

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: **ISLAM MD. TAHIDUL** Sex: **MALE** Serial No: _____

Date of Birth: **30 / 11 / 1995** PP/CD: **C/0/8806** Rank: **3/E**

Vessel: **M.V. LIGHT VENTURE** Type: **BULK CARRIER** Route: **WORLD WIDE**

Home Address: **HOUSE NO-3, ROAD NO-4/1, ANONDO NAGAR, MERUL BADDA, DHAKA-1212**

Company Name: **WAH KWONG SHIP MANAGEMENT (HONG KONG) LTD.**

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)		/		/	Hemia / 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					
168cm	75kg	40	38	110/70mm	78b/min	18b/min	Good					
Distant Vision	Uncorrected	Corrected	Field of Vision		Audiometry		Hz	500	1000	2000	3000	4000
Right Eye		6/6	Normal		Right Ear		dB	20	20	20		
Left Eye		6/6	Normal		Left Ear		dB	20	20	20		
Colour Vision	Ishihara		Normal		Hearing		Right Ear			Left ear		
	Other		Normal				4			4		

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

Investigations

Blood	Result	Normal	Urine
Hemoglobin	15.5 gm%	14-16 gm %	Colour
Total WBC count	8000 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 57 % Lymph 33 % Eos 04 % Bas 00 % Mono 06 %			pH
Malaria parasite	NOT FOUND		Albumin
ESR	05 mm / 1st hour	1- 15 mm / hr	Sugar
SGPT	20 U/L	9-43 U / L	Bile pigment
S.Cholesterol	175mg/dl	145- 260 mg / dl	Bile salts
S.Triacylglycerides	115mg/dl	upto 200 mg /dl	Occult blood
Blood Sugar	RBS 5.2 PPBS	upto 125 mg %	RBC cells
HBsAg	negative		Leucocytes
HIV 1 & 2	negative		Others
VDRL	negative		
Others		GGTP U/L	Spirometry: Normal
Blood Group			Drugs of Abuse: Negative

ECG: **Normal** TMT: **N/E**

X-Ray Chest: **Normal**

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically **Fit** / **Unfit** / **Temporarily unfit** / **Permanently unfit** / **Should be re-examined in** _____ days / weeks / months.

Remarks / Recommendations

I, _____ certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: **30 JUL 2026**

Candidate's Signature
MD. TAHIDUL ISLAM
 Date: **31 JUL 2024**



Doctor's signature: **DR. MIR MD. RAIHAN**

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

04.2024.7095

ID NO : 24070824

Date : 31/07/2024

Patient's Name : MD TAUHIDUL ISLAM

Age : 28Y 8M 1D

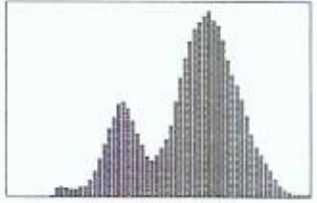
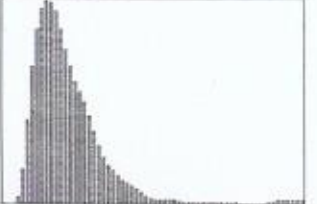
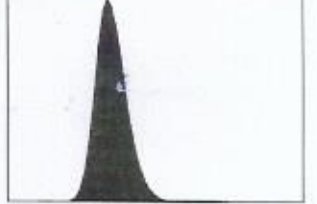
Ref. By : DR.MIR MF.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/8806

Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	15.5 g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	05 mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	8,000 /cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT			
Neutrophils	57 %	(40 - 75)%	
Lymphocytes	33 %	(20-45)%	
Monocytes	06 %	(2-10)%	
Eosinophils	04 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSINOPHIL COUNT	320 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	255,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	12.6 fL	7.0 -11.0 fL	
PDW-CV	17.5 %	10 - 18 %	
PCT	0.32 %	0.10 - 0.28	
P-LCR	43.9 %	9.00 - 45.00%	
P-LCC	112 x10 ³ /uL	13 - 129 x10 ³ /uL	
RBC COUNT	5.87 m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	50.1 %	M: 40-54%, F: 37-47%	
MCV	85.4 fL	76-94 fL	
MCH	26.4 pg	27-32 pg	
MCHC	30.9 g/dL	29-34 g/dL	
RDW SD	50 fL	30.0-57.0 fL	
RDW CV	17.4 %	10-16%	

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

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

Bill No	DIA24070824	Received Date	31/07/2024
Patient's Name	MD TAUHIDUL ISLAM		
Patient's Age	28Y 8M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8806
Sample	BLOOD		

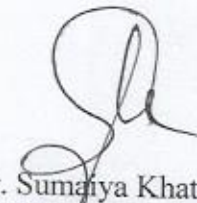
BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Serum ALT (SGPT)	29.0 U/L	Up to 40 U/L
Random Blood Sugar (RBS)	5.2 mmol/l	4.2 – 6.4 mmol/l

Checked By



Medical Technologist
Radical Hospitals Ltd.
Hospital



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

Bill No	DIA24070824	Received Date	31/07/2024
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8806
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
HBsAg (Method : (ICT)	Negative

Checked By



Medical Technologist
Radical Hospitals Ltd.


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

Bill No	DIA24070824	Received Date	31/07/2024
Patient's Name	MD TAUHIDUL ISLAM		
Patient's Age	28Y 8M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8806
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 Hospitals Ltd.

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

Bill No	DIA24070824	Received Date	31/07/2024
Patient's Name	MD TAUHIDUL ISLAM		
Patient's Age	28Y 8M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8806
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/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 Hospitals Ltd.
 Hospital


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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070824 Receive: 31/07/2024 Print: 31/07/2024
Patient's Name : MD TAUHIDUL ISLAM
Age : 28 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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ID: *Mr. Mubid 28m*
Male 28 Years
mmHg

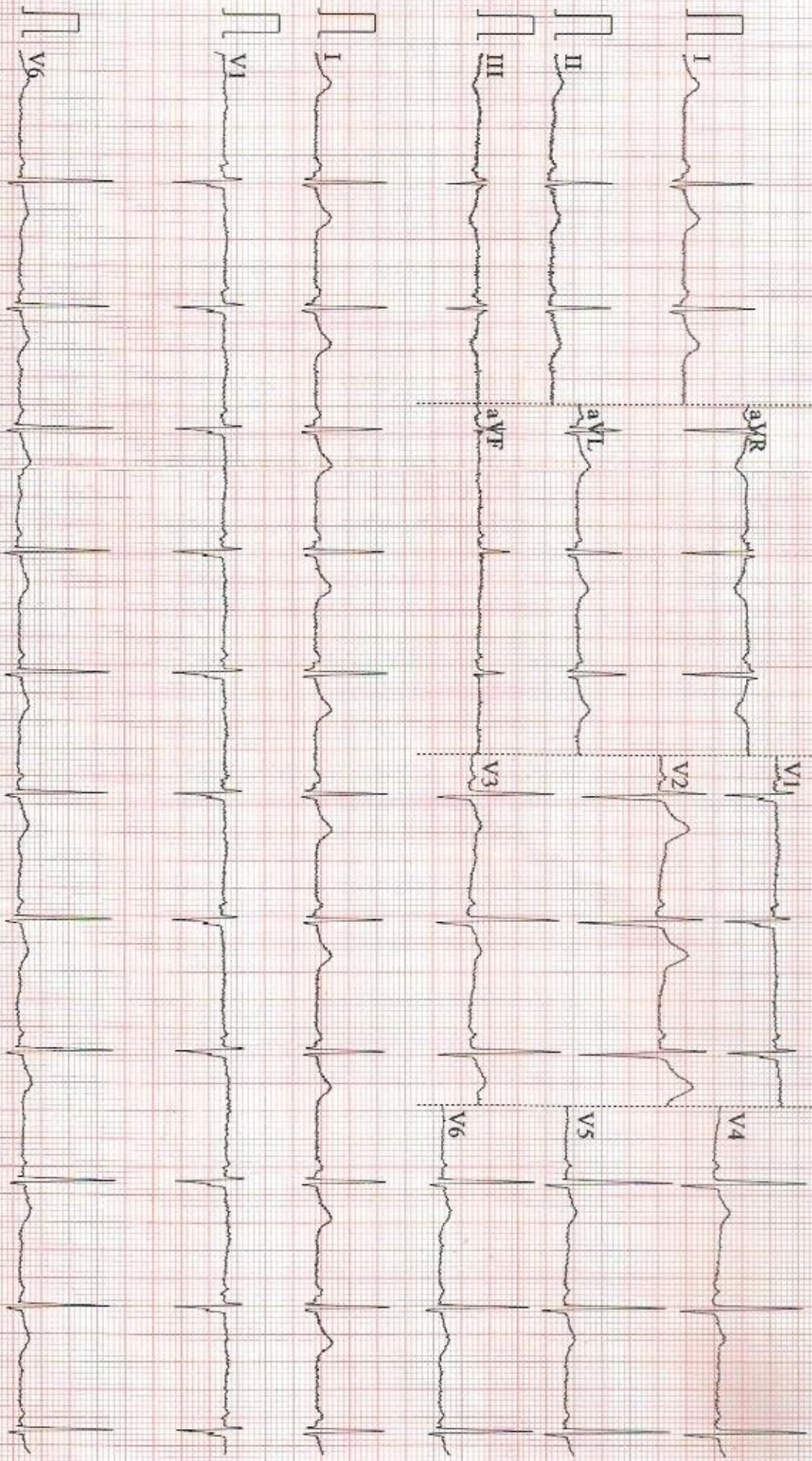
31-07-2024 11:09:35
HR : 67 bpm

P : 98 ms
PR : 130 ms
QRS : 80 ms
QT/QTc : 398/421 ms
P/QRS/T : 8/26/4 °
RV5/SV1 : 1.848/0.859 mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070821 Receive: Print:31/07/2024
Patient's Name : MD TAUHIDUL ISLAM
Age : 28 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 67 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

Impression : Findings are within normal limit.


Dr. Debashish Paul

MBBS, MD (Cardiology)

Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

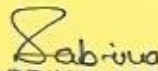
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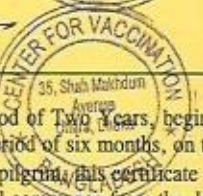
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

This is to certify that
JE Soussigne (e) certifie que MD. TAUHIDUL ISLAM date of birth 31/11/1995 Sex M
no (e) le sexe

Whose signature follows
dont la signature suit DR. SABRINA MOSTAFA

has on the Date indicated been vaccinated or revaccinated against Cholera
a ete vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle Vaccinateur	Approved Stamp Cechet d'authentification
1	 DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs. 

2	 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.	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
	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.	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

The validity of the 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 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 validite de ce certificate couvre une periode de six mois commençant six Jours apres la premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette periode de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partiques a sept jours d'intervalle et sa validite commence le jour de la seconde injection.

De cachet d'authentification doit etre conforme au modele present per l'administration sanitaire du territoire ou la vaccination est effectuee.

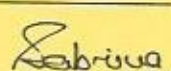
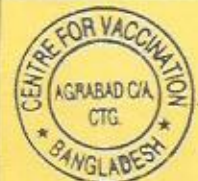
Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validite.

**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 / Je soussigne' (e) certifie que MD TAUHIDUL ISLAM date of birth / no' (c) le 30/11/1995 Sex / sexe M

Whose signature follows / dont la signature suit DR. SABRINA MOSTAFA

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nume' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
17 JUN 2022	 DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.		
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.

The 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 crasure, or failure to complete any part of it, may render it invalid.

Ce certificate n' est valable que si le vaccin employe' a e' tc' a approuve' par l' Organisation Mondiale de la Sante' et sile centre de vaccination ae' tc' habilite parl' administration sanitaire du territoire dans lequel ce centre est situe'

La validite' de ce certificat couvre une pe' riode de dix ans commençant dix jours apres la date de la vaccination ou, dans le cas d'une revaccination au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificat doit etre signe' par un me' decin de sa propre main. son cachet officiel ne pouvant etre considere' re' comme l'enant lieu de signature.

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

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



Form No: SMC

SL NO.

04.2024.7095

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 ISLAM First MD TAUHIDUL Middle
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 31/07/2024
Occupation: Deck/Engine/Catering/Other (specify) ENGINE Rank: 3/E
Father's/ Husband's name: MD. JALAL UDDIN C.D.C No. C/0/8806
Mother's Name: TAHANARA BEGUM Seaman ID No. 050007292
Address: House No. 03 Street/ Road No. 4/1 Passport No. A00985888
Locality/Village: MERUL BADD, ANONDO NAGAR NID No. 735 560 9608
P.O.: BADDA Date of Birth: 30/11/1995
P.S.: BADDA (DD/MM/YYYY)
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-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: 31 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): 31 JUL 2024

11. Date of expiry (DD/MM/YYYY): 30 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.

Signature of Seafarer: MD. TAUHIDUL ISLAM
Seafarer's Signature



Signature of Practitioner: DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Biderm), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng 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

31 JUL 2024

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