REPORT OF MEDICAL I As per Merchant Shipping (Medica	EXAMINA Examination	TION O	F SEAF	ARER BY	AN APF	ROVED MED	ICAL EXAM	IINER.
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OVII	MD HO	((FN		S S	ex: Mel	Serial No:	anoo.com	
Date of Birth: 25/10	First Name) PP	/CDC: Mid	O/12	741		- • /	11 6
Vessel: X-Pross N	ustro		Type:	Conta		Rank: N	(World	agel
Home Address:	Mada	et P		acy R	متدا	8. NO. W		Jugo
Company Name : X - Prio		340, r	Shola	-0			with,	
Medical History			answer t	he following	to the h	est of your kno	wlodgo	
Is there any past / present history of the following	f any of D	'andidate eclaration	Examine Record	r		est of your kilo	Candidate	Examiner
Severe one-sided headaches (Migraine)	Ye	s No	Yes N	12.1			Yes No.	Record Yes No
Head Injury / Concussion / Loss of Memmory Fits / Epilepsy / Dizziness / Fainting		1	-	Hemia / Hydro High / Low blo	ood pressure	Heart disease		
Eye / Vision Problems (Glasses, etc.) Hearing Impairment		1	-	Asthama / Bron	nchitis / Tube	rculosis		-
Ear / Nose / Throat problems		-	v	Infection / Cor Addication to a	ntagious Dise	ase		
Stomach / Bowel disorders Gall stones / Kidney disorders		1		Fracture / Dist	ocation / Inic	ry / Amputation		
Jaundice / Liver Disease Piles / Varicose veins		1		Major / Minor Diabetes	CARLO SECTION CARLO	20.00-2000-0		
Blood Disorder Female Disorder		15		Nervous / Men Mallignant disc	ease (Cancer	1	-	
Notes				Signed off on i	medical grour	nds / Declared Unfit		
Medical Examination Height Weight in Kgs Chest	Insp-Exp Blo	od Pressure	in the of Ha					
	-41	20/81	mm	Pulse-Beats	min F	tesp.Rate / min	General Cond	tion
Distant Vision Unrected Cor	rected	Field of Visi	ion —	Audiometry		1000 2000 3000	0 4000 5000	6000 8000
Left Eye		Normal Abnormal		Right Ear Left Ear	dB 220	20 20	3 1000 3000	0000 8000
Other	Normal Normal	Abno	ormal	Hearing		Right Ear	Left	ear
Systemic Examination Normal	Abnormal			otes		9	Normal	Abnormal
Eyes		FIT FO	OR SE	A SERVI	CE	Respiratory system Cardiovascular system		Autoritidi
Teeth / Oral Cavity		The state of the s				Per Abdomen	1	
Musculo-Skeletal system Nervous system		AS PE	R MI	<i>E CAPOE</i> C 2006	2	Genito-urinary system Others		
Reflexes		nhanced	GARD	Medicals (lone	Hernia / Hydrocoele Varicose Veins	- 3	
Investigations		maneca	GILLE	Tribulioni (Fissure/Fistula/Piles		
Blood Resu Hemoglobin 14.2		Nor 4-16 gm %	mal	Urine		1		
otal WBC count 6/00	cu.mm 4	000-110007	cu.mm	Colour Specific Gravity	5	ma		
lalanal parasite	7 Fe	00%	Mo 0.89	6 pH Albumin	-	711		
GPT NEU/L	m / 1st hour 1-	- 15 mm / h 43 U / L	nr .	Sugar Bile pigment		WIT.	0 00	
Cholesterol ///Emg/dl Triglycerides ///Emg/dl		15-260 mg / pto 200 mg /		Bile salts			1	8
Blood Sugar RBS 5. J	PPBS - up	oto 125 mg 9		RBC cells	ſ	1117		
dV1&II	Jan .			Others Others				
Others Blood Group	Rew	GG	TP U/L	Spirometr	y: \	ID WRIND O		
	TMT:	MA		Drugs of	1.	LE AS RADICAL		
v P	- (110		Abuse:	nega	* HOSPITAL		/
Result of Medical Examination	<u> </u>	-30 -50		USG:		110		d
On the basis of the examinee's history, clin	ical examinatio	on and diag	nostic tests	T De MII	R MD Raihar	NO. A-	200	
fit Unfit Temporarily ur Remarks /	nfit Per	manently u		Should be re-exa	R MD Rainai amined in	, hereby declare t days / week	the examinee medi	cally
Recommendations			/c - UPTA-S-				1	
Doctor's Name: DR.MIR MD. RAIHAN certify the his certificate is valid till: 2 2 MAD	at all information	required unc	der Annexure	E & F of M.S. (Me	dical Examina	ition) Rules 2000 is inc	Par Cert	ificate
andidate's Signature 2 3 MAR	7070					2	Y S	(01)(75)
DA COCAL	MIL OM	ı	Officia	al Stamp			tor's signature:	WOMEN TO SEE
ate: 24.3.2024			8	Hosoria		DR. MII	R. MD. RA FM, CCD (Birdem), PC	IHAN
2 4 MAR 2024			8 A	Per-MLC-2006		BWIDG A-S	DIA4. WIMC-BU	17-1111
ET HAIL LULY			18			Ge	g Bangladesh Ap neral Physician	**************************************
2.7			1/3	Banglade S		Radica	al Hospitals Limit	ed.
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PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

LAST NAME OF APPLICANT FIRST NAME OF APPLICANT	C OF LIBER	RIA	
ONT INC.	DM amar	HOSSEN	MIDDLE INITIAL
DATE OF BIRTH Dec 25, 2001 PLACE	OF BIRTH	1 1 4 0	SEX
MONTH 12 DAY 25 YEAR 2001 CITY	Bhola	COUNTRY	MALE FEMALE
EXAMINATION FOR DUTY AS:	MAILING ADDRES	S OF APPLICANT:	an Madraj,
MASTER RATING MOU DECK	Patowa	ny Bare &	No. Wand
ENGINEER MOU ENGINE	hanla.	Shoon all	bi A
RADIO OFF SUPERNUMERARY	mange	ush-8340,	phola
MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS	ON PAGE 2		
183em 6415. BLOOD PRESSURE PULSE	RESPIRAT	x 1 /	APPEARANCE 6 m
WITHOUT GLASSES WITH GLASSES		19min	411
DATEOFLASTCOLOR VISION TEST (Month/Day/Year) 2 4 MAR 2024	Testing Required ev	erv 6 years	
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9?	YES		
COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST IS NOR!	MAL YELLO	OW RED	GREEN BLUE
HEARING: RT. EAR	LE	FTEAR MA	
HEAD AND NECK	HEART (CARD	3374-000-0-7-7-7-7-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-	
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Normy	IS SPEECH UNI	MPAIRED FOR NORMAL V	OICE COMMUNICATION
EXTREMITIES:			1
UPPER	LO	WER	Nonmy
	ATTEN DAY OR THE	The late of the la	
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAV. TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, ES	ATTEN DAY OR THE	RENDER HIM UNFIT FOR SI S OF MEDICAL EXAMINA V	
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IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAV. TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXCEPTION OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE	2 4 MAR 20 DATE OF EXAM HE PRESENCE OF	RENDER HIM UNFIT FOR SI S OF MEDICAL EXAMINA V - 24 2 EX THE EXAMINING PHYSICIA	SRVICE AT SEA OR LIKELY TION ON PAGE 2. 3 MAR 2026 PIRY DATE
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MEDICAL REQUIREMENT

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 12 months prior to the date of making application for an officer certificate, certification of special qualifications of a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better car at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seafarer deck, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

- COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.
- 2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count
- B) Blood Sugar Estimation
- C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg)
- E) Urinlysis F) Drug Test G) Alcohol Test
- X RAY EXR PA VIEW
- 4. E.C.G. TEST
- EYE EXAMINATION FOR V/A & C/V

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

2 4 MAR 2024



ID NO : 24030644

Patient's Name: MD. HOSSEN OMI

Date : 24/03/2024

Age

22Y 2M 28D

Ref. By

: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DMF - C/O/ 12341

Sex : Male

Specimen

: Blood

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

HAEMATOLOGY REPORT

- Medicological	ROBERT CONTRACTOR	STATE OF THE OWNER, OWNER, OWNER, OWNER,		
Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	14.2 06	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A
TOTAL WBC COUNT	6,100	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT Neutrophils Lymphocytes Monocytes Eosinophils Basophil	61 26 08 05	% % % %	(40 - 75)% (20-45)% (2-10)% (1-6)% 0-1 %	WBC CURVE
TOTAL CIR. EOSIONOPHIL COUNT TOTAL PLATELET COUNT(PC) MPV PDW-CV PCT P-LCR P-LCC	305 198,000 12.3 18.1 0.24 42.5 84	/cumm /cumm fL % % x10^3/uL	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL 10 - 18 % 0.10 - 0.28 9.00 - 45.00% 13 - 129 ×10^3/uL	PLT CURVE
RBC COUNT HCT/PCV MCV MCH MCHC RDW SD RDW CV	5.17 45.8 88.4 27.4 31 44 15.3	m/ul % fL pg g/dL fL %	M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 fL 27-32 pg 29-34 g/dL 30.0-57.0 fL 10-16%	RBC CURVE

Checked By...... Medical Technologist. Redical Hospital Ltd. Uttara, Dhaka. Dr. Sumaiya Kh

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



Bill No	DIA24030644	Receive	d Date	24/03/2	2024
Patient's Name	MD HOSSEN OMI				=.0======
Patient's Age	22Y 2M 28D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),	PGT(Eye),DFN	1 C	DC NO	C/O/12341
Sample	BLOOD				MI

BIOCHEMISTRY REPORT

Test Name Result Reference Range

Random Blood Sugar (RBS) 5.4 mmol/l 4.2 – 6.4 mmol/l

RADICAL

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.



Bili No	DIA24030644	Receive	d Date	24/03/2	2024
Patient's Name	MD HOSSEN OMI			i.	
Patient's Age	22Y 2M 28D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	EM),PGT(Eye),DFN	л С	DC NO	C/O/12341
Sample	BLOOD				

SEROLOGICAL REPORT

Test Name

Result

VDRL	Non-reactive
The Partie of th	100000000000000000000000000000000000000



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	DIA24030644	Received	d Date	24/03/2	2024
Patient's Name	MD HOSSEN OMI			d.	
Patient's Age	22Y 2M 28D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	С	DC NO	C/O/12341
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	0-1/HPF

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil	
Albumin	Nil	WBC	Nil	
Sugar	Nil	Epithelial	Nil	
Ex.Phosphate	Nil	Granular	Nil	
	DAL	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	DIA24030644	Received	Date	24/03/2	2024
Patient's Name	MD HOSSEN OMI				
Patient's Age	22Y 2M 28D	F	Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	С	DC NO	C/O/12341
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.



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030644 Receive: Print: 24/03/2024

Patient's Name : MD HOSSEN OMI

Age : 22 YRS Sex : M

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 64 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

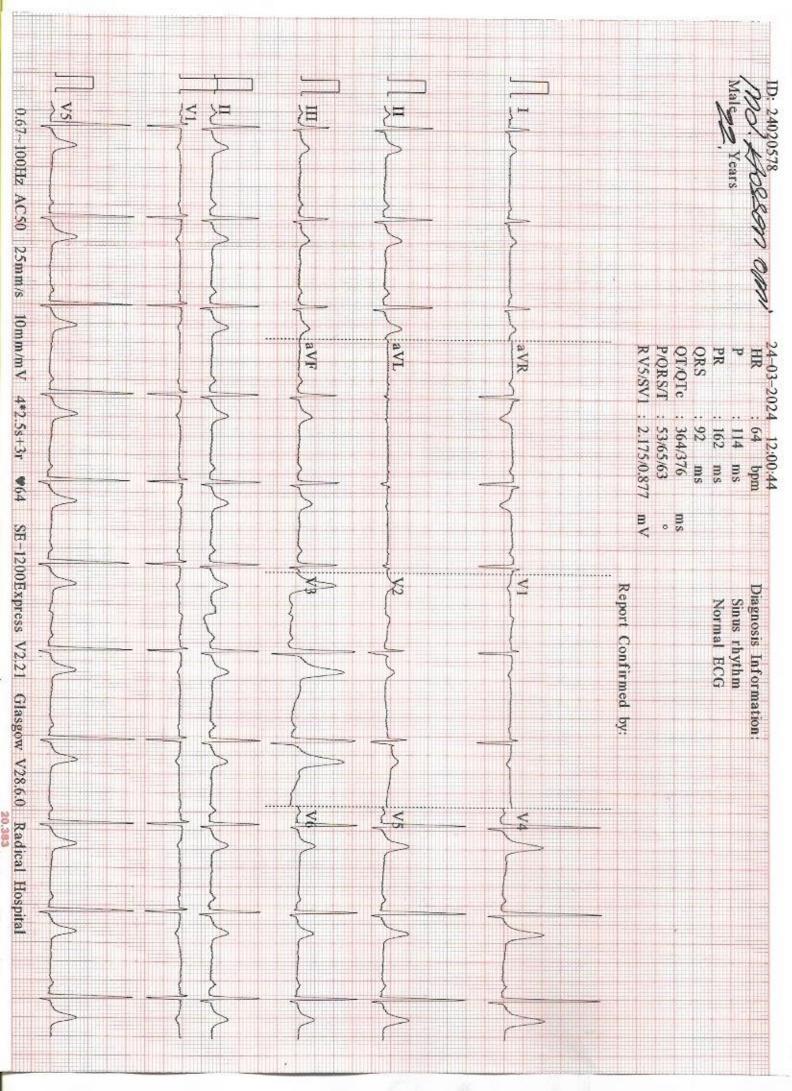
MBBS, MD (Cardiology) Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030644 Receive:24/03/2024 Print: 24/03/2024

Patient's Name : MD HOSSEN OMI

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 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

This is to certify that MD HOSSEN OMI Date of Birth 25/19/0fex: MALE Whose signature follows...... has on the Date indicated been vaccinated or revaccinated against Cholera Signature and professional_ Approved Stamp Date Status of Vaccinator Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Reg. no. A27902 Authorised by DOS (BD) Dhaka 3 " WAY 3034 ORAL CHOLERA "DUKORA! " DR. MIR. MD. RAIHAN Valid Upto 2 yrs 35, Shah Makhdu Avenue BMDC A-55144, MMC-BGD-0161 Uttara, Dhaka DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

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VACCINATION OR REVACCINATION AGAINST YELLOW FEVER

This is to certify that MD HOSSEN OMI Date of Birth 25/12/61ex: MALE

Whose signature follows Md Hossen Ome

has on the Date indicated been vaccinated or revaccinated against yellow fever

Date	Signature and professional Status of Vaccinator	Manufacturer and batch no of vaccine	Official stamp of vaccination centre
0 3 MAR 2024	Dr. ATM Anwarul Had MBBS, CCD (BIRDEM Reg. no. A27902 Authorised by DOS (BI Marine Health Ca Dhaka	1 2 CY X	As Per MLC-2006 *

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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 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.