

HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER: H1388

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

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

MEDICAL EXAMINATION CERTIFICATE

URNAME R	NO. P	FIRST NA	AME AND	ABU		MIDDLE NAME	MD MUSHRIF	
LACE AND DATE O		PASSPO	RT NUMBER			SEAMAN'S BOO		
DHAKA	28-Oct-1990	1	B00	364932			CO6028	
	ANGLADESHI SEX:	Male	☐ Female	VESSE	EL TYP			ORLD WII
ERMANENT HOME	: ADDRESS :					CONTACT NUMBER :	8801717-	008506
9, NAWABGONJ R	OAD, LALBAGH, POS	TA-1211, DH	AKA, BANG	LADESH		RANK :	2ND OF	FICER
Have you ever had	any of the following co	onditions?					4	
Conditio	33	YES	NO	C.	nditio		VEC	NO.
	problem		1	Same 1340	ep pro		YES	NO.
	d pressure		B	1 3 7 7	you s			8
	cular disease			1137		/surgery		
4 Heart sur				000000 0000		seizures	0	
5 Varicose	5005			30.22	1	/fainting	ū	or l
6 Asthma/b	ronchitis			83381 537		onsciousness	(1)	5
7 Blood dis	order			2.522	700000000	ic problems	0	0
8 Diabetes			B-		pressi		6/9	100
9 Thyroid p	roblem		B-	1302 737	70,000,000,000	d suicide	11/10/	150
10 Digestive						nemory	100	9
11 Kidney pr	oblem		5			oroblem	1150	9
12 Skin prob	lem					eadaches		Ď.
13 Allergies				30 Ea	r/nose	throat problems	0	
14 Infectious	/contagious diseases		5	31 Re	stricte	t mobility		
15 Hernia			0		ck proj	olems		Ó,
16 Genital di	sorders		D.	33 Am	iputati	on)		15.5
17 Pregnand	y questions were answe		NHA		actures	/dislocations		9
36 Have you 37 Have you 38 Has your	ever been signed off a ever been hospitalised ever been declared un medical certificate ever ware that you have any	r fit for sea duty been restrict	y? ed or revoke	d?	ses?		YES	क्ष्रिम् पुड
	ed healthy and fit to					tion/occupation?		
	llergic to any medicatio	S. COROLLA						-
Comments	FIT	FOR DUTY	Y ON BOA	RD SHIP		10.4		
42 Are you ta	king any non-prescript	ion or prescrir	otion medica	tions?				
	e medications taken ar					14.6		
Lhereby authorize	the release of all my se	avious medica	al recorde fo	m any bool	th prof	essionals, health institutio	no and nublic suit	a dila s
to Dr. Mir Md. Rail	nan (approved medical	practioner) L	also certify t	nat my histo	nv con	tained above is true and a	ns and public auth nv false statement	will
	my employment, benef			100			.,	
"	1. 7	69						
Mu	My 4							
Signa	ture of Seafarer							
DICAL EXAMINAT	ION							
	Height (cm)	BNOON	Blood Pres	sure: Svetel	ic.17	Diastolic 20 M	PULSE:	71
vveight///// ///	rieigni (em)	D NOWELL C	DIOUG FIES	oute. Oystol	100	Diastolic 3r	TOLSE.	1 0 7
Weight 70 65		,		TO SHALL BOOK OF THE SEC	-		7	/
10	ng by Audiometry		Audiome	trv	7 1	Hearing by Whisper T	est	/
10	ng by Audiometry uate Inadequate	500	Audiome	try 3000		Hearing by Whisper T		, ,

Hearing meets the standards as laid down in STCW Code Section A-1/9? YES

NO

D

	14-	Visu	al acuity	61.4				Visual	fields
	Right eye	Left eye	Right e	Aide	d Left eve		Nor	mal	Defective
Distant	/ I A	616	right	cyc	Len eye	Right e	100		1 44 (02) (1)
Near	0/2	- (0				Left eye			
	v meets the et-	I ndard laid dowr	in STCM	Code Se	ction A 1/0	YES /I			
Colour visio	n as per STCV	/ CODE Section	n A-I/9;	_0_14	ōrmal	□ Doubtfu		efective	
			N1 A						
Head			Normal A	Abnorma		UNITED STORY		No	ormal Abnorma
Sinuses, no	on throat				Varicos		NAME OF THE OWNER O	174	
			13			r (inc. pedal p			<u></u>
Mouth/teeth			2000000			en and viscera			
Ears (gener			13		Hernia				G D
Tympanic m	nembrane				Anus (n	ot rectal exan	1)		
Eyes					G-U sys				
Opthalmosc	ору				Upper a	nd lower extra	emities		
Pupils			13			C/S, T/S and I			
Eye movem	ent					gic (full brief)			u 0
Lungs and o					Psychia				200
Breast exam			Mrs-			appearance			<u>~</u> \\ \
Heart			6		Skin	77.30.31.00			2/6
O'regad)					SIMI		and the same of th	11	111
							1	1 11	1
		XAMINATIONS					757	1111	
Chest X-Ray	y /	MO	BIO CHEM	/ICAL (L	IVER FUNCT	ION TEST)	Marijuana	\□\Posi	tive Negative
ECG		MAN B	ILIRUBIN		0.1	10	Alcohol Test		tive Negative
	BLOOD R/E	4	GPT		N		URINE R/E	1 - 1.00	man
DC(different	tial count)		GOT		03	- 11	OTTO TO THE TOTAL	OTHERS	1110
HAEMOGLO		1211		IC AND	ALCOHOL T	TOTAL TOTAL	HBsAg	The state of the s	ctiv Nopreacti
ESR (WEST		72	lorphine		Positive		HIV / AIDS Test		ctiv El Nonreacti
WBC	LINGKEN)			The state of the s				_	
	D OLLIGORE		mphetamin			The State of	VDRL	□ Rea	ctiv 🗆 Nonreacti
	DD GLUCOSE		hencyclidin		Positive D		Blood Type	1 2	Home
RANDOM			arbiturates	11	Positive [Psychological Exa		MAD
HBA1C		63X0	ocaine	1/2	Positive	Negative	Others(KUB Ultrasoun	d)	1100
andre I de elece	W-18 1 Po	owledge of the	111	(d. D)					
M L	11	owleage at the	contents of	the Phy	sicai examina	tions:			2 1 MAR 2024
Muster	41	117		AE	BU MD MUSH	RIF REZA			
nature of Sea	afarer	1 -			Name of Sea			_	Date
11	0				7141112 07 00				Date
sessment of	fitness for se	rvico at soa.	-						ACT TO SERVICE AND ADDRESS OF THE PARTY OF T
			ration my o	dinical ex	ramination an	d the diagnost	ic test results reco	rded above	I declare the
aminee medic	cally:	_			was in the court of the	a tric diagrico	io test tessito reco	aca above	, racciare tre
	-	Fit for	lookout du	ties			Not fit for look	out duties	
	75	No market	/						
		Deck s	efvice		Engine servi	ce	Catering service		Other services
			1						0
fit			J						
-	3.6.00			page 1	52422000				
U	Without re	strictions			With res	trictions			ALC: THE LITE
								and the second	
				e aggrav	vated by servi	ce at sea or to	render the seafar	er unfit for :	such service or to
anger the he	aith of other pe	rsons on board			-				
			Yes	I L	No			1	
				J L					
J-104200 - 1000-1000					760				
scribe restrict	tions (e.g., spec	cific position, typ	e of ship, to	rade are	a):				
ion takes to	and the state of								
ion taken by i	medicai examir	ner (e.g., referra	i):		-/-	/	1000	37.0%	
Fitness Date	2.	2 1 MAR 20	174		Valid-tir	til	2 0 MAR	7076	
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						AIHAN			
			Name	ing Sign	atmeogliAutho 5144, MMC-1	nzeo Physicia	in		
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In Accordance with Medical Examination (Seafarers) Convention: 1948 (Mor 78) and STCW 1978/1996 as Amended, MLC 2006

General Physician
Revision Date: 24th July 2022

Revision: 5.1





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	regulie
Cocaine	< 150 NG/ML	1
Opiates	< 300 NG / ML	
Phencyclidine	< 25 NG / ML	
Amphetamines	< 300 NG / ML	
Benzodiazepine	< 200 NG/ML	
Methaqualone	< 300 NG/ML	/ .
Barbiturates	< 200 NG/ML	1
Alcohol	< 0.04% BAC	Negall

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

2 1 MAR 2024

Examined by (Name/Signature)

DR MIR, MD, RAIHAN
M88S (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A 55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Fospitals Limited

As Pur-HLC-2006



CSC 04A

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

Surname: REZA		First Name: ABU MD MUS	HRIF	82	
Date of Birth (DD/MM/YY): 28-10-1990		The second of the contract of	NO. A 2, HOUSE ER-E-BANGLA N		EAST
Place of Birth: DHAKA		City: DHAKA Postal Code: 12 Country: BANG	USAS.		
Examination for duty as	Master	Officer	Engineer	Rating	Cadet
Please indicate the quantity of alcohol you consume weekly	Beer (litre) Wine (litre Spirits (me				
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 th	e reverse)
Have you ever been convicted of a drinking related incident?	Yes	.(No)	(If Yes please	detail on th	e reverse)
Have you ever received treatment for alcohol or drug dependence?	Yes	(No)	(If Yes please	detail on th	e reverse)
Signed and Dated (by Seafarer)	L 15 G	cumstances ch			



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:

2 1 MAR 2024

MIR. MD. RAIHAN MBBS (DU), DEM. CCD (Birdem), PGT (Op 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-018 DG Shipping Bangladesh Approved General Physician

Radical Hospitals Limited

ORIGINAL TO BE RETAINED BY CREWING AGENCY



Rev: 02





CSC 04A

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

Surname: REZA		First Name: ABU MD MU	ISHRIF	4	
Date of Birth (DD/MM/YY): 28-10-1990			T NO. A 2, HOUSE HER-E-BANGLA N		EAST
Place of Birth: DHAKA		City: DHAKA Postal Code: 1 Country: BAN	10000		
Examination for duty as	Master	Officer	Engineer	Rating	Cadet
Please indicate the quantity of alcohol you consume weekly	Beer (litre) Wine (litre Spirits (me				
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	/Ng	(If Yes please	detail on th	e reverse)
Have you ever been convicted of a drinking related incident?	Yes	(No)	(If Yes please	detail on th	e reverse)
Have you ever received treatment for alcohol or drug dependence?	Yes		(If Yes please	detail on th	e reverse)
Signed and Dated (by Seafarer)			hange with resp company of suc		





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:

MIR. MD. RAIHAN

MBBS (DU), DFM CCD (Birdem), PGT (OpMh) BMDC A 55144, MMC-BGD-016

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

2 1 MAR 202

Date:

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.

Mushit 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. (CD) (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-916

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.

ORIGINAL TO BE RETAINED BY CREWING AGENCY



Rev: 02



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

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Amphetamines	< 300 NG / ML	
Benzodiazepine	< 200 NG/ML	
Methaqualone	< 300 NG/ML	
Barbiturates	< 200 NG/ML	/
Alcohol	< 0.04% BAC	NEGUL

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

2 1 MAR 2024

Examined by (Name/Signature)

DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdent), 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, mid	ldle)		Gender:
	REZA, ABU MD MU	JSHRIF	Male/Eemale*
Date of Birth: (Day/month/year)	Nationality:	Place of Birth:	A-
28-OCTOBER-1990	BANGLADESHI	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 ser to render the seafarer unfit for such service or endanger the life of person on		/	
8	No limitations or restrictions on fitness?		_	-
	If "no" specify limitations or restrictions			
9	Date of examination: (day/month/year)	2 1 MAR 20	24	1
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	2 0 MAR 202	26	

2 1 MAR 2024

Date

Signature of Authorised Medical Practitioner DR. MIR. MD. RAIHAN
MBSS (DU), DRM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited

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





Page 1 of 1



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.

Sea	afarer's Name :(Last, first, mid	ldle)	Ge	nder:	
		REZA, ABU MD MU	JSHRIF Ma	le/Fem	ale*
	te of Birth: (Day/month/year)	Nationality:	Place of Birth:		
28-0	OCTOBER-1990	BANGLADESHI	DHAKA		
ecla	aration of the recognized me	edical practitioner:		Yes	No
1	Identification documents we	e checked at the point of ex	amination?		
2	Hearing meets the standard	s in STCW Code Section A-l	1/9?	1	
3	Unaided hearing satisfactory	?			
4	Visual acuity meets the stan	dards in STCW Code Section	on A-I/9?	/	
5	Colour vision meets the stan	dards in STCW Code Section	on A-I/9?	/	
	Date of last colour	vision test:	2 1 MAR 2024		
6	Fit for look-out duty?			_	
7	Is the seafarer free from any to render the seafarer unfit for		ne aggravated by service at sea or the life of person onboard?	_	7
8	No limitations or restrictions	on fitness?			
	If "no" specify limitations or r	estrictions			
9	Date of examination: (day/m	onth/year)	2 1 MAR 2024		
10	Expiry of certificate: (day/mo	nth/year) Fexamination unless the seafarer i	is under the age of 18 2 0 MAR	2026	
		DD M	IB MD BAIHAN		

2 1 MAR 2024

Date

Signature of Authorised Medical Practitioner 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 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

k delete as appropriate





Medical Exam Form CONFIDENTIALFORM Pre-seaExam ☐ PeriodicExam

Nam	e (last,first,middle): <u>REZA, ABU</u>	MD N	MUSHRIF	-			
Date	of birth (day/month/year): 18/09/	1996	Sea	(; n	nale female		
Hom	e address: FLAT NO- A 2, HOUSE NO: BANGLADESH	57/A-1,	EAST RAJ	ABAZ/	AR, SHER-E-BANGLA NAGAR-12	07, DHA	ζA,
Pass	port No./Discharge Book No.: <u>B00</u>	364932	2				
Depa	artment (deck/engine/radio/food har	ndling/	other): B	<u>ULK</u>			
Rout	ine and emergency duties (if knows	n):					
Туре	of ship (eg. Bulkcarrier, chemical/	oil/gas	tanker, co	ontaine	er, other cargo ships): OIL TA	NKER	Trade
area	(e.g., coastal, tropical, worldwide):	WORI	DWIDE		2 2000 1 7 100 1 7 10 1 20 1 100 100 100 100 100 100 100 1		
(Ass	minee's personal declaration istanceshould beoffered bymedic veyou ever had anyof thefollowing		5/0/10				
	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem			18.	Sleepingproblems		
2.	High blood pressure		1	19.	Do you smoke?		
3.	Heart/vasculardisease			20.	Operation/surgery		
4.	Heart surgery			21.	Epilepsy/seizures		
5.	Varicose veins			22.	Dizziness/fainting		
6.	Asthma/bronchitis	H		23.	Loss of consciousness		
7.	Blood disorder			24.	Psychiatricproblems		
8.	Diabetes	Н		25.	Depression		
9.	Thyroid problem	\exists	H	26.	Attempted suicide		
10.	Digestivedisorder		\Box .	27.	Loss of memory		P
11.	Kidneyproblem		ď,	28.	Balanceproblem		
12.	Skin problem		Ĭ	29.	Severeheadaches		I
13.	Allergies			30.	Ear/nose/throat problems		
14.	Infectious/contagious diseases		4	31.	Restricted mobility		Ŭ.
15.	Hernia		3	32.	Back problems		
16.	Genital disorders		1	33.	Amputation		J
17.	Pregnancy		NAB	34.	Fractures/dislocations		. 🖳
16	wof the above questions were answer	rad "w	i os " ploac	ogivo	datails holour		

Hospira



Ad	ditional questions		
35.	Haveyou ever been signed offas sick or repatriated from a ship?	Yes	No
36.	Haveyou ever been hospitalized?		_
37.	Haveyou ever been declared unfit forseaduty?		-
38.	Has your medical certificate ever been restricted or revoked?		با
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?		F
Con	nments.		
	FIT FOR DUTY ON BOARD SHIP		
42.	Areyou takinganynon-prescription or prescription medications?		D
Ihere	bycertifythat the personal declaration above is a truestatement to thebest of mykn		
Sion	ature of examinee: Musha	iowledge	14
	(day/month/year): 21 MAR 2024 / DR. MIR. MD. RAIHAN		-
	essed by: (Signature)		
	e:(Typed or printed) Radical Hospitals Limited		_
mount	byauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofessionals utions and public authorities to Dr(tleast examiner).	s,health heapprov	ed ed
Signa	tureof examinee:		
	(day/month/year): DR. MIR. MD. RAIHAN MBBS IDU) DFM, CCD (Birdem), PGT (Ophth)		1000
Witne	essed by: (Signature) BMDC A-55144, MMC-BGD-016 BG Shipping Bangladesh Approved General Physician		
	:(Typed or printed)		
Date (& Contact details for previous medical examination (if known):)		
ev. 03	Page 2 of 7 seal Hospital		
	(2 (As Per-MLC 2008) \$		
	100		

Rev. 03



MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

			Visual Acui	ty				Visua	al fields
	Unaided			Aided				Normal	Defective
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular	Right eye		
Distant	co	ecr		4-51			Left eye		
Near	NS	ns							
Colo Hear			ot tested		lormal	Doubt	ful Speech and (metres)	Defectiv	
	500 Hz	1,000 H		U 1000	000 Hz			Normal	Whisper
Right ear	22	24	27				Right ear	u	4
Left ear	2	20	24				Left ear	N	19
	d pressure:		olic: / 2 ormal Abno			stolic:	No.	(mr	n Hg) normal
Head Sinu Mou Ears Tym Eyes Opth Pupi Eyen Lung Brea Hear	ses, nose, to th/teeth (general) panicmember almoscopy ls novement gs and ches st examina	hroat brane t tion		rmal	Skin Varicose Vascular Abdome Hernia Anus (no G-U syst Upper ar Spine (C Neurolo Psychiat General	e veins r(inc. pedal proper and visceral examination term and lower extra lo	No ulses) [i.) [emities [J/S) [Carlo Shire	normal

Ado	ditional questions	2588	
35.	Haveyou ever been signed offas sick or repatriated from a ship?	Yes	No
36.	Haveyou ever been hospitalized?	П	A
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?		
Con	FIT FOR DUTY ON BOARD SHIP		
42.	Areyou takinganynon-prescription or prescription medications?		
Iher	rebycertifythat the personal declaration above is a truestatement to thebest of myki	nowledg	e.
Sign	natureof examinee:		
	DR. MIR. MD. RAIHAN MESS (DU): 0FM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Simpling Bangladesh Approved		
	Congral Physician Reducal Hospitals Limited		
Nan	ne:(Typed or printed)		
insti	ebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofessional itutions and public authorities to Dr(lical examiner).	ls,health theappro	ved
Sign	natureof examinee: Muhi4	5	
	DR. MIR. MD. RAIHAN MB6S IOUN DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved		
	nessed by: (Signature) General Physician Radical Hospitals Limited		
Nam	ne:(Typed or printed)		
Date	e & Contact details for prayious medical evenination (if known)		

Page 2 of 7

Rev. 03

Urinalysis: Glucose: Mil Protein: Mil
Blood Analysis: Hepatitis B Test Negere, V.D.R.L Norkeway
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 forserviceat sea
On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic tes results recorded above, Ideclarethe examineemedically:
Fit for lookout duty Not fit for look-out duty
Deck service Engine service Cateringservice Other services Unfit
Without restrictions With restrictions
Visual aid required: Yes
Describe restrictions (eg. Specific positions, type of ship, trade area)
Action taken bymedical examiner (e.g., referral):
Medical certificate's dateof expiration (day/month/year):/ 2 0 MAR 2026
Date of examination (day/month/year)://///
Number of Medical Certificate: Official stapp:
Signature of medical practitioner:
Name of medical examiner: (Typed or printed) MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016
Address of medical practitioner:: DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited
Authorized by: DASTIPPING BANGVADESCOmpetent authority)
sed Hospita



SEAFARER'S			ON REPORT/	CERTIFICATE		
This certificate is issued by authority of the Maritime Admir LONo 73), as amended, STCW Convention, 1978 as	iistratorandineor	DENTIAL DO mpliancewiththe eMaritimeLabor	requirementsofthel	MedicalExamination(S	eafarers)Conven	tion1946(1
SURNAME REZA		GIVEN NAME(5)	*		
NATIONALITY		ID DOCUMENT				
BANGLADESHI		C/O/6028				
DATE OF BIRTH 10 28 MONTH DAY	1990 YEAR	PLACE OF BIRT DHAKA CITY	н	BANGLADESH	SEX:	FEMA
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING		FLAT NO.	A F	т: O: 57/A-1, EAST 7, DHAKA, BANG		, SHER-
DECLARATION OF APPROVED MEDICAL PRACTION I CONFIRM THAT IDENTIFICATION DOCUMENTS V	TTO Francisco compress	: YES/NO				
MEDICAL EXAMINATION (SEE	LAST PAGE FO	R MEDICAL REQ	uirements) STA	TE DETAILS ON RE	VERSE SIDE	
HEIGHT WEIGHT BLOOD PRESSURE		8700	RESPIRATION	GENERAL APPEAR	ANCE	
WITH GLASSES WITH GLASSES COLOR TEST TYPE: BOOK LANTE DATE OF LAST COLOR VISION TEST:			RT. EAR	OW TREATED		~ <u></u>
ARE GLASSES OR CONTACT LENSES NECESS			D VISION STAND	ARD? YES	No	
HEAD AND NECK	lun m	1	HEART (CARDI	ovascular) Am	m	
LUNGS	nm1		(현대) (경기대급 경기대급 기급 (현대)	NAVIGATIONAL OFFICE ED FOR NORMAL VOICE CO		FFICER)
EXTREMITIES: UPPER	Nonn	~	LOWER	No	nmj	-
IS APPLICANT VACCINATED IN ACCORDANG	E WITH WHO	O RECOMMEN	DATIONS?	YES -	No 🗌	
IS APPLICANT SUFFERING FROM ANY DISEA HIM/HER UNFIT FOR SERVICE AT SEA OR LI YES NO.						ER
IS APPLICANT TAKING ANY NON-PRESCRIP	TION OR PRES	CRIPTION ME	DICATIONS?	YES 🗌	No 🖯	
Must A	_	Nical H	OSPICA	211	1AR 2024	
SIGNATURE SHOULD BE AFFIXED IN THE PRESE	PLICANT NCE OF THE EXAM	INING PHESICIAN	MC-5008	DAT	E	



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINA	ATION WAS GIVEN TO:	ABU MD MI	JSHRIF REZA
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICA	ABLE DISEASE: YES	NO NAME OF A	PLICANT
SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUT RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WI	Y AS A (MASTER / DECK OFFICER TH THE FOLLOWING) RESTRICTION	L/ENGINEERING OFFICER/RA NS:	DIO OFFICER /
NAME AND DEGREE OF PHYSICIAN	DR. MIR. MD. RAI M988 (DU), 0FM, CCD (Birdem), PGI BMDC A-55144, MMC-BGI	(Ophth) 0-016	3
ADDRESS RADICAL HOSPITAL LIMITED Uitara, Dhaka, Bangladesh	DG Shipping Bangladesh Ap General Physician Radical Hospitals Limite		200
NAME OF PHYSICIAN'S CERTIFICATING AUTHORIT	~ DG 8711	FRINO E	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	_ 061	My 202	24
SIGNATURE OF PHYSICIAN :	3		
DATE OF EXAMINATION: 21 MAR 2024		Land Co.	an Mariana
EXPIRY DATE OF CERTIFICATE : 2 0 MAR	2026	a 24	
EAFARER ACKNOWLEDGMENT			
ABU MD MUSHRIF REZA(NAME OF SEA OF CERTIFICATE AND THE RIGHT TO GET	FARER), CONFIRM THAT A REVIEW.	HAVE BEEN INFORME	O OF THE CONTENT





MEDICALREQUIREMENTS

Allapplicantsforanofficerecrificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required tohaveaphysical examinationreported onthis Medical Formcompleted bya certificated physician: The completedmedical formmust accompanytheapplicationforofficercertificate,applicationforscafarer's identity document, or application for certification of special qualifications. Thisphysical examination must be carried out not more than 24 immediately applicationsforanofficer preceding certificate, certification of special qualifications or a scalarer's book. The examination shall be conducted in accordance with the International Labor Organization World $Health Organization, \textit{Guidelines for Conducting Pre-sea and Periodic Medical Fitness$ ExaminationsforSeafarers(ILO/WHO/D, 2/1997, Suchproofofexaminationmustestablishthatthe applicantisinsatisfactory physical and mental condition for the specific duty assignment under taken and is generally in possession of all body facultiesnecessary infulfilling the requirements of these a faring profession.

Inconducting the examination, the certified physician should, where appropriate, examine the sea farer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcoholor drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
 - Allapplicantsmusthavehearingunimpairedfornormalsoundsandbecapableofhearingawhisperedvoiceinbetterearat15 feet (4.57m) andin poorer ear at 5feet (1.52m)
- (b) Eyesight
 - Deckofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/20(1.00)visioninoneeyeandatleast20/40 (0.50)intheother. If the applicant wears glasses, hemust havevisionwithoutglasses of at least 20/160(0.13) in botheyes. Deckofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingthecolorsred, green, blueand yellow.
 - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninoneeyeandat least20/50(0.40)intheother.Iftheapplicantwearsglasses,hemusthavevisionwithoutglassesofatleast20/200(0.10)in botheyes.
 Engineer andradio officer applicants must also be ableto perceivethe colors red, yellowandgreen.
- (c) Dental
 - Scafarers must befreefrominfections ofthemoutheavityor gums.
- (d) BloodPressure
 - Anapplicant's blood pressuremust fall withinanaveragerange, taking againtoconsideration.
- (c) Voice
 - Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunimpairedfornormalyoice communication.
- (f) Vaccinations
 - AllapplicantsshallbevaccinatedaccordingtotherequirementsindicatedintheWHOpublication,InternationalTraveland
 Health,VaccinationRequirementsandHealthAdvice,andshallbegivenadvicebytheeertifiedphysicianonimmunizations.
 Ifnewvaccinations aregiven, theseshall berecorded.
- (g) Diseases or Conditions
 - Applicantsafflictedwithanyofthefollowingdiseasesorconditionsshallbedisqualified:epilepsy,insanity,senility, alcoholism,tuberculosis, acute venereal disease or neurosyphilis, AIDS,and/ortheuse of narcotics.
- (h) Physical Requirements
 - Applicantsforableseaman,bosun,GP-1,ordinaryseamanandjuniorordinaryseamanmustmeetthephysicalrequirementsfor adeck/navigational officer's certificate.
 - Applicants for fireman/watertender,oiler/motor,pumpman,electrician,wiper,tanker rating andsurvivaleraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate.

IMPORTANTNOTE:

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).

2 1 MAR 2024



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



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

Form No: QHSE PSRM 18

Medical Exam Form CONFIDENTIALFORM Pre-seaExam PeriodicExam

Date	of birth (day/month/year): 18 /09 /	1996	Sex	c: n	nale female		
Hom	e address: FLAT NO- A 2, HOUSE NO:: BANGLADESH	57/A-1,	EAST RAJ	ABAZA	AR, SHER-E-BANGLA NAGAR-120	07, DHAF	CA,
Pass	oort No./Discharge Book No.: B00	36493	2		8		
Depa	rtment (deck/engine/radio/food har	dling/	other): B	<u>ULK</u>			
Rout	ine and emergency duties (if knowr	n):					
Туре	of ship (eg. Bulkcarrier, chemical/o	oil/gas	tanker, co	ontaine	er, other cargo ships): OIL TA	NKER	Trade
area	(e.g., coastal, tropical, worldwide):	WOR	LDWIDE				
(Ass	minee's personal declaration istanceshould beoffered bymedic veyou ever had anyof thefollowin						
	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem		2	18.	Sleepingproblems		D
2.	High blood pressure			19.	Do you smoke?		
3.	Heart/vasculardisease		7	20.	Operation/surgery		
4.	Heart surgery			21.	Epilepsy/seizures		
5.	Varicose veins	님	\exists	22.	Dizziness/fainting		
6.	Asthma/bronchitis			23.	Loss of consciousness		
7.	Blood disorder	Н		24.	Psychiatricproblems		
8.	Diabetes		روا	25.	Depression		
9.	Thyroid problem	\Box		26.	Attempted suicide		
10.	Digestivedisorder			27.	Loss of memory		
11.	Kidneyproblem			28.	Balanceproblem		J
12.	Skin problem		Y.	29.	Severeheadaches		B,
13.	Allergies			30.	Ear/nose/throat problems		\Box
14.	Infectious/contagious diseases		4	31.	Restricted mobility		
15.	Hernia		9	32.	Back problems		
16.	Genital disorders		I	33.	Amputation		I
17.	Pregnancy		NAM	3 4.	Fractures/dislocations		
If an	vof theabovequestions wereanswe	ered "v	es." pleas	egive	details below.		



Ado	litional questions	2.0	125
35.	Haveyou ever been signed offas sick or repatriated from a ship?	Yes	No
36.	Haveyou ever been hospitalized?		P
37.	Haveyou ever been declared unfit forseaduty?		Z
38.	Has your medical certificate ever been restricted or revoked?		Ö
39.	Areyou awarethat you have anymedical problems, diseases or illnesses?		
40.	Do you feel healthyand fit to perform theduties of your designated position/occupation?	Ø	
41.	Areyou allergic to anymedications?		4
	FIT FOR DUTY ON BOARD SHIP		
42.	Areyou takinganynon-prescription or prescription medications?		D
Iher	ebycertifythat the personal declaration above is a truestatement to thebest of my	knowledg	ge.
Sign	nature of examinee: Mustif		
Date	DR. MIR. MD. RAIH. Mess (Out) DFM CCD (Birdem), PGT (O BMDC A 55144, MMC-BGD-C	016	
	ne:(Typed or printed) DG Shino ng Bangladesh Appro General Physician Rapical Hospitals Limited	Nea	
Iher insti med	ebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofession tutions and public authorities to Drical examiner).	nals,health _(theappro	
Sign	atureof examinee: Suchit	0.01	
	DR. MIR. MD. RAIHAMBS IDUI, DFM, CCD (Birdem), PGT (Of BMDC A-55144, MMC-BGD-0 DG Shipping Bangladesh Appro Cascerel Physician	ohth) (16	
	ne:(Typed or printed)		
Date	e & Contact details for previous medical examination (if known);)		

Page 2 of 7scal Hospital

Rev. 03

MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

			Visual Acui	tv				Visua	l fields
	Unaided		Visualition	Aided				Normal	Defective
	Right	Left		Right	Left		Right	_	
	eye	eye	Binocular	eye	eye	Binocular	eye	-	
Distant	616	8 Us					Left eye		
Near	N	15							
Colo			Not tested		Normal	Doubt	Speech and	Defecti	
	Pure ton	e and au	dio metry (thre	eshold v	alues in dB)		(metres)		1.00
	500 Hz	1,000			3,000 Hz			Normal	Whispe
Right	20	2	2	N			Right ear		4
ear Left ear			۵ 2	۵			Left ear	w	7
2270	uses, nose,	throat				se veins	ulcae)		
Hea				_	Skin	eo veine			
	uth/teeth				Vascul	ar(inc. pedal p	oulses)	I,	
	s (general)				Abdom	nen and viscer	a		
	npanicmen	hrane			Hernia			E.	日
		Toranc		님	Anus (not rectal exa	m.)	导	百
Eye			H	Ħ	G-U sy			己	
00,000	thalmoscop	у		П	2044423443040	and lower ext	remities	Q.	
	pils			П		(C/S, T/S and			
	emovemen					logic (full brie		ď	
	ngs and che		17A	H	Psychi			U.	
	east examir	ation	MA		-	al appearance		2 T MAR 2	124 🔲
He	art							1	1
Ch	nest X-ray:	□ No	t performed	J.	erformed or	n (day/month/	year):		
	Results: _		Johns	Ch	cept-	any			
					Hosp	(d)			

Page 3 of 7

BERNHARD SCHULTE	
SHIPMANAGEMENT	

Urinalysis: Glucose: Ni Protein: Ni
Blood Analysis: Hepatitis B Test Negare V.D.R.L Non Reverse Immunodeficiency Virus Anti bodies Negare
Other diagnostic test(s) and result(s): Test Result
Medical Examiners comments: FIT FOR DUTY ON BOARD SHIP
Vaccination status recorded: Ves No
Assessment of fitness forserviceat sea
On thebasis of the examinee's personal declaration, myclinical examination and the diagnostic teresults recorded above, Ideclarethe examineemedically:
Fit for lookout duty Not fit for look-out duty
Deck service Engine service Cateringservice Other services Unfit
Without restrictions With restrictions
Visual aid required: Yes o
Describe restrictions (eg. Specific positions, type of ship, trade area)
Action taken bymedical examiner (e.g., referral):
Medical certificate's dateof expiration (day/month/year):/_ 2 0 MAR 2026 /
Date of examination (day/month/year): 7 1 MAR 2024
Number of Medical Certificate: Official stamp:
Signature of medical practitioner: DR MIR. MD. RAIHAN MBBs (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55 144, MMC-BGD-016
Name of medical examiner: (Typed or printed) DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.
Address of medical practitioner::
Authorized by: DG STIPMING BONGVHDE (competent authority)





	SEAFARE	R'S MEDICAL	EXAMINATION	REPORT/C	ERTIFICATE		
This certificate is issued by authorit	tyoftheMaritimeAc	Iministratorandinco	DENTIAL DOCU	rementsoftheN	ledicalExamination(S	Seafarers)Conver	tion1946(I
LONo.73),asamended, STC	W Convention, 197	78 as amended andth	GIVEN NAME(S)	rvention,2006.			
SURNAME REZA			ABU MD MUS	HRIF		-	
NATIONALITY			ID DOCUMENT NO:	:			
BANGLADESHI			C/O/6028			// 100000000	
DATE OF BIRTH		20070046250	PLACE OF BIRTH		of the consecutive and appears	SEX-	
10 MONTH	28 DAY	1990 YEAR	DHAKA		BANGLADESH COUNTRY	MALE	FEMA
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DECLARATION OF APPROVI			: YES/NO				
MEDICAL I	EXAMINATION	(SEE LAST PAGE FO	OR MEDICAL REQUIRE	MENTS) STAT	E DETAILS ON RE	VERSE SIDE	
HEIGHT WEIGHT	BLOOD PRESS			PIRATION	GENERAL APPEARA	MATERIA MATERI	
176am 204	125182	1mm 7	21: 1	9 mi	Cun	\wedge	
VISION:	BIGHT FYE	LEFT EYE	M V HEA	ARING:			2
WITHOUT GLASSES	morn ere	/	/ 111.2	AMINO.			
ANTITION I CIMITO	1	/ /	22.50				
	646	GLP	_		۸۸۸	. ^	~
WITH GLASSES	646		RT. E		V LEFT EA		<u>~</u>
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WITH GLASSES COLOR TEST TYPE:	OR VISION TE	ST:21 MA	CTF COLOR TEST IS NO	DRMAL - YEL L	→ RED →		~ ∑
COLOR TEST TYPE:	OR VISION TES	ST:21 MA	THE REQUIRED VI	DRMAL - YEL L O	→ RED →	GREEN B	₩£ []
COLOR TEST TYPE: DATE OF LAST COLO ARE GLASSES OR CONTA	OR VISION TES	ST:21 MA	THE REQUIRED VI	DRMAL - YEL L O	RED RED	GREEN B	₩E []
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COLOR TEST TYPE: DATE OF LAST COLO ARE GLASSES OR CONTA HEAD AND NECK	OR VISION TES	ST:21 MA	THE REQUIRED VI	SION STANDA ART (CARDIC	RED	NO BI	
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-	NAME OF APPLICANT
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES	No L
SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS	ÉNGINEERING OFFICER / RADIO OFFICER / s:
AME AND DEGREE OF PHYSICIAN DR. MIR. MD. RA MBBS (DU), DFM, CCD (Birdem), BMDC A-55144, MMC-B DG Shipping Bengladesh	PGT (Ophth) 3GD-016 Approved
DDRESS RADICAL HOSPITAL LIMITED General Physician Radical Hospitats Limited Ultara, Dhaka, Bengladashi	nited
AME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG 81117 PM	THU BHILLING
ATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	06 MAY 2014.
GNATURE OF PHYSICIAN :	
ATE OF EXAMINATION: 21 MAR 2024	
XPIRY DATE OF CERTIFICATE : 2_0 MAR 2026	
EAFARER ACKNOWLEDGMENT	
ABU MD MUSHRIF REZA(NAME OF SEAFARER), CONFIRM THAT I	HAVE BEEN INFORMED OF THE CONTEN





MEDICALREQUIREMENTS

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 - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninoneeyeandat least20/50(0.40)intheother.Iftheapplicantwearsglasses, hemusthavevisionwithoutglassesofatleast20/200(0.10)in botheyes.
 Engineer andradio officer applicants must also be ableto perceivethe colors red, yellowandgreen.
- (c) Dental
 - Scafarers must befreefrominfections ofthemouthcavityor gums.
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- Vaccinations
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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).

2 1 MAR 2024



DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A 55144, MMC-BGD-016 DG Shipp.ng 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/Pemale*	
Date of Birth: day/month/year 28-OCTOBER-1990					
Type of ID documents: NRIC No. / Passport No.: B00364932	Dept: Deck / Engine / Catering / c Rank: 2ND OFFICER	others	Type of		
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 / world w	area: e.g coastal <i>i</i> ide	

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

Y	'es	No		Yes	No
Eye/vision problem		-	18. Sleep problem		/
High blood pressure		-	19. Do you smoke, use alcohol or drugs?		-
Heart/vascular disease		-	20. Operation/surgery		-
4. Heart Surgery		_	21. Epilesy/seizures		-
Varicose veins/piles		_	22. Dizziness/fainting	6	,
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		1
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		J	33. Amputation		,
17. Pregnancy	4	PA	34. Fracture/dislocations		

If you answer "yes" to any o	f the above questio	ns, please provid	de details:	

dditional questions	Yes No	
35. Have you ever been signed off as sick or repatriated from a ship?	_	
36. Have you ever been hospitalized?	0	

	T
	-
	-
	-
-	-

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.

2 1 MAR 2024

Date

Vlusture of Seafarer

DR. MIR. MD. RAIHAN MBBS (DU), 0FM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

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.

2 1 MAR 2024

Date

Signature of Seafarer

DR. MIR. MD. RAIHAN
MB8S IDUI, DFM CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician

Name and Signature of Witness



Part B – Re	sult of medic	al exam	inatio	ns				
Eyesight Use of glasse	s or contact ler	nses						
No								
Yes -	Гуре			F	urpose			
Visual Acuity	,							m #
	Unaided	SS 14 - 1524-				Aide	d	
Right eye	Left eye	Binocul	ar	Rig	nt eye	Left eye	å	Binocular
Distant	606	e C	Y	Dist	ant			
Near	NS	NS		Nea	ır		*	
Visual fields								
	Norm	aL_		efec	tive	7		
Right eye				14		1		
Left eye	-					1		
Hearing Pu	re tone and a	udiometr			d values	in dB)	U~	1
Dight car	500 Hz 2ಎ	20	п	Ζ,	200 HZ	3,000	пи	1 13
Right ear Left ear	24	20			20		-	
F. (6)	whisper test (14	
	No	rmal			Wh	isper		
Right ear		4				4		
Left ear		4				4		J. S. E. G. S.
Clinical Find	ings					-		£1 52616
Height	176	(cm)	00		Weight 4	20 (kg)	0	- White h
Pulse rate		minute)	PB	2 .	Rhythm	(mana 11-)	110	gui.
	sure Systolic (20	VI ((mm Hg) Blood:	180	
Urinalysis:	Glucose . N	11	rotein:		V 1 \	Бюой.		NI
		No	ormal	Α	bnormal			
Head			-					
Sinus, nose								
Mouth/teeth	1				Scal Hot	200		
RECORD OF MEDICAL EXAMI	INATIONS OF SEAFARERS - Ma	rch 2020		Pa	geo of 5	-2008 E		

Upper and lower extremiti	ies –		
region of the contract of the			
General appearance			
Not performed Other diagnostic test(s) ar	Results: .	on (day/month/year): 21 MAR 2024	1.
Other diagnostic test(s) a	Results: .	on (day/month/year): 21 MAR 2024 Nonmal Clust X	 1.
Other diagnostic test(s) are	Results: .	Nonmal charl as	d.
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est	Results: . nd result(s):	Results: Normal chart any limita	d.
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other diagnostic test(s) are	Results: .	Nonmal charl on Results: Nonmal.	d.
other diagnostic test(s) are	Results: .	Nonmal charl on Results: Nonmal.	dions.
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Other diagnostic test(s) a	Results: .	Nonmal charl as	1.
Other diagnostic test(s) a	Results: .	Nonmal charl as	
Other diagnostic test(s) a	Results: .	Nonmal charl as	1.
Other diagnostic test(s) a	Results: .	Nonmal charl as	1.
Other diagnostic test(s) a	Results: .	Nonmal charl as	1.
	Results: .	on (day/month/year): 21 MAR 2024	1.
	Results: .	on (day/month/year): 21 MAR 2024	1.
Not performed	Performed Results: .	on (day/month/year): 21 MAR 2024	1.
Not performed	Performed Results:	on (day/month/year): 21 MAR 2024	1
Not performed	Performed	on (day/month/year): 2.1 MAR 2024	524)
Not performed	Porforme	on (day/month/year): 2.1 MAR 2024	
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hest X-ray			
от о			
The state of the s			
Psychiatric	~		
Neurologic (full/brief)		ALCO ECCUSION CO.	
Spine (C/s, T/S, L/S)			
G-U system			
Anus (not rectal exam)			
Hernia			
Abdomen and viscera	" -		
Vascular (inc. pedal pulse) /		
Varicose Vein			
Skin			
Heart			
Breast examination	2/14		
Lungs and chest			
Eye movement			
Pupils			
Ophthalmoscopy			
Ophthalmoscopy			
Tympanic membrane Eyes Ophthalmoscopy			

Description of r	estrictions (e.g. specifi	c position, type of ship, trading area etc.)
21 MAR 1024	(w)	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	Signature of Medical Practition	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)			Gender:
(BLOCK CAPITALS)	REZA, ABU MD MUSHRIF		Male/Female*	
Date of Birth: day/month/year 28-OCTOBER-1990	Place of Birth: Nationality: DHAKA BANGLADES			
Type of ID documents: NRIC No. /	Dept: Deck / Engine / Catering /	others	Type of	ship:
Passport No.:	Rank:			
B00364932	2ND OFFICER		OILTAN	KE
Home Address:	Routine and emergency duties:		Trading	area: e.g coastal
FLAT NO. A 2, HOUSE NO: 57/A-1, ROAD: EAST RAJABAZAR SHER-E-BANGLA NAGAR, DHAKA-1207.	вотн		/ world v	vide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

Ye	es	No		Yes No
Eye/vision problem		-	18. Sleep problem	-
High blood pressure		/	19. Do you smoke, use alcohol or drugs?	
Heart/vascular disease		-	20. Operation/surgery	
4. Heart Surgery			21. Epilesy/seizures	
Varicose veins/piles			22. Dizziness/fainting	
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		92	32. Back or joint problem	3
16. Genital disorder		-	33. Amputation	
17. Pregnancy	N	MA	84. Fracture/dislocations	

lf	you answer	"ves" t	o any of	the above	questions.	please	provide	details
11	you allower	yes t	o arry or	nie above	questions,	picasc	provide	uctans.

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.

7 1 MAR 2024

Date

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) A-55144, MMC-BGD-016

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.

2 1 MAR 2024

Date

Signature of Seafarer

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician

Name and Signature of Witness

Part B – Re	sult of medi	cal examinat	tions		
E yesight Use of glasse	s or contact le	enses			
No					
Yes	Гуре		. Purpose	***********	
isual Acuity					
,					
D: 11	Unaided	120		Aided	
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	616	CAV	Distant		
Near	N3	100	Near		
isual fields					
	Norm	al	Defective	7	
Right eye	- Kollin		Delective		
Left eye				-	
Leit eye				_	
Pui			reshold values i		
D: Li	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	
Right ear	20	2.5	20		,
Left ear	25	20	20.		
peech and v	vhisper test (metres)			
	No	rmal	Whi	sper	7
Right ear		4	-	1	
Left ear		4		4	
				1	_
linical Findi	ngs				
Height	176	(om)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	70/10	
Pulse rate	(ner	minute) 7	Weight C	20(kg)	۸۸۸۱
The state of the s	ure Systolic (20 Diastolic	(mm Hg)	3
Urinalysis: 0		Λι\ Protein		Blood:	MÍ
		Manus	1 Ab	1	
Head		Norma	I Abnormal		
Sinus, nose,	throat		A Hospital		
Mouth/teeth				1	

Ears (general)		
Tympanic membrane	_	
Eyes		
Ophthalmoscopy		
Pupils		
Eye movement		
Lungs and chest		The second secon
Breast examination	MA	
Heart		
Skin	_	
Varicose Vein		
Vascular (inc. pedal pu	se) —	
Abdomen and viscera	_	
Hernia	_	
Anus (not rectal exam)	_	
G-U system		
Upper and lower extren	nities —	
Spine (C/s, T/S, L/S)	_	
Neurologic (full/brief)	_	
Psychiatric		
General appearance		
Other diagnostic test(s)		Normy chert try
Test 0000-	01.01.1E	Results: NOMMAL.
Medical practitioner's c	omments and assessr	ment of fitness, with reasons for any limitations.
A POPULATION OF THE PROPERTY O	FIT FOR DUT	Y ON BOARD SHIP
	1.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
Assessment of fitness f	or service at sea (n/e	ease tick)
		and the same of th
On the basis of the seafa results recorded above, I		tion, my clinical examination and diagnostic test nedically:
Fit for look out duty	Unfit for lo	pokout duty
Visual aid required	Visual aid	not required
		The second second
Deck a E	ngine Catering	Other
	ervice Service	Service
Fit		Tine.
Unfit		CA TOOLIGE
	//2	5/ \2-1\

Phy Bandade

Without restrictions With res	trictions
Description of restrictions (e.g. specific posi	tion, type of ship, trading area etc.)

2 1 MAR 2024

Date

La series de la se

Medical Practitioner

Signature of

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

Patient's Name: ABU MD.MUSHRIF REZA

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

Age

Date: 21/03/2024 33Y4M22D

Sex : Male

Specimen : Blood

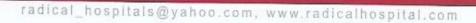
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	14.1 08	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	7,400	/cumm	4,000 - 11,000 /cumm	A JEEL A
DIFFERENTIAL COUNT				
Neutrophils	64	%	(40 - 75)%	
Lymphocytes	26	%	(20-45)%	WBC CURVE
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	296	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	175,000	/cumm	1,50,000-4,50,000 /cumm	翻翻
MPV	15.3	fL	7.0 -11.0 fL	
PDW-CV	19.1	%	10 - 18 %	LH HILL
PCT	0.21	%	0.10 - 0.28	PLT CURVE
P-LCR	58.2	%	9.00 - 45.00%	A
P-LCC	79	x10^3/uL	13 - 129 x10^3/uL	A
RBC COUNT	5.03	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	45.8	%	M: 40-54%, F: 37-47%	
MCV	91.1	fL	76-94 fL	
MCH	27.9	pg	27-32 pg	RBC CURVE
MCHC	30.7	g/dL	29-34 g/dL	KDC CUKVE
RDW SD	56	fL	30.0-57.0 fL	
RDW CV	18.7	%	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	DIA24030537	Received Da	ate 21/03	2024
Patient's Name	ABU MD MUSHRIF REZA	I SWA (TE ISSUE SEE		
Patient's Age	33Y 4M 22D	Pati	ient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	RDEM),PGT(Eye),DFM	CDC	6028
Sample	BLOOD			100000

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.



Bill No	DIA24030537	Received Dat	e 21/03/	2024
Patient's Name	ABU MD MUSHRIF REZA	- Total Date	2 1700	2024
Patient's Age	33Y 4M 22D	Patie	nt's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE		CDC	6028
Sample	BLOOD		000	0020

SEROLOGICAL REPORT

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

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

Checked By

Medical Technologist. Radical Hospital Ltd.



Bill No	DIA24030537	Received Date	21/03/	/2024
Patient's Name	ABU MD MUSHRIF REZA		12 17007	LULI
Patient's Age	33Y 4M 22D	Patien	it's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	M),PGT(Eye),DFM	CDC	6028
Sample	URINE		-	0020

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
	INAD	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.



Sample	URINE			
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC		CDC	6028
Patient's Age	33Y 4M 22D	Patier	t's Sex	Male
Patient's Name	ABU MD MUSHRIF REZA			
Bill No	DIA24030537	Received Date	21/03	/2024

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

Check a By

Medical Technologist. Radical Hospital Ltd.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

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

AIDED

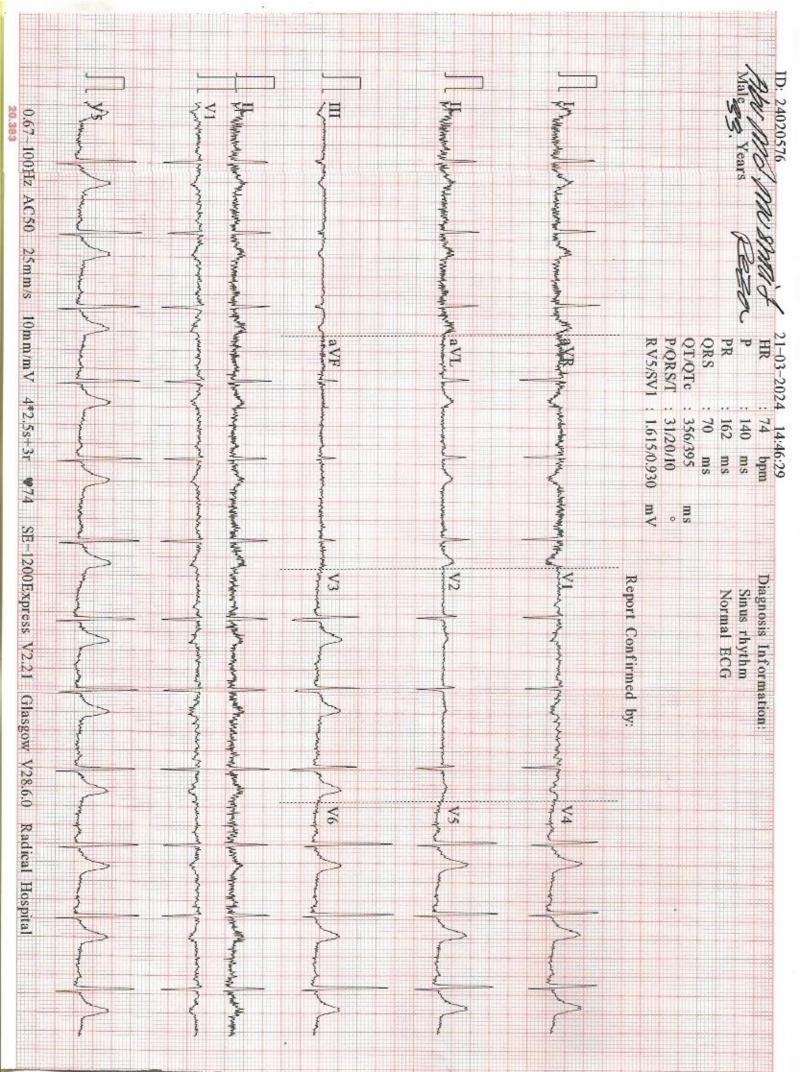
COLOUR VISION:

NORMAL/BLIND

OPINION:

UNFIT/FIT FOR EMPLOYMENT ON BOARD

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





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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

Date	Signature and Professional status of vaccinator	Approved Stan	ed Stamp	
MAR TON	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	35, Shah Makhdum Avenue Witara, Dhaka		
2				
3		3	4	
4				
5		5	6	
6				
7		7	8	

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

Date of birth 28-0CT-1990 Sex MALE

ABU MD MUSHRIF REZA (6/0/6028) This is to certify that whose signature follows on the date indicated been vaccinated or revaccinated against yellow Date Signature and Professional Origin and batch Official stamp of status of vaccinator no, of vaccine vaccination centre 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 3

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.

4

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.