Yes No |
| Assistance should be offered by medic Have you ever had any of the fo Condition 1. Eye/vision problem 2. High blood pressure 3. Heart/vascular disease | al staff) llowing conditions? Yes No C 18. Sleep pro 19. Do you s | oblems moke; use r drugs? | |
| Assistance should be offered by medic Have you ever had any of the fo Condition Eye/vision problem High blood pressure Heart/vascular disease Heart surgery | al staff) llowing conditions? Yes No Conditions 18. Sleep pro 19. Do you s alcohol o | oblems moke; use r drugs? n/surgery | |
| Assistance should be offered by medical lave you ever had any of the form Condition Eye/vision problem High blood pressure Heart/vascular disease Heart surgery Varicose veins | al staff) llowing conditions? Yes No Conditions? 18. Sleep proceed to 19. Do you so alcohol or 20. Operation 21. Epilepsy/ 22. Dizziness | oblems moke; use r drugs? n/surgery seizures s/fainting | |
| Assistance should be offered by medic dave you ever had any of the fo Condition Eye/vision problem High blood pressure Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis | al staff) llowing conditions? Yes No Conditions? 18. Sleep proceed to 19. Do you so alcohol or 20. Operation 21. Epilepsy/Conditions 22. Dizziness 23. Loss of conditions 23. | oblems moke; use r drugs? n/surgery seizures | |
| Assistance should be offered by medical lave you ever had any of the form Condition Eye/vision problem High blood pressure Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis Blood disorder | al staff) llowing conditions? Yes No Conditions? 18. Sleep proceed alcohol of the conditions a | oblems moke; use r drugs? n/surgery seizures s/fainting onsciousness ric problems | |
| Assistance should be offered by medical lave you ever had any of the form Condition 1. Eye/vision problem 2. High blood pressure 3. Heart/vascular disease 4. Heart surgery 5. Varicose veins 6. Asthma/bronchitis 7. Blood disorder 8. Diabetes | al staff) llowing conditions? Yes No Conditions? 18. Sleep production of the produ | oblems moke; use r drugs? n/surgery seizures s/fainting onsciousness ric problems | |
| Assistance should be offered by medical dave you ever had any of the formal condition Condition Eye/vision problem High blood pressure Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis Blood disorder Diabetes Thyroid problem | al staff) llowing conditions? Yes No Compared to the staff of the sta | oblems moke; use r drugs? n/surgery seizures s/fainting onsciousness ric problems on d suicide | |
| Assistance should be offered by medical dave you ever had any of the form. Condition Eye/vision problem High blood pressure Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis Blood disorder Blood disorder Diabetes Thyroid problem Digestive disorder | al staff) llowing conditions? Yes No | oblems moke; use r drugs? n/surgery seizures s/fainting onsciousness ric problems on d suicide nemory | |
| Assistance should be offered by medical lave you ever had any of the form of t | Al staff) Ilowing conditions? Yes No Conditions? 18. Sleep production of the prod | oblems moke; use r drugs? n/surgery seizures s/fainting onsciousness ric problems on d suicide nemory problem | |
| Assistance should be offered by medical dave you ever had any of the formal condition Condition Eye/vision problem High blood pressure Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis Blood disorder Diabetes Thyroid problem Digestive disorder Kidney problem Skin problem | al staff) llowing conditions? Yes No | oblems moke; use r drugs? n/surgery seizures s/fainting onsciousness ric problems on d suicide nemory problem eadaches | |
| Assistance should be offered by medical lave you ever had any of the form Condition 1. Eye/vision problem 2. High blood pressure 3. Heart/vascular disease 4. Heart surgery 5. Varicose veins 6. Asthma/bronchitis 7. Blood disorder 8. Diabetes 9. Thyroid problem 10. Digestive disorder 11. Kidney problem 12. Skin problem 13. Allergies | Al staff) Ilowing conditions? Yes No | oblems moke; use r drugs? n/surgery seizures s/fainting onsciousness ric problems on d suicide nemory problem eadaches /throat | |
| Assistance should be offered by medical lave you ever had any of the form of the following condition Condition Eye/vision problem High blood pressure Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis Blood disorder Diabetes Thyroid problem Digestive disorder Kidney problem Skin problem Allergies Infectious/contagious diseases | Al staff) Ilowing conditions? Yes No | oblems moke; use r drugs? n/surgery seizures s/fainting onsciousness ric problems on d suicide nemory problem eadaches /throat | |
| Assistance should be offered by medicilated you ever had any of the following Condition Condition Eye/vision problem High blood pressure Heart/vascular disease Heart surgery Varicose veins Asthma/bronchitis Blood disorder Diabetes Thyroid problem Digestive disorder Kidney problem Skin problem Allergies Infectious/contagious diseases | al staff) llowing conditions? Yes No 18. Sleep pro 19. Do you s alcohol o 20. Operation 21. Epilepsy/ 22. Dizziness 23. Loss of o 24. Psychiatr 25. Depressi 26. Attempte 27. Loss of n 28. Balance 29. Severe h 30. Ear/nose problems 31. Restricte | oblems moke; use r drugs? n/surgery seizures s/fainting onsciousness ic problems on d suicide nemory problem eadaches /throat s d mobility | |
| 1. Eye/vision problem 2. High blood pressure 3. Heart/vascular disease 4. Heart surgery 5. Varicose veins 6. Asthma/bronchitis 7. Blood disorder 8. Diabetes 9. Thyroid problem 10. Digestive disorder 11. Kidney problem 12. Skin problem 13. Allergies 14. Infectious/contagious | al staff) llowing conditions? Yes No 18. Sleep pro 19. Do you s alcohol o 20. Operation 21. Epilepsy/ 22. Dizziness 23. Loss of o 24. Psychiatr 25. Depressi 26. Attempte 27. Loss of n 28. Balance 29. Severe h 30. Ear/nose problems 31. Restricte | oblems moke; use r drugs? n/surgery seizures s/fainting onsciousness ric problems on d suicide nemory problem eadaches /throat d mobility oint problems | |

If any of the above questions were answered "yes", please give details.

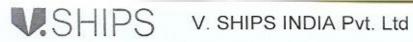




| | | Ye | No | |
|--|--|---|---|---|
| 35. | Have you ever been signed off as sick or repatriated from a ship? | s | 1 | |
| 36. | Have you ever been hospitalised? | X | | (DIARRHOET |
| 37. | Have you ever been declared unfit for sea duty? | 7 | | DIVERNO- 2 |
| 38. | Has your medical certificate ever been restricted or revoked? | H | | + |
| 39. | Are you aware that you have any medical problems, diseases or | H | | 1 |
| 00. | illnesses? | | | |
| 40. | Do you feel healthy and fit to perform the duties of your designated position/occupation? | | Ø | |
| 41. | Are you allergic to any medications? | | 1 | 1 |
| 42. | FIT FOR DUTY ON BOARD SHIP | | | |
| If ye | Are you taking any non-prescription or prescription medications? es, please list the medications taken and the purpose(s) and dosage(s) DESTRUCTION TO THE SHAPE HOUSE PASSPORT/Seaman Book No declare that I have made full disclosure of all of my medical history to | | | |
| ABO mere staff will misro and or un peing | es, please list the medications taken and the purpose(s) and dosage(s) | o the basis he e nefit f act of y me | docto upor vent rom s Emplo dical r | ors and n which of any ick pay oyment records |
| Also Also Also Also Also Also Also Also | by declare that I have made full disclosure of all of my medical history to fthis clinic. I am aware that the information supplied by me forms the libe offered employment as a seafarer. I understand that in the epresentation either by statement or omission I may lose the right to ber or compensation which would otherwise be due to me under the Contra nder any Collective Bargaining Agreement. I also hereby consent to mig made available upon demand to my employers and / or the owners as | o the basis he enefit fact of y me nd / o | docto s upor vent rom s Emple dical r or Insu | ors and in which of any ick pay oyment records urers of |
| Abonerel staff will misro and a por ur opeing the v | by declare that I have made full disclosure of all of my medical history to fit this clinic. I am aware that the information supplied by me forms the libe offered employment as a seafarer. I understand that in the epresentation either by statement or omission I may lose the right to be or compensation which would otherwise be due to me under the Contra and Collective Bargaining Agreement. I also hereby consent to me under any Collective Bargaining Agreement. I also hereby consent to me under the contra the contr | o the basis he enefit fact of y me nd / o | docto s upor vent rom s Emple dical r or Insu | ors and in which of any ick pay oyment records urers of |



medical examiner).



| | | | Visua | l acuity | | | | Visu | ual field | ls |
|---|---|-------------|---------------------|-----------|--------------|--|--|----------|-----------|-------|
| | | Unaide | ed | 1 | Aid | ed | | | T | |
| | Right | Left eye | Bino- | Right | Lef | 876 - J. H 7 J. 5 G. 5 7 7 5 6 7 | | Norma | I Defe | ctive |
| Distant | 0,0 | 0,0 | - Contain | 616 | 61 | 16/ | Right ey | e | - | |
| Vear | | | | NS | N. | 5 | Left eye | | + | |
| Hearing | | | | √ Nor | | | oubtful Def | | at (aaa) | |
| Pure ton | e and au 500 H | | y (thresi 000 Hz | 2000 F | | 000 Hz | Speech and | Normal | Whis | |
| Right | 25 | | 2-5 | 20 | | | Right ear | Ч | 1 | 1 |
| _eft ear | 2~ | > | 20 | 23 | | | Left ear | / . | | 4 |
| Pulse ra Blood pi | ite ressure | E | 30 | (/ min | ute) n Hg | Rhythm | 80 · | egale | - | m Hg |
| Systolic | | | | | 9 | | 0.0 | | | |
| Urinaly: Glucose | | Ni | 1 1 | Protein: | - | Nil | Blood: | | mi | - |
| Olucose | | 141 | | rmal Ab | norma | | C Diood. | Norm | al Abn | orma |
| Head | | | - | PT | П | Varicose | veins | Ι.Γ | 7 | П |
| | , nose, th | roat | | 0 | | Vascular | (inc. pedal pu | lses) [| 1 | |
| | | | | 9 | | Contraction of the Contraction o | and viscera | | 3 | |
| Mouth/t | eneral) | Nation Carl | 100000 | 9 | | Hernia | | [| 7 | |
| | nic memb | rane | | | | Anus (not | t rectal exam) | 1 | 7 | |
| | no monte | 134-1911 | | | | G-U syste | em | | 7 | |
| Ears (ge Tympar | | | | | | Upper an | d lower extrer | nities [|]0 | |
| Ears (ge Tympar Eyes | noscopy | | | | - | Spine (C) | S, T/S and L/ | S) [| | |
| Ears (ge Tympar Eyes Opthalr | | | | 9, | | and the second second second | | | - / | |
| Ears (ge Tympar Eyes Opthaln Pupils Eye mo | noscopy | | | 2 | | Neurolog | ic (full brief) | | | |
| Ears (ge Tympar Eyes Opthaln Pupils Eye mo Lungs a | noscopy vement and chest | | | 3 | | and the second second second | Charles and Charle | | | |
| Eyes Opthaln Pupils Eye mo Lungs a | noscopy | | | | | Neurolog Psychiatr Piles | Charles and Charle | | E | |
| Ears (ge Tympar Eyes Opthalr Pupils Eye mo Lungs a Breast Heart | noscopy vement and chest examinat | | | | | Neurolog Psychiatr Piles Skin | ic | | | |
| Ears (ge Tympar Eyes Opthaln Pupils Eye mo Lungs a Breast | noscopy vement and chest examinat | | | 616660 | | Neurolog Psychiatr Piles Skin | Charles and Charle | | | |
| Ears (ge Tympar Eyes Opthalm Pupils Eye mo Lungs a Breast Heart | noscopy wement and chest examinat ele | | | Not perfo | | Neurolog Psychiatr Piles Skin General | ic | 0 | 5 JUI | 202 |





| | est | | Result / | |
|---|---|---|---|------------------------------|
| Blood Tests – done- readin issued* ¹ | tick in box if gs seperately | CBCE, Blood VD Sugar – Random | RL test 🗖, Blo | ood ESR 🔄, Bl |
| Haemoglobin "H | Hb" *1 | | | g/dl |
| Hepatitis B *3 | | HB (ab) □+ve ve ✓ | HB (ag |) -+ve |
| Bacteriological | stool test*4 | not performed | negative | positive |
| Parasitical stoo | I test*5 | not performed | negative | positive |
| ECG (only for cr years) | ew above 40 | NOTO | nul | |
| HIV *2 (+ve or - | ve) | Wan | lle | |
| Medical examir | ner's comments: | FIT FOR DUT | Y ON BOARD S | HIP |
| *1 compulsory *2 not compulsory | * ⁴ re * ⁵ re | quired by the Company to quired by the Company to quired by the Company to rice at sea including | for all food handlers for all food handlers | s s from tropical climate |
| the examinee n | ervice or to endar nedically: | nger the health of ot ☐ Not fit for loo | her persons on | board and hence |
| unfit for such se | ervice or to endar nedically: | □ Not fit for loc | ok-out duty Catering | Other services |
| unfit for such so the examinee n | ervice or to endar nedically: out duty | ☐ Not fit for loo | her persons on ok-out duty | board and hence |
| unfit for such so the examinee n Fit for look-o | ervice or to endar nedically: out duty | ☐ Not fit for loo | ok-out duty Catering | board and hence |
| unfit for such so the examinee n | ervice or to endar nedically: out duty Deck service | □ Not fit for loc | ok-out duty Catering | board and hence |
| unfit for such so the examinee re Fit for look-of Unfit Without rest | ervice or to endare nedically: out duty Deck service | □ Not fit for loc | ck-out duty Catering service | Other services |
| unfit for such so the examinee re Fit for look-of Unfit Without rest | ervice or to endare nedically: out duty Deck service Crictions ctions (e.g., speci | □ Not fit for loc | catering service | Other services |
| unfit for such so the examinee re Fit for look-o Fit Unfit Describe restrice Place of examine | ervice or to endare nedically: out duty Deck service crictions ctions (e.g., specionation: UTTARA, | Not fit for local Engine service With Grand With DHAKA, Date (day/ | Catering service restrictions ship, trade area | Other services |
| unfit for such so the examinee re Fit for look-o Unfit Without rest Describe restrice Place of examinee re Medical certific | pervice or to endare nedically: Dut duty Deck service Trictions ctions (e.g., specionation: UTTARA, ate's date of expired | Not fit for local Engine service Engine service | catering service restrictions ship, trade area month/year) | Other services |
| unfit for such so the examinee re Fit for look-o Unfit Unfit Describe restrice Place of examinee re Medical certifice | ervice or to endare nedically: out duty Deck service crictions ctions (e.g., specionation: UTTARA, | Not fit for local Engine service Engine service | Catering service restrictions ship, trade area | Other services |
| unfit for such so the examinee re Fit for look-o Unfit Unfit Describe restrice Place of exami Medical certific | put duty Deck service | Not fit for local Engine service Engine service | catering service restrictions ship, trade area month/year) 0 5 JUL 202 | Other services |
| Fit for look-of- Fit | put duty Deck service | Not fit for local Engine service With Grand With Grand Control of State (day/ration (day/month/year): | catering service restrictions ship, trade area month/year) of JUL 2024 if not legible in MBBS (BMD) | Other services |





Id No : 0113

Date: 05-Jul-2024

D.Date: 05-Jul-2024

Patient's Name: ABU ZAYEED MOHAMMED HOSSAIN SARWAR Age: 43Y 3M 4D

Gender: Male

Specimen

: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/4323

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

| Parameter Name | Results | Reference Range |
|----------------------------------|--------------|--|
| Hemoglobin (Hb) ESR(Westergreen) | 15.0 gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. |
| | 08 mm/1st hr | Male:0-10, F:0-20 mm/1st hr. |
| Total WBC Count(TC) | 9500 /cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm |
| Differential WBC Count (DC) | (25) | |
| Neutrophils | 65 % | Child: 25-66 %, Adult: 40-75 % |
| Lymphocytes | 29 % | Child: 52-62 %, Adult: 20-50 % |
| Monocytes | 04 % | Child: 03-07 %, Adult: 02-10 % |
| Losmophils | 02 % | Child: 01-03 %, Adult: 01-06 % |
| Basophils | 00 % | Adult: 00-01 % |
| Fotal Cir. Fosinophils | 190 /cumm | 50-450/cumm |
| Total RBC Count | 5.1 m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HC1/PCV | 42 % | M: 40-54%, F:37-47% |
| MCV | 80 fL | 76 - 94 fL |
| MCH | 28 pg | 27 - 32 pg |
| MCHC | 31 g/dL | 29 - 34 g/dL |
| RDW | 12 % | 11 - 16 % |
| PDW | 36 fL | 35 - 56 fl |
| Total Platelete Count (PC) | 265000 /cumm | 150,000-450,000/cumm |
| MPV | 9.0 fL | 7.0 - 11.0 fL |
| PCI | 0.1 % | 0.1 - 0.% |
| Bledding Time(BT) | 9/0 | 10 - 18 % |
| Cloting Time(CT) | % | 0.1- 0.2 % |



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



| Bill No | DIA24070113 | Received Date | 05/07/2024 |
|----------------|-----------------------------|----------------------------|-------------------|
| Patient's Name | ABU ZAYEED MOHAMMED I | | 100/07/12024 |
| Patient's Age | 43Y 3M 4D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU |),CCD(BIRDEM),PGT(Eye),DFM | CDC NO: C/O/4323 |
| Sample | BLOOD | | 444 1.4. (10/1323 |

BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|--------------------------|------------|-----------------|
| Liver Function Test | | |
| Serum Bilirubin (Total) | 0.54 mg/dl | 0.2 - 1.1 mg/dl |
| Serum ALT (SGPT) | 28 U/L | Up to 40 U/L |
| Serum AST (SGOT) | 21 U/L | Up to 37 U/L |
| Serum Alkaline Phosphate | 153 U/L | 98 - 279 U/L |

BADICAL W

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



| Bill No | DIA24070113 | Received Date | 05/07/2024 |
|----------------|-----------------------------|-----------------------------|-------------------|
| Patient's Name | ABU ZAYEED MOHAMMED F | | 03/01/2024 |
| Patient's Age | 43Y 3M 4D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU | I),CCD(BIRDEM),PGT(Eye),DFM | CDC NO: C/O/4323 |
| Sample | BLOOD | ,, ,-,-,,-, ,,, | 000 110. 670/4323 |

SEROLOGICAL REPORT

Test Name Result

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

Check I By

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



| Bill No | DIA24070113 | Received Date | 05/07/2024 |
|----------------|-----------------------------|-----------------------------|------------------|
| Patient's Name | ABU ZAYEED MOHAMMED I | IOSSAIN SARWAR | 1 |
| Patient's Age | 43Y 3M 4D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU | J),CCD(BIRDEM),PGT(Eye),DFM | CDC NO: C/O/4323 |
| Sample | URINE | | |

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

| Bîle 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

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



| Bill No | DIA24070113 | Received Date | 05/07/2024 | | |
|----------------|---|---------------|------------------|--|--|
| Patient's Name | ABU ZAYEED MOHAMMED HOSSAIN SARWAR | | | | |
| Patient's Age | 43Y 3M 4D | Patient's Sex | Male | | |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO: C/O/4323 | | |
| Sample | URINE | | | | |

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

| Test Name | Result | and the second |
|---------------------|----------|----------------|
| Drug Level of Urine | | |
| Cocaine | Negative | |
| Morphine | Negative | |
| Marijuana | Negative | - |
| Barbiturates | Negative | |
| Amphetamines | Negative | |
| Phencyclidine | Negative | |
| Alcohol | Negative | é |
| Benzodiazepines | Negative | |
| Methadone | Negative | |
| Propoxyphene | Negative | |

CheckerBy

Medical Technologist.

Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology



Date: 05/07/2024

EYE EXAMINATION REPORT

| AGE: | 43 YRS | RANK: CH.ENG | CDC NO:C/O/4323 | |
|--------|-----------------------------------|--------------|-----------------|--|
| MAINE. | ABU ZAYED MOHAMMED HOSSAIN SARWAR | | | |

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

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

AUDIOLOGICAL REPORT

Patient Name : ABU ZAYED MOHAMMED HOSSAIN SARWAR

05/07/2024

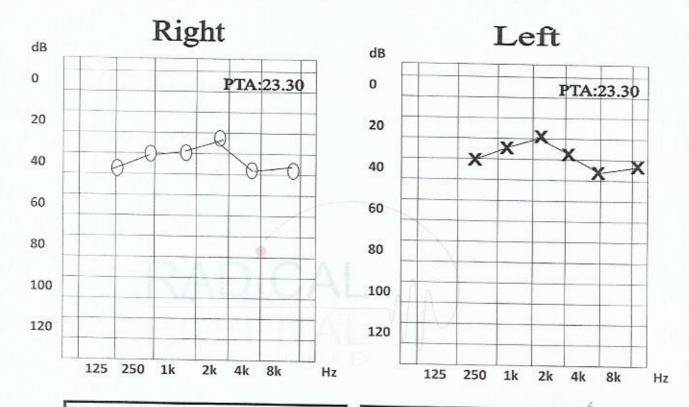
Age

: 43 Yrs

Address

: RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM



0-25= Normal Hearing.

26-40= Mild Hearing Loss.

41-55= Moderate Hearing Loss.

56-70= Moderately Severe Hearing Loss.

71-90= Severe Hearing Loss.

91-120= Profound Hearing Loss.

Left Ear Right Ear Air Unmasking OX Bone Unmasking Right Ear Left Ear Air MaskingOX Bone Masking AA

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070113 F

Receive:05/07/2024 Print: 05/07/2024

Patient's Name : ABU ZAYED MOHAMMED HOSSAIN SARWAR

Age : 43 YRS Sex :
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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

| | Name: ASU 22 | DLERA | had the | usalu. |
|-------------------------|---|--|---------------------------|----------------------------------|
| This is to whose sig | certify that gnature follows \ Date of birth | 1-1731 Sex | _ M | |
| -FRAJE | has on the date indicated been vaccinated or | | | |
| Date | Signature and Professional status of vaccinator | Approv | ved Stamp | |
| 1 200 035 7 2 60 | M.B.B.S. P.G.1 (Medicals) Taher Chamber 10, Agrabad CAR Chittagong | SECOR VACCULAR PROPERTY OF A SPANSOCION OF A S | ORAL Ch "D Valid Up | HOLERA UKORAL" oto 2 Yrs. |
| O I RA PER | DR. MIR. MD. RAIHAN MBBS (DU). DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approvad General Physician General Physician | Se Shah Makhelum Avenus Uttere, Dhain | 1 | HOLERA "DUKORAL" oto 2 yrs |
| 3 | 7 | EOR VACO | 3 | 4 |
| 105 July 202 | DR. MIR. MD. RAIHAN MBBS (DU), DFN, CCD (Birdem), PGT (Ophth) | 35, Shah Makhdum Avenue Uttara, Dhaka | 211 | "DUKORAL" Upto 2 yrs |
| 5 | BMDC A-55144. MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited. | PANGLADES | 5 | 6 |
| 6 | | | | |
| 7 | | | 7 | 8 |
| 8 | | | - | - |
| 8-20-00 | | Continu | ied overleaf Suite | our erso |

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

Abe Dopook, really of tragery

| Date | Signature and Professional status of vaccinator | Origin and batch no of Vaccine | Official stamp of vaccination centre |
|------|--|--|--|
| 1 | DR. MD. AYUBUR RAHMAN M.B.B.S: P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820 | 15 15 15 15 15 15 15 15 15 15 15 15 15 1 | TOR WACOUNTS OF THE PROPERTY O |
| - | 2-3 | | |
| 2 | | | - NAME (AND |
| + | | | |

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 cerfificate, or ensure, of 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

MANT

Seafarer's Signature



| SL NO. |
|--------|
|--------|

04.2024.6992

Radical Hospitals Limited
Name & Signature of the practitioner:

N

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 September 1978 as amonded (STCW/78) and Degulation 1.2 of the Maritime Labour Convention, 2006

| Sediarers, 1976 as amerided (3 | or Cw ro) and Regu | nation 1.2 of the Mantin | ie Labour Conventio | 011, 2006 | |
|---|---|--|----------------------|--|----|
| SEAFARER INFORMATION: | | No. of the Control of | | 1)± | |
| Name: Last SARWAR | First ABU | ZAYEED | Middle MOHA | MMED HOSSA | 10 |
| Gender: (Male/Female)MAL | | | | 4 JUL 2024 | |
| Occupation: Deck/Engine/Catering/ | | | 200 | ENGINEER | |
| Father's/ Husbad'sname: MOHA | | | C.D.C No. 407 | | - |
| | | | | 50006593 | |
| Mother's Name: AN WA | KY DEDUM | . 1014 | | | |
| Address: House No. FLAT | | | | 08821581 | |
| Locality/Village: Ho.U.S.E. | 3 T T T T T T T T T T T T T T T T T T T | | NID No86.7 | | |
| P.O. MIRPUR | 01/198] | | | | |
| PS: RUPNAG | AR | | (DD/M | M/YYYY) | |
| District: DHAK A | | | | | |
| DECLARATION OF THE RECOGNIZ | ZED MEDICAL PRAC | TITIONER: | | | |
| I am duly authorized by the Department | artment of Shipping | g, Government of the P | eople's Republic of | Bangladesh and confi | rm |
| the followings: | | | | | |
| 1. Confirmation that identification | on documents were | checked at the point of e | xamination | :WES/NO | |
| 2. Hearing meets the standards | s in section A-I/9 | | | :XES/NO | |
| Unaided hearing satisfactory | ? | | | :XES/NO | |
| Visual acuity meets standard | | : XES/NO | | | |
| Colour vision meets standar | | :XES/NO | | | |
| Date of last colour | | : .1.4.JUL.2024 | | | |
| 6. Fit for lookout duties? | | | | :XES/NO | |
| Is the seafarer free from any | medical condition lil | kely to be aggravated by | service at sea or to | , | |
| render the seafarer unfit for se | | health of any other pers | sons on board? | : XES/NO | |
| Any limitations or restrictions | | | | :YES/NO | |
| If YES, specify limitations or re | strictions: | | | | |
| Duties: | | SPITAL LIMITED | | + 4. | |
| Location/Vessel: | RADICAL HO | aka. Bangladash | | | |
| Medical/Other: | imata Sii | | | | |
| Medical fitness category : | Fit-No restriction | Fit-Subject | to restrictions | Unfit | |
| | 11 | JUL 2024 | | | |
| 10. Date of examination/Issue (D | D/MM/YYYY) | JUL 1014 | | | |
| 11. Date of expiry (DD/MM/YYYY | | "No more than 2 y | vears from the date | of examination". | |
| 11. Date of expiry (DDINING 111 | / | | 12 | 5 | |
| I have read the contents of the ce | rtificate | cal Hoe | 200 | 5.000 | |
| and have been informed of the rig | | 230 | MARK (DATE DEM C | MD. RAIHAN CD (Birdem), PGT (Ophth) | |
| review. | | 8 A A A Come B | DMDC A-5514 | 44, MMC-BGD-016 angladesh Approved | |
| +WANTE/ | | Stamp | Gener Gener | al Physician | |

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, Interna-tional 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 Appendix 1):

MBBS (DU), DFM, CCD (Birden), BCD, D16

BMDC A-55144, MMC-BCD-016

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E 14 JUI 2004

BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited