



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530



Accredited By : BMOC
Accreditation No. A-55144

PATIENT CONTROL NUMBER
H686

MEDICAL EXAMINATION CERTIFICATE

SURNAME AHMED	FIRST NAME AND KAZI	MIDDLE NAME ISTIAQUE
PLACE AND DATE OF BIRTH NATORE 1-Nov-1991	PASSPORT NUMBER A08476680	SEAMAN'S BOOK NUMBER C/O/7740
NATIONALITY : BANGLADESHI	SEX : ☐ Male ☐ Female	VESSEL TYPE : CONTAINER
PERMANENT HOME ADDRESS : VILL-NOLDANGA, PO-NOLDANGA HAT, PS-NOLDANGA, DIST-NATORE, BANGLADESH.		TRADING AREA : WORLD WIDE
CONTACT NUMBER : +8801764827541 (SELF)		RANK : 3RD 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?	☐	☒
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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 100 kg	Height (cm) 183	BMI 29.8	Blood Pressure: Systolic 100	Diastolic 70	PULSE 78																					
<table><tr><td>Ear</td><td colspan="2">Hearing by Audiometry</td><td colspan="2">Audiometry</td><td colspan="2">Hearing by Whisper Test</td></tr><tr><td>Right</td><td>☐ Adequate</td><td>☐ Inadequate</td><td>500</td><td>1000</td><td>2000</td><td>3000</td></tr><tr><td>Left</td><td>☐ Adequate</td><td>☐ Inadequate</td><td></td><td></td><td></td><td></td></tr></table>						Ear	Hearing by Audiometry		Audiometry		Hearing by Whisper Test		Right	☐ Adequate	☐ Inadequate	500	1000	2000	3000	Left	☐ Adequate	☐ Inadequate				
Ear	Hearing by Audiometry		Audiometry		Hearing by Whisper Test																					
Right	☐ Adequate	☐ Inadequate	500	1000	2000	3000																				
Left	☐ Adequate	☐ Inadequate																								
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																										

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	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: ☒ Normal ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) **05 MAR 2024**

	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	Normal	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	Normal	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E	Normal	SGPT	URINE R/E	Normal
DC(differential count)	Normal	SGOI	OTHERS	Normal
HAEMOGLOBIN (HGB)	15.0	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGREN)	0.6	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test
WBC	6000	Amphetamine	☐ Positive ☒ Negative	VDRL
BLOOD GLUCOSE LEVEL	5.5	Phencyclidine	☐ Positive ☒ Negative	Blood Type
RANDOM	5.2%	Barbiturates	☐ Positive ☒ Negative	Psychological Exam
HBA1C	5.2%	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)

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

	KAZI ISTIAQUE AHMED	5-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	
Fit	Deck service	Engine service	Catering service
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: 05 MAR 2024	Valid Until: 04 MAR 2025
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Name and Signature of Authorized Physician

MBBS (Dipl. Dip. Med. Gen. Pract.)

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

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



DECLARATION OF HEALTH BY CREW

NAME OF CREW : KAZI ISTIAQUE AHMED

RANK : 3RD OFFICER

CDC NO : CJO7740

DOB : 01-Nov-1991

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.

Date : 05 MAR 2024

Signed :

The Crew Member

* If yes, mention details below:-

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Biom), PGD (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.

該当する二個に印を記入して下さい。

1. ALLERGIES: (アレルギー)
☐ Urinary hives (じんましん)
☐ Asthma (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: (主な既往症) Age (年齢)

(2) Surgery: (手術)

When?

(時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/病歴)

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投薬品名)

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 (毎夜)
☐ 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____年 to 19____年に禁煙
☐ Smoke _____ cigarettes a day (1日平均____本吸う)

(3) Bowel movements: (排便)
☐ Regular (規則的)
☐ Irregular (不規則)
☐ Constipated (便秘)

(4) Dietary preferences: (食事の好み)
☐ Meat (肉類)
☐ Fish (魚類)
☐ Only (指さない)
☐ Sweet (甘い)
☐ Salty (塩辛い)

(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 (増えてきた)
☐ Losing weight (やせてきた)

05 MAR 2024



DR. MIR. MD. RAIHAN
 MBBS (D), DPM, CCD (Bridem), PGT (Opth)
 BMDC A-55144, MMIC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited



5. 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: 05 MAR 2024 Signature: (署名) (Card holder) (本人)

MEDICAL RECORDS
(Write in block letters)<PRIVATE>
秘Name of Company: Tel: Fax: Nationality: BANGLADESHI
(所属会社) (国籍)Name: KHAIR ISTIAK RAHMAN Sex: (性別) M/F
(氏名) (given name (名) family name (姓)) (男/女)Name of Position: JED OPP Date of Birth: 22-02-92
(職位) (生年月日) (D-M-Y)Height: 180 cm Weight: 70 kg Age: 20-21 years
Pulse: 72/min Normal breathing rate: 20/min Normal temperature: 36.5°C
(脈拍/分) (正常呼吸数/分) (平均)Blood pressure: 140/90 mmHg Blood type: O Rh: Single Married
(血圧) (血液型) (独身/既婚)Blood sugar (血糖値): mg/dl $\times 0.05625 =$ mmol/l
Uric acid (尿酸値): mg/dl $\times 0.05914 =$ mmol/l

DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Bdml), PGD (Optim)
BAMDC A-55144, MMIC-BGD-016
DG Shipping Bangladesh Approved
General PhysicianRadical Hospital Ltd
Radical Hospital Ltd Limited

Id No : 0114 **Date** : 05-Mar-2024 **D.Date** : 05-Mar-2024
Patient's Name : KAZI ISTIAQUE AHMED **Age** : 32Y 4M 4D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM- C/O 7740

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.0 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	6,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	67 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	28 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	120 /cumm	50-450/cumm
Total RBC Count	5.0 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42 %	M: 40-54%, F:37-47%
MCV	78 fL	76 - 94 fL
MCH	30 pg	27 - 32 pg
MCHC	31 g/dL	29 - 34 g/dL
RDW	13 %	11 - 16 %
PDW	40 fL	35 - 56 fL
Total Platelete Count (PC)	3,00,000 /cumm	150,000-450,000/cumm
M _{PV}	8.9 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By 
Medical Technologist


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

Bill No	DIA24030114	Received Date	05/03/2024
Patient's Name	KAZI ISTIAQUE AHMED		
Patient's Age	32Y 4M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7740
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.54 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	25.0 U/L	Up to 40 U/L
Serum AST (SGOT)	20.0 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	DIA24030114	Received Date	05/03/2024
Patient's Name	KAZI ISTIAQUE AHMED		
Patient's Age	32Y 4M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7740
Sample	BLOOD		

SEROLOGICAL REPORTTest NameResult

HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
<u>BLOOD GROUPING RESULT</u>	
ABO Blood Group	"O" (+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	DIA24030114	Received Date	05/03/2024
Patient's Name	KAZI ISTIAQUE AHMED		
Patient's Age	32Y 4M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7740
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/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	DIA24030114	Received Date	05/03/2024
Patient's Name	KAZI ISTIAQUE AHMED		
Patient's Age	32Y 4M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7740
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
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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: MV. BROOKLYN BRIDGE

DATE: 05/03/2024

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

EYE EXAMINATION REPORT

NAME: KAZI ISTIAQUE AHMED

RANK: 3RD OFF

CDC NO: C/O/7740

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

05-03-2024 18:44:39

KABZ 25th Ave Anne HR

Male 32 Years

P	: 99	bpm
PR	: 104	ms
QRS	: 126	ms
QT/QTc	: 98	ms
P/QRS/T	: 338/434	ms
RV5/SVI	: 56/53/10	°
	: 1.159/0.610	mV

Diagnosis Information:

Sinus rhythm
Possible left atrial abnormality
Borderline ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030114 Receive: 05/03/2024 Print: 05/03/2024
Patient's Name : KAZI ISTIAQUE AHMED
Age : 32 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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological Investigations				
			X-ray	ECG	Urine	Blood	LFT
27 JAN 2020	M. ONE "ONE" "ONE" "ONE"	120/80 120/80 120/80 120/80	Normal	Normal	Normal	Normal	Normal
17 FEB 2021	M. ONE "ONE" "ONE" "ONE"	120/80 120/80 120/80 120/80	Normal	Normal	Normal	Normal	Normal
27 JAN 2022	M. ONE "ONE" "ONE" "ONE"	120/80 120/80 120/80 120/80	Normal	Normal	Normal	Normal	Normal
05 JAN 2023	M. ONE "ONE" "ONE" "ONE"	120/80 120/80 120/80 120/80	Normal	Normal	Normal	Normal	Normal
05 MAR 2024	M. ONE "ONE" "ONE" "ONE"	120/80 120/80 120/80 120/80	Normal	Normal	Normal	Normal	Normal

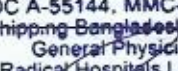
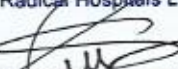
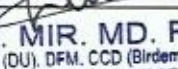
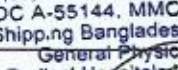
Completed by Company's M.O.

Creatine	USG	Add. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
NOT DONE	NOT DONE			DR. MD. AYUBUR RAHMAN M.B.B.S. P.G.T. (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
NOT DONE	NOT DONE			DR. MD. AYUBUR RAHMAN M.B.B.S. P.G.T. (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
				DR. MIR. MD. RAIHAN M.B.B.S. (D), DPM, CCD (Gen), PGT (Opth) BMDC A-55144, MMCC-BGD-016 BMDC A-55144, MMCC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospital Limited	
				DR. MIR. MD. RAIHAN M.B.B.S. (D), DPM, CCD (Gen), PGT (Opth) BMDC A-55144, MMCC-BGD-016 BMDC A-55144, MMCC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospital Limited	
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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that } Date of birth 01/11/1991 Sex Male
whose signature follows }

 **KAZI MOSTAQUE AHMED**
has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1	 Dr. Mohd. G. Mostafa M.B.B.S. Regd. No. A 9486 Medical Officer, BSCIC Chittagong, Bangladesh	
27 JAN 2020	 DR. MD. AYUBUR RAHMAN M.B.B.S.; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
3	 DR. MD. AYUBUR RAHMAN M.B.B.S.; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
17 FEB 2021	 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.	
27 JAN 2022	 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.	
6	 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.	
05 JAN 2023	 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.	
05 JAN 2023	 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.	
05 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.	

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that } Date of birth 01/11/1981 Sex Male
whose signature follows }

 **KAZI GOSTIAQUE AHMED**
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
1 <i>14 MAY 2014</i>	 Dr. Mohd. G. Mostafa M.B.B.S. Regd. No. A 9486 Medical Officer, BSCIC Chittagong, Bangladesh		
2 <i>05 MAR 2014</i>	 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.		
3			
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.

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



Form No: SMC

SL NO.

04.2024.6064

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last AHMED First KAZI Middle ISTIAQUE
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 05/03/2024 05 MAR 2024
Occupation: Deck/Engine/Catering/Other (specify) DECK Rank: 3RD OFFICER
Father's/ Husband's name: MD ABDUL KUDUS KAZI C.D.C No. 4017740
Mother's Name: SPPAT ARA Seaman ID No. 05 000 6263
Address: House No. _____ Street/ Road No. _____ Passport No. A089 76680
Locality/Village: NOLDANGA NID No. 507 436 5700
P.O. NOLDANGA HAT Date of Birth: 01/11/1991
P.S. NOLDANGA (DD/MM/YYYY)
District: NATORE

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination YES/NO
 - Hearing meets the standards in section A-I/9 YES/NO
 - Unaided hearing satisfactory? YES/NO
 - Visual acuity meets standards in section A-I/9? YES/NO
 - Colour vision meets standards in section A-I/9? YES/NO
Date of last colour vision test 05 MAR 2024
 - Fit for lookout duties? YES/NO
 - Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? YES/NO
 - Any limitations or restrictions on fitness? YES/NO
- If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category:

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY) 05 MAR 2024

11. Date of expiry (DD/MM/YYYY) 04 MAR 2026 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



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

Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

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

(a) Hearing:

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental:

- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure:

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION:

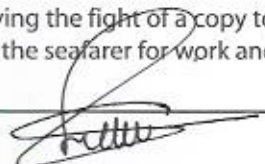
(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

05 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
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