

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: HOSSAIN ASHRAF

Sex: M

Serial No: _____

Date of Birth: 01/01/1962

PP/CDC: C/O/0917

Rank: MASTER

Vessel: MEGHNA DREAM

Type: BULKER

Route: _____

Home Address: FLAT- C/4, HOUSE- 26/E (MEEM TOWER), ROAD-20, SECTOR-03, UTTARA, DHAKA.

Company Name: V-SHIPS

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

Notes

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp.Rate / min	General Condition							
<u>170cm</u>	<u>78kg</u>	<u>43-41</u>	<u>130/80mm</u>	<u>78b/min</u>	<u>19b/min</u>	<u>Aw</u>							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye		<u>6/6</u>	Normal	Right Ear	dB	<u>20</u>	<u>5</u>	<u>20</u>					
Left Eye		<u>6/6</u>	Abnormal	Left Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>					
Colour Vision	Ishihara	Normal	Abnormal	Hearing		Right Ear				Left ear			
	Other	Normal	Abnormal			<u>9</u>				<u>4</u>			

Systemic Examination

	Normal	Abnormal	Notes			Normal	Abnormal
Head & Neck	☒		FIT FOR SEA SERVICE AS MASTER AS PER MLC 2006		Respiratory system	☒	
Eyes	☒				Cardiovascular system	☒	
Ears / Nose / Throat	☒				Per Abdomen	☒	
Teeth / Oral Cavity	☒				Genito-urinary system	☒	
Musculo-Skeletal system	☒				Others	☒	
Nervous system	☒		Enhanced GARD Medicals done		Hernia / Hydrocoele	☒	
Reflexes	☒				Varicose Veins	☒	
Skin	☒				Fissure/Fistula/Piles	☒	

Investigations

Blood	Result	Normal	Urine
Hemoglobin	<u>11.5</u> gm%	14-16 gm %	Colour
Total WBC count	<u>9700</u> cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu <u>63</u> % Lymph <u>31</u> % Eos <u>03</u> % Bas <u>00</u> % Mo <u>03</u> %			pH
Malaria parasite	<u>Not Found</u>		Albumin
ESR	<u>05</u> mm / 1st hour	1-15 mm / hr	Sugar
SGPT	<u>32u/L</u>	9-43 U / L	Bile pigment
S.Cholesterol	<u>mg/dl</u>	145-260 mg / dl	Bile salts
S.Triglycerides	<u>mg/dl</u>	upto 200 mg / dl	Occult blood
Blood Sugar	RBS PPBS	upto 125 mg %	RBC cells
TfbsAg	<u>negative</u>		Leucocytes
HIV 1 & 2	<u>negative</u>		Others
VDRI	<u>negative</u>		
Others	<u>negative</u>	GGTP U/L	
Blood Group			

ECG: <u>Normal</u>	TMT: <u>N/D</u>	Spirometry: <u>N/D</u>
X-Ray Chest: <u>Normal</u>	Drugs of Abuse: <u>None</u>	USG: <u>Normal</u>

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, DR. MIR MD RAIHAN 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: 05 JUL 2025

Candidate's Signature

Official Stamp

Doctor's signature:

Date:

06 JUL 2024

04.2024.6937



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

Certificate No: _____

04.2024.6937

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000;

STCW code I/9 MLC 2006 – Reg 1.2 And

ILO/IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12



Family Name	HOSSAIN		
Given Names	ASHRAF		
Date of birth (day/month/year)	01/01/1962	Sex:	☒ Male ☐ Female
Nationality	BANGLADESHI		

	Yes	No	NA
Confirmation that identification documents were checked at the point of examination	☒		
Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a):	☒		
Unaided hearing satisfactory?	☒		
Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	☒		
Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	☒		

I have evaluated the above named examinee according to _____

(National law, regulation or other requirement)

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board and hence declare the examinee medically:

☒ Fit for look-out duty	☐ Not fit for look-out duty			
☒ Fit	Deck service ☒	Engine service ☐	Catering service ☐	Other services ☐
☐ Unfit	☐	☐	☐	☐
☒ Without restrictions	☒ With restrictions			
Visual aid required ☒ Yes	☐ No			
Chest X-ray	☒ normal	☐ not performed		
Bacteriological stool test	☒ negative	☐ not performed		
Parasitical stool test	☐ negative	☐ not performed		
Vaccination records	☒ satisfactory	☐ to be renewed		

Describe any restrictions (e.g., specific position, type of ship, trade area):

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

06 JUL 2024

Place of examination: _____ Date (day/month/year) _____

Medical certificate's date of expiration (day/month/year) 05 JUL 2025

Official stamp (also print name of medical examiner if not legible):

Signature of medical examiner: _____

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

Authorised by: DG SHIPPING BANGLADESH (competent authority)

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature: _____

(To be signed in the presence of the medical examiner)



Certificate No: _____

04.2024.6937

GUIDELINES AND MINIMUM REQUIREMENTS FOR:

PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
OF SEAFARERS

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 and MLC 2006 – Reg 1.2 And
ILO/IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12



Family Name	HOSSAIN	
Given Names	ASHRAF	
Rank and department	MASTER	
Date of birth (day/month/year)	01/01/1962	Sex: ☒ Male ☐ Female
Nationality	BANGLADESHI	
Home address	FLAT- C/A, HOUSE-26/E (MEEM TOWER) RD-20, SECTOR-03, UTTARA, DHAKA-1230	
Residence & Mobile No:	01673843576	
Passport No./Discharge Book No.	A01751613/C1010917	
Type of ship (container, tanker, passenger, fishing)	BULK CARRIER	
Trade area (e.g., coastal, tropical, worldwide)	WORLDWIDE	

A. 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	☐	☒	18. Sleep problems	☐	☒
2. High blood pressure	☐	☒	19. Do you smoke; use alcohol or drugs?	☐	☒
3. Heart/vascular disease	☐	☒	20. Operation/surgery	☐	☒
4. Heart surgery	☐	☒	21. Epilepsy/seizures	☐	☒
5. Varicose veins	☐	☒	22. Dizziness/fainting	☐	☒
6. Asthma/bronchitis	☐	☒	23. Loss of consciousness	☐	☒
7. Blood disorder	☐	☒	24. Psychiatric problems	☐	☒
8. Diabetes	☐	☒	25. Depression	☐	☒
9. Thyroid problem	☐	☒	26. Attempted suicide	☐	☒
10. Digestive disorder	☐	☒	27. Loss of memory	☐	☒
11. Kidney problem	☐	☒	28. Balance problem	☐	☒
12. Skin problem	☐	☒	29. Severe headaches	☐	☒
13. Allergies	☐	☒	30. Ear/nose/throat problems	☐	☒
14. Infectious/contagious diseases	☐	☒	31. Restricted mobility	☐	☒
15. Hernia	☐	☒	32. Back or joint problems	☐	☒
16. Genital disorders	☐	☒	33. Amputation	☐	☒
17. Pregnancy	☐	☒	34. Fractures/dislocations	☐	☒

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

Additional questions

		Yes	No
		s	
35.	Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36.	Have you ever been hospitalised?	☐	☒
37.	Have you ever been declared unfit for sea duty?	☐	☒
38.	Has your medical certificate ever been restricted or revoked?	☐	☒
39.	Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41.	Are you allergic to any medications?	☐	☒
Comments:			
FIT FOR DUTY ON BOARD SHIP			
42.	Are you taking any non-prescription or prescription medications?	☐	☒
If yes, please list the medications taken and the purpose(s) and dosage(s)			

I ASHRAF HOSSAIN holding Passport/Seaman Book No C/O/0917 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee:



Date (day/month/year)

06 JUL 2024

Witnessed by: (Signature)



Name: (typed or printed)

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

I hereby authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).



B. MEDICAL EXAMINATION

Sight:
Use of glasses or contact lenses: Yes ☒ No ☐ (if yes, specify which type and for what purpose)

Visual acuity					
Unaided			Aided		
Right eye	Left eye	Bino-cular	Right eye	Left eye	Bino-cular
Distant			6/6	6/6	✓
Near			15	15	✓

Visual fields	
Normal	Defective
Right eye	✓
Left eye	✓

Method of Testing Colour vision:

☒ Ishihara Plates ☐ Lantern Test ☐ Others

Colour vision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing:

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings:

Height in cm	170	Weight in kg	78
Pulse rate	78 (/ minute)	Rhythm	Regular.
Blood pressure Systolic	130 mm Hg	Diastolic	80 mm Hg

Urinalysis

Glucose:	Nil	Protein:	Nil	Blood:	Nil
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	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	Piles	☒	☐
Heart	☒	☐	Skin	☒	☐
Hydrocele	☒	☐	General appearance	☒	☐

Chest X-ray

☐ Not performed

06 JUL 2024

☒ Performed on (day/month/year):

Results:

Normal chest x-ray

Other diagnostic test(s) and result(s):

Test	Result
Blood Tests – tick in box if done- readings separately issued* ¹	CBC ☒ , Blood VDRL test ☒ , Blood ESR ☒ , Blood Sugar – Random ☒
Haemoglobin "Hb" * ¹	g/dl
Hepatitis B * ³	HB (ab) ☐ +ve ☒ -ve HB (ag) ☐ +ve ☒ -ve
Bacteriological stool test* ⁴	☒ not performed ☐ negative ☐ positive
Parasitological stool test* ⁵	☒ not performed ☐ negative ☐ positive
ECG (only for crew above 40 years)	<i>normal</i>
HIV * ² (+ve or -ve)	<i>negative</i>
Medical examiner's comments:	FIT FOR DUTY ON BOARD SHIP

*¹ compulsory*² not compulsory*³ required by the Company for all crew from endemic areas*⁴ required by the Company for all food handlers*⁵ required by the Company for all food handlers from tropical climates

Assessment of fitness for service at sea including physical capabilities:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board and hence declare the examinee medically:

☒ Fit for look-out duty☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☒	☐	☐	☐
Unfit	☐	☐	☐	☐

☒ Without restrictions☐ With restrictions

Describe restrictions (e.g., specific position, type of ship, trade area):

Place of examination: UTTARA, DHAKA, Date (day/month/year) 06 JUL 2024Medical certificate's date of expiration (day/month/year) 05 JUL 2025Date medical certificate issued (day/month/year) 06 JUL 2024

Official stamp (also print name of medical examiner if not legible):

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

Signature of medical examiner: *[Signature]*

Medical practitioner information (name, license number, address):



Id No : 24070149	Date : 06-Jul-2024	D.Date : 06-Jul-2024
Patient's Name : ASHRAF HOSSAIN	Age : 62Y 6M 5D	Gender : Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/0917		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	11.5 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.
ESR(Westergreen)	06 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	291 /cumm	50-450/cumm
Total RBC Count	5.1 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/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)	218000 /cumm	150,000-450,000/cumm
MPV	9.0 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked by 
 Medical Technologist


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

Bill No	DIA24070149	Received Date	06/07/2024
Patient's Name	ASHRAF HOSSAIN		
Patient's Age	62Y 6M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/0917
Sample	BLOOD		

BIOCHEMISTRY REPORT

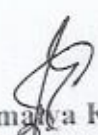
Test Name	Result	Reference Range
<u>Liver Function Test</u>		
Serum Bilirubin (Total)	0.68 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	32 U/L	Up to 40 U/L
Serum AST (SGOT)	28 U/L	Up to 37 U/L
Serum Alkaline Phosphate	185 U/L	98 - 279 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist
Radical Hospital Ltd.


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

Bill No	DIA24070149	Received Date	06/07/2024
Patient's Name	ASHRAF HOSSAIN		
Patient's Age	62Y 6M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/0917
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

Bill No	DIA24070149	Received Date	06/07/2024
Patient's Name	ASHRAF HOSSAIN		
Patient's Age	62Y 6M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/0917
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	1-2/HPF

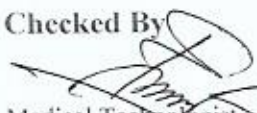
CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By


 Medical Technologist.
 Radical Hospital Ltd.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Bill No	DIA24070149	Received Date	06/07/2024
Patient's Name	ASHRAF HOSSAIN		
Patient's Age	62Y 6M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/0917
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic 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.

Date: 06/07/2024

EYE EXAMINATION REPORT

NAME:	ASHRAF HOSSAIN		
AGE:	62 YRS	RANK: MASTER	CDC NO:C/O/0917

VISUAL ACUTY: RIGHT LEFT

UNAIDED

AIDED

6/6 6/6

COLOUR VISION: NORMAL / ~~BLIND~~

OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD


Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070149 Receive: 06/07/2024 Print: 06/07/2024
Patient's Name : ASHRAF HOSSAIN
Age : 62 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.

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AUDIOLOGICAL REPORT

Patient Name : ASHRAF HOSSAIN

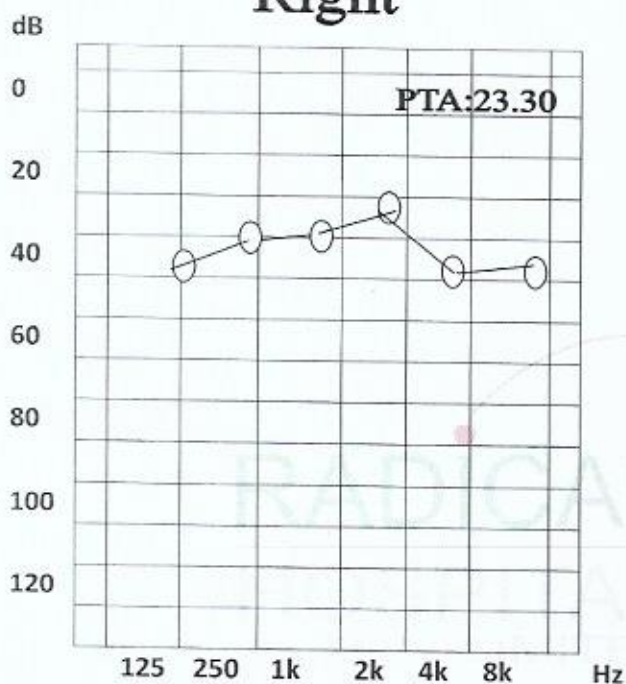
06/07/2024

Age : 62 Yrs

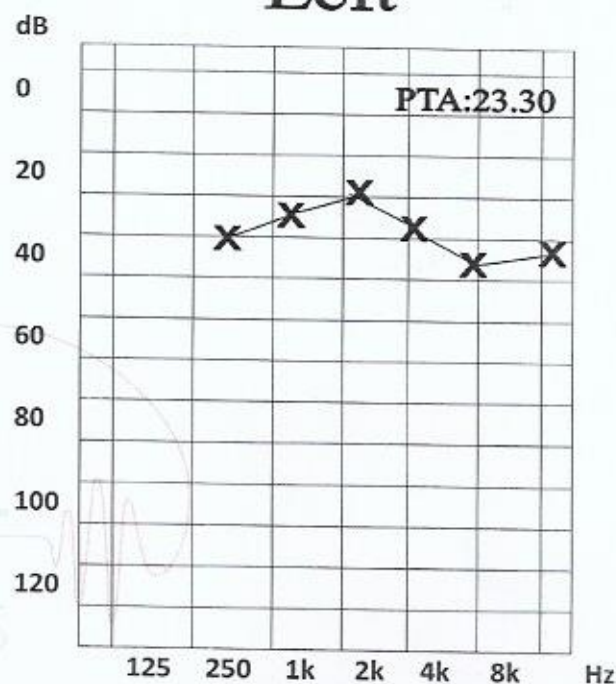
Address : RHL, UTTARA

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

Right



Left



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.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that
JE Soussigne' (e) certifie que ASHRAF HOSSAIN date of birth 01/01/1962 Sex M
no' (e) le _____ sexe _____
Whose signature follows
don't la signature suit [Signature]
has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numerc ro du lot	Official sump of vaccinating centre Cachet officiel du centre de vaccination
06 JUL 2023	DR. MIR. MD. RAIHAN MBBS (DU), DPM, CDD (Birm), FGT (Chih) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
1			
2			
3			
4			

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

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the 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 avalable que si lc vaccina employe" a c- tc, a approve" par l' organisa_ tion Mondiale de la sanc" et sile centre a" uaiif, aion ae" tc'tra6fiiiie pali-aminslracion sanitaire du (erilroire dans lcquel'ce centre est siture;.

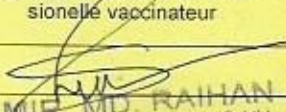
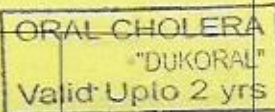
La valide' de ce certilicat couvrn une pe'riode de dix ans començant dix joursaprcs la date de, la vaccination ou, dans le cas dune reiaaccinaion. u. ou., a- ciltc lie, iio, i. a" dix ans. lejour de cettc revaccination.

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

Toute ereccion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

This is to certify that
JE Soussigne' (e) certifie que ASHRAF HOSSAIN date of birth 01/01/1962 Sex M
no' (e) le _____ sexe _____
Whose signature follows _____
dont la signature suit _____
has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
06 JUL 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	 
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.

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

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

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

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qui il comporte peut en affecter la validité.



গণপ্রজাতন্ত্রী বাংলাদেশ সরকার

নৌপরিবহন মন্ত্রণালয়

নৌপরিবহন অধিদপ্তর

পরীক্ষা শাখা (নটিক্যাল)

এফ-১২/সি-১, আগারগাঁও, শেরেবাংলা নগর, ঢাকা-১২০৭

www.dos.gov.bd



স্মারক নম্বর: ১৮.১৭.০০০০.০০৬.৯৯.০০৩.২২.১৩৯

তারিখ: ১৪ জ্যৈষ্ঠ ১৪৩১

২৮ মে ২০২৪

বিষয়: জনাব আশরাফ হোসেন' কে সমুদ্রগামী জাহাজে সেইল করার লক্ষ্যে বয়স বৃদ্ধির অনুমতি প্রদান প্রসংগে।

উপরোক্ত বিষয়ে জনাব আশরাফ হোসেন, সিডিসি নং- C/O/0917, পদবীঃ মাষ্টার, প্রার্থীর জন্ম তারিখঃ ০১-০১-১৯৬২ খ্রিঃ হিসাবে বর্তমান বয়স ৬২ বৎসর ০৪ মাস ২৭ দিন, এর ২৮-০৫-২০২৪ খ্রিঃ তারিখের আবেদন পত্রের সাথে সংযুক্ত কাগজপত্র, নৌপরিবহন অধিদপ্তর কর্তৃক অনুমোদিত ডাক্তারি পরীক্ষা-নিরীক্ষার রিপোর্ট পর্যালোচনাপূর্বক ও মেডিকেল সনদের মেয়াদ বলবৎ থাকা সাপেক্ষে এবং অধিদপ্তর কর্তৃক তাঁর চক্ষু পরীক্ষায় সন্তোষজনক ফলাফল এর ভিত্তিতে সামগ্রিক দিক বিবেচনায় তাঁকে আগামী ০১(এক) বছর অর্থাৎ ২৭-০৫-২০২৫ খ্রিঃ পর্যন্ত “দেশী/বিদেশী পতাকাবাহী” সমুদ্রগামী জাহাজে সেইল করার জন্য অনুমতি প্রদান করা হলো।

২৯-৫-২০২৪

কমডোর মোহাম্মদ মাকসুদ আলম, (ই), বিএসপি, এনইউপি, বিসিজিএম, বিসিজিএমএস, এনডিসি,

পিএসসি, বিএন

মহাপরিচালক

ফোন: +৮৮-০২-২২৩৩৭৪৩৬০

ইমেইল: info@dos.gov.bd

বিতরণ :

১) শিপিং মাষ্টার, সরকারী শিপিং অফিস, সিজিও ভবন, আগ্রাবাদ বা/এ, চট্টগ্রাম।

২) প্রধান অফিসার, নৌ বানিজ্য দপ্তর, সি.জি.ও. ভবন, আগ্রাবাদ, চট্টগ্রাম।

স্মারক নম্বর: ১৮.১৭.০০০০.০০৬.৯৯.০০৩.২২.১৩৯/১

তারিখ: ১৪ জ্যৈষ্ঠ ১৪৩১

২৮ মে ২০২৪

সদয় অবগতি ও কার্যার্থে প্রেরণ করা হল:

১) আশরাফ হোসেন পিতার নামঃ মোজাম্মেল হোসেন বাড়ী: ই, ০৩, রোড: ০৩, সেক্টর: ০৪, উত্তরা, ঢাকা।

২৯-৫-২০২৪

ক্যাপ্টেন মোঃ গিয়াসউদ্দীন আহমেদ
চীফ নটিক্যাল সার্ভেয়ার (চলতি দায়িত্ব)

IBN SINA DIAGNOSTIC & CONSULTATION CENTER, UTTARA

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4

BIOCHEMISTRY REPORT



ID No : UE144992 Bill on : 21/04/24, 07:20 AM Print. on : 21/04/24, 12:26 PM Deliv. on : 21/04/24, 04:30 PM
Name : CAPT. ASHRAF HOSSAIN Age : 62 Y 0 M 0 D Sex : M
Ref. by : DR. MD. RAFIQUL ISLAM (DG SHIPPING APPROVED)
Specimen: Blood Collected on : 21/04/24, 07:22 AM Received on : 21/04/24, 08:29 AM

Parameter	Test Result	Reference Value	Method
Plasma Glucose (F)	6.15 mmol/L	Normal: 3.89-6.11 Prediabetes: 6.11-7.0 Diabetes : >7.00	
Urea	27 mg/dl	Adult: 15-40 Child: 10-40	
S. Creatinine	0.96 mg/dl	Adult Male: 0.70-1.30 Adult Female: 0.50-1.10 Child: 0.20-0.70	
S. Uric Acid	4.04 mg/dl	Adult Male: 3.50-7.20 Adult Female: 2.60-6.00	
LIVER FUNCTION TEST			
S. Bilirubin (Total)	0.76 mg/dL	Adult: <1.00 Neonatal: 1.50-12.00	
S. ALT (SGPT)	24 U/L	Male: 16-63 Female: 14-59	
S. AST(SGOT)	22 U/L	< 37	
S. Alkaline Phosphatase (ALP)	74 U/L	Adult: 38-126	
Lipid Profile (Fasting)			
S. Cholesterol (Total)	241 mg/dL	<200	
S. HDL Cholesterol	50 mg/dL	High risk: <40 mg/dl Normal: 40-60 mg/dl Low risk: >60 mg/dl	
S. LDL Cholesterol	134 mg/dL	<130	
S. Triglyceride	158 mg/dL	<150	
T.Cholesterol-HDL Ratio	4.82	Low risk: <4.0 High risk: >6.0	


Md. Masudur Rahman

Biochemist
B.Sc(Hon's), M.Sc (Biochemistry & MB)
Ibn Sina D-Lab, Uttara

IBN SINA DIAGNOSTIC & CONSULTATION CENTER, UTTARA

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4

HAEMATOLOGY REPORT



ID No :UE144992 Bill on :21/04/2024, 07:20 AM Print. on : 21/04/2024, 10:44 AM Deliv. on :21/04/2024, 04:30 PM

Name :CAPT. ASHRAF HOSSAIN

Age :62 Y 0 M 0 D Sex : M

Ref.by :DR. MD. RAFIQUUL ISLAM (DG SHIPPING APPROVED)

Specimen:Blood

Collected on : 21/04/2024, 07:22 AM Received on : 21/04/2024, 08:24 AM

Estimations are carried out by CUBE 30 Touch, Sysmex-XN-1000 AL Random Access Haematology

Parameter	Result	Reference Value
Red Blood Cells		
Haemoglobin	13.7 g/dl	Adult: Men: 15.0±2.0, Women: 13.5±1.5 At birth: 13.5-19.5, 3 Days: 14.5-22.5 1 Month: 11-17, 2-6 Months: 9.5-13.5 2-6 Years: 11-14, 6-12 Years: 11.5-15.5 Men: 5.0±0.5, Women:4.3±0.5
Total RBC	4.93 million/Cmm.	
ESR	18 mm (Auto Analyzer)	Men: 0-10, Women:0-20
PCV/HCT	0.44 l/l	Men:0.45 ± 0.05, Women:0.41 ± 0.05
MCV	89 fl	92±9
MCH	28 pg	29.5 ±2.5
MCHC	31 g/dl	33.0±1.5
RDW-CV	14 %	12.8±1.2
White Blood Cells		
Total WBC	7,030 /Cmm.	Child: 5,000-15,000 Adult: 4,000-11,000 Infant:6000-18,000Atbirth:10,000-25,000 50-500
Circulating Eosinophils	70 /Cmm.	
Differential Count		
Neutrophils	64 %	Child: 20-50 Adult: 40-75
Lymphocytes	31 %	Child: 40-75 Adult: 20-40
Monocytes	04 %	2-10
Eosinophils	01 %	2-6
Basophils	00 %	0-1
Others	00 %	
Platelet Count:		
Total Platelet Count	1,47,000 /Cmm	1,50,000-4,50,000
MPV	13.1 fl	8.0-9.5

Med. Saiful Islam Mrida
DMT(SMF), Lab. Medicine
Medical Technologist, Ibn Sina D-Lab, Uttara.

Dr. Farhana Hasan
MBBS,MD
Consultant (Laboratory Medicine)
Ibn Sina D-Lab, Uttara.



4

IMMUNOLOGY REPORT



ID No : **UE144992** Bill on : 21/04/24, 07:20 AM Print. on : 21/04/24, 11:33 AM Deliv. on : 21/04/24, 04:30 PM

Name : CAPT. ASHIRAF HOSSAIN Age : 62 Y 0 M 0 D Sex : M

Ref.by : DR. MD. RAFIQUUL ISLAM (DG SHIPPING APPROVED)

Specimen: Blood Collected on : 21/04/24, 07:22 AM Received on : 21/04/24, 08:21 AM

Estimations are carried out by ~~Atelica~~ Solution/Vitros 5600/Advia Centaur XPT/ Immulite 2000 XPI/YHLO iFlash 3000

Parameter	Test Result	Reference Value	Method
HBsAg	Negative Cut off rate: 1.00 Sample rate: 0.54		



Md. Atiqul Islam

Biochemist
B.Sc(Hon's) M.Sc (Biochemistry & MB)
Ibn Sina D-Lab, Uttara

IBN SINA DIAGNOSTIC & CONSULTATION CENTER, UTTARA

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REPORT

I.D. No	: UE144992	Received date : 21 Apr 2024	Printed date: 21 Apr 2024 09:54AM
Name of Pt.	: CAPT. ASHRAF HOSSAIN	Age : 62 y(s)	Sex: Male
Ref. By	: DR. MD. RAFIQUL ISLAM (DG SHIPPING APPROVED)		
Exam	: XR CHEST P/A VIEW DIGITAL		

Thank you for the courtesy of this kind referral.

X-Ray Chest (P/A) View

Trachea is normal in position.

Both dome of diaphragm are normal in position & contour.

Both CP angles are clear.

Heart is normal in transverse diameter.

Both lung fields are clear.

Bony thorax and soft tissue appear normal.

Impression: Normal skiagram of chest.



Dr. Md. Shahjahan
MBBS, FCPS, M.Phil
(Radiology & Imaging-BSMMU)
Imaging Specialist
Associate professor (cc-ex.)
Tairunnessa Memorial Medical College & Hospital
Ibn Sina D-Lab, Uttara.

23 Apr 2024 4:58 PM

ID: 149005

Name: Far, Ashraf Hossain

Sex: Male Birth Date:

cm kg mmHg

Medication:

Symptoms:

History:

Request:

Dept.:

Heart rate 75 bpm

PR int 152 ms

QRS dur 82 ms

QT/QTc int 374/403 ms

P/QRS/T axis 17/8/9

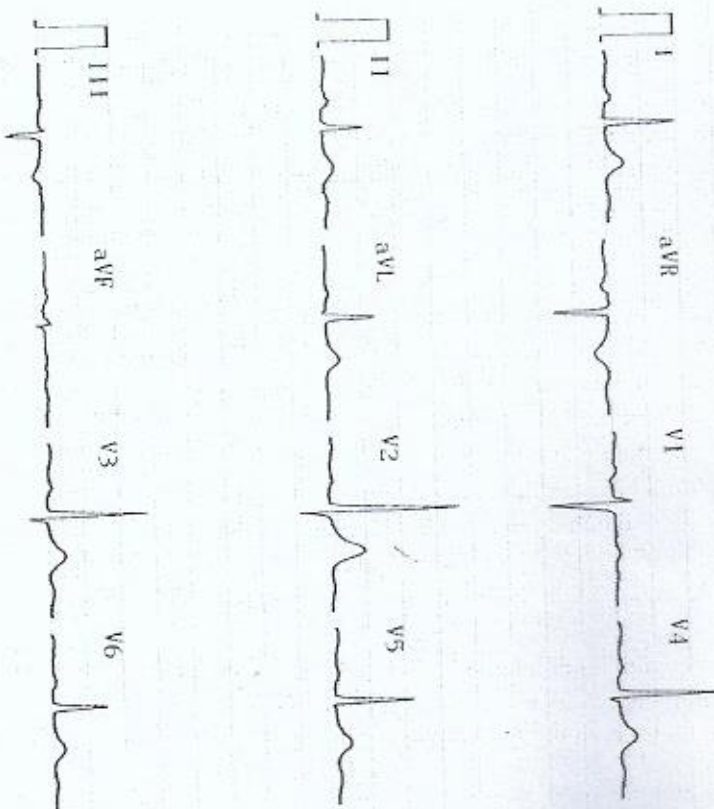
RV5/SV1 amp 1.115/0.905 mV

RV5/SV1 amp 2.020 mV

1100 Sinus rhythm **

9110 ** normal ECG **

10 mm/mV 25 mm/s Average



Rhythm [1] 10 mm/mV 12.5 mm/s Filter 35 Hz



Reviewed by:

Reviewed by:

CE 0109

PCKO JAPAN

1200V 02:00 02:06

ECHO-CARDIOGRAPHY REPORT

2-D & M-MODE, DOPPLER & COLOUR FLOW IMAGING



I.D. No	:	UI49063	Received date : 23 Apr 2024	Printed date: 23 Apr 2024 05:55 PM
Name of Pt.	:	CAPT. ASHRAF HOSSAIN	Age : 62 y(s)	Sex: Male
Exam	:	ECHO COLOUR DOPPLER		
Ref. By	:	SELF		

PROCEDURES: 2D & M MODE & COLOR DOPPLER STUDY.

M-MODE & 2D FINDINGS:

AO	:	22	mm	LVIDd	:	50	mm	RVIDd	:		mm	MVA	:	4.1	cm2
LA	:	36	mm	LVIDs	:	34	mm	RVOT	:		mm	MVannulus	:		mm
IVST	:	08	mm	EF	:	60	%	PA	:		mm	AV ring	:		mm
PWT	:	08	mm	FS	:	32	%	TAPSE	:	17	mm	ACS	:	17	mm

Doppler Measurements & Color Flow:

MV:Vp	:	0.8	m/sec	PPG	:	2.9	mmHg	MR	:		PHT	:		msec	MVA	:		cm2
AV:Vp	:	0.9	m/sec	PPG	:	3.5	mmHg	AR	:		DCT	:		msec	AVA	:		cm2
PV:Vp	:	0.7	m/sec	PPG	:	2.0	mmHg	PR	:		PASP	:		mmHg	IVRT	:		
TV:Vp	:	0.5	m/sec	PPG	:	1.1	mmHg	TR	:		PADP	:		mmHg	E/A	:		

DESCRIPTION:

CHAMBERS:

LA : Normal **LV** : Normal in chamber dimension, morphology and motion.
RA : Normal **RV** : Normal in chamber dimension, morphology and motion. (TAPSE -17 mm).

VALVES : All valves are normal.

IAS : Intact **IVS** : Intact

GREAT VESSEL : Great arteries are normal in size and relationship.

PERICARDIUM : No effusion seen.

THROMBUS/VEGETATION/OTHER MASS: Not seen.

COLOR FLOW : No abnormal flow detected.

DOPPLER STUDY : Normal.

IMPRESSION:

1. No regional wall motion abnormality.
2. Good LV & RV systolic function.
3. Normal diastolic function.



Dr. Iftekhar Alam
MBBS, MD (Cardiology), FSCAI (USA)
Clinical and interventional Cardiologist.
Assistant Professor (Cardiology)
National Institute of cardiovascular Disease
Consultant, IBN SINA D.Lab & Consultation center, Uttara.

IBN SINA DIAGNOSTIC & CONSULTATION CENTER, UTTARA

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TREADMILL STRESS TEST



I.D. No	: U149005	Received date	: 23 Apr 2024	Printed date	: 23 Apr 2024 06:57PM
Name of Pt.	: CAPT. ASHRAF HOSSAIN	Age	: 62 y(s)	Sex	: Male
Exam	: ETT				
Ref. By	: SELF				

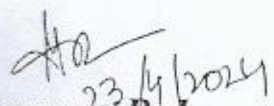
Total Exercise Time	: 09:02	Min	Max.HR attained	: 144	Bpm.
% of max. pred. HR	: 91	%	Max. Pred HR	: 158	Bpm.
Maximum BP	: 145/95	mmhg.	Max. work load attained	: 10.10	METS
Indication	: Screening for IHD.				
Risk Factors	: None.				
Reason for Termina.	: Attainment of THR.				
Test Profile	: BRUCE				
Symptoms	: None.				

Summary Result ⇒ **NEGATIVE**

Comments:

- ☐ CAPT. ASHRAF HOSSAIN performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- ☐ Exercise capacity was good.
- ☐ Inotropic and chronotropic responses were normal.
- ☐ Stress test was terminated because of attainment of THR.
- ☐ ECG at rest shows no abnormality.
- ☐ ECG during exercise & recovery shows no significant ST depression.

Conclusion : Stress test is **NEGATIVE** for ECG evidence of provokable myocardial ischaemia.


Dr. Aparna Rahman
MBBS, MD (Cardiology)
Associate Professor & unit Head
Medical college for women & Hospital, Uttara.
Consultant, IBN SINA D-Lab, Uttara, Dhaka.

Dr. Md. Rafique Islam

MBBS, AM.C (Part-1)

Experienced in Medicine**Skin & Veneral Disease**

Res. 36, Panchlaish R/A, Chattogram.

Consulting Time

10 Am. to 6 Pm.

Chamber

M/S. BABLU BAPPI

17/3, Bisic Market, Badamtoli

Agrabad, C/A, Chattogram.

Mobile : 01740-721751

Name: Mr Ashraf Hossain	Age: 62	Sex: M	Date: 25/05/2024
-------------------------	---------	--------	------------------

This is to Certify that Mr Ashraf Hossain, MASTER
CDC: C/O/0917, D.O.B: 01/01/1962 was examined
by me in my chamber.

He was found in good physical & Mental state.
All examinations & investigations relating to Age
extension is within Normal limits.

He is ~~not~~ fit to join the ship.

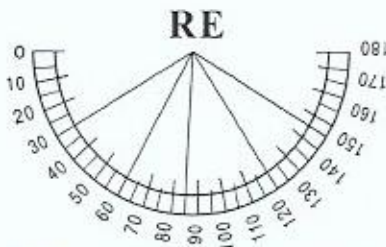
I wish him all success.


Dr. Md. Rafique Islam
M.B.B.S: A.M.C (Part-1)
Seafarer's Medical Practitioner
Approved By D.G. Shipping Dhaka.
Regd No: A 22539

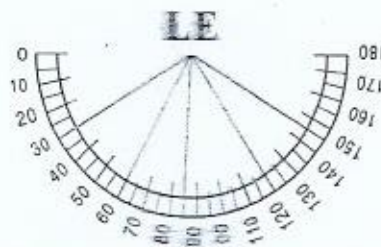


ISPAHANI ISLAMIA
EYE INSTITUTE & HOSPITAL
(Founded & Donated by Late Mr. M.A. Ispahani)
116/C/2, Monipuripara, Farmgate, Dhaka-1208.
Tel : 9119315, 9142100, 48119308

Reg. no. 4327173 Date: 19.5.24
Name Ashrat Hossain Age: 62y.M



Sph	Cyl	Axis
<u>+2.50</u>	<u>+0.50</u>	<u>180</u>
<u>+5.00</u>	<u>+0.50</u>	<u>180</u>



Sph	Cyl	Axis
<u>+3.00</u>	<u>+0.50</u>	<u>180</u>
<u>+5.50</u>	<u>+0.50</u>	<u>180</u>

Remarks: Bifocal glass

V.A.R. 6/6

V.A.L. 6/6

I.P.D. 69/65

Dr. Nazmus Sakeb
Signature
Consultant

PLEASE PRESERVE THIS FOR FUTURE REFERENCE

19-05-2024 PM 03:34
NAME:

NO.: 702

[REF DATA]
UD: 12.00 CL: MIX
<R> SPH CYL AX
+2.75 +0.75 172
+2.75 +0.75 178
+2.75 +0.75 179
AVE +2.75 +0.75 176
<L> SPH CYL AX
+3.00 +0.50 172
+3.00 +0.50 175
+3.00 +0.50 174
AVE +3.00 +0.50 174
PD = 69mm

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



Form Ntx SMC

SL NO: 01/2024/646

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 Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last HOSSAIN First ASHRAF Middle: _____
Date of Birth: (DD/MM/YYYY) 01-01-1962
Gender: (Male/Female) MALE
Nationality: BANGLADESHI Passport/NID No: A61751613
CDC No: C/010917 Seaman ID No: _____
Occupation: Deck/Engine/Catering/Other (specify) MASTER
Father's/ Husband's name: MOZAMMEL HOSSAIN
Mother's Name: SAJEEDA KHANAM
Mailing address: _____ House No. 03 Street/Road No. 03 SECTOR 4
Locality/Village: FLAT E P.O. UTTARA
P.S. UTTARA District DHAKA

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the people's Republic of Bangladesh and confirm the followings;

- Confirmation that identification documents were checked at the point of examination: YES/NO ✓
- Hearing meets the standards in section A-1/9: YES/NO
- Unaided hearing satisfactory?: YES/NO
- Visual acuity meets standards in section A-1/9?: YES/NO ✓
- Colour vision meets standards in section A-1/8? YES/NO
- Date of last colour vision test: 25 MAY 2024
- Fit for lookout duties?: YES/NO
- Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?:
YES/NO
- Any limitations or restrictions on fitness?: YES/NO ✓
If YES, specify limitations or restrictions

Duties:
Location/Vessel:
Medical/Other

9. Medical fitness category: ☒ Fit-No restriction ☐ Fit-subject to restrictions ☐ Unfit

10. Date of examination/Issue (DD/MM/YYYY)

25 MAY 2024

1. Date of expiry (DD/MM/YYYY)

24 MAY 2026

- No more than 2 years from the date of examination"

I have read the contents of the certificate and have been informed of the right to review.

[Signature]



[Signature]
Dr. Md. Rafiqul Islam
M.B.B.S; A.M.C (Part-I)
Name & Signature of the practitioner:
Approved By D.O. of the practitioner:
Regd No. A-22539

MEDICAL REQUIREMENTS

All application 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 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.2/1997). 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 whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).

(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/Navigation 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 use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable 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/navigation 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 engineer 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 right 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)

1. COMPLETE PHYSICAL EXAMINATION

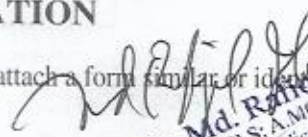
4. ECG REPORT

2. PATHOLOGICAL EXAMINATION

5. URINE

3. EYE EXAMINATION FOR V/A/C/V

6. X-RAY CHEST P/A VIEW


Dr. Md. Rafiqul Islam
 M.B.B.S. A.M.C. (P.S.)
 Seafarer's Medical Officer
 Approved By D.G. Shipping Dhaka
 Regd No.: A 22539