



## 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 : BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER HSL-002501

### MEDICAL EXAMINATION CERTIFICATE

| JAMIL SHUVO  LACE AND DATE OF BIRTH  AUDITIONALTY BANGLADESH SEX: Male I Female VESEL TYPE: BLUK CARRIER[TRADING AREA. W  FERMANENT HOME ADDRESS  AUDIDAGRAM, CUMILLA, BANGLADESH SEX: Male I Female VESEL TYPE: BLUK CARRIER[TRADING AREA. W  CONTACT NUMBER: 0988 0162  RANK: 3RD OF  RANK: 3RD OF  CONTACT NUMBER: 0988 0162  RANK: 3RD OF  CONTACT NUMBER: 0988 0162  RANK: 3RD OF  RANK |         |
|--|---------|
| CUMILA 12-Oct-1999   EG0141142   CO10701   ATIONALITY BANGLADERS   SEX   Male   Female   VESSELTYPE   BULK CARRIER   TRADING AREA   WERMANENT HOME ADDRESS   OB GODERPUR, MADDA MOULOVIBARI, CHAFUA MADRASA, AUDDAGRAM, CUMILLA, BANGLADESH   Have you ever had any of the following conditions?    Condition   YES   NO   Condition   YES   |         |
| ALIDNALITY BANGLADESH SEX: Male   Female   VESSEL TYPE: BULK CARRIER TRADING AREA: WERNANISH HOME ADDRESS.  O BODDERFUR, MADDA MOULOVIBARI, CHAFUA MADRASA, AUDDAGRAM, CUMILLA, BANGLADESH   RANK: 3RD OFF   R |         |
| OBODEREY, MADDA MOULOVIBARI, CHAFUA MADRASA, AUDDAGRAM, CUMILLA, BANGLADESH  Have you ever had any of the following conditions?  Condition  YES NO Experision problem Separate of the following conditions?  Condition  YES NO Experision problem Separate of the following conditions?  Condition  YES NO Experision problem Separate of the following conditions?  Condition  YES NO Condition  YES NO Experision problem Separate of the following conditions?  Condition  YES NO Condition  YES Condition  YES Condition  YES Condition  YES Condition  YES Condition  All cardinations  Condition  YES Condition  YES Condition  YES Condition  All cardinations  Condition  Throughout a standard of the following conditions of the following condition of the following condition of the following conditions of the following condition of the following conditions of the following condition of the follo |         |
| O BODDERPUR, MADDA MOULOVIBARI, CHAFUA MADRASA, AUDDAGRAM, CUMILLA, BANGLADESH  Have you ever had any of the following conditions?  Condition  YES NO.  1 Eyevision problem  | ORLD WI |
| Have you ever had any of the following conditions?    Condition  | 2115656 |
| Have you ever had any of the following conditions?    Condition  | FICER   |
| 1 Eye/vision problem   |         |
| 1 Eye/vision problem   | NO      |
| ## High blood pressure   | NO      |
| Ashma/bronchitis   20 Operation/surgery   21 Epilepsy/scivures   22 Operation/surgery   21 Epilepsy/scivures   22 Operation/surgery   22 Epilepsy/scivures   23 Operation/surgery   24 Epilepsy/scivures   25 Operation/surgery   26 Ashma/bronchitis   23 Obestes   24 Psychiatric problems   25 Operation   26 Ashma/bronchitis   26 Operation   27 Operation   28 Operation   28 Operation   28 Operation   29 Operation   29 Operation   20 Operation | 1       |
| Heart surgery  Varicose veins  Sylvaricose veins  Asthmarbronchtitis  Blood disorder  Blood di | 1       |
| 6 Asthma/bronchitis  | E       |
| 6 Asthma/bronchitis  | H       |
| Blood disorder  Blood distorder  Blood distored seaderer  Blood Blood Blood Blood Blood Blood Blood Blood Bloo |         |
| 10 Digestive disorder  | OF OF   |
| 10 Digestive disorder  |         |
| 10 Digestive disorder  | 15      |
| Skin problem    Skin problem   |         |
| Additional questions  Additional questions  Additional questions  Tesp on a power dealth you have any medical problems, diseases or illnesses?  Are you aware that you have any medical problems, diseases or illnesses?  FIT FOR DUTY ON BOARD SHIP  Are you taking any non-prescription or prescription medications?  Intereby authorize the release of all my previous medical records from any health professionals, health institutions and public author.  Additional questions  YES  Above you ever been signed off as sick or repatriated from a ship?  Have you ever been hospitalised?  Have you ever been declared unfit for sea duty?  Have you aware that you have any medical problems, diseases or illnesses?  Dryou, feel healthy and fit to perform the duties of your designated position/occupation?  FIT FOR DUTY ON BOARD SHIP  Are you allergic to any medications?  FIT FOR DUTY ON BOARD SHIP  Are you taking any non-prescription or prescription medications?  If yes, please list the medications taken and the purpose(s) and dosage(s)  Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author.  Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author.  Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author.  Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author.  Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author.  Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author.  Thereby auth | H-      |
| Additional questions  Additional questions  Have you ever been signed off as sick or repatriated from a ship?  Have you ever been hospitalised?  Have you ever been declared unfit for sea duty?  Have you aware that you have any medical problems, diseases or illnesses?  Are you aware that you have any medical problems, diseases or illnesses?  Are you allergic to any medications?  FIT FOR DUTY ON BOARD SHIP   Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.  Have by authorize the release of Seafarer  DICAL EXAMINATION  | 7       |
| Infectious/contagious diseases   |         |
| 15 Hernia 16 Genital disorders 17 Pregnancy 18 Amputation 19 Pregnancy 19 Amputation 19 Pregnancy 10 Amputation 10 Fractures/dislocations  WES  Additional questions  WES  34 Have you ever been signed off as sick or repatriated from a ship? 35 Have you ever been hospitalised? 36 Have you ever been hospitalised? 37 Have you ever been hospitalised? 38 Have you ever been declared unfit for sca duty? 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  10 Are you taking any non-prescription or prescription medications?  11 Intereby authorize the release of all my previous medical records from any health professionals, health institutions and public authors.  12 Intereby authorize the release of all my previous medical records from any health professionals, health institutions and public authors.  13 Are you taking any non-prescription or prescription medications?  14 Are you taking any non-prescription or prescription medications?  15 Intereby authorize the release of all my previous medical records from any health professionals, health institutions and public authors.  16 Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.  27 Are you allergic to any medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.  28 Back problems  29 Are you avare that you have any medical records from any health professionals, health institutions and public authors are the professionals and professionals and professionals are professionals.   |         |
| 16   Genital disorders   | 17      |
| If any of the above questions were answered "yes", please give details.  Additional questions  YES  35 Have you ever been signed off as sick or repatriated from a ship?  Have you ever been hospitalised?  Have you ever been hospitalised?  Have you ever been declared unfit for sea duty?  Are you aware that you have any medical problems, diseases or illnesses?  Do you feel healthy and fit to perform the duties of your designated position/occupation?  Are you allergic to any medications?  FIT FOR DUTY ON SOARD SHIP  Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author.  Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author.  Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author.  Thereby authorize the release of all my previous medical records from any health professionals.   |         |
| Additional questions    YES  |         |
| Have you ever been hospitalised?  Have you ever been declared unfit for sea duty?  Have you ever been declared unfit for sea duty?  Are you aware that you have any medical problems, diseases or illnesses?  Do you feel healthy and fit to perform the duties of your designated position/occupation?  FIT FOR DUTY ON BOARD SHIP  The pour taking any non-prescription or prescription medications?  If yes, please list the medications taken and the purpose(s) and dosage(s)  Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.  Jamulaus  Signature of Seafarer  DICAL EXAMINATION  | NO<br>F |
| Have you ever been declared unfit for sea duty?  Has your medical certificate ever been restricted or revoked?  Are you aware that you have any medical problems, diseases or illnesses?  Do you feel healthy and fit to perform the duties of your designated position/occupation?  Are you allergic to any medications?  FIT FOR DUTY ON BOARD SHIP   Are you taking any non-prescription or prescription medications?  If yes, please list the medications taken and the purpose(s) and dosage(s)  I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public auth to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.  Jamiluse  Signature of Seafarer  DICAL EXAMINATION   | A       |
| Has your medical certificate ever been restricted or revoked?  Are you aware that you have any medical problems, diseases or illnesses?  Do you feel healthy and fit to perform the duties of your designated position/occupation?  Are you allergic to any medications?  FIT FOR DUTY ON BOARD SHIP   Are you taking any non-prescription or prescription medications?  If yes, please list the medications taken and the purpose(s) and dosage(s)  Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.  Janiahuse  Signature of Seafarer  DICAL EXAMINATION  | R       |
| Are you aware that you have any medical problems, diseases or illnesses?  Do you feel healthy and fit to perform the duties of your designated position/occupation?  Are you allergic to any medications?  FIT FOR DUTY ON BOARD SHIP  42 Are you taking any non-prescription or prescription medications?  If yes, please list the medications taken and the purpose(s) and dosage(s)  If hereby authorize the release of all my previous medical records from any health professionals, health institutions and public author to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.  Jamiebus  Signature of Seafarer  DICAL EXAMINATION  |         |
| Do you feel healthy and fit to perform the duties of your designated position/occupation?    Are you allergic to any medications?  | 4       |
| Are you allergic to any medications?  FIT FOR DUTY ON BOARD SHIP  42 Are you taking any non-prescription or prescription medications?  If yes, please list the medications taken and the purpose(s) and dosage(s)  I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public author to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.  Limitate  Signature of Seafarer  DICAL EXAMINATION  |         |
| FIT FOR DUTY ON BOARD SHIP  42 Are you taking any non-prescription or prescription medications?  If yes, please list the medications taken and the purpose(s) and dosage(s)  I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public author to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.  Limitude  Signature of Seafarer  DICAL EXAMINATION  | 4       |
| Are you taking any non-prescription or prescription medications?  If yes, please list the medications taken and the purpose(s) and dosage(s)  I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorize to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.  Signature of Seafarer  DICAL EXAMINATION  |         |
| 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 author to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.  Signature of Seafarer  DICAL EXAMINATION   |         |
| I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public auth to <b>Dr. Mir Md. Raihan</b> (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.    Signature of Seafarer   DICAL EXAMINATION   | TT      |
| to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.  |         |
| to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.  |         |
| to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.  |         |
| Signature of Seafarer DICAL EXAMINATION  | orities |
| Signature of Seafarer DICAL EXAMINATION  | will    |
| DICAL EXAMINATION  |         |
| DICAL EXAMINATION  |         |
| DICAL EXAMINATION  |         |
|  |         |
| Weight 7/14 Height (cm) 67 Bit 54 Blood Pressure: Systolic 20 mg Diastolic 80 mm/pulse: 7  |         |
|  |         |
| Car Usering by Andiagraphy   | 88/     |
| Ear Hearing by Audiometry Audiometry Hearing by Whisper Test   | 83/     |
| Right ☐ Adequate ☐ Inadequate 500 1000 2000 3000 ☐ Adequate ☐ Inadequate ☐ Left ☐ Adequate ☐ Inadequate ☐ Inadequate   | 88/     |

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

NO

|   |  | Vis   | ual acuity                       |         |             |                        | Г   | VIII                  | Visual fields    |               |
|---|--|---|----------------------------------|---------|-------------|------------------------|---|-----------------------|------------------|---------------|
|   | U  | naided  |                                  | Aide    |             |                        |   | Norma                 | al De            | efective      |
|   | Right eye  | Left eye  | Right eye                        | е       | Left eye    | - Inc.                 |   | 1.011116              |                  | - waste w     |
| Distant   | 606  | 6(+   | 5                                | -       |             | The second second      | ht eye<br>eye   |                       | -                |               |
| Near<br>Vieual positu                                       | monte the et   | andard laid dov   | un in STOW Co                    | ode Se  | ction A-1/6 |                        | /NO   |                       |                  |               |
| Colour vision   | n as per STC\  | W CODE Section  | on A-I/9: -                      | -UN     |             | □ Dou                  | ubtful  | □ Def                 | ective           |               |
|   |  |   |                                  | Team on | 205         |                        |   |                       |                  |               |
| Head  |  |   | Normal Ab                        | norm    |             | cose veins             |   |                       | Normal           | Abnormal      |
| Sinuses, nos  | se throat  |   | 19                               |         | 10.00       | cular (inc. ped        | dal pulses)   |                       | . 4              |               |
| Mouth/teeth   |  |   | 19                               |         |             | omen and vis           |   |                       | <u></u>          |               |
| Ears (genera  |  |   | 1                                |         | Her         |                        | (T)   |                       |                  |               |
| Tympanic m  | 1000   |   | 0                                |         | 307         | s (not rectal e        | exam)   |                       | D'               |               |
| Eyes  | S. 136-11.   |   | 0                                |         | G-L         | system                 | 200   |                       | 日                |               |
| Opthalmoso  | ору  |   |                                  |         |             | er and lower           | extremities   |                       | A CA             |               |
| Pupils  |  |   | 17                               |         |             | ne (C/S, T/S a         |   |                       |                  |               |
| Eye moveme  | ent  |   |                                  | C)      |             | ırologic (full b       | rief)   |                       |                  |               |
| Lungs and c   |  |   | . 24.0                           | П       |             | chiatric               |   |                       |                  |               |
| Breast exam   | nination   |   | NIG                              |         |             | neral appeara          | nce   |                       | C.B.             | //0           |
| Heart   |  |   | 14                               |         | Skir        | 10                     |   | 1                     | 1-10             | 10            |
|   |  |   |                                  | 11222   |             |                        |   | 7/1                   | 1                | 1             |
| ECHITO OF   | ANCHLARY   | EVANINATION   | 10                               |         |             |                        | -6  | ( )                   | 135              |               |
| Chest X-Ray   |  | EXAMINATION   |                                  | ICAL (  | IVER FIII   | NCTION TES             | T) Marijuan   | 1                     | Positive □       | Negative      |
| ECG   | y  | MAD   | BILIRUBIN                        | T       |             | 2.57                   | Alcohol 7   |                       | Positive         |               |
| 200   | BLOOD R/I  | 91000   | SGPT                             | +       |             | NIE                    | URINER  | and the second second | M                | 7             |
| DC(different  |  | man   | SGOT                             |         |             | 20                     | 1   |                       | OTHERS           | 0             |
|   | OBIN (HGB)   | 15.2  |                                  | IG ANI  | ALCOHO      | DL TEST                | HBsAg   |                       | Reactive         | Nonreactiv    |
| ESR (WEST   |  | 011   | Morphine                         |         |             | Negative               |   | )S Test               | □ Reactiv-E      |               |
| WBC   | 2.33.4   | Shon  | Amphetamine                      | _       | Positive    |                        |   |                       | □ Reactiv □      |               |
|   | OD GLUCOS  | E LEVEL   | Phencyclidine                    | _       | U Positive  | □ Negative             |   | ре                    | 0+(\             | /E)           |
| RANDOM  |  | 5.2   | Barbiturates                     | 11      | -           | □ Negative             |   | gical Exam            | 1                | 90            |
| HBA1C   | Andreas -  | 5.0%  | Cocaine                          | 13      | Positive    | ☐ Negative             | Others(K  | UB Ultrasound)        | N.               | 15            |
|   |  | 18 21   |                                  |         |             |                        |   |                       | F-16277          | -             |
| reby I declar   | e that I am in   | knowledge of t  | he contents of                   | the Ph  | iysical exa | minations:             |   |                       |                  |               |
| ~ 10  |  | 1111  | -                                | 0.0     | n Appill    | JAMIL SHU              | VO.   |                       | 271              | 1AR 2024      |
| Jona Mahu   | ug afarer  | 11  |                                  | IVI     |             | f Seafarer             |   | _                     |                  | ate           |
| gnature of Se   | ararer   | 1   |                                  |         | reame 0     | ocalalel               |   |                       |                  | , are         |
| eeneemant   | f fitness for  | service at sea:   |                                  |         |             |                        |   |                       |                  | DECEMBER 1    |
|   |  |   |                                  | linical | examinatio  | n and the dia          | anostic test re   | sults record          | ded above, I de  | clare the     |
| raminee medi  |  | . 5 personial de  | consider, my or                  |         |             |                        |   |                       |                  |               |
| weet or other state of the                                  | 3  | ☐ Fit   | for lookout dut                  | ties    |             |                        | Not   | fit for looko         | out duties       |               |
|   |  | 100000  |                                  |         |             | 2                      | (10000)   |                       |                  |               |
| 1   |  | Dec   | k service                        |         | Engine      | service                | Caterii   | ng service            | Oth              | er services   |
| t   |  |   | -1                               |         | E           |                        |   |                       |                  | 0             |
|   |  |   | D 22                             |         | T.          | 1                      |   | 0                     |                  |               |
| nfit  |  | 2 .003557   | Challe                           | 12.0    | 12,014      |                        |   |                       |                  |               |
| nfit  |  |   |                                  |         | Wi          | th restrictions        |   | 1                     |                  |               |
| nfit  | Without  | t restrictions  |                                  |         |             |                        | and to social   | the coefee            | e unfit for numb | consina es ta |
| 1   |  |   | tione Ekok to h                  | 0.000   | avatad be-  | SHOWING THE PARTY SHOW | * * 10 . 11 1 1 mm   10 10 10 10 10 10 10 10 10 10 10 10 10 | ure sediate           | a arms for Such  | SOLVICE OF TO |
| the Seafarer  | free from any  | y medical condi   |                                  | e aggr  | avated by   | 0011100 01 001         | , 01 10 101100  |                       |                  |               |
| the Seafarer  | free from any  |   | ard?                             | e aggr  |             | 1                      | , 01 10 10.000  |                       |                  |               |
| the Seafarer  | free from any  | y medical condi   |                                  | e aggr  | No          | ]                      | , 01 10 101000  |                       |                  |               |
| the Seafarer  | free from any  | y medical condi   | ard?                             | e aggr  | No          | ]                      | , 0 10 10 10  |                       |                  |               |
| the Seafarer<br>andanger the h                              | free from any<br>nealth of other                                     | medical condi<br>persons on bo  | Yes                              | ] [     | No          | ]                      |   |                       |                  |               |
| the Seafarer<br>andanger the h                              | free from any<br>nealth of other                                     | y medical condi   | Yes                              | ] [     | No          | ]                      |   |                       |                  |               |
| the Seafarer indanger the h                                 | free from any<br>nealth of other<br>ctions (e.g., s                  | medical condi<br>persons on bo<br>pecific position                        | Yes<br>Yes<br>, type of ship, tr | ] [     | No          | ]                      |   |                       |                  |               |
| the Seafarer indanger the h                                 | free from any<br>nealth of other<br>ctions (e.g., s                  | medical condi<br>persons on bo  | Yes<br>Yes<br>, type of ship, tr | ] [     | No          | ]                      |   | 3                     |                  |               |
| the Seafarer<br>ndanger the h                               | free from any<br>lealth of other<br>ctions (e.g., s<br>y medical exa | medical condi<br>persons on bo<br>pecific position                        | Yes Yes , type of ship, tr       | ] [     | No<br>      | ]                      |   | 3                     | 1AR 2026         |               |
| the Seafarer and anger the his escribe restriction taken by | free from any<br>lealth of other<br>ctions (e.g., s<br>y medical exa | medical condi-<br>persons on bo<br>pecific position,<br>miner (e.g., refe | Yes Yes , type of ship, tr       | ] [     | No<br>      | ]                      |   | 3                     |                  |               |

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

Revision: 5.1

on Seafaiers) Convention 1946 (ND 76 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

Revision Date : 24th July 2022

### PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

### THE REPUBLIC OF LIBERIA

| LAST NAME OF APPLICANT  | FIRST NAME   |  | MIDDLE INITIAL  |  |
|---|--|--|---|--|
| JAMIL SHUVO   | MD   | ,  | ABDUL.  |  |
| DATE OF BIRTH   | PLACE OF BIRTI   | 1  | SEX   |  |
| 10 12 1999  | CUMILLA  | BANGLADESH                                       |   |  |
| MONTH DAY YEAR  | CITY   | COUNTRY  | MALE FEMALE   |  |
| EXAMINATION FOR DUTY AS:  |  | MAILING ADDRESS OF APP                           | LICANT.   |  |
| MASTER RATING   |  | 42/1, NORTH GORAN, KHII                          | LGAON, DHAKA  |  |
| MATE MOU DECK   |  |  |   |  |
| ENGINEER MOU ENGI   | NE.  |  | 887.  |  |
| RADIO OFF SUPERNUM  | MERARY   | BANGLADESH.                                      |   |  |
| MEDICAL EXAMINATION (SEE PAGE   | E 2) STATE DETAIL  | S ON PAGE 2                                      |   |  |
| HEIGHT WEIGHT BLOOD   | PRESSURE   | PULSE, RESPIRATION                               | GENERAL APPEARANCE  |  |
| 16700 7/14. 120   | gu mmy 7   | L80/min 195/m                                    | in and  |  |
| VISION RIGHT EYE  | LEFT EY  |  |   |  |
| WITHOUT GLASSES 6/1   | 616  | 7  |   |  |
| WITH GLASSES  | /  | - 89   |   |  |
| DATE OF LAST COLOR VISION TEST (Mo  | nth/Day/Year) 77   | MAR 2024 Testing Requ                            | ired every 6 years  |  |
| COLOR VISION MEETS STANDARDS IN S   |  |  | NO $\square$  |  |
|   |  |  |   |  |
| COLOR TEST TYPE: BOOK " LANTERN " CHE   | CK IF COLOR TEST IS N  | SORMAL YELLOW                                    | RED GREEN BLUE  |  |
| HEARING RT. EAR   | N)   | LEFT YEAR^                                       | M   |  |
| HEAD AND NECK   | my 1   | IEART (CARDIOVASCULAR)                           | Nonmy   |  |
| LUNGS Ven   |  |  | OFFICER AND RADIO OFFICER) DRMAL VOICE COMMUNICATION        |  |
| EXTREMITIES   | nmil   |  | Nonmel  |  |
|   |  | LOWER  |   |  |
| IS APPLICANT SUFFERING FROM ANY D<br>OR LIKELY TO ENDANGER THE HEALTH<br>EXAMINATION ON PAGE 2. |  |  | ENDER HIM UNFIT FOR SERVICE AT SEA<br>IN DETAILS OF MEDICAL |  |
| Lowilles  |  | 2.7 MAR 2024                                     | 2 6 MAR 2026  |  |
| SIGNATURE OF APPLICANT  |  | DATE OF EXAM                                     | EXPIRY DATE   |  |
| THIS SIGNATURE SHOUL  | .D BE AFFIXED IN TI  | HE PRESENCE OF THE EXAMIN                        | ING PHYSICIAN   |  |
| THIS IS TO CERTIFY THAT A PHYSICAL  | EXAMINATION WAS  | GIVEN TO MI                                      | ABDUL JAMIL SHUVO   |  |
| 30 M. BU BU M. M. I   | FOR DUTY ON  | THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | APPLICANT)  |  |
| (HE) (SHE) IS FOUND TO BE (FIT) (NOT F  |  |  |   |  |
| MOU ENGINE or SUPERNUMERARY).   | THE POST AS A  | AMERICAN SERVED, ENGINEER, K                     | NOW OFFICER, IN TING, MOU DECK,                             |  |
| NAME AND DEGREE OF PHYSICIAN  | DR MID MD  | RAIHAN; M.B.B.S.(D.U.).                          |   |  |
|   |  |  |   |  |
| ADDRESS REDICAL HOSPITALS LIN   | MITED, 35, SHAII MA  | KHDUM AVENUE, SECTOR-12, U                       | TTTARA, DHAKA-1230, BANGLADESH.                             |  |
| NAME OF PHYSICIAN'S CERTIFICAT  | ING AUTHORITY  | REGISTRATION NO.: A-5514                         | 14, B.M.D.C, DHAKA, BANGLADESI                              |  |
| DATE OF ISSUE OF PHYSICIAN'S CE   | RTIFICATE 8  | -Jun-14  |   |  |
| SIGNATURE OF PHYSICIAN C  | The state of the s | DATE OF EXAM                                     | MINATION: 2 7 MAR 2024                                      |  |
|   | 1  |  |   |  |

the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and for no more than one (1) year for those under 18 years of age

RLM-I05M ANNEX 2 DR. MIR. MD. RAIHAN

BMDC A 55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

Rev0 - 09/01/2023

#### MEDICAL REQUIREMENT

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 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and (c) at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) 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.
- (h) 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.

#### DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

| I. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST. |   |  |  |  |  |
|--|---|--|--|--|--|
| 2. PATHOLOGICAL EXA                                      | MINATION : A) Complete Blood Count., B) Blood Sugar Estimation,       |  |  |  |  |
|  | C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg), |  |  |  |  |
| ***************************************                  | E) Urinlysis F) Drug Test G) Alcohol Test.                            |  |  |  |  |

3, X - RAY EXR PA VIEW

4, E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

RLM-105M ANNEX 2 2 7 MAR 2024



DR. MIR. MD. RAIHAN

WBBS DU) DFM. CEB PLEEMI PGT JOHNHI

BMDC A 55144 MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical H Rev0 - 09/01/2023

### PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

| LACT NAME OF                                    |  |  |                                  | PUBLIC OF                                 | LIBERIA                                      |  |
|---|--|--|----------------------------------|---|--|--|
| LAST NAME OF                                    |  |  | FIRST NAM                        | F.  |  | MIDDLE INITIAL   |
| JAMIL SHUV                                      | 336  |  | MD                               |   |  | ABDUL  |
| DATE OF BIRTI                                   |  |  | PLACE OF B                       | IRTH                                      |  | SEX  |
| 10  | 12   | 1999   | CUMILLA                          | BANG                                      | T.ADESH                                      |  |
| MONTH   | DAY  | YEAR   | CITY                             | COUN                                      | VTRY   | MALE FEMALE  |
| EXAMINATION                                     | FOR DUTY A   | S:   |                                  | MAILING /                                 | ADDRESS OF APPLI                             | CANT:  |
| MASTER  |  | RATING   |                                  | 42/1, NOR                                 | TH GORAN, KHILG                              | AON, DHAKA   |
| MATE  |  | MOU DECK   |                                  |   |  |  |
| ENGINEER  |  | MOU ENGIN  | E [                              | ]   |  |  |
| RADIO OFF                                       |  | SUPERNUMI  | 0.00000                          | BANGLAE                                   |  |  |
| MEDICAL EX/                                     | AMINATION  | (SEE PAGE  | 2) STATE DE                      | TAILS ON PAGE 2                           | 2  |  |
| 167m  | WEIGHT   | 125/8  | ESSURE WWY                       | 7 8 5/min                                 | RESPIRATION                                  | GENERAL APPEARANCE                                       |
| VISION:   | RI   | GHT EYE  | LEFT                             | EYE                                       |  |  |
| WITHOUT GLAS                                    | SSES   | 616  | , (                              | 46  |  |  |
| WITH GLASSES                                    | ST.  |  | 1                                | 5 CO 6                                    |  |  |
| DATE OF LAST                                    | COLOR VISIO  | ON TEST (Mont  | h/Day/Year)                      | 7 MAR 2024                                | Testing Require                              | ed every 6 years   |
| COLOR VISION                                    | MEETS STAN   | DARDS IN STO   | CW CODE, TAI                     | BLE A-1/92                                | YES T  | NO $\square$   |
| COLOR TEST TYP                                  | E: BOOK - LAX  | NTERN CHECK  | IF COLOR TEST                    | IS NORMAL.                                | YELLOW J                                     | RED GREEN BLUE   |
| HEARING   | RT, EAR  | ^  | Ny                               | LEFT                                      | YEAR   | ~~~ <u></u>  |
| HEAD AND NEC                                    | 'K   | Non  | nel                              | HEART (CARDIO                             |  | Nonmy  |
| LUNGS   |  | Junn   | .1                               | SPEECH (DECK/<br>IS SPEECH UNIN           | NAVIGATIONAL OF<br>MPAIRED FOR NOR!          | FFICER AND RADIO OFFICER) MAI. VOICE COMMUNICATION       |
| EXTREMITIES:<br>UPPER                           |  | 1  | my                               |   | LOWER  | Norm 1   |
| IS APPLICANT S<br>OR LIKELY TO I<br>EXAMINATION | ENDANGER T   | ROM ANY DIS<br>THE HEALTH C  | EASE LIKELY<br>FOTHER PERS       | TO BE AGGRAVAT<br>SONS ON BOARD?          | ED BY, OR TO RENI<br>IF YES, EXPLAIN IN      | DER HIM UNFIT FOR SERVICE AT SE<br>DETAILS OF MEDICAL    |
| ,   | Ymiller  |  |                                  | 27 MA                                     |  | 2 6 MAR 2026   |
| SIGN  | ATURE OF A   | PPLICANT   |                                  | DATE OF EX                                | XAM  | EXPIRY DATE  |
|   | THIS SIGNAT  | URE SHOULD   | BE AFFIXED I                     | N THE PRESENCE O                          | OF THE EXAMINING                             | PHYSICIAN.   |
| THIS IS TO CERT                                 |  |  |                                  |   |  | BDUL JAMIL SHUVO   |
|   |  |  |                                  | ON BOARD                                  |  |  |
| (HE) (SHE) IS FO<br>MOU ENGINE or               | UND TO BE (<br>SUPERNUMI   | FTT) (NOT FTT)<br>ERARY)   | FOR DUTY AS                      | A: (MASTER, MAT                           | TE, ENGINEER, RAD                            | IO OFFICER, RATING, MOU DECK,                            |
| NAME AND DI                                     | EGREE OF P   | HYSICIAN   | DR, MIR M                        | D. RAIHAN; M.I                            | 3.B.S.(D.U.),                                |  |
| ADDRESS B                                       | REDICAL HOS  | SPITALS LIMIT  | ED, 35, SHAH                     | MAKHDUM AVENI                             | UE, SECTOR-12, HTT                           | TARA, DHAKA-1230, BANGLADESH.                            |
|   | Victoria de la Companya de la Compan | Comments of the Comments of th |                                  |   |  | B.M.D.C, DHAKA, BANGLADESI                               |
| DATE OF ISSU                                    |  |  | ()                               | 8-Jun-14                                  | 0.1.110 N-3.5144,                            | B.M.D.C., DHARA, BANGLADESI                              |
| SIGNATURE O                                     | F PHYSICIA   | N C  | Two-                             |   | DATE OF EXAMIN                               | ATION: 27 MAR 2024                                       |
| This certificate                                | is issued by a   | uthority of the  |                                  | issioner of Maritim                       | ne Affairs, R.L. and                         | in compliance with the requirements of                   |
|   | th   | ne Maritime La<br>be valid for no  | bour Convention<br>more than two | on, 2006 for the Me<br>(2) years from the | edical Examination of<br>date of the Ex amin | of Seafarers.<br>ation for those over 18 years of age at |
|   |  | for no   | more than one                    | (1) year for those t                      | under 18 years of ag                         | 55pits   |
| 21 M-105M-A N                                   | INIEV 2  | en en  |                                  | 1   | 1.50   | N 0 000010000  |

RLM-I05M ANNEX 2

DR. MIR. MD. RAIHAN
M885 (DU) DFM CCD (Birden), PGT (Ontro)
BMIDC A 55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Fladical Hospituls Limited

Rev0 - 09/01/2023

### MEDICAL REQUIREMENT

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 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and vellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and (c) at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- 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. (e)
- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for (f) normal voice communication.
- 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. (h)

### DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

| . COMPLETE PHYSICA | , EXAMINATION INCLU | UDING HEARING TEST. |
|--------------------|---------------------|---------------------|
|--------------------|---------------------|---------------------|

PATHOLOGICAL EXAMINATION: A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg),

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4, E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

2 7 MAR 2024



MIR. MD. RAIHAN BMDC A-55144. MMC-BGD-016 DG Shipping Bengladesh Approved Frad-car Hospitate Limited

Rev0 - 09/01/2023

RLM-I05M ANNEX 2



ID NO : 24030767

Date: 27/03/2024

Patient's Name: MD ABDUL JAMIL SHUVO

Age : 24Y 4M 19D

Ref. By

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM- C/O/10701

Sex : Male

Specimen

: Blood

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

### HAEMATOLOGY REPORT

| ESR(Westergren)         04         mm/1st hr         M:0-10, F:0-20 mm/1st hr           TOTAL WBC COUNT         5,600         /cumm         4,000 - 11,000 /cumm   | Histogram |
|--|-----------|
| ESR(Westergren) 04 mm/1st hr M:0-10, F:0-20 mm/1st hr  |           |
| ,  | AJA       |
| DIFFERENTIAL COUNT   |           |
| THE PROPERTY OF THE PROPERTY O |           |
| Neutrophils 63 % (40 - 75)%  |           |
| Lymphocytes 30 % (20-45)%  | WBC CURVE |
| Monocytes 04 % (2-10)%   |           |
| Eosinophils 03 % (1-6)%  | dh.       |
| Basophil 00 % 0-1 %  | <b>A</b>  |
| TOTAL CIR. EOSIONOPHIL COUNT 168 /cumm 40 - 450 /cumm  |           |
| TOTAL PLATELET COUNT(PC) 254,000 /cumm 1,50,000-4,50,000 /cumm   |           |
| MPV 10.7 fL 7.0 -11.0 fL   |           |
| PDW-CV 16.1 % 10 - 18 %  | PLT CURVE |
| O.27 % 0.10 - 0.28   | TEI CORVE |
| P-LCR 30.4 % 9.00 - 45,00%   | A         |
| P-LCC 77 x10^3/uL 13 - 129 x10^3/uL  | A         |
| RBC COUNT 5.86 m/ul M: 4.5-6.5, F: 3.8-5.8 m/ul  |           |
| HCT/PCV 49.2 % M: 40-54%, F: 37-47%  |           |
| MCV 84 fL 76-94 fL   |           |
| MCH 26.1 pg 27-32 pg   | DDC CUDYE |
| MCHC 31.1 g/dL 29-34 g/dL  | RBC CURVE |
| RDW SD 42 fL 30.0-57.0 fL  |           |

10-16%

Medical Technologist. Redical Hospital Ltd. Uttara, Dhaka.

RDW CV

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

15.4



| Bill No        | DIA24030767                         | Received D         | ate 27/03/2 | 2024           |
|----------------|-------------------------------------|--------------------|-------------|----------------|
| Patient's Name | MD ABDUL JAMIL SHUVO                |                    |             | NAME OF STREET |
| Patient's Age  | 24Y 4M 19D                          | Pat                | ient's Sex  | Male           |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BI | RDEM),PGT(Eye),DFM | CDC NO      | C/O/ 10701     |
| Sample         | BLOOD                               | 7                  |             |                |

## BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.2 mmol/L | 4.2 – 6.4 mmol/L |
| Serum Bilirubin (Total)  | 0.51 mg/dl | 0.2 - 1.1 mg/dl  |
| Serum AST (SGOT)         | 18.0 U/L   | Up to 37 U/L     |
| HbA1C                    | 5.0 %      | 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        | DIA24030767                                  | Received D |            | 190          |  |
|----------------|--|------------|------------|--------------|--|
| Patient's Name | RAC  |            | ate 27     | 27/03/2024   |  |
| Patient's Age  | 24Y 4M 19D                                   | Pot        | ient's Sex |              |  |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT | (Evo) DEM  | 4.4        |              |  |
| Sample         | BLOOD  | (Eye),DFM  | CDC N      | O C/O/ 10701 |  |

## SEROLOGICAL REPORT

| <u>Test Name</u> | Result |
|------------------|--------|
|                  | 10001  |

| LIDe A- W. U              |              |  |
|---------------------------|--------------|--|
| HBs Ag (Method : (ICT)    | Negative     |  |
| HIV 1 & 2 (Method : (ICT) | Negative     |  |
| VDRL                      |              |  |
| VOILE                     | Non-reactive |  |

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        | DIA24030767                              | Received | Data                    | 27/02/       | 2004 |  |
|----------------|--|----------|-------------------------|--------------|------|--|
| Patient's Name | MD ABDUL JAMIL SHUVO                     | received | eceived Date 27/03/20   |              | 024  |  |
| Patient's Age  | 24Y 4M 19D                               | F        | Patient's               | Sev          | Male |  |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM) |          | resolution and a second | 39700-0.1808 |      |  |
| Sample         | URINE CDC NO C/C                         |          | C/O/ 10701              |              |      |  |

## URINE ROUTINE EXAMINATION

## PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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



## **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24030767 Receive:27/03/2024 Print: 27/03/2024

Patient's Name : MD ABDUL JAMIL SHUVO

Age : 24 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.

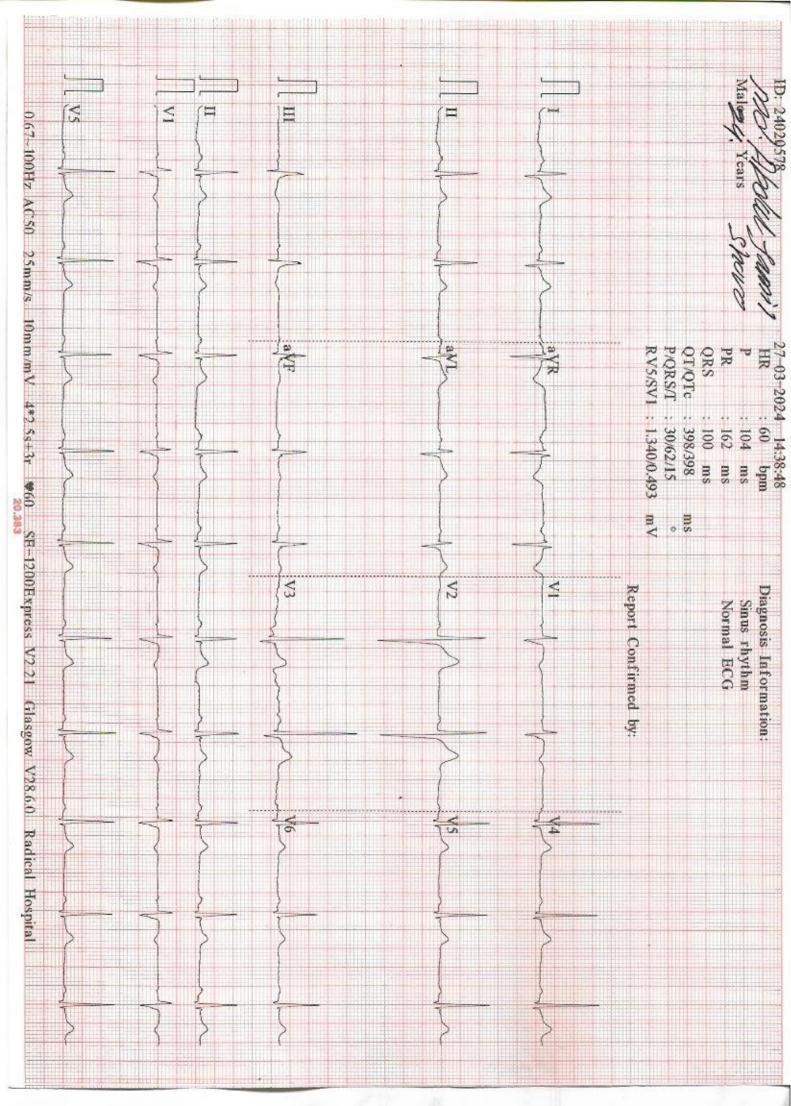
Lung fields are clear.

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



RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. KYOTO STAR

DATE: 27/03/2024

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

## EYE EXAMINATION REPORT

NAME: MD ABDUL JAMIL SHUVO RANK: 3<sup>RD</sup> OFF CDC NO: C/O/10701

VISUAL ACUITY:

RIGHT

LEFT

GIL

616

UNAIDED

AIDED

COLOUR VISION:

NOTAL / DI NID

**OPINION** 

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX)

East west Medical College & Hospital

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows

Date of birth 12-10-1999

Sex MALE

ows Jamilyhus

has on the date indicated been vaccinated or revaccinated against Cholera

|   | Approved Stamp                          |  | Signature and I<br>status of va  | Date          |
|---|---|--|--|---------------|
|   | GRUBNOCIA CIG. ANGLAGO                  | OSTAFA<br>MBBS (D.U)<br>ka-A-68208<br>Practitioner                                 | DR. SABRINA I<br>Reg. No. BMDC, Dr<br>Seafarer's Medical<br>Approved by, D.S. Sh | 12 6/3/5/2 PP |
|   | 35, Shah Makhirian Avenue Uttere, Dhake | MC-BGD-016   | DR. MIR. ME MBBS (DU), DFM, CCD (6 BMDC A-55144, I) DG Shipphy Icel Hoopil       | D2<br>NFEB    |
| 4 | 35, Shah Makhdum                        | MD. RAIHAN   | 1 1  | 3             |
|   | DANGLADESH *                            | D (Birdem), PGT (Ophth) I, MMC-BGD-016 Igladesh Approved Physician spitals Limited | BMDC A-551-<br>DG Shipping B<br>Gener  | 57 Mg         |
|   |   |  |  |               |
| 6 | 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1         | 1 : 42=U = 4 = 1   1   1   1   1   1   1   1   1   1                               |  | 5             |
|   | -                                       |  |  | 6             |
|   | -                                       |  |  | 14.7          |

### INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows

Date of birth 12-10-1999

MALE

Tornilyhus

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

| Date        | Signature and Professional status of vaccinator  | Origin and batch<br>no, of vaccine | Official stamp of vaccination centre |
|-------------|--|------------------------------------|--------------------------------------|
| U7 SEP 2027 | DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka, | 1313<br>DAKAR A                    | 1 2                                  |
|             |  |                                    |                                      |
| 29          |  |                                    |                                      |
| 3           | ** 1 143<br>   | (0000)                             | 3 4                                  |
| 4           | DR SWORMY 2002 DOWN  | (Carency)                          |                                      |

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

Seafarer's Signature



SL NO.

04.2024.6235

Radical Hospitals Limited

Name & Signature of the practitioner:

### 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

| Father's/ Husbad'sname: PAD ABDUZ SALID C.E.  Mother's Name: SHARMIN AKTER Sea  Address: House No: Street/ Road No: Pas  Locality/Village: 1 NO BODORPOR NIE  P.O: CHAPFUA MADRASA Dat  P.S: CHAUDDAGRAM  District: CUMMLLA  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:   | abour Convention, 2006  |
|--|---|
| Gender: (Male/Female)  | (4)   |
| Occupation: Deck/Engine/Catering/Other (specify). PER Rail Father's/ Husbad'sname: D.D. ABDUZ. JALIL C.D. Mother's Name: SHARMIN AKTER Sea Address: House No: Street/ Road No: Pas Locality/Village: 1 NO BODORFOR NID P.O: CHAFUR MADRASA Dat P.S: CHARDDAGRAM District: CUMPLED  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: | Middle JAMIZ  |
| Occupation: Deck/Engine/Catering/Other (specify) PER Rail Father's/ Husbad'sname: D.D. ABDUZ JALIL C.D. Mother's Name: SHARMIN AKTER Sea Address: House No: Street/ Road No: Pas Locality/Village: 1 NO BODORFOR NID P.O: CHAFUR MADRASA Dat P.S: CHACODAGRAM District: CUMLLA  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:    | te: 2 7 MAR 2024  |
| Father's/ Husbad'sname: IND ABDUZ JALI C.D.  Mother's Name: SHARMIN AKTER Sea  Address: House No: Street/ Road No: Pas  Locality/Village: INO BODORFOR NID  P.O: CHAFUA MADRASA Dat  P.S: CHAUDDAGRAM  District: CUMLLA  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:   | OK BRIDDFFFEER  |
| Mother's Name: SHARMIN AKTER Sea Address: House No: Street/ Road No: Pas Locality/Village: 1 No BODORPOR NIE P.O: CHAPFUA MADRASA Dat P.S: CHAUDDAGRAM District: CUIMILLA  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:   | CNO.C/0/10702   |
| Address: House No: Street/ Road No: Past Locality/Village: 1 NO BODORFOR NID P.O: CHAFUA MADRASA Dat P.S: CHAUDDAGRAM District: CUMLLA DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:   | aman ID NoO 5001246   |
| Locality/Village: 1 NO BODORFOR  P.O: CHAFUA MADRASA  Date of the recognized medical practitioner:   | ssport No EGO 001546  |
| P.O: CHAFUA MADRASA Date P.S: CHAUDDAGRAM District: CUM 1 L B  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:   | No. 1055327027  |
| P.S: CHAUDDAGRAM  District: CUMPLLA  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:   | te of Birth: 12-10-1999   |
| District: CUMPLLA  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:   | (DD/MM/YYYY)  |
| DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  | (22.11.11)  |
|  |   |
| Laurenna and portzon by the Lightermont of Abinbing Laguerhment of the Dech  | lo's Donublic of Dangladoch and conf  |
| I am duly authorized by the Department of Shipping, Government of the Peopl<br>the followings:   | le's Republic of Bangladesif and Com  |
| Confirmation that identification documents were checked at the point of exam   | nination XES/NO   |
| 2. Hearing meets the standards in section A-I/9  | XES/NO  |
| 3. Unaided hearing satisfactory?   | XES/NO  |
| Visual acuity meets standards in section A-I/9?  | XES/NO  |
| 5. Colour vision meets standards in section A-I/9?   | ¥ES/NO  |
| Date of last colour vision test  | . 2.7 MAR 2024  |
| 6. Fit for lookout duties?   | :YES/NO   |
| 7. Is the seafarer free from any medical condition likely to be aggravated by sen  | vice at sea or to   |
| render the seafarer unfit for service or to render the health of any other persons   |   |
| 8. Any limitations or restrictions on fitness?   | :YES/NØ   |
| If YES, specify limitations or restrictions:   |   |
| Duties:  |   |
| Location/Vessel: RADICAL HOSPITAL LIMITED  |   |
| Medical/Other: Uttara Dhaka, Bangladash  |   |
|  |   |
| Medical fitness category : Fit-No restriction Fit-Subject to re  | estrictions Unfit   |
| 2.7 MAD 2021   |   |
| 10. Date of examination/Issue (DD/MM/YYYY) 2 7 MAR 2024  |   |
| 11. Date of expiry (DD/MM/YYYY)  | s from the date of examination".  |
|  | Ano   |
| I have read the contents of the certificate  | Carlo Nam Dalliani  |
| and have been informed of the right to   | DR. MIR. MD. RAIHAN   |
| review.  | DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM. CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016 |

### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 whis pered 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 useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table 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 enineer 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 fight 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 Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

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

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