



# 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 : BMD  
Accreditation No. A 55144

PATIENT CONTROL NUMBER  
H1840



## MEDICAL EXAMINATION CERTIFICATE

|                                                                            |  |                                                                                |  |                                                                    |  |
|----------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|--------------------------------------------------------------------|--|
| SURNAME<br><b>SARKAR</b>                                                   |  | FIRST NAME AND<br><b>MD</b>                                                    |  | MIDDLE NAME<br><b>HELAL HOSSAIN</b>                                |  |
| PLACE AND DATE OF BIRTH<br><b>PABNA 28-Oct-1981</b>                        |  | PASSPORT NUMBER<br><b>A01589747</b>                                            |  | SEAMAN'S BOOK NUMBER<br><b>CO4998</b>                              |  |
| NATIONALITY : <b>BANGLADESHI</b>                                           |  | SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |  | VESSEL TYPE : <b>BULK CARRIER</b> TRADING AREA : <b>WORLD WIDE</b> |  |
| PERMANENT HOME ADDRESS :                                                   |  |                                                                                |  | CONTACT NUMBER : <b>8801734045950</b>                              |  |
| <b>HOSPITAL ROAD, GIGATALA, ISHWARDI, ISHWARDI-6620, PABNA, BANGLADESH</b> |  |                                                                                |  | RANK : <b>CHIEF ENGINEER</b>                                       |  |

Have you ever had any of the following conditions?

| Condition                         | YES                      | NO                                  | Condition                   | YES                      | NO                                  |
|-----------------------------------|--------------------------|-------------------------------------|-----------------------------|--------------------------|-------------------------------------|
| 1 Eye/vision problem              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 18 Sleep problems           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 High blood pressure             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19 Do you smoke?            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Heart/vascular disease          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20 Operation/surgery        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Heart surgery                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21 Epilepsy/seizures        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Varicose veins                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 Dizziness/fainting       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Asthma/bronchitis               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23 Loss of consciousness    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Blood disorder                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24 Psychiatric problems     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Diabetes                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25 Depression               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Thyroid problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26 Attempted suicide        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Digestive disorder             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27 Loss of memory           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 Kidney problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28 Balance problem          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 Skin problem                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29 Severe headaches         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Allergies                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 Ear/nose/throat problems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 Infectious/contagious diseases | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31 Restricted mobility      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Hernia                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 32 Back problems            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 Genital disorders              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33 Amputation               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Pregnancy                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 34 Fractures/dislocations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalised?                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 Are you allergic to any medications?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

42 Are you taking any non-prescription or prescription medications?

☐ YES ☒ NO

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Helal Sarkar

Signature of Seafarer

### MEDICAL EXAMINATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                     |     |            |      |                          |                                              |                                     |                                              |                                     |    |     |  |                       |  |            |  |  |  |                         |  |  |  |       |                                   |                                     |     |      |      |      |                                              |                                     |                                              |                                     |  |      |                                   |                                     |  |  |  |  |                                              |                                     |                                              |                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------|-----|------------|------|--------------------------|----------------------------------------------|-------------------------------------|----------------------------------------------|-------------------------------------|----|-----|--|-----------------------|--|------------|--|--|--|-------------------------|--|--|--|-------|-----------------------------------|-------------------------------------|-----|------|------|------|----------------------------------------------|-------------------------------------|----------------------------------------------|-------------------------------------|--|------|-----------------------------------|-------------------------------------|--|--|--|--|----------------------------------------------|-------------------------------------|----------------------------------------------|-------------------------------------|--|
| Weight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 67.5                              | Height (cm)                         | 165 | BMI        | 24.6 | Blood Pressure: Systolic | 120                                          | Diastolic                           | 80                                           | PULSE                               | 78 |     |  |                       |  |            |  |  |  |                         |  |  |  |       |                                   |                                     |     |      |      |      |                                              |                                     |                                              |                                     |  |      |                                   |                                     |  |  |  |  |                                              |                                     |                                              |                                     |  |
| <table border="1"> <tr> <td colspan="2">Ear</td> <td colspan="2">Hearing by Audiometry</td> <td colspan="4">Audiometry</td> <td colspan="4">Hearing by Whisper Test</td> </tr> <tr> <td>Right</td> <td><input type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Inadequate</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td><input checked="" type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Inadequate</td> <td><input checked="" type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td><input type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Inadequate</td> <td><input checked="" type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Inadequate</td> <td></td> </tr> </table> |                                   |                                     |     |            |      |                          |                                              |                                     |                                              |                                     |    | Ear |  | Hearing by Audiometry |  | Audiometry |  |  |  | Hearing by Whisper Test |  |  |  | Right | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate | 500 | 1000 | 2000 | 3000 | <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate | <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |  | Left | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |  |  |  |  | <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate | <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |  |
| Ear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | Hearing by Audiometry               |     | Audiometry |      |                          |                                              | Hearing by Whisper Test             |                                              |                                     |    |     |  |                       |  |            |  |  |  |                         |  |  |  |       |                                   |                                     |     |      |      |      |                                              |                                     |                                              |                                     |  |      |                                   |                                     |  |  |  |  |                                              |                                     |                                              |                                     |  |
| Right                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate | 500 | 1000       | 2000 | 3000                     | <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate | <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |    |     |  |                       |  |            |  |  |  |                         |  |  |  |       |                                   |                                     |     |      |      |      |                                              |                                     |                                              |                                     |  |      |                                   |                                     |  |  |  |  |                                              |                                     |                                              |                                     |  |
| Left                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |     |            |      |                          | <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate | <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |    |     |  |                       |  |            |  |  |  |                         |  |  |  |       |                                   |                                     |     |      |      |      |                                              |                                     |                                              |                                     |  |      |                                   |                                     |  |  |  |  |                                              |                                     |                                              |                                     |  |
| Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                     |     |            |      |                          |                                              |                                     |                                              |                                     |    |     |  |                       |  |            |  |  |  |                         |  |  |  |       |                                   |                                     |     |      |      |      |                                              |                                     |                                              |                                     |  |      |                                   |                                     |  |  |  |  |                                              |                                     |                                              |                                     |  |

Visual acuity meets the standard laid down in STCW Code Section A-1/9  
Colour vision as per STCW CODE, Section A-1/9: ☒ Normal

Date of last colour vision test: Date (day/month/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

|                       |                                     |                          |                              |                                     |                          |
|-----------------------|-------------------------------------|--------------------------|------------------------------|-------------------------------------|--------------------------|
| Head                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Varicose veins               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sinuses, nose, throat | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vascular (inc. pedal pulses) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mouth/teeth           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Abdomen and viscera          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ears (general)        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hernia                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tympanic membrane     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Anus (not rectal exam)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eyes                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G-U system                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ophthalmoscopy        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Upper and lower extremities  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pupils                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Spine (C/S, T/S and L/S)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eye movement          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Neurologic (full brief)      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lungs and chest       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Psychiatric                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Breast examination    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | General appearance           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heart                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Skin                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| RESULTS OF ANCILLARY EXAMINATIONS |               |                                    |                                                                     |                        |                                                                                   |
|-----------------------------------|---------------|------------------------------------|---------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------|
| Chest X-Ray                       | <i>Normal</i> | BIO CHEMICAL (LIVER FUNCTION TEST) |                                                                     | Marijuana              | <input type="checkbox"/> Positive <input type="checkbox"/> Negative               |
| ECG                               | <i>Normal</i> | BILIRUBIN                          | <i>0.54</i>                                                         | Alcohol Test           | <input type="checkbox"/> Positive <input type="checkbox"/> Negative               |
| BLOOD R/E                         |               | SGPT                               | <i>N/E</i>                                                          | URINE R/E              | <i>Normal</i>                                                                     |
| DC(differential count)            | <i>Normal</i> | SGOT                               | <i>24</i>                                                           | OTHERS                 |                                                                                   |
| HAEMOGLOBIN (HGB)                 | <i>12.6</i>   | DRUG AND ALCOHOL TEST              |                                                                     | HBsAg                  | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| ESR (WESTERGREN)                  | <i>8</i>      | Morphine                           | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | HIV / AIDS Test        | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| WBC                               | <i>7.20</i>   | Amphetamine                        | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | VDRL                   | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| BLOOD GLUCOSE LEVEL               |               | Phencyclidine                      | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | Blood Type             | <i>A4B2</i>                                                                       |
| RANDOM                            | <i>5.5</i>    | Barbiturates                       | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | Psychological Exam     | <i>Normal</i>                                                                     |
| HBA1C                             | <i>5.2%</i>   | Cocaine                            | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | Others(KUB Ultrasound) | <i>N/E</i>                                                                        |

Helal Sarokarr  
Signature of Seafarer

05 MAR 2024

**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:

|                                                          | Deck service                               | Engine service                      | Catering service         | Other services           |
|----------------------------------------------------------|--------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Fit                                                      | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unfit                                                    | <input type="checkbox"/>                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions |                                     |                          |                          |

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

Action taken by medical examiner (e.g., referral):

Valid Until:

04 MAR 2026

Name and Signature of Authorized Physician

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

Revision Date : 24th July 2022

# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

|                                                                                                                                                                                                                   |                 |                                                                                         |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------|---------------------------|
| SURNAME: <b>SARKAR</b>                                                                                                                                                                                            |                 | GIVEN NAME (S): <b>MD HELAL HOSSAIN</b>                                                 |                           |
| DATE OF BIRTH:                                                                                                                                                                                                    |                 | PLACE OF BIRTH                                                                          | SEX                       |
| DAY <b>28</b>                                                                                                                                                                                                     | MONTH <b>10</b> | CITY <b>PABNA</b>                                                                       | COUNTRY <b>BANGLADESH</b> |
| POSITION ON BOARD:                                                                                                                                                                                                |                 | MAILING ADDRESS OF APPLICANT:                                                           |                           |
| MASTER <input type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input checked="" type="checkbox"/><br>RADIO OPERATOR <input type="checkbox"/><br>RATING <input type="checkbox"/> |                 | <b>HOSPITAL ROAD, GIGATALA, ISHWARDI,<br/>         ISHWARDI-6620, PABNA, BANGLADESH</b> |                           |

## DECLARATION OF THE AUTHORIZED PHYSICIAN

|           | VISION          |              | COLOR TEST TYPE                             | HEARING             |                |
|-----------|-----------------|--------------|---------------------------------------------|---------------------|----------------|
|           | WITHOUT GLASSES | WITH GLASSES |                                             |                     |                |
| RIGHT EYE | <b>6/6</b>      | —            | <input checked="" type="checkbox"/> BOOK    | RIGHT EAR <b>MR</b> |                |
| LEFT EYE  | <b>6/6</b>      | —            | <input checked="" type="checkbox"/> LANTERN | LEFT EAR <b>MR</b>  |                |
|           |                 |              | YELLOW <b>MR</b>                            |                     | RED <b>MR</b>  |
|           |                 |              | GREEN <b>MR</b>                             |                     | BLUE <b>MR</b> |

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

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

Unaided hearing satisfactory? YES ☒ NO ☐

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

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

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **05 MAR 2024**

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

Able for watchkeeping? YES ☒ NO ☐

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

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

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

**Helal Sarkar**

**MD HELAL HOSSAIN SARKAR**

**05 MAR 2024**

Signature of Applicant

Name of Applicant

Date

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

**FIT FOR DUTY ON BOARD SHIP**

NAME AND DEGREE OF PHYSICIAN: **DR. MIR MD. RAIHAN; M.B.B.S.(D.U.), REG. NO. A-55144**

ADDRESS: **REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **DG SHIPPING BANGLADESH**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-05-2014**

SIGNATURE OF PHYSICIAN

STAMP OF PHYSICIAN:



DATE: **05 MAR 2024**

EXPIRY DATE OF CERTIFICATE:

**04 MAR 2026**

This certificate is issued in compliance with the requirements

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

**DR. MIR MD. RAIHAN**  
 MBBS (DU), DFM, CCD (Biderm), PGT (Ophth)  
 Dhaka-1230, Uttara, Dhaka-1230  
 DG Shipping Bangladesh Approved  
 General Physician  
 Redical Hospitals Limited

**Id No** : 0102  
**Patient's Name** : MD HELAL HOSSAIN SARKAR  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/ 4998  
**Date** : 05-Mar-2024  
**Age** : 41Y 8M 20D  
**D.Date** : 05-Mar-2024  
**Gender** : Male

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>12.6 gm/dl</b>     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>06 mm/1st hr</b>   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>7,800 /cumm</b>    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | <b>60 %</b>           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>34 %</b>           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>03 %</b>           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>03 %</b>           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00 %</b>           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>234 /cumm</b>      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>5.0 m/ul</b>       | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>42 %</b>           | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>78 fL</b>          | 76 - 94 fL                                                                                         |
| MCH                                | <b>30 pg</b>          | 27 - 32 pg                                                                                         |
| MCHC                               | <b>31 g/dL</b>        | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>13 %</b>           | 11 - 16 %                                                                                          |
| PDW                                | <b>40 fL</b>          | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>3,09,000 /cumm</b> | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>8.9 fL</b>         | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.1 %</b>          | 0.1 - 0.2 %                                                                                        |
| Bledding Time(BT)                  | <b>%</b>              | 10 - 18 %                                                                                          |
| Cloting Time(CT)                   | <b>%</b>              | 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        | DIA24030102                                           | Received Date | 05/03/2024 |
| Patient's Name | MD HELAL HOSSAIN SARKAR                               |               |            |
| Patient's Age  | 41Y 8M 20D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/ 4998  |
| 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 AST (SGOT)         | 24.0 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        | DIA24030102                                           | Received Date | 05/03/2024 |
| Patient's Name | MD HELAL HOSSAIN SARKAR                               |               |            |
| Patient's Age  | 41Y 8M 20D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO     |
| Sample         | BLOOD                                                 |               | C/O/ 4998  |

## SEROLOGICAL REPORT

| Test Name                           | Result       |
|-------------------------------------|--------------|
| HBs Ag (Method : (ICT)              | Negative     |
| HIV 1 & 2 (Method : (ICT)           | Negative     |
| VDRL                                | Non-reactive |
| <b><u>BLOOD GROUPING RESULT</u></b> |              |
| ABO Blood Group                     | "A" (+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        | DIA24030102                                           | Received Date | 05/03/2024 |
| Patient's Name | MD HELAL HOSSAIN SARKAR                               |               |            |
| Patient's Age  | 41Y 8M 20D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO     |
| Sample         | URINE                                                 |               | C/O/ 4998  |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | RBC         | Nil     |
| Appearance | Clear      | Pus Cells   | 1-2/HPF |
| Sediment   | Nil        | Epithelial  | 2-3/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.

REF: MV. RED LILY

DATE: 05/03/2024

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

### EYE EXAMINATION REPORT

NAME: MD HELAL HOSSAIN SARKAR

RANK: CH.ENG

CDC NO: C/O/10383

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

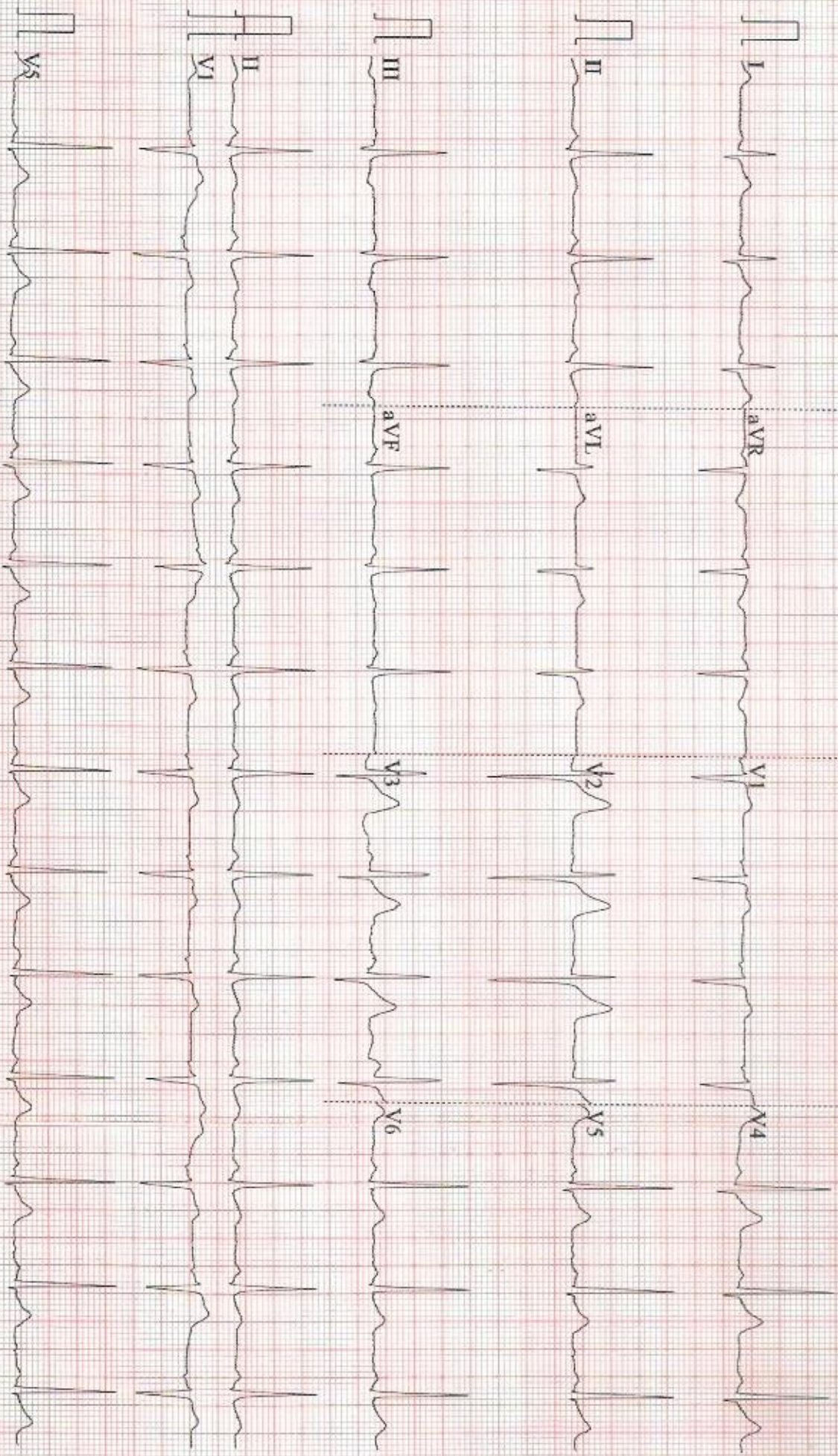
ID: 24030546 120  
M.D. HELAL HOSSAIN SARKAR  
Male  
Years 43

05-03-2024 09:49:13

HR : 80 bpm  
PR : 108 ms  
QRS : 134 ms  
QT/QTc : 354/409 ms  
P/QRS/T : 55/77/110 °  
RV5/SV1 : 1.748/0.866 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24030102 Receive: 05/03/2024 Print: 05/03/2024  
Patient's Name : MD HELAL HOSSAIN SARKAR  
Age : 43 YRS Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

**X-RAY OF CHEST (DIGITAL)**

Diaphragm : Both hemidiaphragm are normal in position.  
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

**Prof. Dr. Md. Mojibor Rahman**  
MBBS, DMRD (Radiology & Imaging)  
Head of the Department (Radiology & Imaging)  
Sylhet Women's Medical College Hospital

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

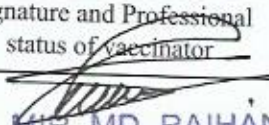
This is to certify that  
whose signature follows

Date of birth 28 OCT-1981 Sex MALE

Helal Sarkar

MD. HELAL HOSSAIN SARKAR (40/40)

has on the date indicated been vaccinated or revaccinated against Cholera

| Date        | Signature and Professional status of vaccinator                                                                                                                                                                                                                          | Approved Stamp                                                                    |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 05 MAR 2024 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Biderm), PGT (Opht) BMDG A-55144, MMC-BGD-016<br>DG Shipp.ng Bangladesh Approved General Physician<br>Radical Hospitals Limited. |  |
| 2           |                                                                                                                                                                                                                                                                          |                                                                                   |

|   |  |   |   |
|---|--|---|---|
| 3 |  | 3 | 4 |
| 4 |  |   |   |
| 5 |  | 5 | 6 |
| 6 |  |   |   |
| 7 |  | 7 | 8 |
| 8 |  |   |   |

Continued overleaf Suite our erso

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that } Date of birth 28-OCT-1981 Sex MALE  
 whose signature follows } MD. HELAL HOSSAIN SARKAR (C/19/4998)  
Helal Sarkar  
 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                                               |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 05 MAR 2024 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited |  |  |
| 2           |                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                    |
| 3           |                                                                                                                                                                                                                                                                                |                                                                                   | 3 4                                                                                |
| 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. 04.2024.6061

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 (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last SARKAR First MD HELAL Middle HOSSAIN  
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 05 MAR 2024  
Occupation: Deck/Engine/Catering/Other (specify) ENGINE Rank: CHIEF ENGINEER  
Father's/ Husband's name: MD ANOWER HOSSAIN SARKAR C.D.C No. C/0/4998  
Mother's Name: MST BILKISS BEGUM Seaman ID No. 050003118  
Address: House No. 728 Street/ Road No. HOSPITAL ROAD Passport No. A01589747  
Locality/Village: DURBO TENGRI NID No. 19817623907000005  
P.O.: ISHURDI Date of Birth: 28-OCT-1981  
P.S.: ISHURDI (DD/MM/YYYY)  
District: PABNA

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.

Helal Sarkar  
Seafarer's Signature



**DR. MIR, MD. RAIHAN**  
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospital 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/Navigation 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/navigation 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 (Birmen), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipp.ng Bangladesh Approved  
General Physician  
Radical Hospitals Limited