

RADICAL OSPITALS

HAQUE & SONS LTD.

Tcl: +880 31 716214-6, Fex: +880 31 710530



Accredited By . BMDC

Accreditation No. A 55144

PATIENT CONTROL NUMBER H1028

MEDICAL EXAMINATION CERTIFICATE

RNAM		FIRST NAME	nasara a	MIDDLE NAM	ME.
VOE A	NAKIB		HADI		KABIR
	ND DATE OF BIRTH IAKA 10-Aug-1994	PASSPORT NUMBER		SEAMAN'S B	OOK NUMBER
	IAKA 10-Aug-1994 LITY: BANGLADESHI SEX:	-	295106	<u> </u>	CO8497
	ENT HOME ADDRESS :	☑ Male ☐ Female	VESSEL IVI	E: CHEM. TANKER T	
	KTATARDI, P.O. SHEKHERGAON	P.S. MONOHARDI DI	ST NAPSINGDI	CONTACT NUMBER :	01534-694149 / 01681-
GLAD	ESH.	, P.S. MONOHARDI, DI	31. NAKSINGDI.	RANK :	2ND ASST ENGINEE
					National Management of the Contract of the Con
lave y	ou ever had any of the following con	editions?			
				7	(4)
	Condition	YES NO	Conditio		YES NO
1	Eye/vision problem	U 4	18 Sleep pro		
2	High blood pressure		19 Do you s		
3	Heart/vascular disease		20 Operation		0 0
4	Heart surgery		21 Epilepsy/		0 4
5	Varicose veins	0 4	22 Dizzines:	200 750	
6	Asthma/bronchitis			onsciousness	(0/ 6/
7	Blood disorder		227 3000000000	ic problems	00000 90000
8	Diabetes		25 Depressi		1 0 0
	Thyroid problem		26 Attempte		/ / / j / j / j
10	Digestive disorder	C C C C C C	27 Loss of n		100
11	Kidney problem		28 Balance	A CONTRACTOR OF THE PARTY OF TH	11100
13	Skin problem	ПП		eadaches	770 0 8
14	Allergies		1	/throat problems	0 8
15	Infectious/contagious diseases Hernia		The state of the s	d mobility	
16	Genital disorders		32 Back pro		0 A
17	Pregnancy	CONTRACTOR OF THE PARTY OF THE	33 Amputati		- n n
f any o			34 Fractures	s/dislocations	0 0
	of the above questions were answere	ed 'yes", please give deta	ails.	/dislocations	YES NO
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		V CODE Secti est: Date (day.	/month/year) <u>2</u>		AR 2024	□ Doubl	tful	□ Def	ective	
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Mouth/teeth	e, imoat		-	D		cular (inc. peda				
	. The		4	0		omen and visce	era			
Ears (general			1	100	Herr					8 0
Tympanic me	emorane		13			(not rectal exa	am)			
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Pupils	73%					e (C/S, T/S and				
Eye moveme			14			rologic (full brie	f)			
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Breast exami	ination		NIT	D		eral appearanc	e			(a, / / 🗆
Heart			+1		Skin			- 10	IN	D. / /0
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	D GLUCOSE	LEVEL	Phenevelidine			Negative	Blood Typ	10	LI Ivea	Delas
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HBA1C		000	Cocaine			Negative		B Ultrasound)	-	
		7.	111				Others(KU	es Utrasound)	/	1194
reby I declare	that I am in k	knowledge of the	he contents of t	the Ph	hysical exam	inations:			2	2 Man 2021
MM 3	11	1117			MAHADI K	ABIR NAKIB			L	2 MAR 2024
nature of Sea	farer	1) -	-			Seafarer		_	-	Date
1 1		-			1401110 01	Ocalarci				Date
sessment of				x						
the basis of the	he examinee	s personal de	claration, my cl	inical	examination	and the diagno	ostic test res	sults record	led above	, I declare the
aminee madia	ally:	1								
aminee medica	-	TI Fit	for lookout duti	ies			Not fit	t for looko	ut duties	
annice medici				T	Engine s	EPVICE	Catering	g service	1	Other services
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In Accordance with Medical Examination (Scalarers) Convention (Scalarers) and STCW 1978/1996 as Amended, MLC 2006

General Physician Revision Date: 24th July 2022

Reducal Respirate Legited

Revision: 5.1

	MEDICAL CER	TIFICATE FOR I	PERSONNEL SERVICE	ON BOARD	
SURNAME: NAKIB		GIVE	EN NAME (S): MAHADI KA	BIR	
DATE OF BIRTH:	MONTH 8 YEAR		OF BIRTH DHAKA COUNTRY	BANGLADESH	SEX
POSITION ON BOAR MASTER DECK OFFICER ENGINEERING OFFI RADIO OPERATOR RATING	D:	MAILIN HOUSI SECTO DIST. I	NG ADDRESS OF APPLICAN E-51, ROAD-13, DR-11, UTTARA, DHAKA 1230 LADESH.		
DECLARATION OF T	THE AUTHORIZED PHYSIC	CIAN			
	VISION		COLOR TEST TYPE		HEARING
	WITHOUT GLASSES	WITH GLASSES	Воок		
RIGHT EYE	6U	_	YELLOW MY RED MY	RIGHT EAR	Tw)
LEFT EYE	6U.	_	GREEN MY BLUE MY	LEFT EAR	w)
Confirmation that iden	ntification documents were	checked at the point o	f examination: YES. NO		
Hearing meets the sta	andards in STCW Code, Sc	ection A-1/9? YES	─ NO ☐ NOT APLICATE	SLE [
Unaided hearing satis	sfactory? YES NO				
Visual acuity meets s	tandards in STCW Code, S	ection A-1/9? YES	NO 🗌		
Able for watchkeepin	ct lenses necessary to meet g? YES NO non-prescription or prescr				
Is the seafarer free fr		kely to be aggravated	by service at sea or to render the	seafarers unfit fo	or such service or to
Hereby I declare that	I am in knowledge of the co	ontents of the Physica MAHADI KABIR		22-Mar-	-2024
Signature of		Name of Applic		Dat	
		ATOR / RATING) (V	E (FIT ANOT FIT) FOR DUTY WITHOUT ANY / WITH THE F ON BOARD SHIP		
NAME AND DECOR	E OF BUVEIOUAL DD MI	D MD DAIHAN: M	B B S (D III) PEG NO A FE	144	
Stranger Company and Company			B.B.S.(D.U.), REG. NO. A-55 NUE, SECTOR-12, UTTARA, DHA		ADESH
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	YSICIAN'S CERTIFICATE	$\overline{}$	(6	Hospir	
SIGNATURE OF PH	IYSICIAN:	STAM	P OF PHYSICIAN:	W-MIC-2006	2 2 MAR 2024
EXPIRY DATE OF C		2 1 MAR 20	026	Bangsoo	
		certificate is issued in vention, 1978, as amer RAIHAN	n compliance with the requireme aded and the Maritime Labour C		

DG Shipping Bangledesh Approved General Physician Raducal Magnitude Located



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +88 02333316214-6

Name	MAHADI KABIR NAKIB	Date	22-Mar-2024
Age	29	Sex	MALE
Passport No	A13295106	CDC No	CO8497
Sample	BLOOD	Rank	2ND ASST ENGINEER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	ZAO GALAXY	GINGA BOBCAT	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	13-09-2023	22.032024	-
Serum Bilirubin	0-70	0.45	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	24	18	Up to 37 U/L
Serum S.G.P.T.	22	22	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



Doctor Seal & Signature

DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bengladesh Approved
General Physician
Radical Hospital Revision Date: 24th July 2022



ID NO : 24030573

Patient's Name: MAHADI KBIR NAKIB

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/8497

Specimen : Blood

Ref. By

Date: 22/03/2024

Age : 29Y6M12D

Sex : Male

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

HAEMATO	LOGY	REPO	RT
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L RECORDOR CO.	A DESIGNATION OF THE RESIDENCE OF THE RE	* 40	CONTROL SON	
Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	10.7 10	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	8,000	/cumm	4,000 - 11,000 /cumm	4 4 4
DIFFERENTIAL COUNT				
Neutrophils	54	%	(40 - 75)%	
Lymphocytes	36	%	(20-45)%	WBC CURVE
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	-BL
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	320	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	162,000	/cumm	1,50,000-4,50,000 /cumm	Willia.
MPV	8.7	fL	7.0 -11.0 fL	
PDW-CV	16.8	%	10 - 18 %	PLT CURVE
PCT	0.04	%	0.10 - 0.28	PEI CORVE
P-LCR	20.7	%	9.00 - 45.00%	A
P-LCC	9	x10^3/uL	13 - 129 x10^3/uL	A
RBC COUNT	4.46	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	36.7	%	M: 40-54%, F: 37-47%	
MCV	82.3	fL	76-94 fL	
MCH	24	pg	27-32 pg	DDC CUDVE
MCHC	29.2	g/dL	29-34 g/dL	RBC CURVE
RDW SD	54	fL.	30.0-57.0 fL	
RDW CV	19.6	%	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	DIA24030573			
Patient's Name		Received Da	ate 22/03	/2024
Patient's Age	29Y 6M 12D			
	ATT-ONE ADMINISTRAÇÃO	Pat	ient's Sex	Male
Sample	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	EM),PGT(Eye),DFM	CDC NO	C/O/8497
Cample	BLOOD			

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.45 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	22.0 U/L	Up to 42 U/L
Serum AST (SGOT)	12.0 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. Sumaya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital.



Test Name

Bill No	DIA24030573	Received Da	ite 22/03/	2024
Patient's Name	MAHADI KABIR NAKIB	rioccived De	22/03/	2024
Patient's Age	29Y 6M 12D	Patie	ent's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),F		CDC NO	Contraction .
Sample	BLOOD	0.(Lyc),51 W	CDC NO	C/O/8497

Result

SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method: (ICT)	Negative
VDRL Test	Non-reactive

OD GROUPINGResult	
ABO Blood Group	"AB" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Sample	URINE	,, (-/-/ ₁ -,	ODCINO	C/O/6491
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	EM),PGT(Eve),DFM	CDC NO	C/O/8497
Patient's Age	29Y 6M 12D	The second secon	ient's Sex	Male
Patient's Name	MAHADI KABIR NAKIB		22.00	2021
Bill No	DIA24030573	Received D	ate 22/03/	2024

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	1
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Chatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24030573	Received	Date	22/03/2	2024
Patient's Name	MAHADI KABIR NAKIB				1,822191
Patient's Age	29Y 6M 12D Patie		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CI	DC NO	C/O/8497
Sample	URINE				

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
N	

Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checken By

Medical Technologist. Radical Hospital Ltd. Dr. Sumarya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital.



	24030573	Voucher No	
Patient ID		Delivery Date	22/03/2024
Test Name Patient Name	USG OF KUB MAHADI KABIR NAKIB	Say	Male
Age Refd. By	29 Yrs Dr. Mir Md. Raihan MBBS,(DU	J),CCD(BIRDEM),PGT	(Eye),DFM

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 9.5cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length -10.0 cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

URETER: There is no dilatation in both ureter .

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Normal in size, volume is- 11.2 cc regular in shape. Echogenicity is homogenous. No area of calcification is seen.

COMMENT: Suggestive of Normal study.

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae &Obs)

Advanced Training on TVS Consultant Sonologist



REF: MT. NGINGA BOBCAT

DATE: 22/03/2024

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

EYE EXAMINATION REPORT

NAME: MAHADI KABIR NAKIB RANK: 2A/ENG CDC NO: C/O/8497

VISUAL ACUITY:

RIGHT

LEFT

616

616

UNAIDED

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

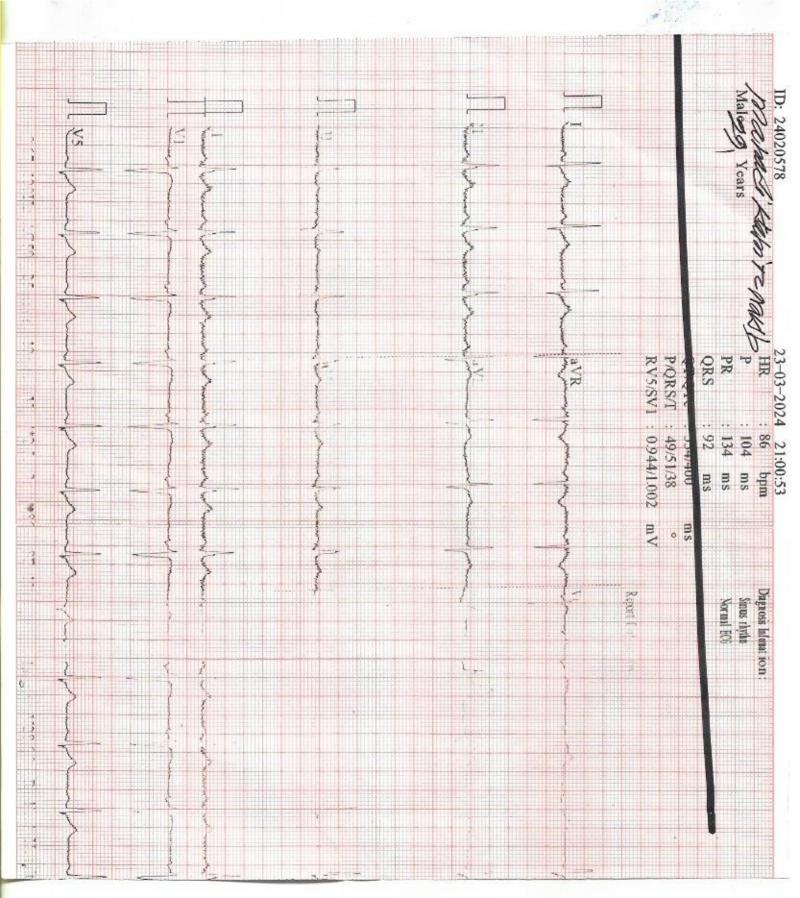
UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030573 Receive: 22/03/2024 Print: 22/03/2024

Patient's Name : MAHADI KABIR NAKIB

Age : 29 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 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 Mohadi wasir AGAINST CHOLERA

whose signature follows

This is to certify that Date of birth 10 - US-1997 Sex Male

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional Approved Stamp status of vaccinator		пр
2 HAR DE	DR. MD. RAIHAN MBBS (DU), DFM, CCD (Burdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bengladesh Approved General Physician Radical Hospitals Limited	35, Shah Meihdun Ayeruse Uitera, Dhaka	
2			
3		3	4
4			
5		5	6
6			
7		7	8
8			

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows

Date of birth

10-08-1989 Sex

Male.

Mahadi Rabis

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
- NO 8 0	OR. M. AYUBUR RAHMAR M88S, PGT (Medicine Taher Chamber 10, Agrabad C/A, Chillagoing Regn. No. A-11826	1 2 1 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 SECON VACCO SEMILIBROAD DO SEMILIBROAD
2	Principle Comment of the Comment of		
3	Status Ann A Maria	(100 th)	3 4
4	DE MANUELLE SALVE	E (attrice) S	

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.