



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
HS4869FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME PALLABI	FIRST NAME AND ASHRAFI	MIDDLE NAME
PLACE AND DATE OF BIRTH PABNA 13-Sep-1987	PASSPORT NUMBER EE0858447	SEAMAN'S BOOK NUMBER NIL
NATIONALITY: BANGLADESHI	SEX: ☐ Male ☒ Female	VESSEL TYPE: CONTAINER TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS: MADHAY ARONKOLA, ISHWARDI, ISHWARDI, PABNA, BANGLADESH.		CONTACT NUMBER: 01777655906 (SELF)
		RANK: SUPERNUMERARY

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

35 Have you ever been signed off as sick or repatriated from a ship?	YES	NO
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.

ASHRAFI PALLABI

Signature of Seafarer

MEDICAL EXAMINATION

Weight 60kg	Height (cm) 152	BM 25.9	Blood Pressure: Systolic 100 Diastolic 80	PULSE: 78b/w
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) 15 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>MD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☒ Negative
ECG	<u>MD</u>	BILIRUBIN	<u>0.40</u>	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	<u>25</u>	URINE R/E	<u>MD</u>
DC(differential count)	<u>MD</u>	SGOT	<u>33</u>	OTHERS	
HAEMOGLOBIN (HGB)	<u>11.5</u>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	<u>29</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	<u>6.500</u>	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	<u>O+ve</u>
RANDOM	<u>5.5</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	<u>MD</u>
HBA1C	<u>5.2%</u>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)	<u>MD</u>

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

ASHRAFI PALLABI

ASHRAFI PALLABI

15 MAR 2024

Signature of Seafarer

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:

15 MAR 2024

Valid Until:

14 MAR 2026

Name and Signature of Authorized Physician

DR. MIR MD. RAHAN

In Accordance with Medical Examination (Seafarers) Convention, 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approver

General Physician

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: PALLABI		GIVEN NAME (S): ASHRAFI	
DATE OF BIRTH: DAY 13 MONTH 9 YEAR 1987		PLACE OF BIRTH CITY PABNA COUNTRY BANGLADESH	SEX MALE ☐ FEMALE ☒
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: FLAT-B4, PLOT-6 & 7, ROAD-04, KADERABAD KATASUR, MOHAMMADPUR, DHAKA BANGLADESH.	

VISION			COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	☒ BOOK ☒ LANTERN YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒	
RIGHT EYE	6/6	—		RIGHT EAR my
LEFT EYE	6/6	—		LEFT EAR my

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **15 MAR 2024**

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☒

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

<u>ASHRAFI PALLABI</u>	ASHRAFI PALLABI	15 MAR 2024
Signature of Applicant	Name of Applicant	Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: **DR. MIR. MD. RAIHAN, MBBS (DU) DFM. CCD (BIRDEM) P.G.T. (OPHIH)**

ADDRESS: **RADICAL HOSPITALS LTD, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230.**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH, REG. NO.A-55144 (B.M.D.C)**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06 MAY-2014**

SIGNATURE OF PHYSICIAN: 	STAMP OF PHYSICIAN: 	DATE: 15 MAR 2024
EXPIRY DATE OF CERTIFICATE: 14 MAR 2026		

This certificate is issued in compliance with the requirements

of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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 Information: (医療情報) * Please check the appropriate items.

該当する二箇、三箇以上を記入して下さい。

1. ALLERGIES: (アレルギー) ☐ Urticaria (hives) (じんましん) ☐ Asthma (ぜんそく) (ぜんそく) ☐ Other (その他)

2. Drug allergies (name): (薬品名) ☐ Food allergies (name): (食品名)

3. PAST HISTORY: (病歴)

(1) Past serious illness: (過去の重大な病気) Age (年齢)

Surgery: (手術)

When? (時期)

Age (年齢)

4. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/有無)

Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一般薬品名)

4. DAILY LIFE HABITS: (日常生活)

- (1) Alcohol intake: (飲酒) ☐ Do not drink (飲まない) ☐ Drink 2-3 times a week (週に2~3回) ☐ Drink every evening (毎日) ☐ Heavy drinker (強い) ☐ Moderate drinker (中程度) ☐ Light drinker (弱い)

(2) Smoking: (喫煙)

☐ Never smoke (吸わない)

☐ Quit smoking in 19____ (19____年に禁煙)

☐ Smoke _____ cigarettes a day (1日____本吸ふ)

(3) Bowel movements: (排便)

☐ Regular (規則的)

☐ Irregular (不規則)

☐ Constipated (便秘)

(4) Dietary preferences: (食生活の好み)

☐ Salty (塩辛い)

☐ Meat (肉類)

☐ Fish (魚類)

☐ Sweet (甘い)

☐ Only (僅らこ)

(5) Exercise: (運動)

☐ Often (よくする)

☐ Sometimes (時々)

☐ Never (しない)

(6) Sleep: (睡眠)

☐ Sleep well (よく眠る)

☐ Have Sleeplessness (眠れない)

☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重)

☐ Constant (変わらない)

☐ Putting on weight (太ってきこ)

☐ Losing weight (やせてきこ)

DR. MIR. MD. RAIHAN

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

BMDC A-55144, MMC-BGD-016

JG Shipping Bangladesh Approver

General Physician

Radical Hospitals Limited

15 MAR 2024



3. FAMILY HISTORY : (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

☐ Heart disease (心臓病)	F	M	B	S
☐ Cancer* part (癌/部位)	F	M	B	S
☐ Diabetes (糖尿病)	F	M	B	S
☐ Hypertension (高血圧症)	F	M	B	S
☐ Cerebral Apoplexy (脳卒中)	F	M	B	S
☐ Liver disease (肝臓疾患)	F	M	B	S
☐ Other: Name of disease (病名)	F	M	B	S

Briefly enter any special comments to the Attending Physician in English.
(受診医師へ特に伝えたいこと、英語で簡潔に)

Date: 15 MAR 2024 Signature: (署名) ASHRAF M. RAHAN
(Card holder) (本人)



日本財団 補助
The Nippon Foundation

MEDICAL RECORDS
(Write in block letters)

<PRIVATE>
(秘)

Name of Company: _____ Tel: _____ FAX: _____
(所属会社) (国符)

Name: ASHRAF RAHAN Sex (性別) M
(氏名) (姓) (名) (男/女)

Name of Position: Cardiologist Date of Birth: 13.09.1987
(職種) (生年月日) (D-M-Y)

Height: (身長) 152 cm Weight: (体重) 60 kg/at age 20: (20才時) _____ kg
Pulse: 70 /min Normal breathing rate: 20 /min Normal temperature: _____ °C
(脈拍/分) (正常呼吸数/分) (正常体温)

Blood pressure: 120/80 mmHg Blood type: O+ Rh () Single/Married (独身/既婚)
(血圧) (血液型)

Blood sugar: (血糖値) _____ mg/dL $\times 0.05625 =$ _____ mmol/L
Uric acid: (尿酸値) _____ mg/dL $> 0.05914 =$ _____ mmol/L

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (J-ident), PGD (Dipht)
BMDC A-55144, MMCC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited





DECLARATION OF HEALTH BY CREW

NAME OF CREW : ASHRAFI PALLABI

RANK : SUPERNUMERARY

CDC NO : NIL

DOB : 13-Sep-1987

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

	YES	NO
1 Have you ever had coronary thrombosis or certain types of heart surgery?	☐	☒
2 Are you suffering from any heart-related complications?	☐	☒
3 Are you a diabetic ?	☐	☒
4 If you are diabetic, do you need injections of insulin for diabetes?	☐	☒
5 Have you ever had a stroke, or unexplained loss of consciousness?	☐	☒
6 Have you ever been treated for a mental or nervous problem?	☐	☒
7 Are you an alcoholic, or have you had alcohol or drug addiction problems?	☐	☒
8 Do you have any hearing difficulties or are you using any hearing aid?	☐	☒
9 Have you ever suffered from any STD (Sexually Transmitted Disease)?	☐	☒
10 Are you aware of any other health condition that could affect your fitness for seafaring employment *	☐	☒

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel and will bear all the expenses as may incur as a direct result of such concealment.

15 MAR 2024

Date : _____

Signed : _____

ASHRAFI PALLABI

The Crew Member

* If yes, mention details below:-

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Birdem), PGD (Ophth)
BMDC A-65144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

ID NO : 24030370

Date : 15/03/2024

Patient's Name : ASHRAFI PALLABI

Age : 36Y6M2D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM

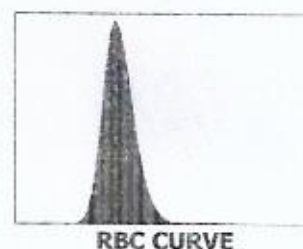
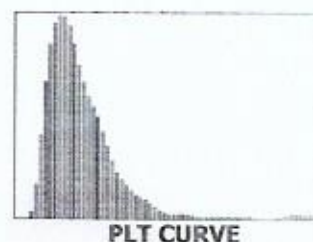
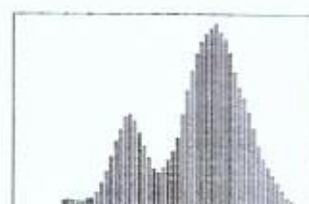
Sex : Female

Specimen : Blood

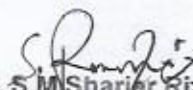
(Relevant estimations were carried out by KT-44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	11.5	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	09	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	6,500	/cumm	4,000 - 11,000 /cumm
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	59	%	(40 - 75)%
Lymphocytes	32	%	(20-45)%
Monocytes	05	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSINOPHIL COUNT	260	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	141,000	/cumm	1,50,000-4,50,000 /cumm
MPV	16.5	fL	7.0 -11.0 fL
PDW-CV	18.4	%	10 - 18 %
PCT	0.23	%	0.10 - 0.28
P-LCR	63.9	%	9.00 - 45.00%
P-LCC	90	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	3.94	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	37.7	%	M: 40-54%, F: 37-47%
MCV	95.6	fL	76-94 fL
MCH	29.3	pg	27-32 pg
MCHC	30.6	g/dL	29-34 g/dL
RDW SD	60	fL	30.0-57.0 fL
RDW CV	18.9	%	10-16%



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


Dr. S.M. Sharier Rizvi
MBBS, MD(BSMMU)
Consultant
Dept. Of Microbiology
Radical Hospital Ltd.

Result

Invoice No : **DIA24030370** Bed/Ward No: **Outdoor** Inv.Date : 15-03-2024
Patient's Name : **ASHRAFI PALLABI** Age: 36Y 6M 2D Gender: Female
Ref. By : Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM (Forensic Medicine) Associate
Specimen : Blood



Biochemical Report

Test Name	Result	Unit	Normal Value
Serum Bilirubin (Total)	0.40	mg/dl	Adult:0.2-1.1 Neonatal:Up to13.0
Plasma Glucose Random	5.5	mmol/L	<7.8
HbA1C	5.2	%	<6.5
SGPT (ALT)	28.0	U/L	Up to 40
SGOT (AST)	22.0	U/L	Up to 37

RADICAL

Checked By

Medical Technologist
Radical Hospitals Ltd.
Uttara, Dhaka

Dr. Sumaiya Khatun

MBBS, MD(Gold Medalist) (BSMMU)
Associate Professor
Dept. Of Microbiology
East West Medical College & Hospital.

Invoice No : **DIA24030370** Bed / Ward: **Outdoor** Inv. Date : 15-03-2024
Patient's Name : **ASHRAFI PALLABI** Age : 36Y 6M 2D Gender: **Female**
Ref. By : **Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM (Forensic Medicine) Associat**
Specimen : **Blood**



Serological Report

Test Name	Result	Unit	Normal Value
HBsAg (ICT Method)	Negative		
HIV 1/2 (ICT Method)	Negative		
VDRL	Non-Reactive		
Blood Group & Rh Factor			
Blood Group (ABO)	O		
Rh Factor (D)	Positive		

Checked by

Medical Technologist
Radical Hospitals Ltd.
Uttara Dhaka

Dr. Sumaiya Khatun

MBBS, MD(Gold Medalist) (BSMMU)
Associate Professor
Dept. Of Microbiology
East West Medical College & Hospital.

Invoice No : **DIA24030370** Bed/ Ward No: **Outdoor** Inv. Date : **15-03-2024**
Patient's Name : **ASHRAFI PALLABI** Age : **36Y 6M 2D** Gender : **Female**
Ref. By : **Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM (Forensic Medicine)**

Specimen | Urine

**LABORATORY TEST REPORT**

Test Name	Result	Unit	Normal Value
Urine for Pregnancy:(ICT)	Negative		

Checked By

Medical Technologist
Radical Hospitals Ltd.
Uttara Dhaka

Dr. Sumaiya Khatun

MBBS, MD(Gold Medalist) (BSMMU)
Associate Professor
Dept. Of Microbiology
East West Medical College & Hospital.

Invoice No	: DIA24030370	Bed / Ward No	:	Inv. Date	: 15-03-2024
Patient's Name	: ASHRAFI PALLABI	Age	: 36Y 6M 2D	Gender	: Female
Ref. By	: Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM (Forensic Medicine) Associate Professor (Forensic Medicine Department)				
Specimen	: Urine				

URINE EXAMINATION REPORT



Physical Examination

Colour	Straw
Appearance	Clear
Sediment	Nil
Specific Gravity	Not Done

Chemical Examination

pH	Acidic
Albumin	Nil
Glucose	Nil
Ketone Bodies	Not Done
Urobilinogen	Not Done
Nitrite	Not Done
Bilirubin	Not Done
Microalbumin	Not Done

Microscopic Examination

Epithelial Cells	2-3	/HPF
Pus Cells	1-2	/HPF
Red Blood Cells (RBC)	Nil	/HPF
Calcium Oxalate	Nil	
Amorphous Phosphate Crystals	Nil	
Triple Phosphate Crystals	Nil	
Uric acid crystals	Nil	
Granular Cast	Nil	
Candida	Nil	
Hayaline Cast	Nil	
Cysteine Cast	Nil	

Checked By

Medical Technologist
Radical Hospitals Ltd.
Uttara Dhaka

Dr. Sumaira Khatun

MBBS, MD(Gold Medalist) (BSMMU)
Associate Professor
Dept. Of Microbiology
East West Medical College & Hospital.

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	Pathological Investigations					
		B.P./Pulse	X-ray	ECG	Urine	Blood	LFT
15 MAR 2024	Mr. ONE HANIF	120/80 / 68/min	103 pc2	23 pc2	23 pc2	23 pc2	23 pc2

Completed by Company's M.O.

Creatine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
				DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (General), PGT (ICM) BMDPC A-55144, MNC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

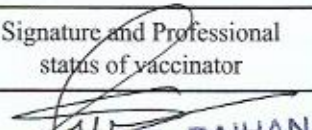
Date of birth

13-09-1987 Sex F

ASHRAFI PALLABI

ASHRAFI PALLABI

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
15 MAR 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGT (Opith) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
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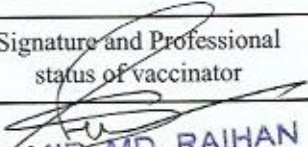
This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that } Date of birth 13-09-1987 Sex F
 whose signature follows } ASHRAFI PALLABI
 has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
15 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.	
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