



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880-2-333316214-6, Fax : +880-2-333310530



Accredited By : BMDC
Accreditation No. A 55144

PATIENT CONTROL NUMBER:
H1388

MEDICAL EXAMINATION CERTIFICATE

SURNAME REZA	FIRST NAME AND ABU	MIDDLE NAME MD MUSHRIF
PLACE AND DATE OF BIRTH DHAKA 28-Oct-1990	PASSPORT NUMBER B00364932	SEAMAN'S BOOK NUMBER CO6028
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : OIL TANKER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : 109, NAWABGONJ ROAD, LALBAGH, POSTA-1211, DHAKA, BANGLADESH	CONTACT NUMBER : 8801717-008506	RANK : 2ND OFFICER

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?	☐	☒
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 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
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?

☐ YES ☒ NO

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 90 kg	Height (cm) 176	BMI 29.0	Blood Pressure: Systolic 120 mm	Diastolic 80 mm	PULSE: 78 bpm
Ear	Hearing by Audiometry	Audiometry	Hearing by Whisper Test		
Right	☐ Adequate ☐ Inadequate	500 1000 2000 3000	☒ Adequate ☐ Inadequate		
Left	☐ Adequate ☐ Inadequate		☒ Adequate ☐ Inadequate		
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☐ NO ☐					

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

☒ Normal☐ Doubtful☐ DefectiveDate of last colour vision test: Date (day/month/year) 21 MAR 2024

	Visual fields	
	Normal	Defective
	Right eye	Left eye
Right eye	☒	
Left eye	☒	

☒ YES / NO☐ Doubtful☐ Defective

	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	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<u>NAD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☒ Negative
ECG	<u>NAD</u>	BILIRUBIN	<u>0.40</u>	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	<u>N/E</u>	URINE R/E	<u>NAD</u>
DC(differential count)	<u>NAD</u>	SGOT	<u>22</u>	OTHERS	
HAEMOGLOBIN (HGB)	<u>14.1</u>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	<u>05</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	<u>7.400</u>	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	<u>B+ve</u>
RANDOM	<u>5.6</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	<u>NAD</u>
HBA1C	<u>5.2%</u>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)	<u>NAD</u>

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

21 MAR 2024

Signature of Seafarer

ABU MD MUSHRIF REZA

Name of Seafarer

Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for lookout duties☐ Not fit for lookout duties

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

☒ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions 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?

Yes

No

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

Action taken by medical examiner (e.g., referral):

Fitness Date:

21 MAR 2024

Valid Until:

20 MAR 2026DR. MIR MD RAIHAN
Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1948 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name:

REZA, ABU MD MUSHRIF

Passport No.:

B00364932

Seaman's Book No.:

CO6028

Date of Birth:

28-OCT-1990

Medical Center Name:

REDICAL HOSPITALS LIMITED

Full Address:

35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA,
DHAKA-1230, BANGLADESH.

Doctor's Name:

DR. MIR MD. RAIHAN

Drug and Alcohol Screening Limits and Results

Drug	Threshold Limit	Results
Marijuana	< 15 NG/ML	
Cocaine	< 150 NG/ML	
Opiates	< 300 NG / ML	
Phencyclidine	< 25 NG / ML	
Amphetamines	< 300 NG / ML	
Benzodiazepine	< 200 NG/ML	
Methaqualone	< 300 NG/ML	
Barbiturates	< 200 NG/ML	
Alcohol	< 0.04% BAC	

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Date 21 MAR 2024

Examined by (Name/Signature)



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

Drug and Alcohol Screening Affidavit

CSC 04A

PART A - To be completed by Seafarer prior to Medical Examination and hand to Physician

Surname: REZA		First Name: ABU MD MUSHRIF				
Date of Birth (DD/MM/YY): 28-10-1990		Address: FLAT NO. A 2, HOUSE NO: 57/A-1, EAST RAJABAZAR, SHER-E-BANGLA NAGAR Street:				
Place of Birth: DHAKA		City: DHAKA Postal Code: 1207 Country: BANGLADESH				
Examination for duty as	Master	Officer	Engineer	Rating	Cadet	
Please indicate the quantity of alcohol you consume weekly		Beer (litre)..... Wine (litre)..... Spirits (measures).....				
Do you regularly take any medically prescribed drugs? Please list. Note: Give a copy of this list to the Master upon joining the vessel.						
Have you ever been convicted of a charge involving illegal drugs?		Yes.....No.....(If Yes please detail on the reverse)				
Have you ever been convicted of a drinking related incident?		Yes.....No.....(If Yes please detail on the reverse)				
Have you ever received treatment for alcohol or drug dependence?		Yes.....No.....(If Yes please detail on the reverse)				
Signed and Dated (by Seafarer) 		Note: If circumstances change with respect to the above statements, inform the company of such changes immediately.				



Drug and Alcohol Screening Affidavit**CSC 04A****PART B - To be completed by Physician and Seafarer during Medical Examination**

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Name, Address of Physician:

DR. MIR MD. RAIHAN; M.B.B.S.(D.U.)
REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE,
SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.

Signature of Physician:

Date:

21 MAR 2024

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

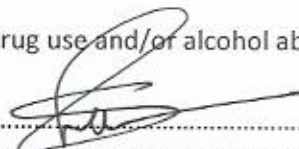
Anti-Drug and Alcohol Abuse Affidavit

I hereby declare that I have not in the past or present used any prohibited substance, nor have I abused alcohol.

**ABU MD MUSHRIF REZA**

Examinee's Name & Signature

I hereby certify that the above examinee does not have any signs and symptoms of drug use and/or alcohol abuse.



Examining Physician's Signature
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

ORIGINAL TO BE RETAINED BY CREWING AGENCY

Drug and Alcohol Screening Affidavit

CSC 04A

PART A - To be completed by Seafarer prior to Medical Examination and hand to Physician

Surname: REZA		First Name: ABU MD MUSHRIF				
Date of Birth (DD/MM/YY): 28-10-1990		Address: FLAT NO. A 2, HOUSE NO: 57/A-1, EAST RAJABAZAR, SHER-E-BANGLA NAGAR Street:				
Place of Birth: DHAKA		City: DHAKA Postal Code: 1207 Country: BANGLADESH				
Examination for duty as	Master	Officer	Engineer	Rating	Cadet	
Please indicate the quantity of alcohol you consume weekly		Beer (litre)..... Wine (litre)..... Spirits (measures).....				
Do you regularly take any medically prescribed drugs? Please list. Note: Give a copy of this list to the Master upon joining the vessel.						
Have you ever been convicted of a charge involving illegal drugs?		Yes.....No.....(If Yes please detail on the reverse)				
Have you ever been convicted of a drinking related incident?		Yes.....No.....(If Yes please detail on the reverse)				
Have you ever received treatment for alcohol or drug dependence?		Yes.....No.....(If Yes please detail on the reverse)				
Signed and Dated (by Seafarer) 		Note: If circumstances change with respect to the above statements, inform the company of such changes immediately.				



Drug and Alcohol Screening Affidavit

CSC 04A

PART B - To be completed by Physician and Seafarer during Medical Examination

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Name, Address of Physician:

DR. MIR MD. RAIHAN; M.B.B.S.(D.U.)
REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE,
SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.

Signature of Physician:



Date:

21 MAR 2024

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

Anti-Drug and Alcohol Abuse Affidavit

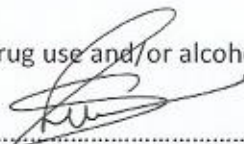
I hereby declare that I have not in the past or present used any prohibited substance, nor have I abused alcohol.



ABU MD MUSHRIF REZA

Examinee's Name & Signature

I hereby certify that the above examinee does not have any signs and symptoms of drug use and/or alcohol abuse.



Examining Physician's Signature

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

ORIGINAL TO BE RETAINED BY CREWING AGENCY



Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name:

REZA, ABU MD MUSHRIF

Passport No.:

B00364932

Seaman's Book No.:

CO6028

Date of Birth:

28-OCT-1990

Medical Center Name:

REDICAL HOSPITALS LIMITED

Full Address:

35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA,
DHAKA-1230, BANGLADESH.

Doctor's Name:

DR. MIR MD. RAIHAN

Drug and Alcohol Screening Limits and Results

Drug	Threshold Limit	Results
Marijuana	< 15 NG/ML	NEGATIVE
Cocaine	< 150 NG/ML	/
Opiates	< 300 NG / ML	
Phencyclidine	< 25 NG / ML	
Amphetamines	< 300 NG / ML	
Benzodiazepine	< 200 NG/ML	
Methaqualone	< 300 NG/ML	
Barbiturates	< 200 NG/ML	
Alcohol	< 0.04% BAC	NEGATIVE

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Date

21 MAR 2024



Examined by (Name/Signature)

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

MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name : (Last, first, middle) REZA, ABU MD MUSHRIF		Gender: Male/ Female *
Date of Birth: (Day/month/year) 28-OCTOBER-1990	Nationality: BANGLADESHI	Place of Birth: DHAKA

Declaration of the recognized medical practitioner:

	Yes	No
1 Identification documents were checked at the point of examination?	☒	☐
2 Hearing meets the standards in STCW Code Section A-I/9?	☒	☐
3 Unaided hearing satisfactory?	☒	☐
4 Visual acuity meets the standards in STCW Code Section A-I/9?	☒	☐
5 Colour vision meets the standards in STCW Code Section A-I/9?	☒	☐
Date of last colour vision test: 21 MAR 2024		
6 Fit for look-out duty?	☒	☐
7 Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	☒	☐
8 No limitations or restrictions on fitness?	☒	☐
If "no" specify limitations or restrictions		
9 Date of examination: (day/month/year)	21 MAR 2024	
10 Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	20 MAR 2026	

21 MAR 2024



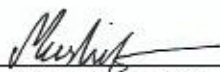
DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Bitem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Date

Signature of Authorised
Medical Practitioner

Medical Practitioner's Official stamp
(name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.



Signature of Seafarer

* delete as appropriate



MARITIME AND PORT AUTHORITY OF SINGAPORE



SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name : (Last, first, middle) REZA, ABU MD MUSHRIF		Gender: Male/Female*
Date of Birth: (Day/month/year) 28-OCTOBER-1990	Nationality: BANGLADESHI	Place of Birth: DHAKA

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	☒	☐
2	Hearing meets the standards in STCW Code Section A-I/9?	☒	☐
3	Unaided hearing satisfactory?	☒	☐
4	Visual acuity meets the standards in STCW Code Section A-I/9?	☒	☐
5	Colour vision meets the standards in STCW Code Section A-I/9?	☒	☐
Date of last colour vision test:		21 MAR 2024	
6	Fit for look-out duty?	☒	☐
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	☒	☐
8	No limitations or restrictions on fitness?	☒	☐
If "no" specify limitations or restrictions			
9	Date of examination: (day/month/year)	21 MAR 2024	
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	20 MAR 2026	

21 MAR 2024

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

Date

Signature of Authorised
Medical PractitionerMedical Practitioner's Official stamp
(name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

* delete as appropriate



Medical Exam Form
CONFIDENTIAL FORM
Pre-sea Exam ☐ Periodic Exam ☒

Name (last,first,middle): REZA, ABU MD MUSHRIF

Date of birth (day/month/year): 18/09/1996 Sex: male female ☒ ☐

Home address: FLAT NO- A 2, HOUSE NO:57/A-1, EAST RAJABAZAR, SHER-E-BANGLA NAGAR-1207, DHAKA, BANGLADESH

Passport No./Discharge Book No.: B00364932

Department (deck/engine/radio/food handling/other): BULK

Routine and emergency duties (if known): _____

Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): OIL TANKER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

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. Sleeping problems	☐	☒
2. High blood pressure	☐	☒	19. Do you smoke?	☐	☒
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 problems	☐	☒
16. Genital disorders	☐	☒	33. Amputation	☐	☒
17. Pregnancy	☐	☒	34. Fractures/dislocations	☐	☒

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



Additional questions

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 35. Have you ever been signed off as sick or repatriated from a ship? | ☐ | ☒ |
| 36. Have you ever been hospitalized? | ☐ | ☒ |
| 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 hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: Mirzaif

Date (day/month/year): 21 MAR 2024

Witnessed by: (Signature) _____

Name: (Typed or printed) _____

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

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

Signature of examinee: Mirzaif

Date (day/month/year): 21 MAR 2024

Witnessed by: (Signature) _____

Name: (Typed or printed) _____

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

Date & Contact details for previous medical examination (if known): _____



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	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	✓			
Near	N5	N5	✓			

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colorvision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz		
Right ear	25	25	25			
Left ear	25	25	25			

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Height: 176 (cm) Weight: (kg) 90 (kg) Pulse rate: 78 (/minute) Rhythm: Regular
Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Normal Abnormal

Normal Abnormal

Head

Sinuses, nose, throat	☒	☐
Mouth/teeth	☒	☐
Ears (general)	☒	☐
Tympanic membrane	☒	☐
Eyes	☒	☐
Ophthalmoscopy	☒	☐
Pupils	☒	☐
Eyemovement	☒	☐
Lungs and chest	☒	☐
Breast examination	☒	☐
Heart	☒	☐

Skin

Varicose veins	☒	☐
Vascular (inc. pedal pulses)	☒	☐
Abdomen and viscera	☒	☐
Hernia	☒	☐
Anus (not rectal exam.)	☒	☐
G-U system	☒	☐
Upper and lower extremities	☒	☐
Spine (C/S, T/S and L/S)	☒	☐
Neurologic (full brief)	☒	☐
Psychiatric	☒	☐
General appearance	☒	☐

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 21 MAR 2024

Results: Normal Chest X-ray



Additional questions

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 35. Have you ever been signed off as sick or repatriated from a ship? | ☐ | ☒ |
| 36. Have you ever been hospitalized? | ☐ | ☒ |
| 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 hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: Mirza

Date (day/month/year): 21 MAR 2024

Witnessed by: (Signature) [Signature]

Name: (Typed or printed) 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

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

Signature of examinee: Mirza

Date (day/month/year): 21 MAR 2024

Witnessed by: (Signature) [Signature]

Name: (Typed or printed) 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

Date & Contact details for previous medical examination (if known): _____



Urinalysis: Glucose: Nil Protein: Nil

Blood Analysis: Hepatitis B Test Negative, V.D.R.L. Negative
Immunodeficiency Virus Anti bodies Negative

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

Test

Result

Medical Examiners comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☒ Yes ☐ No

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

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

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

Without restrictions ☒ With restrictions ☐

Visual aid required: Yes ☒ No ☐

Describe restrictions (eg. Specific positions, type of ship, trade area)

Action taken by medical examiner (e.g., referral):

Medical certificate's date of expiration (day/month/year): 20 MAR 2026

Date of examination (day/month/year): 21 MAR 2024

Number of Medical Certificate:

Official stamp:

Signature of medical practitioner:

Name of medical examiner: (Typed or printed)

Address of medical practitioner:

Authorized by: DR. SHAPING BANGLADESH (competent authority)

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



SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE
CONFIDENTIAL DOCUMENT

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME REZA	GIVEN NAME(S) ABU MD MUSHRIF	
NATIONALITY BANGLADESHI	ID DOCUMENT NO: C/O/6028	
DATE OF BIRTH 10 28 1990 MONTH DAY YEAR	PLACE OF BIRTH DHAKA BANGLADESH CITY COUNTRY	SEX: ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: FLAT NO: A 2, HOUSE NO: 57/A-1, EAST RAJABAZAR, SHER-E-BANGLA NAGAR-1207, DHAKA, BANGLADESH	

DECLARATION OF APPROVED MEDICAL PRACTITIONER:
I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 176cm	WEIGHT 90kg	BLOOD PRESSURE 120/80mm	PULSE 78/min	RESPIRATION 19/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES 6/6		RIGHT EYE 6/6		LEFT EYE 6/6	
WITH GLASSES				HEARING: RT. EAR LEFT EAR	

COLOR TEST TYPE: BOOK ☒ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL - YELLOW ☒ RED ☐ GREEN ☐ BLUE ☐

DATE OF LAST COLOR VISION TEST: 21 MAR 2024

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒

HEAD AND NECK Normal	HEART (CARDIOVASCULAR) Normal
LUNGS Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes.
EXTREMITIES: UPPER Normal LOWER Normal	

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?
Yes ☐ No ☒

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒

SIGNATURE OF APPLICANT



21 MAR 2024

DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

ABU MD MUSHRIF REZA

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: Yes ☒

No ☐

NAME OF APPLICANT

SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OFFICER / RATING / CHIEF COOK / COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN

DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

ADDRESS

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY

DG SHIPPING BOARD

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE

06 MAY 2024

SIGNATURE OF PHYSICIAN :

DATE OF EXAMINATION: 21 MAR 2024

EXPIRY DATE OF CERTIFICATE : 20 MAR 2026

SEAFARER ACKNOWLEDGMENT

I, ABU MD MUSHRIF REZA (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.



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 certified 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 immediately preceding applications for an officer certificate, certification of special qualifications or 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 specified 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 physicians should, where appropriate, examine the seafarer's 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:

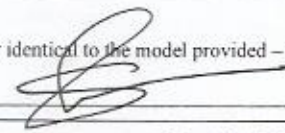
- (a) **Hearing**
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).
- (b) **Eyesight**
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (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 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 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 use of narcotics.
- (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/water tender, oiler/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. 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 report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals.

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided – Medical Exam Form).





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

21 MAR 2024

Medical Exam Form
CONFIDENTIAL FORM

Pre-sea Exam ☐ Periodic Exam ☒

Name (last, first, middle): REZA, ABU MD MUSHRIEF

Date of birth (day/month/year): 18 /09 / 1996

Sex: male

female ☒

☐

Home address: FLAT NO- A 2, HOUSE NO:57/A-1, EAST RAJABAZAR, SHER-E-BANGLA NAGAR-1207, DHAKA, BANGLADESH

Passport No./Discharge Book No.: B00364932

Department (deck/engine/radio/food handling/other): BULK

Routine and emergency duties (if known): _____

Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): OIL TANKER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

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. Sleeping problems	☐	☒
2. High blood pressure	☐	☒	19. Do you smoke?	☐	☒
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 problems	☐	☒
16. Genital disorders	☐	☒	33. Amputation	☐	☒
17. Pregnancy	☐	☒	34. Fractures/dislocations	☐	☒

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

Additional questions

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 35. Haveyou ever been signed offas sick or repatriated from a ship? | ☐ | ☒ |
| 36. Haveyou ever been hospitalized? | ☐ | ☒ |
| 37. Haveyou ever been declared unfit forseaduty? | ☐ | ☒ |
| 38. Has your medical certificate ever been restricted or revoked? | ☐ | ☒ |
| 39. Areyou awarethat you have anymedical problems, diseases or illnesses? | ☐ | ☒ |
| 40. Do you feel healthyand fit to perform theduties of your designated position/occupation? | ☒ | ☐ |
| 41. Areyou allergic to anymedications? | ☐ | ☒ |

Comments.

FIT FOR DUTY ON BOARD SHIP

42. Areyou takinganynon-prescription or prescription medications?

☐ ☒

If yes, pleaselist themedications taken and thepurpose(s) and dosage(s).

Iherebycertifythat the personal declaration aboveis a truestatement to thebest of myknowledge.

Signatureof examinee: *M. Rihan*

Date (day/month/year): 21 MAR 2024

Witnessed by: (Signature) *[Signature]*

Name:(Typed or printed)

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

Iherebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofessionals,health institutions and public authorities to Dr. _____ (theapproved medical examiner).

Signatureof examinee: *M. Rihan*

Date (day/month/year): 21 MAR 2024

Witnessed by: (Signature) *[Signature]*

Name:(Typed or printed)

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

Date & Contact details for previous medical examination (if known):) _____



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	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	✓			
Near	15	15	✓			

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colorvision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	1,000 Hz	2,000 Hz	3,000 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

Height: 176 (cm) Weight: (kg) 90 (kg) Pulse rate: 78 (/minute) Rhythm: Regular
Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Normal Abnormal

Normal Abnormal

Head

Sinuses, nose, throat	☒	☐
Mouth/teeth	☒	☐
Ears (general)	☒	☐
Tympanic membrane	☒	☐
Eyes	☒	☐
Ophthalmoscopy	☒	☐
Pupils	☒	☐
Eyemovement	☒	☐
Lungs and chest	☒	☐
Breast examination	☒	☐
Heart	☒	☐

Skin

Varicose veins	☒	☐
Vascular (inc. pedal pulses)	☒	☐
Abdomen and viscera	☒	☐
Hernia	☒	☐
Anus (not rectal exam.)	☒	☐
G-U system	☒	☐
Upper and lower extremities	☒	☐
Spine (C/S, T/S and L/S)	☒	☐
Neurologic (full brief)	☒	☐
Psychiatric	☒	☐
General appearance	☒	☐

21 MAR 2024

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): / /

Results: Normal chest xray



Urinalysis: Glucose: Nil Protein: Nil

Blood Analysis: Hepatitis B Test Negative V.D.R.L. Non Reactive
Immunodeficiency Virus Anti bodies Negative

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

Test

Result

Medical Examiners comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☒ Yes ☐ No

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

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

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

Without restrictions ☒ With restrictions ☐

Visual aid required: Yes ☐ No ☒

Describe restrictions (eg. Specific positions, type of ship, trade area)

Action taken by medical examiner (e.g., referral):

Medical certificate's date of expiration (day/month/year): 20 MAR 2026

Date of examination (day/month/year): 21 MAR 2024

Number of Medical Certificate:

Official stamp:

Signature of medical practitioner:

DR. MR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55744, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Name of medical examiner: (Typed or printed)

Address of medical practitioner:

Authorized by: DG SHIPPING BANGLADESH (competent authority)



SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE
CONFIDENTIAL DOCUMENT

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME REZA	GIVEN NAME(S) ABU MD MUSHRIF	
NATIONALITY BANGLADESHI	ID DOCUMENT NO: C/O/6028	
DATE OF BIRTH 10 MONTH 28 DAY 1990 YEAR	PLACE OF BIRTH DHAKA CITY BANGLADESH COUNTRY	SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: FLAT NO. A 2, HOUSE NO: 57/A-1, EAST RAJABAZAR, SHER-E-BANGLA NAGAR-1207, DHAKA, BANGLADESH	

DECLARATION OF APPROVED MEDICAL PRACTITIONER:

I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 176 cm	WEIGHT 70 kg	BLOOD PRESSURE 120/80 mmHg	PULSE 78 /min	RESPIRATION 19 /min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES 6/6		RIGHT EYE 6/6		LEFT EYE 6/6	
WITH GLASSES				HEARING: RT. EAR <u>my</u> LEFT EAR <u>my</u>	

COLOR TEST TYPE: BOOK ☒ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL - YELLOW ☐ RED ☒ GREEN ☐ BLUE ☐

DATE OF LAST COLOR VISION TEST: 21 MAR 2024

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒

HEAD AND NECK Normal	HEART (CARDIOVASCULAR) Normal
LUNGS Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>Yes</u>
EXTREMITIES: UPPER <u>Normal</u> LOWER <u>Normal</u>	

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?
Yes ☐ No ☒IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒Mushrif

SIGNATURE OF APPLICANT

21 MAR 2024

DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

ABU MD MUSHRIF REZA

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES ☒

No ☐

SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OFFICER / RATING / CHIEF COOK / COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN _____

DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Biom), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

ADDRESS **RADICAL HOSPITAL LIMITED**
Uttara, Dhaka, Bangladesh

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY

DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE _____

06 MAY 2014.

SIGNATURE OF PHYSICIAN :

[Signature]

DATE OF EXAMINATION: **21 MAR 2024**

EXPIRY DATE OF CERTIFICATE : **20 MAR 2026**

SEAFARER ACKNOWLEDGMENT

I, ABU MD MUSHRIF REZA (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.



MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualification 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 immediately preceding applications 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 specified 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 seafarer's 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 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (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 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 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 use of narcotics.
- (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/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. 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 report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals.

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided – Medical Exam Form).

21 MAR 2024



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

**MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION**
RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name : (Last, first, middle) (BLOCK CAPITALS) REZA, ABU MD MUSHRIF		Gender: Male/Female*
Date of Birth: day/month/year 28-OCTOBER-1990	Place of Birth: DHAKA	Nationality: BANGLADESHI
Type of ID documents: NRIC No. / Passport No.: B00364932	Dept: Deck / Engine / Catering / others Rank: 2ND OFFICER	Type of ship: OILTANKE
Home Address: FLAT NO. A 2, HOUSE NO: 57/A-1, ROAD, EAST RAJABAZAR SHER-E-BANGLA NAGAR, DHAKA-1207.	Routine and emergency duties: BOTH	Trading area: e.g coastal / world wide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

Yes		No		Yes		No	
1. Eye/vision problem			☒	18. Sleep problem			☒
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/piles			☒	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/hearing, tinnitus/nose/throat problem			☒
14. Infectious / contagious diseases			☒	31. Restricted mobility			☒
15. Hernia			☒	32. Back or joint problem			☒
16. Genital disorder			☒	33. Amputation			☒
17. Pregnancy			☒	34. Fracture/dislocations			☒

If you answer "yes" to any of the above questions, please provide details:

Additional questions

Yes		No	
35. Have you ever been signed off as sick or repatriated from a ship?			☒
36. Have you ever been hospitalized?			☒



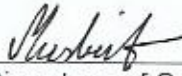
37. Have you ever been declared unfit for sea duty?		✓
38. Has your medical certificate even been restricted or revoked?		✓
39. Are you aware that you have any medical problems, diseases or illnesses?		✓
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	✓
41. Are you allergic to any medication?		✓
42. Are you using any non-prescription or prescription medication?		✓

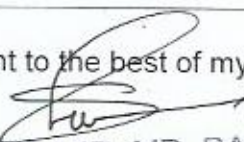
If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

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

21 MAR 2024

Date

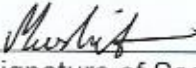

Signature of Seafarer

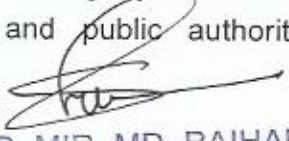

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
Radical Hospitals Limited
Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr.

21 MAR 2024

Date


Signature of Seafarer


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
Name and Signature of Witness



Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

☒ No

☐ Yes Type Purpose

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	Distant		
Near	N5	N5	Near		

Visual fields

	Normal	Defective
Right eye		
Left eye		

Colour Vision (please tick)

☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 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	176	(cm)		Weight	90	(kg)
Pulse rate		(per minute)	78	Rhythm		Regular
Blood Pressure Systolic		(mm Hg)	120	Diastolic		80.
Urinalysis:	Glucose :	N1	Protein:	N1	Blood:	N1

	Normal	Abnormal
Head		
Sinus, nose, throat		
Mouth/teeth		



Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	N/A	
Heart	✓	
Skin	✓	
Varicose Vein	✓	
Vascular (inc. pedal pulse)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam)	✓	
G-U system	✓	
Upper and lower extremities	✓	
Spine (C/s, T/S, L/S)	✓	
Neurologic (full/brief)	✓	
Psychiatric	✓	
General appearance	✓	

Chest X-ray

☐ Not performed

☒ Performed on (day/month/year): **21 MAR 2024**

Results: *Normal chest xray*

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

Test *Blood Urea Nitrogen* Results: *normal*

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea (please tick)

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

☒ Fit for look out duty

☐ Unfit for lookout duty

☐ Visual aid required

☒ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
☒ Fit				
☐ Unfit				

☒ Without restrictions

☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

21 MAR 2024



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

Date

Signature of
Medical Practitioner

Medical Practitioner's name, licence number, address



**MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION**
RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name : (Last, first, middle) (BLOCK CAPITALS) REZA, ABU MD MUSHRIF		Gender: Male/ Female *
Date of Birth: day/month/year 28-OCTOBER-1990	Place of Birth: DHAKA	Nationality: BANGLADESHI
Type of ID documents: NRIC No. / Passport No.: B00364932	Dept: Deck / Engine / Catering / others Rank: 2ND OFFICER	Type of ship: OILTANKE
Home Address: FLAT NO. A 2, HOUSE NO. 57/A-1, ROAD, EAST RAJABAZAR SHER-E-BANGLA NAGAR, DHAKA-1207.	Routine and emergency duties: BOTH	Trading area: e.g coastal / world wide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
1. Eye/vision problem		☒	18. Sleep problem		☒
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/piles		☒	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/hearing, tinnitus/nose/throat problem		☒
14. Infectious / contagious diseases		☒	31. Restricted mobility		☒
15. Hernia		☒	32. Back or joint problem		☒
16. Genital disorder		☒	33. Amputation		☒
17. Pregnancy		☒ N/A	34. Fracture/dislocations		☒

If you answer "yes" to any of the above questions, please provide details:

Additional questions

	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		☒
36. Have you ever been hospitalized?		☒

37. Have you ever been declared unfit for sea duty?	☒
38. Has your medical certificate even 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 medication?	☒
42. Are you using any non-prescription or prescription medication?	☒

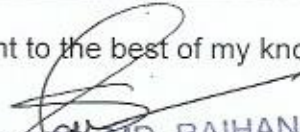
If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

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

21 MAR 2024

Date


Signature of Seafarer

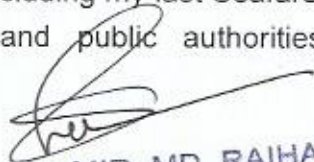

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr.

21 MAR 2024

Date


Signature of Seafarer


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



Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

☒ No

☐ Yes Type Purpose

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	Distant		
Near	NS	NS	Near		

Visual fields

	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision (please tick)

☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 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	176 (cm)	Weight	90 (kg)
Pulse rate	(per minute)	78	Rhythm
Blood Pressure Systolic (mm Hg)	120	Diastolic (mm Hg)	80
Urinalysis: Glucose :	Nil	Protein:	Nil
		Blood:	Nil

	Normal	Abnormal
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	



Ears (general)	/	
Tympanic membrane	/	
Eyes	/	
Ophthalmoscopy	/	
Pupils	/	
Eye movement	/	
Lungs and chest	/	
Breast examination	N/A	
Heart	/	
Skin	/	
Varicose Vein	/	
Vascular (inc. pedal pulse)	/	
Abdomen and viscera	/	
Hernia	/	
Anus (not rectal exam)	/	
G-U system	/	
Upper and lower extremities	/	
Spine (C/s, T/S, L/S)	/	
Neurologic (full/brief)	/	
Psychiatric	/	
General appearance	/	

Chest X-ray

☐ Not performed

☒ Performed on (day/month/year): 21 MAR 2024

Results: Normal chest xray

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

Test: Blood + urine Results: Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea (please tick)

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

☒ Fit for look out duty

☐ Unfit for lookout duty

☐ Visual aid required

☒ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit	/			
Unfit				



☒ Without restrictions

☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

21 MAR 2024

Date



Signature of
Medical Practitioner

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

Medical Practitioner's name, licence number, address



ID NO : 24030537

Date : 21/03/2024

Patient's Name : ABU MD.MUSHRIF REZA

Age : 33Y4M22D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/6028

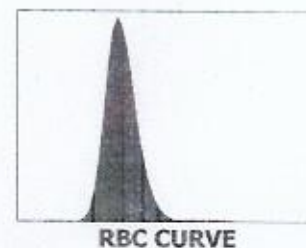
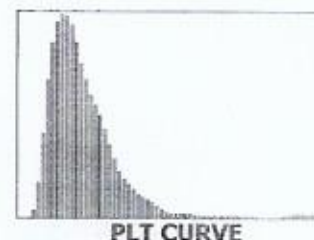
Sex : Male

Specimen : Blood

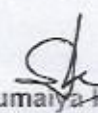
(Relevant estimations were carried out by KT-44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	14.1	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	7,400	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	64	%	(40 - 75)%
Lymphocytes	26	%	(20-45)%
Monocytes	06	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSINOPHIL COUNT	296	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	175,000	/cumm	1,50,000-4,50,000 /cumm
MPV	15.3	fL	7.0 -11.0 fL
PDW-CV	19.1	%	10 - 18 %
PCT	0.21	%	0.10 - 0.28
P-LCR	58.2	%	9.00 - 45.00%
P-LCC	79	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	5.03	m/μL	M: 4.5-6.5, F: 3.8-5.8 m/ μL
HCT/PCV	45.8	%	M: 40-54%, F: 37-47%
MCV	91.1	fL	76-94 fL
MCH	27.9	pg	27-32 pg
MCHC	30.7	g/dL	29-34 g/dL
RDW SD	56	fL	30.0-57.0 fL
RDW CV	18.7	%	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	DIA24030537	Received Date	21/03/2024
Patient's Name	ABU MD MUSHRIF REZA		
Patient's Age	33Y 4M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC	6028
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.6 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.40 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22.0 U/L	Up to 37 U/L
HbA1C	5.2 %	4.0- 6.0 %

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	DIA24030537	Received Date	21/03/2024
Patient's Name	ABU MD MUSHRIF REZA		
Patient's Age	33Y 4M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC	6028
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING RESULT	
ABO Blood Group	"A" (+ve)
Rh (D)Factor	Positive

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	DIA24030537	Received Date	21/03/2024
Patient's Name	ABU MD MUSHRIF REZA		
Patient's Age	33Y 4M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC	6028
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
		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	DIA24030537	Received Date	21/03/2024
Patient's Name	ABU MD MUSHRIF REZA		
Patient's Age	33Y 4M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC	6028
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.

REF: MT.PIS PARAGON

DATE: 21/03/2024

M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: ABU MD MUSHRIF REZA

RANK: 2ND OFF

CDC NO: C/O/6028

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

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

ID: 24020576

21-03-2024 14:46:29

Mr M. McSmith
Male 33 Years

HR : 74 bpm

P : 140 ms

PR : 162 ms

QRS : 70 ms

QT/QTc : 356/395 ms

P/QRS/T : 31/20/10 °

RV5/SV1 : 1.615/0.930 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67-100Hz AC50

25mm/s

10mm/mV

4*2.5s+3r

74

SE-1200Express V2.21

Glasgow V28.6.0

Radical Hospital

20.383

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030537 Receive: 21/03/2024 Print: 21/03/2024
 Patient's Name : **ABU MD MUSHRIF REZA**
 Age : 33 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.

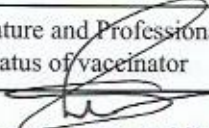
Page of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 28-OCT-1990 Sex MALE
ABU MD MUSHRIF REZA (C/10/6028)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
21 MAR 2024	 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		
3		
4		
5		
6		
7		
8		

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

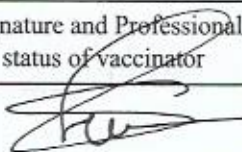
This is to certify that
whose signature follows

Date of birth 28-OCT-1990 Sex MALE

Markit

ABU MD MUSHRIF REZA (01/6028)

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no. of vaccine	Official stamp of vaccination centre
21 MAR 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDG A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
2			
3			3 4
4			

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

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

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