

Certificate No: _____

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	UDDIN	
Given Names	MOHAMMED	KAMAL
Date of birth (day/month/year)	04-08-1977	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	☐ 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

Place of examination: Uttara, Dhaka, Bangladesh Date (day/month/year) 27 JUL 2024

Medical certificate's date of expiration (day/month/year) 2/6 JUL 2026

Official stamp (also print name of medical examiner if not legible): **DR. MIR. MD. RAIHAN**

Signature of medical examiner: _____
MBBS (DU), DFM, CCD (Biderm), PGT (Ophth)
BMDC 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: 04-2024-7059

GUIDELINES AND MINIMUM REQUIREMENTS FOR:

PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
OF SEAFARERSMerchant 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	UDDIN	
Given Names	MOHAMMED	KAMAL
Rank and department		
Date of birth (day/month/year)	04.08.1977	Sex: ☒ Male ☐ Female
Nationality	BANGLADESHI	
Home address	HOMNA, CUMILLA	
Residence & Mobile No:	01614161615	
Passport No./Discharge Book No.	C10/4913	
Type of ship (container, tanker, passenger, fishing)	BULK	
Trade area (e.g., coastal, tropical, worldwide)	WORLD WIDE	

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 MOHAMMED KAMAL UDDIN holding Passport/Seaman Book No 40/4913

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) _____

27 JUL 2024

Witnessed by: (Signature) _____

Name: (typed or printed) _____

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Bitem), PGT (Ophth)
BMDC 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	6/6	6/6	6/6	
Near	15	15	15	15	15	

Visual fields		
Normal	Defective	
Right eye		
Left eye		

Method of Testing Colour vision:

☒ Ishihara Plates ☒ Lantern Test ☐ OthersColour 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	2	4

Clinical Findings:

Height in cm	165	Weight in kg	73
Pulse rate	78 (/ minute)	Rhythm	Regular
Blood pressure	120 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	
	Performed on (day/month/year):	27 JUL 2024
Results:	Normal chest xray	



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
Parasitical 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) 27 JUL 2024Medical certificate's date of expiration (day/month/year) 26 JUL 2026Date medical certificate issued (day/month/year): 27 JUL 2024

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

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

Signature of medical examiner: *[Signature]*

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



ID NO : 24070687

Patient's Name : MOHAMMAD KAMAL UDDIN

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/4913

Specimen : Blood

Date : 27/07/2024

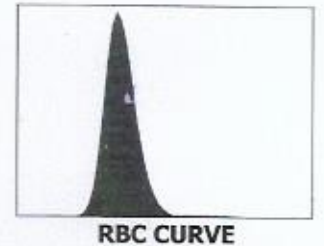
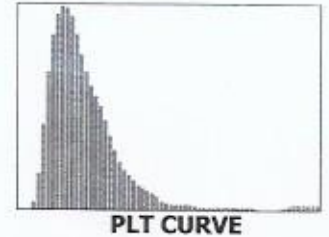
Age : 46Y 11M 23D

Sex : Male

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	13.7	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	08	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	7,200	/cumm	4,000 - 11,000 /cumm
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	56	%	(40 - 75)%
Lymphocytes	34	%	(20-45)%
Monocytes	06	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSINOPHIL COUNT	288	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	151,000	/cumm	1,50,000-4,50,000 /cumm
MPV	15.5	fL	7.0 -11.0 fL
PDW-CV	18	%	10 - 18 %
PCT	0.2	%	0.10 - 0.28
P-LCR	59	%	9.00 - 45.00%
P-LCC	77	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	4.65	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	44.3	%	M: 40-54%, F: 37-47%
MCV	95.3	fL	76-94 fL
MCH	29.5	pg	27-32 pg
MCHC	31	g/dL	29-34 g/dL
RDW SD	54	fL	30.0-57.0 fL
RDW CV	17	%	10-16%



Checked By.....
Medical Technologist.
Radical Hospital Ltd.
Uttara,Dhaka.

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



Bill No	DIA24070687	Received Date	27/07/2024
Patient's Name	MOHAMMED KAMAL UDDIN		
Patient's Age	46Y 11M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	c/o/4913
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.51 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	22.0 U/L	Up to 40 U/L
Serum AST (SGOT)	19.0U/L	Up to 37 U/L
Serum Alkaline Phosphate	180 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	DIA24070687	Received Date	27/07/2024
Patient's Name	MOHAMMED KAMAL UDDIN		
Patient's Age	46Y 11M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	c/o/4913
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	DIA24070687	Received Date	27/07/2024
Patient's Name	MOHAMMED KAMAL UDDIN		
Patient's Age	46Y 11M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	c/o/4913
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist,
Radical Hospital Ltd.


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



Bill No	DIA24070687	Received Date	27/07/2024
Patient's Name	MOHAMMED KAMAL UDDIN		
Patient's Age	46Y 11M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	c/o/4913
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION CASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checked By

 Medical Technologist.
 Radical Hospital Ltd.

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

Date: 27/07/2024

EYE EXAMINATION REPORT

NAME:	MOHAMMED KAMAL UDDIN		
AGE:	46 YRS	RANK: CH.OFF	CDC NO:C/O/4913

VISUAL ACUITY:

RIGHT

LEFT

6/6

6/6.

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

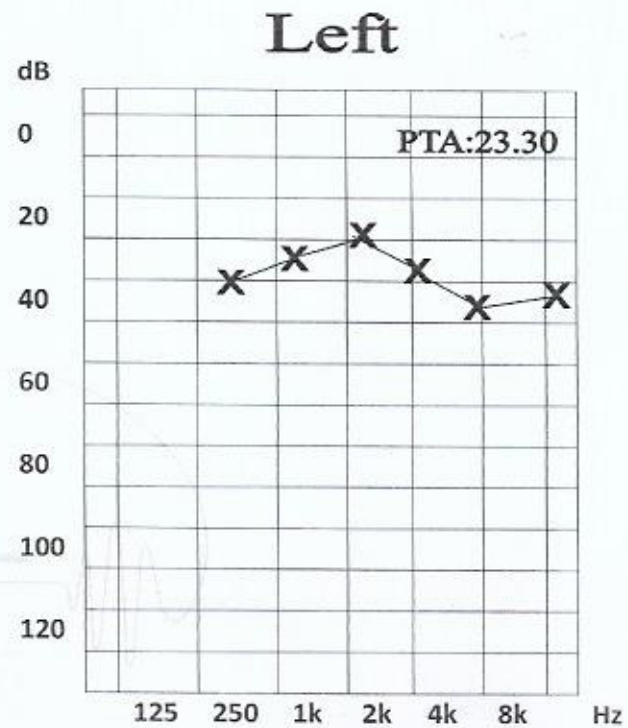
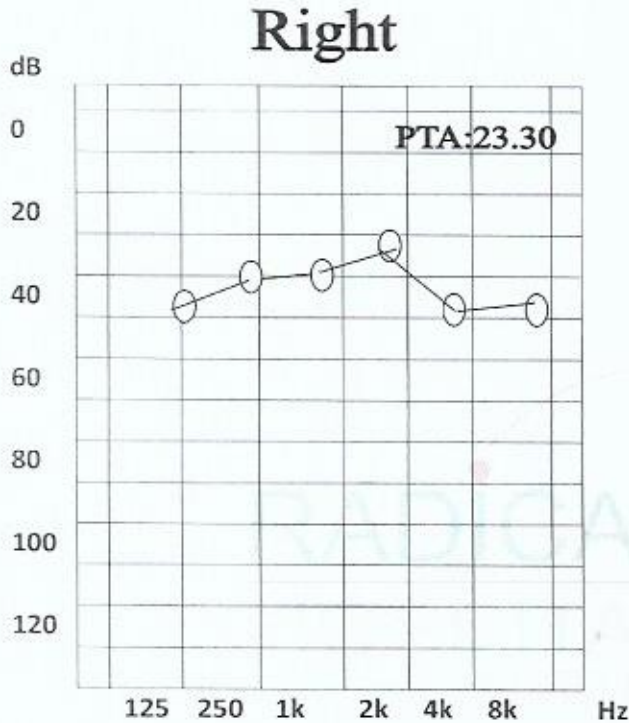
Patient Name : MOHAMMED KAMAL UDDIN

Date: 27/07/2024

Age : 46 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.

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

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070687 Receive: 27/07/2024 Print: 27/07/2024
Patient's Name : MOHAMMED KAMAL UDDIN
Age : 46 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.

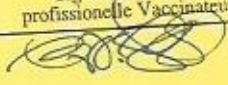
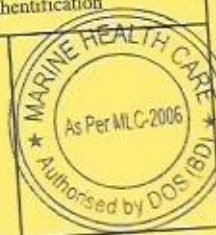
Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

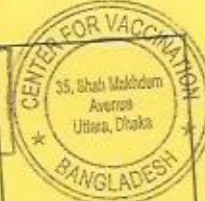
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA**
**CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

This is to certify that
JE Soussigne (e) certifie que **MOHAMMED KAMAL UDDIN** Date of birth **04/08/77** Sex **MALE**
no (e) le sexe

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against Cholera
a été vaccine (e) et revaccine (e) contre le Cholera a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualité professionnelle Vaccinateur	Approved Stamp Cachet d'authentification
18 MAY 2023	 Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Reg. no. A27902 Authorised by DOS (BD) Marine Health Care	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs. 

2 27 JUL 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (BIRDEM), PGT (Optm) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs 
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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 a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate, shall indicate that two injection 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 au cours de cette période de six mois, le jour de cette revaccination.

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

De 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'absence d'une quelconque des mentions qu'il comporte peut affecter sa validité.

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

This is to certify that } MOHAMMED KAMAL UDDIN Date of birth } 04/08/77 Sex } MALE
JE Soussigne' (e) certifie que } no (e) le } sexe }

Whose signature follows }
dont la signature suit }

has on the Date indicated been vaccinated or revaccinated against yellow fever
a été vaccine (e) ou revaccine (e) contre le fièvre jaune à la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numé'ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
18 MAY 2023	 Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Reg. no. A27902 Authorized by DOS (BD) Marine Health Care		
2			

This certificate is valid only if the vaccine used has been approved by the World Health Organization and vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

This validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that revaccination.

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

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre de vaccination a été habilité par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination au cours de cette période de dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant la signature.

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

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



Form No: SMC

SL NO.

04.2024.7059

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 UDDIN First MOHAMMED Middle KAMAL
Gender: (Male/Female) Male Nationality: Bangladeshi Date: 27 JUL 2024
Occupation: Deck/Engine/Catering/Other (specify) DECK Rank: CH-OFF
Father's/ Husband's name: ABUL HASSEM C.D.C No. C1014913
Mother's Name: SHAKHINA BEGUM Seaman ID No. 050001129
Address: House No: Street/ Road No: Passport No. A14363641
Locality/Village: GOARI BHANGA NID No. 2823451519
P.O.: BIJOY NAGAR Date of Birth: 04.08.1977
P.S.: HOMNA (DD/MM/YYYY) 1977
District: CUMILLA

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-I/9 : YES/NO
- Unaided hearing satisfactory? : YES/NO
- Visual acuity meets standards in section A-I/9? : YES/NO
- Colour vision meets standards in section A-I/9? : YES/NO
- Date of last colour vision test : 27 JUL 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:

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

9. Medical fitness category :

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY) 27 JUL 2024

11. Date of expiry (DD/MM/YYYY) 26 JUL 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.

Seafarer's Signature

[Signature]



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

Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

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

(b) Eyesight:

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

(c) Dental:

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

(d) Blood Pressure:

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

(e) Voice:

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

(f) Vaccinations:

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

(g) Diseases or Conditions:

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible 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 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.

2. Pathological Examination:

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

27 JUL 2024

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